

**Individual safer caring plan for:**

|  |  |
| --- | --- |
| **Child’s name** | **DOB** |
|  |  |
| **Foster carer’s name** | **Foster carer’s name** |
|  |  |
| **Date form completed:** |  |
| **Date of last review of plan:** |  |
| **Names of those consulted in writing this plan:** | |

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Child** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| **Has a full history and chronology of the child been received?** | | Yes ☐ No ☐ |
| **Action required:** | | |
| **Brief summary of child’s care history, including any previous allegations or significant incidents (e.g. experience of abuse, being harmful to others, placement breakdowns):** | | |
|  | | |

|  |  |
| --- | --- |
| **Additions to the family safer care plan in LCS required for this young person are as follows (note if no changes required e.g. “**as per family plan**”):** | |
| **Showing affection or displeasure:** | |
| **Managing behaviour:** | |
| **Stopping bullying:** | |
| **Bathroom and toilet use:** | |
| **Dress:** | |
| **Language:** | |
| **Activities in the home:** | |
| **Activities outside the home (and level of supervision):** | |
| **Bedrooms:** | |
| **Going out:** | |
| **Travelling:** | |
| **Photographs:** | |
| **Sex and sexuality:** | |
| **Sharing information with our/my supervising social worker:** | |
| **Smoking/vaping and alcohol:** | |
| **First aid and medication:** | |
| **Household pets:** | |
| **Does the young person present sexually harmful behaviour toward others?** | |
| **Describe behaviour and risk** | | **How is this best managed in and outside of home** |
|  | |  |
| **Is the young person at risk of sexual exploitation?** | | |
| **Describe behaviour and risk** | | **How is this best managed inside and outside of home** |
|  | |  |
| **Is the young person at risk of radicalisation?** | | |
| **Describe behaviour and risk** | | **How is this best managed inside and outside of home?** |
|  | |  |
| **Is the young person at risk of going missing?** | | |
| **Describe behaviour and risk** | | **How is this best managed inside and outside of home?** |
|  | |  |
| **Does the young person self-harm?** | | |
| **Describe behaviour and risk** | | **How is this best managed inside and outside of home ?** |
|  | |  |

|  |  |
| --- | --- |
| **Does the young person pose a risk of violence to others?** | |
| **Describe behaviour and risk** | **How is this best managed inside and outside of home?** |
|  |  |
| **Any other safer caring issues: please include how the child is best comforted when distressed, including night time routines.** | |
| **Describe behaviour and risk** | **How is this best managed inside and outside of home?** |
|  |  |
| **Provision of intimate care:** | |
| **Describe the care need** | **How will this be undertaken, where, and by whom (please consider and record the young person’s expressed wishes regarding this)** |
|  |  |

|  |  |
| --- | --- |
| **Is there an impact from the needs of this child upon the carers’ own children and other children living in the household?** | |
| **What is the impact?** | **How is this being mitigated?** |
|  |  |

|  |  |
| --- | --- |
| **Signed *(f*oster carer 1)**  **Date** |  |
| **Signed (foster carer 2)**  **Date** |  |
| **Signed (supervising social worker)**  **Date** |  |
| **Signed (child’s social worker)**  **Date** |  |