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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:** |  |
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| **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;*
 |
| IdentityEducation 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.* |
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| **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:** |  |