**CS Child and Family Progress Plan C0364**



# Plan Details

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| --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Age | Contributed  to Plan | Child and Young Person's Comments | Received Plan |
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**Case Status**

Team Around the Child

Child in Need

Child Protection

Looked after Child

## Key Worker / Lead Professional's Details

#### Name:

Team:

Telephone:

E-mail:

**Individual Signs of Safety Framework**

#### Child / Young Person's Name

Danger / Worry Statements to be inserted here if relevant to the safety of the child / young person and part of the safety plan

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| **Danger / Worry Statement(s)** | **Safety Goal(s)** | **Scalepoint** |
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#### Date Plan commenced

Who owns the Plan:

Date Plan reviewed

How often is the Plan reviewed

**Members of the Support Network including Professionals**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Agency Role** | **Contact details** | **Role in Plan** | **How have they contributed to this review?** |
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#### How has the child/young person contributed to this review if not present?

#### Always use the exact words of the child, young person or parent if they aren't attending in person

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**What will the family / carers do?**

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| **What will the network do: Steps / Tasks etc.** | **How will it keep the child / young person safe / happy / thriving:** | **Who will monitor and review and by when** |
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#### **Bottom line**

If applicable - what must absolutely not happen.

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**What everyone else is going to do?**

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| **Action** | **Who will complete the action** | **By when** | **How will we know it's making a difference?** | **Date action completed** |
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**Progress Update**

To be completed at Reviews in lieu of minutes

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| **What's Worked Worries** | |
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## Scaling Question - 1

Bespoke scaling questions in relation to the worry or closing the case etc.

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### Scale Point

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| **Name** | **Role** | **Scale Point** | **Date scaled** | **Notes** |
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**Scaling Question - 2**

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### Scale Point

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| **Name** | **Role Scale Point Date scaled Notes** | | | |
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**Verbal agreement of the plan**

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| **Name** | **Role** | **Agreed** |
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**Review Details**

**Review required?**

**Yes**

**No**

## 

## When will this plan be reviewed

#### Date and time of next review

#### Venue

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| --- |
|  |

#### Further Information

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Plan completed by

**Short Term Breaks (if required)**

**Short Term Breaks**

This section should be completed as well as the plan where a child / young person is receiving short break care as part of an overall plan.

**Name of child / young person receiving support through Short Breaks – 1**

#### Child / Young Person

**Legal basis for provision of short break - this section also includes any provision to a child / young person with a disability.**

Commissioned Services - Section 17

Short Term Breaks - Section 17

Other

Short Term Breaks - Section 20 ( Looked After Child regulations apply )

Direct payments - Section 17

Reason for legal basis

Refer to summarise documents

about the child / young person

Information the carer needs to

know to be able to offer short

break provision to the child's /

young person's needs

Transport / travel arrangements

(if appropriate)

Financial arrangements

Total amount of care package

**Overnight short break**

The following questions need to be completed ONLY if the child / young person is receiving overnight short breaks

**Has the relevant consent / agreement for overnight short breaks been completed / signed?**

**Yes** **No**  **Ongoing**

If no, please provide date this will

be completed

Details of parental involvement during overnight stays Delegation of responsibilities

**Transition Plan**

This section should be completed as well as the overall plan section where the young person is in transition to adult services.

**Name of young person in transition to adult services - 1**

Subjects

**Is this plan being developed as part of the school / education review?**

**Yes** **No** **N/A**

**Has a person centred plan been developed for the young person?**

**Yes** **No** **N/A**

**Has the young person been referred to the transitions worker / team?**

**Yes No N/A**

**Is the case being co-worked between children and adult services?**

**Yes No N/A**

**Does the young person have a communication passport?**

**Yes No N/A**

**Does the young person have a bank account?**

**Yes No N/A**