

The Plan

What are the child(ren)'s needs

What needs to change

Record of Discussion

The plan

Date added	What needs to change	What actions will be taken	Who will be responsible	When does it need to be done by	Update / progress

How often will the allocated worker be visiting the child(ren)

Views and comments

What are the child(ren)'s view of the plan?

What are the parent / carer's view of the plan?

Any other views of the plan?

How will we know the plan is working

What might happen if the plan does not work

Date of the next Core Group

Review Date

Date

Time

Venue

Short Break Care Plan - Disability Only

This section should be completed as well as the plan where a child is receiving short break care as part of an overall plan.

Legal basis for provision of short break

- Section 17 (commissioned services)
- Section 17 (overnights)
- Section 17 (direct payments)
- Short breaks under Section 20 where Reg. 48 applies.
- Other

Reason for legal basis

Nature and Frequency of Short Break services provided under S17.

Has the parent signed the consent required by the service provider?

- Yes
- No

If "No" answered above, give proposed date and details when this will be done

Confirm that carers have received training in administering medication (where required)

- Yes
- No
- Not applicable

If "No" answered above, give proposed date and details when this will be done.

School / Pre-School details

Name of School or Pre-School

Address of School or Pre-School

Contact person at School or Pre-School

If Direct Payments are being provided have the appropriate checks been undertaken

- Yes
- No
- PA not in place yet
- Checks not required

Confirm that those caring for the child have been selected following the advice set out in Section 5.3 of the Children's Social Care Procedures Manual government guidance.

- Yes
- No

Refer to or summarise any other documents about the child(ren) / young person(s)

Information the carer needs to know to be able to offer short break provision to the child(ren)'s / young person(s) needs

Information to be kept by the carer

Emergency contact details

Detail restrictions on contact (where required)

Confidentiality issues (if applicable)

Risk Assessment

Transport / travel arrangements (if appropriate)

Financial arrangements

Overnight short break

The following questions need to be completed **ONLY** if the child(ren) / young person(s) are receiving overnight short breaks

Has a communication passport been completed with the child and his/her family

- Yes
- No
- Ongoing

Details of overnight short break care arrangement

Name of child	Name of carer/key worker	Name and address of placement	Telephone	Type of placement

Has the relevant consent/agreement for overnight short breaks been completed/signed?

Yes No

Not applicable

If "No" answered above, give proposed date and details when this will be done.

Confirm that consent for overnight stays medical treatment has been obtained and uploaded.

Yes

No

Not applicable

If "No" answered above, give proposed date and details when this will be done.

Details of parental involvement during overnight stays

Delegation of responsibilities

Signatures and Dates - 1

Name

Signature

Date

Transition Plan - Disability Only

Has the young person been referred to the transitions worker/team?

- Yes No N/A

Is this plan being developed as part of the school/education review?

- Yes No

Has the YP/parents been advised to have a benefits check?

- Yes No

Has the Overview Assessment been completed?

- Yes No N/A

Has the YP been referred to the Adult Services Team?

- Yes No N/A

Is the case being co-worked between children and adult services?

- Yes No N/A

Has the Adult care manager completed a person centred support plan with the YP?

- Yes No N/A

Does the young person have a communication passport?

- Yes No N/A

Does the young person have a bank account?

- Yes No N/A