CHILD PROTECTION PLAN

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |

Date of Plan:

Category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What are we worried about?*(What changes need to occur for the child/ren)* | Actions*(What needs to happen to exact the change)* | Person Responsible | Timescale*(Specific)* | Outcome*(What is the impact on the child once achieved – how will we know it is complete?)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Parents Views:

Child’s Views:

Contingency Plan: *(In the event that…….. what will happen…)*

Signed (all core group members):

|  |  |  |
| --- | --- | --- |
| Name | Designation | Signature |
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