My Care Plan:

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 DoB

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| 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)

* Long term foster home - for as long as it is needed and can last until at least 18

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)

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| **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** | **Regular STAT visits, SSW visits, CIC reviews** | **Foster Carers, Professionals, Christy** | **6 weekly STAT visits to reduce to 3monthly**  **6monthly CIC review**  **1monthly SSW visits** |
| **My health – body and mind** | Professionals ensure that routine check ups are completed. | Foster Carer, |  |
| **My learning and education** | Termly PEP meetings  Pupil premium to be spent  Tutoring-Maths/English  Speech and language session |  | Termly PEPS  Weekly tutoring |
| **My identity (what make me, ME?)** |  |  |  |
| **My family and social network**  . |  |  |  |
| **How often will my Social Worker visit me?** | | Initially six weekly, reduced to three monthly due to long term matching. | |
| **Date Care Plan shared with me** | | Next STAT visit | |
| **My views on my Care Plan** | | Next STAT visit | |
| **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** | | Next STAT visit | |

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

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| 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). |

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| 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**  . |  |  | Six Weekly STAT visits to reduce to six monthly  One monthly SSW visits  CIC Reviews  Foster Carer to complete monthly updates  Independent Living Skills to continue  Monitor emotional wellbeing-Daily |
| **My health – body and mind** |  |  |  |
| **My learning and education** |  |  | Termly PEPs  Pupil premium to be spent  Tutor Maths |
| **My identity (what make me ME).** |  |  |  |
| **My Family** |  |  | Family time six times per year supervised by family time supervisor. |

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

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

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| Team Manager analysis / oversight |

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| **Dates of any meetings** | |  | **Dates when child or young person has been seen** | |
| **Date** | **Meeting** |  | **Date** | **Seen alone?** |
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| **Court hearings** | |  |  | **Name** | **Date report completed / authorised** |
| Type of Hearing | Date |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Shared with | **Name** | **Date** |

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.

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