My Care Plan:

Photo or picture – chosen by Child/young person

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. What I like to be called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. D.o.B. \_\_\_\_\_\_\_\_\_

|  |
| --- |
| 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). |
| 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) |
| How I like to Communicate (verbal, sign, pecs, storyboards to be completed by child/young person – with support from Social Worker and or carer – phone, What’s App, text messages, Facebook etc..) |

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

* Remaining with family, supported by shared care / short term breaks
* Return to family within one month
* Return to family within six months
* Remaining with parents – under a placement with parent agreement
* Eventual return to family (within how many months \_ \_)
* Adoption
* Long term care with relatives / friends
* Long term foster home - for as long as it is needed and can last until at least 18
* Residential home until independence
* Supported living in the community (with a view to independence)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Care Plan below is for the next 3 / 6 / specify months (Delete as required, but should not be greater than date of the next child in care review meeting)

|  |  |  |  |
| --- | --- | --- | --- |
| **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)* |  |  |  |
| **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)* |  |  |  |
| **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)* |  |  |  |
| **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).* |  |  |  |
| **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?) |  |  |  |
| **How often will my Social Worker visit me?** | |  | |
| **Date Care Plan shared with me** | |  | |
| **My views on my Care Plan** | |  | |
| **My carer’s views on my Care Plan** | |  | |
| **My family’s views on my Care Plan** | |  | |
| **Date and name of Team Manager reviewing the Care Plan** | |  | |
| **Date My Care Plan will be reviewed by my IRO** | |  | |
| **Date My Care Plan was given to me, my parents, and my carers** | |  | |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Legal status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Summary of why (name of child / young person) is in care (for first review, provide detailed summary. For second and subsequent reviews, provide a very brief summary). |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 will I feel safe and secure**  *(My connections, how I feel and where my home will be)* |  |  |  |
| **My health – body and mind**  *(My physical, emotional, and mental health - include dental and optician appointments)* |  |  |  |
| **My learning and education**  *(My aspirations, strengths and the support needed to achieve my goals - link to PEP actions)* |  |  |  |
| **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)* |  |  |  |
| **My family and social network** (*who is important to me, who I see, want to see and when?)* |  |  |  |

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

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

|  |
| --- |
| Team Manager analysis / oversight |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of any meetings** | |  | **Dates when child or young person has been seen** | |
| **Date** | **Meeting** |  | **Date** | **Seen alone?** |
|  | Family Meetings |  |  |  |
|  | Health Assessment |  |  |  |
|  | PEP |  |  |  |
|  | Other |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Court hearings** | |  |  | **Name** | **Date report completed / authorised** |
| Type of Hearing | Date |  | Social Worker |  |  |
|  |  |  | Team Manager |  |  |
|  |  |  | Shared with | **Name** | **Date** |
|  |  |  | Child / Young Person |  |  |
|  |  |  | Parents |  |  |
|  |  |  | Carer |  |  |
|  |  |  | IRO |  |  |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of any meetings** | | **Dates when child or young person has been seen** | |
| **Date** | **Meeting** | **Date** | **Seen alone?** |
|  | Family Meetings |  |  |
|  | Health Assessment |  |  |
|  | PEP |  |  |
|  | Other |  |  |