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

|  |
| --- |
| 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)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 spentTutoring-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

|  |
| --- |
| 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). |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 PEPsPupil 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.  |

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

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

|  |
| --- |
| Team Manager analysis / oversight |

|  |  |  |
| --- | --- | --- |
| **Dates of any meetings** |  | **Dates when child or young person has been seen** |
| **Date** | **Meeting**  |  | **Date** | **Seen alone?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

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