

**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** | |  | |  |

**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**

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