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| IN THE FAMILY COURT SITTING AT MEDWAY | | | | |  |
| Matter No: | | | | |  |
| **IN THE MATTER OF (DOB: )** | | | | |  |
|  | | | | |  |
| **AND IN THE MATTER OF THE CHILDREN ACT 1989** | | | | |  |
|  | | | | |  |
| **BETWEEN:** | | | | |  |
| **KENT COUNTY COUNCIL** | | | | | Applicant |
| and | | | | |  |
|  | | | | | First Respondent |
| and | | | | |  |
|  | | | | | Second Respondent |
| and | | | | |  |
| (Minor acting by their children’s guardian: ) | | | | | Third Respondent |
| **INITIAL/ FINAL CARE PLAN** | | | | | |
| **Name:** |  | | | | |
| **DOB:** |  | | | | |
| **Court Hearing:** | **INITIAL/ Final Hearing** | | | | |
| **Local Authority:** | **Kent County Council** | | | | |
| **Number of Plan:** |  | | | | |
| **Date of Plan:** |  | | | | |
| |  | | --- | | **SECTION ONE: OVERALL AIM.** | | *1. The aim of the plan and summary of timetable.* |   **SECTION TWO: THE CHILD’S IDENTIFIED NEEDS INCLUDING CONTACT:** | | | | | |
| *2.1 The Child’s identified needs, including needs arising from race, culture, religion or language, special education, health or disability;* | | | | | |
|  | | | | | |
| *2.2 The extent to which the wishes and views of the child have been obtained and acted upon; and* | | | | | |
|  | | | | | |
| *2.3 The reasons for supporting this explanation of why wishes/views have not been given absolute precedence;* | | | | | |
|  | | | | | |
| * 1. *Summary of how those needs might be met;* | | | | | |
| Identity  Education  Emotional and Social Development  Health | | | | | |
| *2.5 Arrangements for, and purpose of, contact in meeting the child’s needs (specifying contact relationship eg parent, step-parent, other family member, former carer, friend, siblings, including those looked after who may have a separate placement); any proposals to restrict or terminate contact.* | | | | | |
| **SECTION 3: VIEWS OF OTHERS** | | | | | |
| *3.1 The extent to which the wishes of feelings of the child’s parents and anyone else with a sufficient interest in the child (including representatives of other agencies, current and former carers) have been obtained and acted upon; and* | | | | | |
|  | | | | | |
| *3.2 The reasons for supporting them or explanations of why wishes/views have been given absolute precedence.* | | | | | |
|  | | | | | |
| **SECTION 4: PLACEMENT DETAILS AND TIMETABLE.** | | | | | |
| * 1. *The proposed placement type and details (or details of alternative placements);* | | | | | |
|  | | | | | |
| *4.2 Time that is likely to elapse before the proposed placement is made;* | | | | | |
| *4.3 Likely duration of placement (or other placement);* | | | | | |
|  | | | | | |
| *4.4 Arrangements for health care (including consent to examination and treatment);* | | | | | |
|  | | | | | |
| *4.5 Arrangements for education (including any pre-school day care/activity);* | | | | | |
|  | | | | | |
| *4.6 Arrangements for reunification (often known as “rehabilitation”) (see also 4.8);* | | | | | |
| *4.7 Other services to be provided to the child;* | | | | | |
|  | | | | | |
| * 1. *Other services to be provided to the parents and other family members;* | | | | | |
|  | | | | | |
| *4.9 Details of proposed support services in placement for the carers;* | | | | | |
|  | | | | | |
| *4.10 Specific details of parents’ role in day-to-day arrangements.* | | | | | |
|  | | | | | |
| **SECTION FIVE: MANAGEMENT AND SUPPORT BY THE LOCAL AUTHORITY** | | | | | |
| *5.1 Who is responsible for implementing the overall plan;* | | | | | |
|  | | | | | |
| *5.2 Who is to be responsible for implementing specific tasks within the plan;* | | | | | |
| ***The Task*** | | Person responsible | | ***Timescale*** | |
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| *5.3 Dates of review;* | | | | | |
|  | | | | | |
| *5.4 Contingency plan, if placement breaks down if preferred placement is not available;* | | | | | |
|  | | | | | |
| *5.5 Arrangements for input by the parents, the child and others into the ongoing decision-making process;* | | | | | |
| *5.6 Arrangements for notifying responsible authority of disagreement about the implementation of the Care Plan or making representations or complaints;* | | | | | |
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| **This Care Plan has been prepared by \*\*\*, Social worker West Kent Children in Care Service, Kent County Council Children’s Social Work Service** | | |  | | |
|  | | | **Signed:** | | |
| **Date:** | | |  | | |
| **This Care Plan has been approved by \*\*\*, Service Manager, West Kent Children in Care Service, Kent County Council Children’s Social Work Service** | | |  | | |
|  | | | **Signed: ………………** | | |
| **Date:** | | |  | | |