

**Case No:**

**IN THE FAMILY COURT sitting at Reading**

**Re: born:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BETWEEN:**

|  |  |
| --- | --- |
| **West Berkshire Council**  | **Applicant** |
| **and** |  |
|  | **1st Respondent** |
| **And**  |  |
|  | **2nd Respondent** |
| **And** |  |
|  | **3rd Respondent** |

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**CARE PLAN**

|  |  |
| --- | --- |
| **Full name of child:**  |  |
| **Date of Birth:**  |  |
| **Plan number: 1** |  |
| **Date of Plan:**  |  |
| **Date of Hearing:** |  |
| **Type of Hearing: Initial Hearing**  |  |

**CONFIDENTIAL**

**NOT TO BE SHARED WITH ANY PERSON WHO IS NOT A PARTY TO PROCEEDINGS**

|  |  |
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| **SECTION ONE:**  | **THE PLAN** |
| **1.1**  | **The Plan for Permanence/Pending Assessment** |
|  |
| **1.2** | **Arrangements for advice, support and assistance for the child and the carers**  |
|  |
| **1.3** | **When the placement may be terminated and contingency plan** |
|   |
| **1.4** | **Order required** |
|  |
| **1.5** | **Human Rights Implications** |
|  |
| **SECTION TWO** | **FAMILY AND SOCIAL RELATIONSHIPS**  |
| **2.1**  | **Current contact arrangements** |
| **with Siblings** |  |
| **with Mother** |  |
| **with Father** |  |
| **with Significant Others** |  |
| **2.2**  | **Plan for Future** |
| **with Siblings** |  |
| **with Mother** |  |
| **with Father** |  |
| **with Significant Others** |  |
| **Review** |  |
| **SECTION THREE:**  | **THE CHILD’S HEALTH PLAN** |
|  |
| **3.1** | **Current Arrangements** |
|   |
| **3.2** | **Plan for Future** |
|  |
| **SECTION FOUR:**  | **THE CHILD’S EDUCATION PLAN** |
|  |
| **4.1** | **Current Arrangements** |
|   |
| **4.2** | **Plan for Future** |
|  |
| **SECTION FIVE:**  | **THE CHILD’S EMOTIONAL AND BEHAVIOURAL DEVELOPMENT** |
|  |
| **SECTION SIX:**  | **THE CHILD’S IDENTITY** |
|  |
| **SECTION SEVEN:**  | **THE CHILD’S SOCIAL PRESENTATION** |
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| **SECTION EIGHT:**  | **THE CHILD’S SELF CARE SKILLS** |
|  |
| **SECTION NINE:**  | **WISHES AND FEELINGS ABOUT THE CARE PLAN** |
| **The Child** |  |
| **The parents** |  |
| **Significant Others:** |  |
| **SECTION TEN**  | **MANAGEMENT AND SUPPORT BY THE LOCAL AUTHORITY** |
| **Social Worker** |  |
| **Independent Reviewing Officer** |  |
| **Independent Visitor** |  |
| **Personal Advisor** |  |
| **Complaints/Disagreements** |  |

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| **FULL NAME AND PROFESSIONAL POSITION OF THE PERSON WHO HAS PREPARED THE CARE PLAN** |
| **Signed**  | **Date:** |
| **FULL NAME AND PROFESSIONAL POSITION OF THE SUPERVISOR OF THE SOCIAL WORKER** |
| **Signed** **Team Manager**  | **Date:**  |
| **FULL NAME AND PROFESSIONAL POSITION OF THE PERSON ENDORSING THE PLAN FOR THE FINAL HEARING ON BEHALF OF THE LOCAL AUTHORITY MAKING THE APPLICATION** |
| **Signed** **Service Manager**  | **Date:** |