**Children’s Services**

**Pastoral Support Action Plan Template**

To be used in accordance with the procedure for Pastoral Support following a Traumatic Work Incident.

1. **Key details**

|  |  |
| --- | --- |
| **Name of employee** |  |
| **Name of Pastoral Support Lead** |  |
| **Date action plan commenced** |  |
| **Summary of incident** |  |

1. **Identifying needs**

|  |  |
| --- | --- |
| **How does the employee describe the impact of the incident on their wellbeing?** |  |
| **What forms of support does the employee feel would benefit their recovery? (please list individually)** |  |
| **Any further types of support suggested by the Pastoral Support Lead?** |  |

1. **Action Plans and outcomes** (For each form of support identified at s2, please complete an outcomes box. If a requested form of support cannot be provided by Dorset Council, please briefly state why not)

**3.1 Action and outcome**

|  |  |
| --- | --- |
| **Form of support (from list developed at s2. Above)** |  |
| **Actions implemented** |  |
| **Outcome of actions** |  |

* 1. **Action and outcome**

|  |  |
| --- | --- |
| **Form of support (from list developed at s2. Above)** |  |
| **Actions implemented** |  |
| **Outcome of actions** |  |

* 1. **Action and outcome**

|  |  |
| --- | --- |
| **Form of support (from list developed at s2. Above)** |  |
| **Actions implemented** |  |
| **Outcome of actions** |  |

Further outcome boxes can be created if required using copy and paste. Please make sure you number each box correctly.

1. **Reviews**

**4.1 First review of Pastoral Support Plan**

|  |  |
| --- | --- |
| **Date of review** |  |
| **Those attending** |  |
| **Employee’s observations** |  |
| **Pastoral Support Lead’s observations** |  |
| **Any changes to the original plan?** |  |
| **Date of next review** |  |

* 1. **Second review of Pastoral Support Plan**

|  |  |
| --- | --- |
| **Date of review** |  |
| **Those attending** |  |
| **Employee’s observations** |  |
| **Pastoral Support Lead’s observations** |  |
| **Any changes to the original plan?** |  |
| **Date of next review** |  |

Further reviews can be created by copying the above table. Please add correct numbering to all reviews.

1. **Record of plan closure**

|  |  |
| --- | --- |
| **Date of meeting** |  |
| **Those attending** |  |
| **Employee’s views of progress made, and confirmation they are willing to close the action plan** |  |
| **Pastoral Support Lead’s views of progress made, and confirmation they are willing to close the action plan** |  |
| **Does the employee require any ongoing support or arrangements (for example, for anniversaries of the incident?)** |  |

The plan should be kept on the employee’s file. Its closure should be accompanied by email confirmation from the employee that they agree to this.