**INITIAL CARE PLAN**

**Full Name of Child:**

**Date of Birth:**

**Court Case Number:**

**Name of Court Hearing Application:**

**Date of Court Hearing:**

**Type of Court Hearing:**

**Name of Local Authority:**

**Number of Plan:**

**Date of Plan:**

**1. Overall Aim**

* 1. **Aim of the plan and summary of timetable:**

**2. Child’s needs including contact**

**2.1 The Child’s identified needs including needs arising from race, culture, religion, language, special education, health or disability:**

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

**2.3 The reasons for supporting this or explanations of why these wishes/ views have not been given absolute precedence:**

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

*2.5* **Arrangements for, and the purpose of, contact in meeting the child’s needs (specifying contact relationship e.g., parent, step parent, other family member, former carer, friend, siblings, including those looked after who may have a separate placement) any proposals to restrict or terminate contact:**

**3. View of Others**

**3.1 The extent to which the wishes and views of the child’s parents and anyone else with a significant interest in the child (including representatives of other agencies) have been obtained and acted upon:**

**Mother**

**Father**

* 1. **The reasons for supporting this or explanations of why wishes/ views have been discounted:**

**4. Placement details and timetable**

* 1. **Proposed Placement- type and details:**

* 1. **Time that is likely to elapse before proposed placement is made:**
  2. **Likely duration of placement:**
  3. **Arrangements for healthcare (including consents to examination and treatment):**
  4. **Arrangements for education (including any pre-school day care activity):**
  5. ***Arrangements for reunification (often known as rehabilitation):***
  6. **Other services to be provided to parents and other family members:**

* 1. **Details of proposed support services in placement for carers:**

* 1. **Specific details of the parent’s role in day to day arrangements:**

1. **Management and support by the Local Authority**
   1. **Who is responsible for implementing the overall plan:**
   2. **Who is responsible for implementing specific tasks within the care plan:**
   3. **Dates of review:**
   4. **Contingency plan if placement breaks down or if preferred placement is not available:**

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

**Full name and professional position of the person who has prepared the Care Plan**.

Social Worker,

Signature:

Date:

Work address & telephone number:

**Full name(s) and professional position(s) of the person(s) endorsing the plan for the hearing on behalf of the Local Authority making the application**

Manager

Signature:

Date:

Work address & telephone number:

**Full name(s) and professional position(s) of the person(s) endorsing the plan for the hearing on behalf of the Local Authority making the application**

Head of Service

Signature:

Date:

Work address & telephone number: