**HEREFORDSHIRE COUNCIL**

**CHILDREN AND YOUNG PEOPLE PLAN**

**INITIAL CARE PLAN**

**FULL NAME OF CHILDREN:**

**COURT CASE NO: WR**

**APPLICATION: Interim Care Order**

**TYPE OF HEARING: Initial**

**NAME OF LOCAL AUTHORITY: Herefordshire**

**NUMBER OF PLAN: 1**

**DATE OF PLAN:**

**This care plan contains information which will help CHILD, PARENT(S) understand the decisions that have been made and why they are being made.**

**Introduction**

This is the Initial Care Plan for XXXXXXX. At the time of writing this care plan, XXXXX is girl/boy aged XXXXX.

XXXXX is currently in the care of his/her parents where he/she has remained since birth. The full background for XXXX is detailed with in the Initial Statement, filed alongside this Care Plan.

The Local Authority is making an application for an Interim Care Order in order that it can share parental responsibility with PARENTS. The Order will also stipulate a duty on the Local Authority to provide CHILD with an appropriate care provision pending the conclusion of these proceedings.

1. **THE LONG TERM PLAN FOR THE CHILD**

**Proposed Placement**

**Time that is likely to elapse before proposed placement is made**

**Likely duration of placement**

**The reasons why has this placement been chosen**

1. **CONTINGENCY PLAN**
2. **HOW WILL THE CHILD’S NEEDS BE MET *(including needs arising from race, culture, religion or language, special education, health or disability)***
3. **THE ARRANGEMENTS FOR CONTACT**
4. **THE DETAILS OF THE IRO**
5. **THE HEALTH PLAN AND EDUCATION PLAN**

***Health Care Plan***

***Education Plan***

1. **THE WISHES AND FEELINGS OF RELEVANT PEOPLE ABOUT THE ARRANGEMENTS FOR THE CHILD**
2. **THE WISHES AND FEELINGS OF RELEVANT PEOPLE ABOUT CHANGES TO THE PLAN**
3. **DATE OF REVIEW**

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| **Name of Social Worker who prepared the plan** | |
| Name |  |
| Signature |  |
| Date |  |
| **Team Manager who authorised the plan** | |
| Name |  |
| Signature |  |
| Date |  |
| **Final Care Plan endorsed by Head of Service** | |
| Name |  |
| Signature |  |
| Date |  |
| Herefordshire Council Children’s Wellbeing Directorate  Nelson House, Whitecross Road, Hereford, HR4 0DG  01432 260665 | |