**INTERIM CARE PLAN - FRONT SHEET**

**FULL NAME OF CHILD:**

**DATE OF BIRTH OF CHILD:**

**COURT CASE NUMBER:**

**NAME OF COURT HEARING APPLICATION:**

**DATE OF COURT HEARING PLAN PREPARED FOR:**

**TYPE OF COURT HEARING PLAN PREPARED FOR:**

**NAME OF LOCAL AUTHORITY:**

**NUMBER OF PLAN:**

**DATE OF PLAN:**

**Section 1: Overall Aim**

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

**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;**
  2. **The extent to which the wishes and views of the child have been obtained and acted upon; and**
  3. **The reasons for supporting this or explanations of why wishes/views have not been given absolute preference;**
  4. **Summary of how those needs might be met;**
  5. **Arrangements for, and 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.**

**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 (including representatives of other agencies, current and former carers) have been obtained and acted upon, and**
  2. **The reasons for supporting them or explanations of why wishes/views have not been given absolute precedence.**

**Section 4: Placement details and timetable.**

* 1. **Proposed placement, - type and details (or details of alternative placements);**
  2. **Time that is likely to elapse before proposed placement is made;**
  3. **Likely duration of placement (or other placement);**
  4. **Arrangements for health care (including consent to examination and treatment);**
  5. **Arrangements for education (including any pre-school day-care/activity);**
  6. **Arrangements for reunification/rehabilitation;**
  7. **Other services to be provided to the child;**
  8. **Other services to be provided to parents and other family members;**
  9. **Details of proposed support services in placement for the carers;**
  10. **Specific role of the parents in day to day arrangements.**

**Section 5:**

* 1. **Who is to be responsible for implementing the overall plan;**
  2. **Who is to be responsible for implementing specific tasks within the plan;**
  3. **Dates of review;**
  4. **Contingency plan, if placement breaks down or if preferred placement is not available;**
  5. **Arrangements for input by parents, the child and others into the ongoing decision-making process;**
  6. **Arrangements for notifying the responsible authority of disagreements about the implementation of the care plan or making representations or complaints.**

**Signed:**

**Full name:**

**Professional position: Social worker for the child.**

**Date:**

**Work address and telephone number:**

**Endorsed by:**

**Full name:**

**Professional Position:**

**Date:**

**Work address and telephone number:**