|  |  |  |
| --- | --- | --- |
| **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:** | *
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|  |  |
|  |
| **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  |  |  |
|  |