

CHILD/YOUNG PERSON'S CARE & SUPPORT PLAN (PART 6)

Name	DOB	Person ID	NHS Number	Ethnicity	Preferred Language	Religion
<i>All pre-populate?</i>						

About Me

I prefer to be called:

(School, friends, who I live with, things I like to do, things I don't like, what I'm good at, interesting things about me, things that are important to me)

Expanding box

My pen picture:

Expanding box

Why am I in the Care of the Local Authority? *(Please write directly to the child/young person)*

Expanding Box

Child's Significant Family Members:

Relationship	Name	DOB	Address	Telephone	Email
<i>Pre-populate & rows to expand below?</i>					

Consent

Consent has been obtained from the child and/or persons with parental responsibility by the practitioner to collate and share information contained within this plan

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Under the Data Protection Act (2018), we are required to collect and record information in relation to our contact with families. It is NOT necessary for us to ask you for consent about the use of your information for this purpose, although the Council may ask your consent and cooperation to ensure that you are offered the best support available.

Please see the Council's Privacy Notice on the Council's website.

Yes/No? <input type="text"/>	If Yes, is consent written or verbal? <input type="text"/>
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Name of person providing consent and relationship to child:

Where consent has not been obtained, please state why:

Expanding Box

Plan Co-ordination

Name of Co-ordinator (Social Worker)	Role	Organisation
Telephone	Email	Additional Information

Date child became 'looked after':

DD MM YYYY

Date of next review of the Care & Support Plan (Part 6)

DD MM YYYY

LOGO

If the child is currently the subject of a care & support protection plan, what date did registration take place?

DD MM YYYY

Details of any previous care episodes, including dates:

Pre-populate?

Overall aims of the placement:

Expanding Box

Does the child have communication needs over and above those of his/her peers, which require specialist support to express their views and wishes? If yes, what support is required and what action has been taken?

Expanding Box

Internal Active Offer Recording:

Date child was offered the active offer meeting with an advocate:

DD MM YYYY

- Did the child accept the offer of an Active Offer meeting?
- If no, why not?
- If yes, did you inform the child that you would pass on their details to the advocacy provider?
- What date did the advocate meet with the child?
- Following the Active Offer meeting, did the child choose to continue to meet with the advocate?

Expanding Box

Is an independent visitor appointed to the child?

Yes/No boxes

Name	Organisation	Frequency of Visits	Address	Telephone	Email

What Matters to the Child

Child's desired personal outcome	Action required to support achieving desired personal outcome	How will we know if the outcome is achieved	Responsible person/organisation	Target completion date	Progress
<i>Ability to create more boxes underneath</i>					

Placement Plan

Legal Status:

Pre-populates? E.g. ICO

Date most recent legal status commenced:

DD MM YYYY

Placement Type:

Pre-populates? E.g. PWP

Date most recent placement commenced:

DD MM YYYY

If this arrangement is a placement with parents, has the agreement been signed/approved by the Agency Decision Maker (ADM)?

YES/NO boxes

Details of Foster Carer/Provider:

Type of Placement	Name	Address	Telephone Number	Email

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Financial support to be provided to the placement for the child's upbringing:

Expanding Box?

Contingency Plan if placement is no longer viable:

Expanding Box?

Steps to be taken to bring the arrangement to an end (*Guidance; to include arrangements for a child to return to live with a person with 'parental responsibility'*):

Expanding Box

Frequency of social worker visits to the child:

Expanding Box

Arrangements for respite care, if applicable:

Name of carer	Address	Telephone Number	Frequency of Respite	Frequency of SW visits

Additional Professionals Involved in Child's Life:

Role	Name	Organisation/Address	Telephone	Email Address
Independent Reviewing Officer				
Personal Advisor (if applicable)				
Carer: (foster carer/connected person/parent/provider)				
Supervising Social Worker				
Emergency Duty Team (Out of Hours)				
Specialist Health Nurse				

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Health Visitor/School Nurse				
Educational Establishment				
Educational Advisor				
Youth Justice				
Resilient Families Worker				
<i>Ability to tab down for additional boxes</i>				

Child's Needs

Basic Care & Routines (include any dietary requirements, sleeping arrangements):

Expanding Box

Self-Care Skills/Needs

Expanding Box

Family & Social Relationships

Expanding Box

What were the arrangements for spending time with family & friends at the conclusion of legal proceedings (if relevant)?

Who With?	Venue	Times/Frequency	Purpose
<i>Ability to create more boxes underneath</i>			

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Arrangements for spending time with family & friends:

Who With?	Venue	Times/Frequency	Purpose
<i>Ability to create more boxes underneath</i>			

If applicable, details of any Court Orders relating to contact with the child under s34 Children Act (1989) or s95 Social Services & Wellbeing Act (Wales) (2014):

Expanding Box

Safety Needs (Inclusive of issues relating to exploitation)

Expanding Box

Safe Caring Needs (e.g. arrangements if child goes missing from placement, mobile phone & internet safety arrangements)

Expanding Box

Emotional/Behavioural Needs

Expanding Box

Social/Leisure/Cultural/Religious Needs

Expanding Box

Activities that require funding in addition to normal allowance:

Expanding Box

Amount of weekly pocket money and responsibility for providing it:

Expanding Box

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Does the child have a bank account?

Yes Box No Box

If no, when will an account be opened and how much will be saved?

Expanding Box

Any savings to be transferred from a previous placement?

Expanding Box

Is the child in receipt of a Personal Independent Payment (PIP)?

Yes Box No box

If 'yes', specify date and amount:

DD MM YYYY

£

If 'no', arrangements for making application, if applicable:

Expanding Box

Identity Needs

Expanding Box

Health Needs:

Health Professional	Name	Address	Telephone Number	Email
General Practitioner				
Dentist				
CAMHS				

Date of most recent Health Assessment:

DD MM YYYY

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Date of most recent Dental Assessment:

DD MM YYYY

Details of Child's Physical & Mental Health History/Current Physical & Mental Health Needs, including any needs arising from disability:

Expanding Box

Details of any specialist equipment/adaptations required:

Equipment Type	Agency responsible for provision, maintenance, replacement	Associated Costs

Details of any medication used by child:

Name & type of Medication	Purpose	Person Administering	Frequency/Timing
<i>Expand more boxes below</i>			

Details of child's immunisations:

Immunisation	Date	Due Date
<i>Expand more boxes below</i>		

Education/Training Needs

Provision/Employer	Designated Contact Person	Address	Tel No	Email

Arrangements for the provision of special education/additional educational support:

Expanding Box

Arrangements for securing education provision where the child is not in school or another educational setting:

Expanding Box

Date of most recent PEP:

LOGO

DD MM YYYY

Arrangements for transport to & from school, including from extra curricula activities:

Expanding Box

Planned changes to existing arrangements (e.g. as a result of placement):

Expanding Box

Delegated Responsibilities

Area of Delegation	Consent Required	Person Provided with Delegated Authority
Overnight stays (Up to 3 consecutive nights)*	<i>Yes Box No Box</i>	
Visiting friends*	<i>Yes Box No Box</i>	
Organised activities (excluding hazardous activities)*	<i>Yes Box No Box</i>	
Hazardous activities (e.g. rock climbing)**	<i>Yes Box No Box</i>	
Joining religious organisations**	<i>Yes Box No Box</i>	
Haircuts/hair colouring*	<i>Yes Box No Box</i>	
Body piercings**	<i>Yes Box No Box</i>	
Photographs for publicity & other media activities**	<i>Yes Box No Box</i>	
Possession & use of a mobile phone*	<i>Yes Box No Box</i>	
Use of social media*	<i>Yes Box No Box</i>	
Passport application***	<i>Yes Box No Box</i>	
Decisions regarding contact***	<i>Yes Box No Box</i>	
NI Number application***	<i>Yes Box No Box</i>	
Alcohol use***	<i>Yes Box No Box</i>	
Arrangements for babysitting/respite***	<i>Yes Box No Box</i>	
Arrangements for access to social media***	<i>Yes Box No Box</i>	
Other:	<i>Yes Box No Box</i>	

If other, please provide details:

Expanding Box

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Arrangements for giving or withholding of consent to medical or dental examination or treatment:

Type of Treatment	Consent Required	Person with Delegated Authority
Emergency surgical or medical & dental examinations & interventions (including anaesthetics)**	Yes Box No Box	
Routine medical & dental assessment/intervention/treatment and obtaining & sharing of relevant health information as deemed proportionate by an appropriately qualified medical practitioner (including those identified in a LAC medical)*	Yes Box No Box	
Immunisations: Consent for immunisations will be obtained from the person with parental responsibility on a case by case basis as required (e.g. when immunisations are due)	Yes Box No Box	
Planned surgical intervention/treatment deemed by an appropriately qualified medical practitioner to be in the interests of the child*	Yes Box No Box	
Psychiatric/psychological assessments & interventions**	Yes Box No Box	
Optician appointments/tests/prescriptions*	Yes Box No Box	
Administration of non-prescription medicines (e.g. paracetamol)*	Yes Box No Box	
Use & provision of specialist equipment (e.g. tube feeding/catheter)**	Yes Box No Box	
Use of contraception***	Yes Box No Box	
Other:	Yes Box No Box	

If other, please provide details:

<i>Expanding Box</i>

LOGO

Any specific instructions regarding the provision of medical care:

Expanding Box

Arrangements for giving or withholding consent for matters relating to education:

	Consent Required	Person Provided with Delegated Authority
Daily liaison with school & responsibility for home/school agreement*	<i>Yes Box No Box</i>	
Education initiatives & activities (e.g. homework club)*	<i>Yes Box No Box</i>	
Attendance at parents/open evenings & other school events*	<i>Yes Box No Box</i>	
Participation in school day trips*	<i>Yes Box No Box</i>	
Participation in overnight school trips in UK*	<i>Yes Box No Box</i>	
Participation in overnight trips outside UK**	<i>Yes Box No Box</i>	
Using computers in school*	<i>Yes Box No Box</i>	
Change of school***	<i>Yes Box No Box</i>	
School photographs*	<i>Yes Box No Box</i>	
Being seen by school nurse/doctor*	<i>Yes Box No Box</i>	
Giving permission to the school to administer medication**	<i>Yes Box No Box</i>	
Healthy relationship education*	<i>Yes Box No Box</i>	
Meeting with school staff*	<i>Yes Box No Box</i>	

Delegated consent:

*Consent delegated to care provider unless specific reason not to, which is recorded within this form

**Consent may be delegated to care provider

***Consent will not ordinarily be delegated to care provider

	Name of persons with parental responsibility	Signature of persons with parental responsibility	Date
I/We, who hold parental			

LOGO

responsibility for the child named in this plan, agree to the delegation of consent as detailed above whilst he/she is looked after by them, if the child is not deemed able to give his/he own consent			
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If the person's with parental responsibility has not signed the delegated authority, please specify why:

Expanding Box

I/We agree to adhere to the parameters of consent delegated to myself/us for the child named in this plan as detailed above whilst he/she is looked after by us, if the child is not deemed able to give his or her own consent:

Name of carer(s)	Signature	Date
Name of appropriate persons	Signature	Date

I confirm that the delegated decisions identified in this plan are in the interests of the child:

Name of child's social worker	Signature	Date
Name of supervising social worker	Signature	Date

LOGO

I hereby give authorisation for the detailed delegations for the child named in this plan:

Name of Head of Service/Nominated Senior Manager	Signature	Date
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Views of all parties

Child's comments on this plan. Please record areas of disagreement:

<i>Expanding Box</i>

If the child is over sixteen years of age and is requesting his/her own voluntary accommodation, signature of child requesting the placement:

Name of Child	Signature	Date

Parents'/Carers' comments on this plan. Please record areas of disagreement:

<i>Expanding Box</i>

If this placement is made voluntarily (s76 Social Services and Wellbeing Act (Wales) (2014), signature of consent of person with parental responsibility (PR) to making of the placement:

Name of Person with PR	Relationship to Child	Signature	Date

Social worker's comments on this plan. Please record areas of disagreement:

<i>Expanding Box</i>

Independent Reviewing Officer's comments on this plan. Please record areas of disagreement:

<i>Expanding Box</i>

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In accepting this placement, the named foster carer/care provider undertakes to comply fully with the terms of the foster care/care agreement and to co-operate at all times with the responsible authority regarding any arrangements it makes for the named child.

Carers/providers should be prepared to attend reviews, care planning and other meetings. A review of the child's care plan and placement will take place as set out in statutory guidance. The placement agreement should be reviewed in line with the looked after children review arrangements.

Name	Role	Signature	Date

Copies of this form should be placed on the foster carers'/provider's and child/young person's case files. Copies should be given to the parents and child/young person. Placement agreement meeting should be attended by foster carer/provider, supervising social worker, child care social worker, child/young person and parents (unless it is not appropriate to include the child/young person or parent).