**HEREFORDSHIRE COUNCIL**

**CHILDREN AND YOUNG PEOPLE PLAN**

**FINAL CARE PLAN**

**FULL NAME OF CHILD:**

**COURT CASE NO:**

**APPLICATION:**

**TYPE OF HEARING: Final Hearing/ Initial Resolutions Hearing**

**NAME OF LOCAL AUTHORITY: Herefordshire**

**NUMBER OF PLAN:**

**DATE OF PLAN:**

**This care plan contains information which will help CHILD and his/her parents, NAMES, understand the decisions that have been made and why they are being made.**

**Introduction**

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 |  |
| **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 | |