

Child's Plan Review and Record of Core Group



Children's Details

Details of subject children

Name	Date of Birth	Gender	Disability	Address	Ethnicity	Religion

Meeting details

Date of core group meeting / plan	Type of Core Group / Plan	Time	Location

Type of plan

Core Group Members

Name	Agency / Role	Telephone	Keyworker	Attended	Chaired the core group	Has a report been sent in place of the attendee

Updated assessment since last Core Group

Please review and update the assessment in light of progress since last Core Group.

Please use the Significant Events Chronology to inform your assessment.

Updated needs and risks for each child

Updated family strengths and protective factors

Analysis and professional judgement

Recommendations for further work to be done

Review of the plan

Record of discussion

Any other information about how the plan is progressing

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

Views and Comments

What are the child(ren)'s views

What are the parent / carer's views

Any other views

How will we know the plan is working?
What might happen if the plan does not work? (Contingency plan).

Details of next review

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 / Pre-School _____

Address of School / Pre-School

Contact person at School or Pre-School

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

- Yes
- PA not in place yet

No

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 - Direct Payment guidance.

- Yes
- Further details (if appropriate)

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

Risk Assessment (This should be discussed at the Short Break Planning Meeting)

Transport / travel arrangements (if appropriate)

Financial arrangements

Overnight Short Break

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

Details of overnight short break care arrangement

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.

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 the 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 N/A

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 bank account?

Yes No N/A