**LONDON BOROUGH OF MERTON**

**FINAL CARE PLAN**

**NAME OF CHILD: XXXX**

**DOB: XXXX**

**COURT: XXXXX FAMILY COURT**

**CASE NO: XXXX**

**HEARING DATE: XXXX**

**CARE PLAN NO: XXXX**

**DATE OF CARE PLAN: XXXX**

**Section 1: Overall Aim**

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

*The aim of this final care plan is to set out the Local Authority’s plan to ensure that (name of child) is cared for safely and consistently and how their needs will be met following the conclusion of their care proceedings. This plan will set out how (name of child’s) physical, emotional, mental health and academic needs will be met in the short, medium and long term.*

*Include:*

* *The order/s that the Local Authority is requesting;*
* *Who will be caring for the child, do they live with them/will be moving to live with them;*
* *A brief synopsis of the family and personal history of the child including why the application was lodged, why and when they became looked after (if they did);*
* *Brief summary of the proceedings, including assessments undertaken and their conclusions;*
* *Reasons for any extended proceedings, date of IRH/EFH.*

**Section 2: Child’s Needs including Contact**

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

**Race, Culture, Ethnicity:**

* *Family make up, siblings and parents. Child’s identity including racial and ethnic heritage.*
* *The geographical area where the child was born and bought up. The geographical area in which the currently lives – community resources relevant to their cultural needs?*
* *Languages spoken and understood. Any communication challenges.*
* *Cultural/religious holidays celebrated – how these celebrations are supported.*
* *Any other cultural/religious practices observed inc. any dietary requirements,*

**Health or disability:**

* *GP, registration and location to child’s placement;*
* *Child’s physical, dental and optical health needs and how these are being met/ will be met;*
* *Any upcoming appointments, when does the child see the school nurse;*
* *Immunisations, completed or outstanding;*
* *Any assessments undertaken within proceedings – IHA, RHA, Adoption Medical, psychological – dates undertaken, relevant commentary regarding health and/or disability need, conclusions drawn and recommendations made; and,*
* *Any CAMHS support and detail of that support.*

**Education:**

* *School attended and year the child is in school;*
* *Attendance – any explanation/context for poor attendance;*
* *Child’s experience of school – their likes and dislikes;*
* *Child’s experience of school – feedback from school;*
* *Any diagnosis which impact education and support in place;*
* *Further support in place – teacher they can talk to/teaching assistant support?*
* *Child’s friendships, sociability and peer support.*
	1. **The extent to which the wishes and views of the child have been obtained and acted upon**

*When conversations have taken place with the child and what was shared;*

*Direct work undertaken, wishes and feelings gathered from this;*

*Frequency of visits to the child;*

*Understanding of why they are subject to proceedings, their views on this and views on their care plan;*

*Does the child attend their CIC review – how are their views shared with the meeting?*

*Does the child have an advocate – when have they spent time together and what was shared.*

* 1. **The reasons for supporting these or explanations of why the child’s wishes and views have not been given absolute preference**

*It maybe that our care plan aligns with the child’s wishes and feelings.*

*If not we should not that this care plan is developed with the child’s best interests in mind and guided by a series of expert assessments.*

*You may want to comment on:*

* *Risk assessment/ risk of significant harm posed;*
* *View on whether the child has understanding and awareness commensurate with their chronological age – relevant re how much weight we place on wishes and feelings.*
* *Add further detail of content of assessments and the recommendations shared at the conclusion of those assessments.*
* *Assessment of parent/carer’s capacity to change – where you would place them on cycle of change – can they effect the change that is needed to keep the child safe within the child’s timescales.*
* *Any communication challenges, how wishes and feelings have been gathered.*
	1. **Summary of how those needs might be met**
* *This will depend on the care plan, for the child to remain looked after/Supervision Order/SGO/Adoption.*
* *Looked after – refer to bi-annual CIC reviews, CIC plan overseen by IRO, RHA’s, social work visits, ongoing permanence planning meetings to ensure that the child’s stability and permanence is kept under close attention and review.*
* *Supervision Order – proposed length of Supervision Order, proposed contents of plan, review mechanism, when reviews will take place, who will chair reviews. The SO Support plan should be developed with the parents/carers – set out the meetings which took place and that the plan has been shared with parents/carers and any relevant comments they have shared.*
* *Under SGO – reference to the SG support plan as much as relevant to child’s needs. Outline any other/further support, will Children’s Services remain involved and what will support look like? Reference to the adoption and special guardian support fund (ASGSF).*
* *Reference to universal services as relevant to child’s needs.*
* *Adoption: reference the ASGSF – at the moment this is agreed till March 2025; £5,000 per child per year for therapy and £2,500 per child per year for specialist assessment. CPR provided, what Post Order support will be provided by ALS, later life letter, life story work and transition support and planning supported by the UEA Moving to Adoption Model.*
* *Note; the Public Law Working Group interim report; Recommendations for Best Practice in Respect of Adoption recommends that Life story books should be available by the time the adoption order is made and should include reference to all those people who have been identified as important to the child.*
	1. **Arrangements for and purpose of contact in meeting the child’s needs**
* *Current family time arrangements, who the child is seeing, when, for how long and where? Supervised / unsupervised / supported – by whom?*
* *Brief summary of how family time is progressing.*
* *Plan for family time moving forward, when, where, for how long, who will be present, supervised or unsupervised. Should a reduction in family time be the care plan then a staggered plan to reduce family time needs to be set out.*
* *Indirect family time, frequency, means – video/phone call – and length. Supervised or unsupervised or supported. Note: ‘Letterswap’ and ‘ARCBOX’ are two of the digital platforms currently being piloted to consider an electronic exchange of letters between adoptive family and birth family.*
* *Family time with wider family members.*
* *May be helpful to put the family time schedule in a table as below:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Child* | *Who contact is with and relationship to the child* | *Frequency and duration* | *Level of support/ supervision required* | *Brief rationale for the level of contact proposed* |

* *ADOPTION: ALS are responsible for planning and supporting post order contact so this will need to be established with them. The Public Law Working Group interim report: Recommendations for Best Practice in Respect of Adoption has examples of post adoption contact agreements.* [*11 Sep 23 Report v3 (judiciary.uk)*](https://www.judiciary.uk/wp-content/uploads/2023/09/11-Sep-23-Report-v3.pdf)

**Section 3: Views of Others**

* 1. **The extent to which the wishes and views of the child’s parents and anyone else with a sufficient interest in the child have been obtained and acted upon**

*Mum/Dad/Carer with Pr/Grandparents – each to be addressed separately.*

* *Where they are living – and who with;*
* *What their views are, when they shared their views and with who – quotes to ensure accuracy would be helpful.*
* *Any pertinent comments made across assessment by the parents/carers relevant to the care plan.*
* *Any learning need – how we have gathered wishes and feelings in light of this.*
	1. **The reasons for not supporting them or explanations of why wishes and views have not been given absolute preference**
* *If our care plan is that the child is not returned to their parent/s or carers care then we need to set out why - ‘The Local Authority is of the view that (name of child’s) need for safe, stable and consistent care cannot be met by their parents/carers’ – and then set out in brief why we have come to this conclusion.*
* *We can look to evidence of risk and harm, has there been a fact finding? Does the chronology – previous proceedings - and expert assessments to support our position, if so, set this out. Reference to capacity, or not, to sustain change and whether, or not, this can correspond with the children’s timescales.*

**Section 4: Placement details and timetable**

**4.1 Proposed placement**

* *Where we propose the child lives and with who;*
* *Does the child currently live there? If so, since when?*
* *Under what order/legal framework we propose the child is made subject to.*
* *Foster care: is this a long-term plan? If so has staying put been considered? What has been said?*
* *If not, what is the plan? Reference that regular PPMs will take place for any child in LTFC.*
* *The carer – if foster/connected persons carer, when were they approved? Note they will have ongoing SSW support/training ops.*
* *SGO – date Merton Fostering & Permanence Panel approved the positive assessment.*
* *If Adoption, the dated ADM granted.*

**4.2 Time that is likely to elapse before proposed placement is made**

* *When is it planned the child will move. Any necessary explanation as to why this has not yet taken place.*
* *What will the transition plan be? If the child is leaving their foster carer then what role will they play in the transition and beyond?*
* *If there is a change of carer, it is likely a transition plan will be needed, please can you consider this?*
* *Adoption: If this is an adoptive placement, we need to set out the transition plan. This should be based on the* [*Moving to Adoption – The UEA Moving to Adoption model*](https://www.movingtoadoption.co.uk/) *and co-crafted with Alice Abed-Stephens,* *Alice.Abed-Stephen@southwark.gov.uk**.*
	1. **Likely duration of placement**
* *How long does the LA hope/predict the child will be in the proposed placement? Note: unless the plan is for rehabilitation home to parent/s / carer for the child this care plan should be providing some certainty for the remainder of childhood for looked after children.*
* *If a permanent plan has not been developed / the child will remain looked after in foster care, then regular permanence planning meetings will take place.*
	1. **Arrangements for health care**
* *Registered at GP - medical attention will be sought for (name of child) as appropriate and as the need arises.*
* *Any health need and how this will be addressed – lead hospital, medical team, frequency of appointments.*
* *Initial Health Assessment took place on XXX*
* *Any therapeutic support, purpose of work, who provides it, how often do they see each other, predicted length (please bear in mind that NICE recommends long term open ended therapy for looked after children)*
* *CWD: Care package, respite arrangements, direct payments.*
* *Following SG/Adoption: child’s health needs will be met by adopters/SG carers.*
* *Long term FC: Annual review health assessments.*
	1. **Arrangements for education**
* *What school/nursery/education provision the child attends;*
* *When they attend – full/part time;*
* *Any educational need and how this need is being met;*
* *Transport in place – for how long has it been agreed this will continue.*
* *Long term FC: Personal Education Plan meetings will take place and include the dates of the most recent PEP and next PEP meeting. Who is the virtual teacher*
* *Who liaises with the child’s school – any challenges? How these will be overcome. Carer can contact the social work team should any support be needed in terms of communication/liaison with the school.*
* *SG/Adoption: SG carer/adopter understands that the need for (name of child’s) education to be promoted and supported and will be responsible for (child’s) educational and academic needs post Order.*
	1. **Arrangements for rehabilitation**

*Set out whether we are considering whether it is in the child’s best interests to return to one or both of their parent’s care/former carer’s care. Can we please set out any rehabilitation plan including any expectations prior to rehabilitation being agreed, any proposed timetable and detail of what support to the parents/carers and child will be provided and by who/which service.*

* 1. **Other services to be provided to the child**
* *Look to the recommendations in the CIC review as a guide.*
* *Current services provided and which of these will continue.*
* *Set out social work provision – visits, meetings, direct work.*
* *Provision of family time.*
* *Adoption: the Public Law Working Group interim report; Recommendations for Best Practice in Respect of Adoption recommends that later life letters from the birth family (in addition to the one prepared by the social worker) to the adopted child should be considered – can we please include our considerations and conclusions re this matter?*
	1. **Other services to be provided to parents and other family members**
* *Professional network and support provided to each parent. Dates of any planned professionals meetings.*
* *Identified support needs in expert assessment and steps taken/plan to address that need.*
* *Parents/carers can approach the social work team as/when necessary/important for them.*
* *Adoption; the Public Law Working Group interim report; Recommendations for Best Practice in Respect of Adoption recommends that Adoptive parents should, as a matter of course, write a settling-in letter to the birth family. There should be an ongoing communication between the adoption social worker and the birth parents so that the adoption social worker can reassess the ability of a relative/other to have contact post proceedings.*
* *There is a requirement under the ACA 2002 that support from someone other than the child’s social worker to birth parents should be emphasised and promoted – who is this professional in the birth family network? If there is not a named professional what steps are going to be undertaken for one to begin work? Have the birth parent/s accessed/been referred to counselling?*
	1. **Details of proposed support services in place for the carers**
* *Foster/Connected Persons placement: Supervising social worker will visit on a regular basis and offer support and guidance. Training opportunities will be discussed and provided by the Local Authority. Weekly financial support will be provided. Child in Care reviews will take place every 6 months to which the carer will be invited, their views will be sought on the progress of the plan and how support can best be provided. Regular permanency planning meetings will take place, chaired by the Permeance Lead and attended by the social work team and the supervising social worker. These meetings will look to understand how the placement is progressing and ensure all necessary support is in place to ensure the ongoing stability of the placement.*
* *Special guardianship placement: The SG Support plan will set out the planned support and how this will be provided. Financial support will be provided and reviewed on an annual basis. A named worker in the Kinship Care team will be available for guidance and advice (should the SG carer live in another borough, the responsibility for offering support and guidance will move to their local Children’s Services three years after the granting of the SGO). SG carers can access further help and support from the Family Rights Group and Kinship.*
* *Adoption: Support from Supervising Social worker up to the point that the Adoption Order is made. Following this, the Adopt London South post-adoption support team will support. Adoptive families can access further help and support from First4Adoption and Adoption UK.*
* *Both SG and Adoption: both will be eligible for the Adoption and special guardianship support fund (ASGSF).*
	1. **Specific details of the parents’ role in day-to-day arrangements**
* *Whether we plan for the parents to have a role in the child’s day-to-day care/ it is envisioned if they will take on full time care of (name of child) at the conclusion of these proceedings.*
* *Looked after child: Whether the parents will be invited to Child in Care reviews – if not, how will their views be sought and fed back? Child’s social worker will liaise with both parents on a regular basis. Reference family time – do we think this can progress to supported or supervised by family in future? Acknowledge importance of parent to child.*
* *Supervision Order: Significant role in day to day, will be responsible for all child’s basic care, physical and emotional needs.*
* *SG/Adoption: Sadly the Local Authority does not envisage the parents having a day to day role in (name of child’s) care should they be adopted.*

**Section 5: Management and support by the Local Authority**

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

*The London Borough of Merton is responsible for implementing the overall plan and supporting all parties to ensure that the plan is implemented effectively.*

* 1. **Who is to be responsible for implementing specific tasks within the plan?**

*(Name of child’s) social worker, (name of social worker) is has primary responsibility for implementing tasks within the plan.*

* *Include how long the social worker has been working with the child and how often they visit.*
* *All work will be overseen by team manager, their name and when they began working with the family.*

**5.3 Dates of review**

*The next Child in Care Review/SO Support Plan review will take place on XXXX. This meeting with be chaired and the plan reviewed by XXXXX.*

* *Set out ongoing frequency of meetings*
* *Who will be invited to the review.*
	1. **Contingency plan, if placement breaks down or if preferred placement is not available**

*If there are concerns about placement break down, advice will first be sought through the Special Guardianship Team/Fostering team. Initially, a professionals meeting would be held with the carers to try to stabilise the placement. If the placement breaks down irretrievably, the Local Authority will ensure a suitable placement is secured for (name of child). Add any consideration of sibling placements.*

*Adoption: The Local Authority will ensure that safeguarding procedures are followed in order to continue to ensure the safety and wellbeing of (name of child). If there are any identified safeguarding concerns or the placement breaks down, the Local Authority will become involved with (name of child’s) care again to provide support to maintain the care and living arrangement with child’s adopter if appropriate or if not, find suitable alternatives. All work will be undertaken alongside ALS and any available support from the Adoption Support Fund will be sought.*

* 1. **Arrangements for input by parents, the child and others into the ongoing decision-making process**

*Looked after: (Name of parent/carer) will continue to be updated and their views sought regarding any significant decisions that need to be made in respect of (name of child); Local Authority respects that parent/s will continue to have parental responsibility for their child and must be consulted in decision-making about them. They will be invited to all significant meetings including children in care reviews.*

*Adoption/SG: If (name of child) is adopted/made subject to an SGO, their birth parents/carers will not have any input into the decision-making processes concerning (name of child). In the case of SG, it will be up to those carers to update parents outside of family time as and when they see fit.*

*Supervision Order: will have all decision making responsibility for their child.*

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

*In the first instance, (name of parent/carer) can contact (name of team manager), to discuss any worries or concerns. If resolution is not reached then (name of parent/carer) can raise their concern formally via the complaints procedure. Further information can be found at,* [*www.merton.gov.uk*](http://www.merton.gov.uk)*.*

Care Plan prepared by:

*Social Worker*

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|  | London Borough of Merton |  |  |
|  |  |  |  |
| Care Plan endorsed by: |  |  |
| Signed: |  |  |  |
|  | Team ManagerLondon Borough of Merton |  |  |
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| Signed: |  |  |  |
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Head of Corporate Parenting