**CASE NUMBER: (insert case number)**

**IN THE FAMILY COURT AT BRISTOL / WESTON-SUPER-MARE**

**IN THE MATTER OF THE CHILDREN ACT 1989**

**AND IN THE MATTER OF (CHILD’S NAME) (D.O.B.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE OF LIVING ARRANGEMENTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. This document sets out the long-term care arrangements for (insert child’s name) and is filed with the Court within care proceedings in which the Local Authority does not pursue any application for public law orders and in which private law orders are proposed.

2. This Schedule is dated (insert date).

3. This Schedule is prepared by (insert name of Social Worker), Social Worker.

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| --- | --- |
| **Proposed Care Arrangements** | It is proposed that (insert child’s name) will live with his/her (relationship of carer), (name of carer), under a Child Arrangements Order/Special Guardianship Order. |
| **Proposed Arrangements for the persons whom (insert child’s name) will spend time with** | ***Mother/Father, (insert parent’s name)***  (Outline the arrangements for the child and the non-resident parent)  ***Maternal/Paternal Family/Other connected persons***  (Outline the arrangements for the child and the wider families) |
| **Health Arrangements** | (Insert name of primary carer) will be responsible for all of (insert child’s name) health needs. He/She will need to register (insert child’s name) with a local GP and ensure that he/she attends the dentist and opticians as appropriate.  If the child has specific health needs, these should be set out. |
| **Education Arrangements** | (Insert child’s name) is not yet of school age/attends (insert name of school). (Insert name of primary carer) will ensure that his/her education needs are met through formal education services at age appropriate times/engaging with school staff and encouraging his/her education within the home.  ***(In respect of pre-school age children only – delete if not appropriate)***  (Insert name of primary carer) will provide stimulation within the home and ensure that (insert child’s name) is able to socialise with other children, including through local children centre groups and through his own family. |
| **Support for (inset child’s name)** | (Insert child’s name) will have an allocated Health Visitor/School Nurse and will be eligible for universal services.  (Insert name of primary carer) and the maternal/paternal family will provide support to (insert child’s name) as required and at an age appropriate level.  ***(Examples of support which may be included – delete as appropriate):***  *After the move to his/her Mother/Father’s care, (insert child’s name) and (insert name of primary carer) will be visited (insert frequency of visits) by Children’s Social Care until the Final Orders are made. This will alternate between the allocated social worker and the Family Support Key Worker.*  *After the Final Orders are made, Children’s Social Care will visit (insert child’s name) and (insert name of primary carer) on a (insert frequency of visits) basis for (insert period for which visits will continue). At this point a review meeting will be held, and in discussion with (insert name of primary carer), an agreement about the need of ongoing support intervention will be discussed.* |
| **Support for (insert name of primary carer)** | (Insert name of primary carer) will have the support of his/her family.  (Insert name of primary carer) will be able to access community resources within his/her local area. This will include attending, where possible, groups at Children’s Centres and visiting other locations such as parks and swimming pools.  ***(Examples of support which may be included – delete as appropriate):***  *After the move to his/her Mother/Father’s care, (insert child’s name) and (insert name of primary carer) will be visited (insert frequency of visits) by Children’s Social Care until the Final Orders are made. This will alternate between the allocated social worker and the Family Support Key Worker.*  *After the Final Orders are made, Children’s Social Care will visit (insert child’s name) and (insert name of primary carer) on a (insert frequency of visits) basis for (insert period for which visits will continue). At this point a review meeting will be held, and in discussion with (insert name of primary carer), an agreement about the need of ongoing support intervention will be discussed.*  *The Family Support Worker will encourage (insert name of primary carer) to access support through his/her G.P. in respect of those issues which have been identified in the report of (insert expert’s name) regarding his/her emotional health.*  *The Family Support Worker will encourage (insert name of primary carer) to access support through his/her G.P. and Addaction in respect of his/her alcohol/drug use.*  *Following the end of the support under Child in Need processes, the Local Authority will have no further involvement with visit (insert child’s name) and (insert name of primary carer) unless a referral is received at a future date.* |

This Schedule is prepared by *Name of Social Worker*, Social Worker

Signed: ………………………………………..

Dated: ………………………………………..

Address: Town Hall

Walliscote Grove Road

Weston super Mare BS23 1UJ

This Schedule is endorsed by *Name of Service Leader*, Service Leader*:*

Signed: ………………………………………..

Dated: ………………………………………..

Address: Town Hall

Walliscote Grove Road

Weston super Mare BS23 1UJ