|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult(s):** | |  | | **Relationship to child:**  **Legislation:** | |
| **Child(ren) Name(s):** | |  | | **Age:** | |
| **P Number(s):** | |  | | | |
| **Team manager:** | |  | | | |
| **Allocated social worker:** | |  | | | |
| **Present at ICE:** | |  | | | |
| **Date ICE undertaken:** | |  | | | |
| **Family members identified during ICE:** | |  | | | |
| **Team around family** | |  | | | |
| **Strand One:** | **Strand Two:** | | **Strand Three:** | | **Strand Four:** |
| **Without Includem support what would be the outcome for this YP:** | | **Foster/residential accom/secure** | | | |
| **Current Situation** | |  | | | |
| **Presenting problem** | |  | | | |
| **Team expectations for change and goals (Includem’s outcomes Framework)** | |  | | | |
| **Includem Support Role:** | |  | | | |
|  | |  | | | |
|  | |
| **Date ICE returned CSW/TM** | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identified Risks to Workers in Lone Working:** | | | | | | | | | | | | | | | | | | |
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| **Initial Structure of Support Package :** | | | | | | | | | | |  | |  | |  | |
|  |  | |  | |  | |  | | |  | |  | |
| Number of Hours per Week | | | | | | | |  | | | | | | | | |
|  |
| Number of Contacts per Week | | | | | | | |  | | | | | | | | |  |
|  |
| Pattern of contacts (including  evenings and weekend) | | | | | | | |  | | | | | | | | |  |
|  |
| Date of Initial Support Planning  Meeting | | | | | | | |  | | | | | | | | |  |
|  |
| Allocated to/ Lead Worker Details | | | | | | | |  | | | | | | | | |  |
|  |
| Proactive Call | | | | | | | |  | | | | | | | | |  |
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