My Care Plan:

Photo or picture – chosen by Child



Replace original picture of Baby Robin

This is an agreement between me, my Social Worker, my carers, parents and anyone else who is going to look after me. When I am 16 years old, my Care Plan will change to a Pathway Plan.

Name - Robin . What I like to be called - Robin. D.o.B - 2020

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| What is important to me? (to be completed by child / young person – with support from Social Worker and / or carer – if this is the first Care Plan, this detail can be completed following first review).I am still a very little girl and cannot express myself verbally but, if I could talk, I would say that my relationship with my foster family, particularly Ali, who has cared for me since I was discharged from hospital, is very important to me and I hope I can maintain this relationship when I move on to my permanent family. I am a gentle little girl, who doesn’t like lots of loud noise but I do enjoy music and singing and I am getting really good at doing the actions to songs, like Twinkle, Twinkle.  |
| My hopes for my future (to be completed by child / young person – with support from Social Worker and or carer – wishes / hopes of what you want to achieve or see happen)I believe that, you could tell us, you would hope to be part of a family where you know you belong and feel loves, accepted and cherished. I think you would want to know that your family will do all they can to give you a happy, safe and fulfilling life that they will help you understand your journey and your birth family story, with compassion and understanding. Ultimately, I think you would want to know that, whatever the future holds, you will have the unwavering support and acceptance of your family. |

The long-term plan is for me is…(delete as appropriate – to be agreed by 2nd Child in Care review)

* Adoption

The Care Plan below is for the next 6 months

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| **Success Goals****(to be written by child /young person with support from Social Worker)** | **What do we need to do to meet this goal?** | **Who will do this?**  | **By when?** |
| **Where I will live and how I will feel safe and secure***I will know I have reached this goal when….(my connections, how I feel and where my home will be)***I will have moved to my prospective adoptive family and I will feel safe, happy and settled. I will have been supported to move to my prospective adoptive family by a well planned transitions plan and there will be a plan in place for me to keep in touch with my foster family.**  | A prospective adoptive family have been found for Robin, during a family finding meeting on the 16/12/2021.Matching panel is due to take place on the 22/12/2022.Matching panel paperwork needs to be completed by the 04/02/2022Once your placement has been matched, we will plan introductions carefully with your foster and adoptive families.  | SW,Family FinderSW and ASWSW and ASWSW and ASW and prospective adopters | 16/12/202122/12/202204/02/2022After matching panel |
| **My health – body and mind***I will know I have reached this goal when…(include My physical, emotional and mental health – include dental and optician appointments)***I will continue to enjoy good health and feel happy, safe and secure. I will have healthy teeth and access to appropriate health services, including the dentist, GP and health visitor.** | I will continue to have my health reviewed as part of the review health assessment process and adoption medicals. I will be continue to be registered at the GP, dentist and be seen by my health visitor. If there are worries about my health, I will be taken to see the GP promptly. | SW, and foster family / adoptive family. Foster family / adoptive family and HV.Foster family / adoptive family | Every six months. OngoingOngoing  |
| **My learning and education***I will know I have reached this goal when…(My aspirations, strengths and the support needed to achieve my goals link to PEP actions)***I will be provided with a wide range to stimulating activities in my home and also opportunities to socialise and explore the wider world around me. This will enable me to foster a love of learning and support my development and transition into formal education.**  | Robin to have access to a range of age appropriate activities and toys.Robin to be engaged and interacted with consistently, whilst still affording her opportunities to play independently. Robin to continue to attend parent and toddler classes.Robin to enjoy a range of safe activities outside of the home. Robin to continue to have her development monitored by her health visitor.  | Foster family / adoptive familyFoster family / adoptive familyFoster family / adoptive familyFoster family / adoptive familyFoster family / adoptive family and health visitor | OngoingOngoingOngoingOngoingOngoing |
| **My identity (what make me, ME?)** *I will know I have reached this goal when…(what I see as my identity, culture, heritage, what influences this and what I need).***I will be supported to understand my journey and birth family history, including how I came to be adopted and what this means for me.** | Robin to have a wish you well visit with her birth mother, and maternal grandmother,. Robin’s adoptive parents to engage in Letterbox contact with Robin’s birth family on her behalf. Robin to have a Life Story Book and Later Life Letter written for her. Robin to be supported by her adoptive family to understand her history and use her life story book to support her developing identity.  | SW,.  (birth mother and MGM)Prospective adoptive parents. (birth mother and MGM)SW and FSWProspective adoptive parents.  | 25/01/2022Ongoing – yearlyNo later than 6 weeks after the making of an Adoption order. Ongoing |
| **My family and social network**  *I will know I have reached this goal when*…(Who is important to me, who I see, want to see and when?)**I am going to need my adoptive family to engage in meaningful letterbox contact on my behalf, until I am old enough to say how I feel about this.** **I will keep in touch with my foster family, Ali and Giles, as they are really important people to me.**  | Robin’s adoptive parents to engage in Letterbox contact with Robin’s birth family on her behalf. Robin’s prospective adoptive family will maintain contact, including direct contact if all are in agreement, with foster family  | Prospective adoptive parents. (birth mother and MGM)Prospective adoptive family and foster  | Ongoing – yearlyOngoing  |
| **How often will my Social Worker visit me?** | At least every 6 weeks  |
| **Date Care Plan shared with me**  | I am too young to understand my Care Plan. |
| **My views on my Care Plan** | I am too young to share my views  |
| **My carer’s views on my Care Plan** | These will be sought after the Care Plan has been reviewed. |
| **My family’s views on my Care Plan**  | My Social worker has not been able to speak to my mummy but she last tried to make contact with her on the 06/01/2022 |
| **Date and name of Team Manager reviewing the Care Pan** | Team Manager |
| **Date My Care Plan will be reviewed by my IRO** | In my Review on the 12/01/2022 |
| **Date My Care Plan was given to me, my parents, and my carers** | This will be shared with everyone after your review on the 12/01/2022 |

Social Worker report / update assessment for Child in Care Review

(for first review, provide full details; for second and subsequent reviews, provide updates since last review)

Name of young person - Robin D.O.B - /2020. Legal status - Placement Order Granted

Summary of why Robin is in care (for first review, provide detailed summary. For second and subsequent reviews, provide a very brief summary).

Robin is the eighth born child to her birth mother, Mother and the second born child to her birth father, Father. Mother’s older children are cared for by their paternal grandmother because Mother has long-standing and significant alcohol misuse problems and mental health concerns. Sadly, one of Robin’s maternal half-brother’s, (name) passed away when he was two months old.

Mother and Father met in rehabilitation facility and were in a relationship for a short while but this was characterised by domestic abuse, perpetrated by Father against Mother. Mother was admitted to hospital when she was four months pregnant with Robin, with serious injuries after Father had assaulted her. It became apparent that Mother had been trying to conceal her pregnancy with Robin and there were concerns she was continuing to drink alcohol and therefore placing unborn baby Robin at risk of complications after her birth.

Mother went to great lengths to evade professionals but there were incidents where she was hospitalised through significant alcohol intoxication during the pregnancy. Mother did not follow medical advice and engaged minimally with antenatal services before foing missing for over a month, causing there to be large scale missing person enquiries. Mother was eventually located on the Isle of Whyte, staying at an older male’s house and she had made some arrangements to try and give birth to Robin at home, including showing the male how to cut an umbilical cord. The male reported that he had been really worried for Mother and unborn baby Robin as Mother had been medicating her labour pains with alcohol.

On 24th October 2020, Mother was taken to St Mary’s Hospital, on the Isle of Wight, and there she gave birth to Robin. Initially Robin appeared well but she then started to demonstrate a high pitched cry that is often seen in babies who are withdrawing from substances. Mother told the hospital that she had been wearing a morphine patch but it is not clear why. Robin’s oxygen levels were low and she was given a lumbar puncture and treated for sepsis although her tests came back clear of infection.

Mother remained on the ward with Robin and she was observed to offer her good care and breast fed her, with support given by the midwives.

On 28th October 2020 Robin was made subject of an interim care order but she remained at St Mary’s hospital on Oxygen until 5th November 2020 when she was moved to Southampton Hospital in preparation for being transferred to Kettering General Hospital. Mother stayed with Robin in hospital until she returned to Kettering and then she given support by the local authority to stay in temporary accommodation.

Robin remained on Oxygen until the 20th November 2020 and was finally discharged

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| Discussion Area  | What is working well? | What are we worried about? | What needs to happen next? (By who and when?)  |
| **Where I will live and how I will feel safe and secure***I will know I have reached this goal when….(my connections, how I feel and where my home will be)***I will have moved to my prospective adoptive family and I will feel safe, happy and settled. I will have been supported to move to my prospective adoptive family by a well-planned transitions plan and there will be a plan in place for me to keep in touch with my foster family.**  | Robin is in a safe and nurturing foster family, where she has benefitted from a consistent relationship with her main carers since birth.A prospective adoptive family has been found for Robin.  | Robin will likely find the move to her prospective adoptive family difficult as she has such a strong bond with her foster family.  | Matching panel is due to take place on the 22/12/2022.Matching panel paperwork needs to be completed by the 04/02/2022Introductions to be planned after matching panel has taken place. Robin to move to her prospective adoptive parents. |
| **My health – body and mind***I will know I have reached this goal when…(include My physical, emotional and mental health – include dental and optician appointments)***I will continue to enjoy good health and feel happy, safe and secure. I will have healthy teeth and access to appropriate health services, including the dentist, GP and health visitor.** | Robin is a health and thriving little girl, who is generally meeting her milestones well and there are no immediate health concerns. Robin has had her review adoption medical. Robin presents as happy and has a loving a secure bond with her foster family. Robin is up to date with her immunisations.  | Robin is not yet walking and although is standing with support. Robin’s birth mother drank alcohol throughout her pregnancy and Robin presented with symptoms of neonatal withdrawal symptoms following her birth. Antenatal alcohol exposure is linked with short and long term implications on emotional, cognitive, social and behavioural development.  | Robin will continue to have her health reviewed as part of the review health assessment process and adoption medicals. Robin will be continue to be registered at the GP, dentist and be seen by my health visitor. If there are worries about my health, I will be taken to see the GP promptly. |
| **My learning and education***I will know I have reached this goal when…(My aspirations, strengths and the support needed to achieve my goals link to PEP actions)***I will be provided with a wide range to stimulating activities in my home and also opportunities to socialise and explore the wider world around me. This will enable me to foster a love of learning and support my development and transition in to formal education.**  | Robin is developing well and meeting her milestones. Robin has access to a wide range of toys and interacted and engaged with consistently. Robin enjoys attending a music parent and toddler group once a week.  | Robin is not yet walking and although is standing with support. Robin’s birth mother drank alcohol throughout her pregnancy and Robin presented with symptoms of neonatal withdrawal symptoms following her birth. Antenatal alcohol exposure is linked with short and long term implications on emotional, cognitive, social and behavioural development. | Robin to have access to a range of age-appropriate activities and toys.Robin to be engaged and interacted with consistently, whilst still affording her opportunities to play independently. Robin to continue to attend parent and toddler classes.Robin to enjoy a range of safe activities outside of the home. Robin to continue to have her development monitored by her health visitor. |
| **My identity (what make me, ME?)** *I will know I have reached this goal when…(what I see as my identity, culture, heritage, what influences this and what I need).***I will be supported to understand my journey and birth family history, including how I came to be adopted and what this means for me.** | Robin has benefitted from having a secure and loving relationship wither foster family and they are committed to maintaining ongoing contact with her. Robin’s birth mother has had some engagement with the social worker since the making of the placement order and indicated she will engage in letterbox contact and provide information for Robin’s life story.  | Robin will be separated from her birth family and there are no plans for her to have ongoing direct contact as Jennifer was not able to maintain this during the care proceedings.Robin has never met her birth father of any of her half-siblings.  | Robin to have a Life Story Book and Later Life Letter written for her. Robin to be supported by her adoptive family to understand her history and use her life story book to support her developing identity. |
| **My family and social network**  *I will know I have reached this goal when*…(Who is important to me, who I see, want to see and when?)**I am going to need my adoptive family to engage in meaningful letterbox contact on my behalf, until I am old enough to say how I feel about this.** **I will keep in touch with my foster family, , as they are really important people to me.**  | Robin’s foster family would like to maintain ongoing contact with her after she moves on from their care. Robin will have annual letterbox contact with her birth mother, father and maternal grandmother.  | Robin will be separated from her birth family and there are no plans for her to have ongoing direct contact as Jennifer was not able to maintain this during the care proceedings.Robin has never met her birth father of any of her half-siblings.  | Robin’s adoptive parents to engage in Letterbox contact with Robin’s birth family on her behalf. Robin’s prospective adoptive family will maintain contact, including direct contact if all are in agreement, with foster family  |

Direct work completed with child / young person since last review (e.g. words and pictures, life story work,)

Direct work has not been completed with Robin due to her age.

Social Worker analysis (include worry statement, achievement goals and the impact of these, including how direct work has informed the plan)

Robin is a 14-month-old little girl who has been in the care of the Local Authority and subject to Care proceedings since birth. (name), Robin’s social worker, is worried that Robin has not yet had the opportunity to transition to the care of her permanent family as there was delay in care proceedings being completed. This means that Robin has spent a long time with her foster family and the move to her prospective adoptive home will likely be very difficult for her.

(SWer) is really pleased that the care proceedings have now concluded, with Robin made subject of care and placement orders. A prospective adoptive family have been found for Robin and they will be presented as matching panel on the 22/02/2021 and, if the match is agreed, a robust transitions plan will be made for Robin to support her move to her permanent home. This will afford Robin the opportunity to build life-long bonds with the family she will remain a part of for the rest of her life and secure her effective and complete permeance.

S/wer does remain worried that Jennifer drank throughout her pregnancy with Robin and, whilst Robin is not currently showing signs of foetal alcohol syndrome, this could become apparent as Robin grows. It will be really important for Robin’s adoptive family to ensure that they can advocate for Robin and secure her timely access to appropriate services, should the need arise.

S/wer is very pleased that Robin’s needs are being well met in her foster family home and the main outstanding unmet need of Robin’s, namely to transition to her adoptive family is being effectively progressed.

Team Manager analysis / oversight

Clear, detailed and Robin focused plan with explanation, timescales and rationale.

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| **Dates of any meetings** |  | **Dates when child or young person has been seen** |
| **Date** | **Meeting**  | **Date** | **Seen alone?** |
| N/A | Family Meetings | 16/12/2021 – S/wer | No due to Robin’s age |
| 21/12/2021 | Health Assessment | 08/11/2021 – S/wer | No due to Robin’s age |
| N/A | PEP | 12/10/2021 – S/wer | No due to Robin’s age |
| 22/02/2022 | Matching Panel | 06/09/2021 – S/wer | No due to Robin’s age |

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| **Court hearings**  |  |  | **Name** | **Date report completed / authorised**  |
|  Type of Hearing | Date |  | Social Worker | S/wer | 07/01/2022 |
| N/A | N/A |  | Team Manager | Team manager | 8/7/22 |
|  |  |  | Shared with  | **Name** | **Date** |
|  |  |  | Child / Young Person | Robin  | Will be shared once signed off  |
|  |  |  | Parents | Mother | Will be shared once signed off |
|  |  |  | Carer | Foster Carer  | Will be shared once signed off |
|  |  |  | IRO | IRO | Will be shared once signed off |

**Social Worker / Team Manager to review and update previous Children in Care decisions in supervision and make sure that they are updated at least 10 working days prior to the subsequent review.**