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| In The CENTRAL FAMILY COURT  IN THE MATTER OF THE CHILDREN ACT 1989  AND IN THE MATTER OF XXXXX  (DOB: XXXXX) | CASE NO: |

Between

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| LONDON BOROUGH OF CAMDEN |
| Applicant |
|  |

- and -

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|  |
| XXXXX  First Respondent |

- and –

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| --- |
|  |
|  |
| XXXXX  (through the Children's Guardian) |
| Second Respondent |
|  |

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| --- |
| Final care plan  dated: |

**SECTION 1 - Overall Aim AND TIMETABLE**

**Overall aim of the plan**

This should be a very brief section. It does not need to go into the reasons why you have chosen this plan for the child. That information will be in your Assessment Report and SWET, and does not need repeating here.

Include an overarching statement. Examples:

For adoption:

The Aim of the Plan is to ensure that [the child] is well cared for and kept safe and achieves stability and a sense of belonging in a new family by way of Adoption.

OR for a placement with a family member:

The Aim of the Plan is to ensure that [the child] is well cared for and kept safe within his/ her extended family which has the benefit of maintaining his/her family identity and contact with birth parents.

OR for a Placement with parents;

The Aim of the plan is for [the child] to remain in parents’ care with support in place to ensure the child is kept safe and parents’ are able to sustain the positive changes they have made.

State the type of placement that it is proposed the child lives (and if this will be with any siblings) and what order is required to implement the plan. If you have yet to go to Fostering Panel or ADM for adoption state that the recommendation is subject to their approval on xxx date.

**SECTION 2 - Child's Needs INCLUDING CONTACT**

**The child’s identified needs, including needs arising from race, culture, religion or language, special education, health or disability.**

The focus under all of the sub-headings should be on the current situation and predicted future needs/any uncertainty. It should be forward looking and does not need you to put in historical information unless there are implications for future care.

1. **Health**

If there are no health needs simply state this and that any needs can be met through universal services and if CLA, the child will have a Health Needs Assessment.

If there are health issues go into more detail and the implications for that child’s care.

For example, if the child has a health condition that requires physio 3 times a week, and carers to have an adapted home, put this here.

For example: If it is known/ suspected that Mum used alcohol during pregnancy, highlight that even if no symptoms at present, there is a risk of FAS, and any carers need to understand and accept this level of uncertainty.

1. **Educational Needs**

Comment on the child’s academic and social progress, any/ what support the child has/needs from school and their carer. If they are of school/ nursery age, does the plan need a change of school?

1. **Emotional Needs**

Comment if relevant on the impact of the parenting received thus far.

Eg: If the child has lived with DV, highlight there will have been an emotional impact, the long term implications for their emotional needs, may have vulnerabilities in their ability to form healthy relationships; poor coping strategies.

Eg: Any attachment issues that have arisen due to type of parenting or frequent changes of carer.

The fact that they have and will continue to suffer loss by separation from significant people, their community etc.

How will any needs be addressed? – Examples: Specific work regarding healthy relationships; they need attuned, consistent carers; any therapeutic input needed? Life Story work to help their understanding.

If there has been an expert report, ensure you have covered any recommendations made in that

1. **Race, Culture, Religion and Language**

Be specific about the child’s background. Does the child have any additional needs relating to race/ culture/ language?

If from a minority group, do they have a positive racial/ cultural identity? If not, why not and support is needed to address this?

To what extent do they practice their religion? Do they need any support to enable them to do so?

If they are to be placed in a transracial placement, what support is to be provided to ensure their racial/ religious needs are met?

**2.1 The extent to which the wishes and views of the child have been obtained and acted upon**

If the child is too young or has learning disabilities and cannot be verbally consulted, briefly state observations of how the child presents particularly in placement and in contact. State whether they have been seen regularly, and in what circumstances where you have been able to make helpful observation.

If the children are of age to verbalise their wishes and feelings – have they been given the opportunity to do so?

Mention any limitations to getting their wishes and feeling – eg if they have refused to speak to SW; whether you feel loyalty to parents has hindered what they have felt able to say/ even though they can speak; their non-verbal communication may have been more relevant; if they say one thing but their behaviour suggests anything else, then draw attention to it. If they have lived with parent – have parents/ carers encouraged the children to speak to you openly or has this hindered? Have they been seen regularly/ on their own/ away from home/ placement?

* 1. **The reasons for supporting this or explanations of why wishes/views have not been given absolute precedence**

State whether the child’s wishes are in line with the plan or not – both in terms of placement and contact.

Where the child’s wishes and feelings are not in line with the plan, explain why not. In terms of the placement, this is likely to be do with safety/ risks to them, e.g. if they want to return home and this is not the plan.

* 1. **Summary of how those needs might be met**

Specify the type of placement and Order and who would be responsible for meeting the child’s day to day needs and any additional support that would be needed.

Include any additional support/ services that have not been detailed elsewhere, for example, Life Story work, and additional therapeutic support.

**Section 3 - PROPOSED ARRANGEMENTS FOR CONTACT**

**Arrangements for and purpose of contact in meeting the child’s needs – include contact to every relevant adult and to any other children.**

Be clear about the **purpose** of the contact, as this will provide the reasons why a particular type and frequency of contact has been proposed. The contact needs to be consistent with the plan.

For example if the contact is to allow the continuation of an already important and established relationship, between an older child and a parent, it is likely to be “face to face” contact.

If the contact is for identity purposes, for example if a child is to be adopted but needs on going information about birth family, this can be achieved by letter box contact. This will give a child up to date information and a sense of continuity with his/ her past which will promote a positive identity.

If face to face contact with parents is to be gradually reduced, provide the reduction plan and if applicable, include any arrangements for a final contact.

Specify whether contact is going to be supervised, and by whom, and the purpose of supervision. For example, whether is it for assessment purposes/ due to risk of harm to the child whether this be risk of physical harm or for example, emotional harm if the parent where to say things to undermine the placement.

It is easiest if it is laid out under headings:

Mother

Father

Siblings: If they are not going to have “face to face” contact will they know of their existence? Will there be indirect contact?

Significant Others: e.g. Grandma, aunts, uncles etc.

**SECTION 4 – VIEWS OF OTHERS**

The extent to which the wishes and views of the child’s parents and anyone else with a sufficient interest in the child (including representatives of other agencies, current and former carers) have been obtained and acted upon.

State views of both parents and any other significant relatives. If there are any capacity issues due, for example to parent’s mental health or learning disability, mention this here.

Include the views of the IRO. If possible get a written response from the IRO that can be copied into the plan. Specify that the Plan has been ratified by a CLA Review and on what date. Were there other agencies present at the review and any disagreements with the plan?

Views of the Guardian. Unlikely to get a definite view as will not have seen all the evidence but a discussion should still take place.

* 1. **The reasons for supporting them or explanations of why/views have not been given absolute precedence**

Do not have to go into detail but very briefly answer the question.

**SECTION 5 - Placement Details and Timetables**

**What is the proposed placement - type of placement and details.**

Simple sentence that it is either home with a parent, a kinship placement, a long term foster placement, residential care or an adoptive placement, and under which legal order, or whether no Order.

**If adoption is the proposed plan, set out the timetable for family finding, the date for referral to the Adoption Panel and the Panel recommendation if it has already been made.**

Briefly set out the dates and the process for review

**Alternatively, if return to family is the proposed plan, set out the timetable and the specific work planned to achieve this.**

Set out the transition plan and process of review

**Set out the timetable and detail of any other alternative placement plan**

Give brief dates

**What is the likely duration of the current placement?**

This will depend on the plan.

For Adoption, the child will become part of a new family, and will always be part of that family, not only during throughout childhood but throughout his/ her adult life.

In the case of Fostering or Residential, it is hoped it would be the duration of childhood and then the young person would continue to receive support to enable them to move on to independence.

If a child is to be Placed with parents, specify that it is hoped that will remain in their parents care for the duration for their childhood, and beyond.

If the plan is for the Child to be placed with a family member subject to a Care order, with a view to the CO being discharged in favour of an SGO, specify how long we would anticipate needing the CO for.

If plan is to place with family member subject to a SGO, this would be for the rest of the child’s childhood.

**What are the arrangements for health care and education for the child? (Including consent to examination and treatment)**

Be specific about who will have parental responsibility and therefore be able to consent to medical treatment. Also when this will be delegated.

For example, in the case of a Foster placement, under a CO, the LA would hold PR and be able to consent to treatment but would delegate responsibility for consenting to routine, minor and preventative treatment to the foster carer.

Parents would be kept informed and consulted regarding more significant treatments.

In the case of Adoption, once and Adoption order was granted, the Adoptive parents would have sole Parental Responsibility and be responsible for giving consent to all medical treatments.

It would be here that you comment on how any school move will be managed and at what point.

Who would be responsible for choosing schools?

A Child Looked After, or formally Looked After, is eligible for Pupil Premium and priority place at a school of the carers choice.

Whilst CLA, the arrangements for education will be reviewed via a Personal Education Plan.

**What other services will be provided to the child?**

Are there any other services not covered in 2.4?

For example, Direct Work to help the child understands the decisions that have been made,

Work to help prepare the child for any change in circumstances?

Life Story Work and Later Life Letter.

**What other services will be provided to parents and other family members?**

This may have been covered in 2.4 if the child is going home.

Would any DA, drug or alcohol, or therapeutic/CAMHS support be offered? Or is there a SG Support plan, or a SO support plan to refer to (no need to repeat the information but make reference to it).

Services in other cases could include such things as adoption counselling, referrals to services, facilitating a meeting with prospective adoptive parents (if applicable, not suitable for all parents to do this); support in writing a letters for letter box contact etc.

**What support will be offered by the local authority or another agency in the placement?**

If the child is going home, put not applicable.

This could include such things as the support of a supervising social worker, financial support, training, access to therapeutic support etc.

**SECTION 6 - Management and Support by Local Authority**

**Who is to be responsible for implementing the overall plan?**

It is normally the local authority if we will still have parental responsibility. If we do not have PR it will be the person who has, and in some cases supported by the local authority.

**Who is to be responsible for implementing specific tasks within this plan?**

See above, and state that the allocated Social Worker will be responsible. Use the “allocated Social Worker” rather than providing a specific name, as this is likely to change over time.

**Set out the proposed arrangements for input by the parents, the child and other relevant adults into the on-going decision making process.**

If they will not have a role, state this. Otherwise say what role they will have. For example, something like, “Parents will not have a role in day to day arrangements but will be involved due to on going contact and will be consulted in significant decisions regarding their child’s care.”

If the parent will not have any input say so – eg in case of Adoption, after the Adoption Order was granted.

It could be through reviews or CIN meetings. May have to consider during the life of the order how a parent will contribute when there are no meetings

**Arrangements for notifying the responsible authority of disagreements about the implementation of the care plan or making representations or complaints.**

In the first instance concerns should be raised with the allocated Social Worker and in their absence the Team manager.

If the matter cannot be resolved, then the Local Authority complaints procedure can be utilised

**This Care Plan has been prepared by:**

Full name:

Professional position:

Signature:

Date:

Work address:

Children Schools and Families

The Crowndale Centre

218 Eversholt Street

London

NW1 1BD

**This Care Plan has been approved by:**

Full name:

Professional position:

Signature:

Date:

Work address:

Children Schools and Families

The Crowndale Centre

218 Eversholt Street

London

NW1 1BD