

# Child & Young Person Planning Document

This document helps Named People and Lead Professionals in schools in Edinburgh to record the planning that happens for individual children where there are concerns around their wellbeing. It is a single document which records an Assessment of Need following wellbeing concerns, decisions and actions from that assessment, and progresses to record a multi-agency Child & Young Person's Plan if required. It also records progress in relation to outcomes, as required by the Children and Young People (Scotland) Act 2014.

## 1. Who is this document for?

Name	Known as	Date of Birth

CHI Number	<input type="text"/>	SWIFT Number	<input type="text"/>
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SEEMIS Number	<input type="text"/>	Year Group	<input type="text"/>
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Early Years / Education Establishment

Named Person

Child's Address

### People living at the child/young person's address

Click	Name	DOB	Age	Relationship to child / YP	Click
Add row above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Row
Add row					

### Other significant family members / people

Click	Name	Address	DOB	Age	Relationship to child / YP	Click
Add row above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Row
Add row						

**Preferred language or form of communication and support required to attend meetings (Child and parents)** (e.g. use BSL, needs interpreter, prefers contact by mobile phone, disabled access, supporter, etc. )

Child's/Young Person's Name:

Date:

v1.3 Mar 2017

Completed by:

Job Title:

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## 2. Background Information and Current Assessment Information

Date of initial assessment

It is important to gather the views of the child / young person and their parent / carer . When gathering views please remember to ask their consent to share information.

**What are the views of the child / young person? (This can be gathered in many ways e.g. for children unable to communicate verbally, you can use; talking mats, mosaic approach, powerpoint, video, photo)**

The child / young person has given consent to their information being shared. Yes  No

**What are the views of the parent/carer?**

The parent / carer has given consent to their information being shared. Yes  No

### Contributors to the Assessment

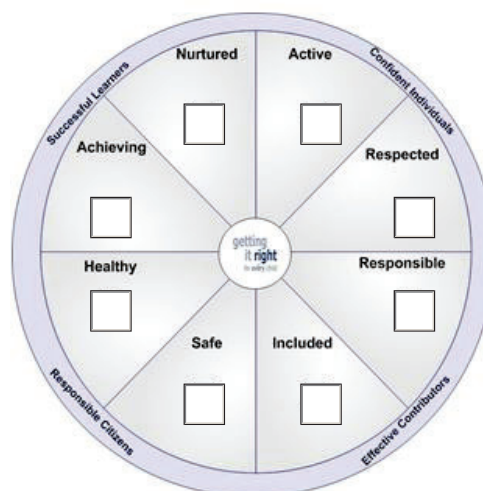
Click	Job Title	Name	E-Mail Address	Telephone Number	Click
Add row above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Row
Add row	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Agencies already known to be involved (please specify in each case):

Education  Health  Social Work  Housing   
 Police  Voluntary Sector  Other

Please Specify

What wellbeing indicators are affected? (tick all those that are relevant)



Child's/Young Person's Name:

Date:

v1.3 Mar 2017

Completed by:

Job Title:

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Look at the My World Triangle and refer to the areas: How I Grow & Develop; What I Need from People who Look After Me; My Wider World. Also use the Resilience Matrix to identify risk factors and Protective factors



What is going well? (Strengths / Protective Factors)

What are relevant concerns and risk factors that may affect wellbeing?

Has anything been done previously to address these concerns?

What are current strategies and supports and to what extent are they addressing the identified needs?

**What happens next?**

Continue to monitor and review current support  Initiate School/Establishment Plan (go to section 3)  Initiate Child's/Young Person's Plan (go to section 4)

**Other (please specify)**

Child's/Young Person's Name:

Date:

v1.3 Mar 2017

Completed by:

Job Title:

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### 3. Within School/Establishment Planning (needs can be met at school level - Pathway 1 - within class, Pathway 2 - within school / cluster resources)

Complete the table below if there are immediate actions that can be taken to meet the identified wellbeing concerns without needing to create a child's / young person's plan. If after reviewing these actions, the wellbeing concerns remain, a multi-agency child's / young person's plan will be required.

Add	No	Desired wellbeing outcome	Agreed Actions	Who?	By when?	Evaluation / Comment	Delete
Click here to insert row above		<input type="text" value="Please Select"/>					Remove Row
		<input type="text" value="Personalised Outcome"/>					
		<input type="text" value="Date Set"/>					
		<input type="text" value="Degree of well being"/> <input type="text" value="Please Select"/>					
Click here to insert row							

### 4. Multi-Agency Level (Pathway 3 & 4) Child's/Young Person's Plan and Minute of Meeting



If a child's/young person's plan is required to be developed involving multi-agencies, in order to meet the identified wellbeing concerns please record below.

#### Details of Child's/ Young Person's Planning Meeting

Date of Meeting:

#### Who was at the meeting?

Click	Name	E-Mail Address	Telephone Number	Job Title/Relationship to Child/Young Person	Click
Add row above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Row
Add row					

#### Everyone's Views

<b>Current Strengths</b>	<input style="width: 100%;" type="text"/>
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Child/ young person name:   
 Completed by:

Date:   
 Job title:

<b>Current Concerns</b>	
<b>Current Strategies</b>	
<b>Achieved Outcomes</b> (only complete this when an outcome has been achieved and is no longer within the current action plan)	

Add	No	Desired wellbeing outcome	Agreed Actions	Who?	By when?	Evaluation / Comment	Delete
Click here to insert row above		<input type="text" value="Please Select"/>					Remove Row
		<input type="text" value="Personalised Outcome"/>					
		<input type="text" value="Date Set"/>					
		<input type="text" value="Degree of well being"/> <input type="text" value="Please Select"/>					
Click here to insert row							

Child/ young person name:

Completed by:

Date:

Job title:

**Review Meeting Details**

Date of Next Meeting	Time	Venue

**Contacts**

Lead Professional	Named Person

Completed by	Job title	Date

Child/ young person name:

Completed by:

Date:

Job title: