Child in Care Plans

Practice Guide: Process & Care Plan Template 2020

This Practice Guide should be read in conjunction with relevant TriX Procedures, the Placement & Care Planning Meeting Guidance (2020).

Introduction

When a child comes into our care, we are responsible for ensuring the plan we put in place with children, their families and their network of professionals is robust, meets their needs and supports them to reach their potential and succeed.

Within this Process Guidance you will find information about how Child in Care Plans are completed, updated and used in practice across our service. Please follow this guidance when you are working with a child in our care to ensure that you are adopting best practice and service expectations.

This Practice Guide is separated into two parts.

Firstly, the guide sets out the process for Child in Care Plans and the expectations for how a care plan should be formulated, updated and reviewed within necessary timescales and ensures that children’s plans reflect their current circumstances and care planning effectively.

The Care Plan Template Best Practice Guide will support you as a practitioner understand how a care plan should be constructed and what you will need to consider and include within each child’s care plan.

Child in Care Plans – Process Guidance

When a child comes into our care, a **Placement and Care Planning Meeting** must be held (please see our Placement and Care Planning Meeting Guidance). Within this meeting, you will begin to identify the child’s plan, with short to medium term goals and outcomes and actions that will need to be completed to support this.

Care Plan

You should open a Care Plan on ICS and begin to populate the plan. This should include the current views of the child and their family, as well as the actions that have been identified as part of the Placement and Care Planning Meeting.

Your Team Manager will review the Care Plan in conjunction with your ‘Child in Care SW Report’. Your Team Manager will make any recommendations for the plan within their authorisation of the Review report. Our Procedure sets out that you must provide the IRO with a copy of the Care Plan and Child in Care SW Report 5 working days prior to the 28 Day CiCR and 3 working days prior to any subsequent review.

Manager Review

You should present your Care Plan along with your Child in Care SW Report at the 28 Day Child in Care Review. The plan will be considered and likely added to/ amended by the IRO with the family, carers and professionals in attendance. The Care Plan should be shared with all parties within 5 working days of the 28 Day Review Meeting. This gives time for you to consider the final plan with your Team Manager and agree any necessary amendments to actions or timescales with the IRO.

28 Day

Child in Care Review

From this point, when the plan has been shared with all parties, you should use the plan as a LIVE document. The care plan should be considered and updated within the child’s care team meetings and the views of all parties should be updated and added to. A minimum of two care team meetings should be held between reviews, however, should be held and arranged in line with an individual child’s needs and circumstances. ***(Please refer to the Core Group & Care Team Meeting Guidance for best practice expectations)***

Care Planning

Prior to the 4month Child in Care Review, you should prepare your Child in Care SW Report. In authorising the Review Report, your Team Manager will review the Care Plan and make reference to any recommendations or actions to be taken in the next period of care planning in their authorisation comments of your Review Report. The Child in Care SW Report MUST be shared with all parties, including parents (and young people where appropriate) at least 2 working days prior to the Child in Care Review.

SW Report &

Manager Review

You should present your Care Plan along with your Child in Care SW Report at the 4 Month Child in Care Review. The plan will be used by the meeting to consider the progress made against the identified actions.

4 Month

Child in Care Review

The IRO will lead the meeting to identify and progress the child’s plan for the following period of time before the next review. They will consider the views and information shared by all parties, including the views of the Team Manager, contained within the Report authorisation.

Following the 4 Month Child in Care Review, the Care Plan should be authorised by the Team Manager and shared with all relevant parties within 5 working days.

A new Care Plan should be generated, and the outcomes and actions agreed within the 4 Month Review populated into the Care Plan document to support the next period of intervention. Again, this plan should be shared with all parties within 5 working days. Best Practice will mean that the Child in Care Review clearly sets out and agrees what actions will be progressed in the next period of care for each child and we must ensure that children and their families work with us to devise plans and are supported to have ownership of the plans -which includes always having access to the most up to date version of the plan.

This process should be followed between each review period to ensure that child in care plans benefit from regular management oversight, are reviewed and updated in line with the child’s best interests and at any one time, a child’s plan on the system represents their current care arrangements and circumstances and what we are doing to support them reach their potential and be healthy, happy and safe.

**Updated Assessment**

It is a practice expectation that all children open to our service benefit from an updated Child & Family Assessment once a year (every 12 months). Updating assessments ensures that we consistently consider, assess and analyse a child’s circumstances and lived experience utilising information from the child, their family/ carers and the professionals and agencies that work with them and know them well.

For children in our care, Social Workers should produce a SW Review Report for all Child in Care Reviews and an updated Child & Family Assessment should be completed once every year or in response to a change in circumstances for the child or a significant event – such as a change of placement, a change in the child’s presentation, health or wellbeing or a change to the permanence planning for the child, where the Child & Family Assessment should be completed to support any decision making.

**Transition to Pathway Planning**

When a child in our care reaches the age of 15 and 9 months an updated assessment needs to be completed. This is to inform the next period of care planning for the child which will include a greater focus on their progression towards adulthood and independence and what needs to happen to support this.

As the allocated social worker, you should complete an updated assessment for the young person to inform the Initial Pathway Plan which should be initiated by the child’s 16th Birthday.

An Initial Pathway Plan is progressed with the young person to inform the next period of care and intervention. For detailed guidance in relation to Pathway Planning you should refer to the Best **Practice Guidance – Pathway Planning March 2020**

(See next page for Care Plan Template: Best Practice Guidance)

**LAC (Child in Care) Care Plan**

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| **"The contents of this document are confidential and should only be reproduced with the agreement of a Team Manager, or Service Manager within Children's Services. You are responsible for the safe storage and disposal of this document."** |

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| **Person Details** | | | | | |
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| **Name:** |  |  | **DOB:** |  |  |
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| **Home Address:** |  |  | **Gender:** |  |  |
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|  | **Telephone:** |  |  |
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| *The Care Plan should be developed before the child becomes looked after.*  *Where this is not possible it must be completed within 10 days of placement.*  *The plan will be considered at every Child in Care Review and should be updated following each review as required.*  *The Care Plan will be used by the Care Team to monitor progress and must be updated by them as the plan develops. However, no significant change can be made to the plan without it first being considered at a Child in Care Review.* | |
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| **Plan Details** | |
| **Reason child became looked after** | |
| *A brief summary of the reason why the child has come into the care of the local authority should be provided. This should not be a full chronology of CSC involvement.* | |
| **Current Legal Status** | *Ensure that this is updated as and when status changes e.g. from s20 to ICO/Care Order. Add the date of any change in status since coming into care.* |
| **Date child became looked after** |  |
| **What is the permanence plan for the child** | *Detail what is the longer term plan for this child, e.g. reunification, long term fostering, adoption etc. When a child is first accommodated by the local authority then consideration should always be given to how it may be**possible for a child to return to their parents safely.*  *Where reunification is the plan then any actions required to achieve this should be detailed in this Care Plan*  *A child should have a plan for permanence by the 4 month CiC Review.* |
| **Date this plan was agreed** |  |
| **Date of and type of assessment informing this plan** | |
| *For example, Child and family assessment, parenting assessment, PAMS assessment*  *Where there is no recent assessment in relation to the child, the Care Plan must provide for one to be completed. This should be included in the action plan below.* | |
| **Details of current placement** | |
| **Type:** *e.g. foster placement, residential placement, placement with parent.* | |
| **Does this placement meet the child's long-term needs (permanence)?** |  |
| **If No what placement is proposed** | |
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| **What action is required to secure this placement** | |
| *Note: remember that any proposed change in placement will require the prior approval of the Resource and Care Panel.* | |
| **If respite arrangements are in place please provide detail** | |
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| **Date of last updated chronology** |  |
| **Date of delegated authority tool** | *This should be completed when a child first comes in the care of the Local Authority and in any event at the Placement Planning meeting. It is important that this document is regularly reviewed to ensure that it records any changes that may have been agreed/required.*  *Note: This document is required even where a child may be placed with a connected carer.* |
| **Date of PEP (personal education plan)** | *A PEP should be initiated (by the Virtual School) when a child comes into the care of the Local Authority and a PEP meeting held so that a Plan is available for the 28 day CiC review. PEP’s should be reviewed regularly and the date of the most recent PEP should be included in this section.* |
| **Date of Health Assessment** | *A health assessment should be arranged when a child first comes into the care of the Local Authority. A review health assessment should take place every 12 months (6 months for under 5’s). The date of the most recent Health Assessment should be included in this section.* |

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| **Plan Details** | | | |
| **Care team members** | | | |
| *This section should include parents, carer and all professionals supporting the child.* | | | |
| **Is the Care Team in support of this plan** | |  | |
| **Date Care Team Considered the Plan** | | *The initial Care Plan should be created at the Placement and Care Planning meeting and should be reviewed at each Care team meeting. The date when the Care Plan was last considered by the care team should be included in this section.* | |
| **Child's Individual Needs**  *This section is not an assessment of need but should detail the arrangements that have been/are to be made to meet a child’s needs.* | | | |
| **Health - Emotional and Physical** | | | |
| *This section should detail how any identified health needs are to be met, for example any treatment/professional involvement a child may have/require to address their health need e.g. medication, input from a paediatrician/other health professional or involvement of CYPS.*  *Children in care are likely to have been exposed to some degree of trauma and therefore it is important to always consider how any identified mental health needs are to be met as part of this section. A child may not always require support from CYPS and their mental health needs may require support from you, their carer and or school. The plan should detail what support is required.*  *For older children this section should address how any identified sexual health needs are to be met.*  *This section should also cross refer to and highlight any needs identified in the latest health assessment and how these are to be met.* | | | |
| **Education / Learning and Development** | | | |
| *Education is perhaps the most important outcome for children in care and will be linked to their life chances. This section should detail how the child’s educational needs for example, educational progress, attendance, school exclusion are to be met.*  *Children in care may have had interrupted schooling and/or their life experiences may impact on their ability to learn/successfully access education. This should be addressed in the child’s Personal Education Plan, however, any specific needs that are identified, for example additional support/Education Health and Care Assessments should also be detailed in this plan.*  *(Note: as a Corporate Parent Newcastle Children’s Services do not agree, without good cause, with children in their care being on part-time timetables or being excluded from school. Where this is the case, then close liaison with the virtual school is required to ensure that this is addressed)* | | | |
| **Family and Social Relationships** | | | |
| *Family and social relationships are central for children in care. Wider social networks will also be beneficial for the young person, unless there are clear reasons why this is not the case (such as abuse within the family). Remember the wider family network: grandparents, aunts and uncles may have a valuable role to play.*  *This section should set out the arrangements that are in place for a child to spend time with their family and extended networks and/or what is required to ensure that a child spends time safely with their family and social networks.*  *Any difficulties in family relationships, for example, where there has been a breakdown in the relationship between a teenager and their parent, should be included, as well as what steps have been are going to be taken to improve this relationship.* | | | |
| **Emotional and Behavioural Development** | | | |
| *The emotional wellbeing of young people is essential and should be promoted by the whole care team. Children who experience difficult life events may struggle to manage their emotions and display behaviour that is challenging to the people supporting them. Some children in our care may also have emotional and behavioural difficulties linked to a diagnosed condition. This section should detail how any emotional and behavioural development needs are to be met. As set out in the Health Needs section above it is important to remember that all members of the Care Team can play a part in supporting a child with their emotional and behavioural development and it is important to explicitly detail the support required.* | | | |
| **Self – Care Skills** | | | |
| *Self-care skills are linked to a child’s age and stage of development.*  *This section should set out any skills that a child may need to develop. These might include personal care skills such as washing and dressing as well as skills children learn about keeping themselves safe and skills they will need when they are older, for example, cooking, doing laundry, budgeting, keeping a house clean.*  *From an early age, children can be encouraged to develop* ***‘skills for life’*** *by, for example, helping out around the home, making their bed, being taught how to share, take turns or save pocket money.*  *Developing skills for life as part of their everyday experience will not only give a child a sense of ‘mastery’ but also build confidence and resilience. As part of the care planning process you should discuss and agree with the child and carer what relevant ‘skills for life’ could form part of the care plan. It is important to remember that a child may be at a different stage of development to their chronological age when agreeing any goals. Also remember that the care plan is there to support a child so actions should be achievable as otherwise this could be counterproductive.* | | | |
| **Identity (including seeing family members and friends, pursuing hobbies and interests, sexuality, gender, cultural and religious needs)** | | | |
| *Identity is crucial for young people. We all have our own unique identity based on our family, locality, gender, ethnicity and sexuality, for example. Young people in care may lose aspects of their identity – such as their link with family and locality.*  *This section should detail aspects of a child’s identity and how these will be maintained and promoted.*  *Consideration should always be given to how a child’s family and social network could provide support. Even though a child may not be able to live with their family this doesn’t mean they can’t make a contribution to a child’s life.* [*Life story work*](http://www.socialworkerstoolbox.com/life-story-book-templates-examples/) *can also serve a valuable role and should be considered.* | | | |
| **Social Presentation** | | | |
| *This section should detail how any needs relating to a child’s social presentation are to be met. Some children in our care may, for example, struggle with their self-esteem, confidence, ability to communicate effectively with others, mixing with peers etc.* | | | |
| **Safety Plan (if applicable)** | | | |
| *There may be occasions where, even though a child is in the care of the Local Authority, there are ongoing issues relating to their safety, for example threats from family members, risks linked to criminal/sexual exploitation. Details of any safety plan to address these risks should be included in this section.* | | | |
| **The level of social work visits and why** | | | |
| *As a rule, a minimum of 4 weekly visits for children in the first year of being in care is expected and 6 weekly thereafter for children in stable and settled placements. This will, however, depend on the child’s needs and visits may need to be more frequent depending on the child’s circumstances.* | | | |
| **The level of care team meetings and why** | | | |
| *Monthly care team meetings should be held between reviews.* | | | |
| **Views of the child/ young person in relation to their plan** | | | |
| *It is essential that care planning places the child at its centre – both by ensuring that the best interests of the child are actively pursued and in ensuring that the child participates as fully as possible in the process. You should ensure that as part of the care planning process discussion takes place with the child (subject to age and understanding) and that you detail their views in this section.* | | | |
| **Views of significant others in relation to the child’s plan** | | | |
| *You should ensure that as part of the care planning process discussions take place with parents, they are involved in meetings (wherever possible) and their views about the plan are detailed in this section.* | | | |
| **What role do the child's parents play in this plan? When was this last reviewed?** | | | |
| *As well as involving children, it is important to engage their parents and carers in the planning process. This can be a complex and sometimes challenging process and will vary considerably depending on the legal status of the child, the exact nature of the reason for them being in care and the nature of the relationship between the child and parent(s).*  *We know from research that many children will return to live with their family after being in care. It is, therefore, important to do everything possible to ensure that links and communication with families are maintained and developed, as long as this is consistent with the best interests of the young person.* | | | |
| **Actions required to progress the child/ young person's plan**  *You should ensure that this plan is SMART and that actions can be achieved within the timescales set. This section should include any recommendations made by the IRO at CiC Reviews.* | | | |
| **Outcome** | **Action** | **Who** | **When** |
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| **Manager Direction** | | | |
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