

Health & Care No:

Paris ID:

Child or Young Person's Details	
Surname: Forename:	DOB: Gender: Ethnicity: First Language:
Address before becoming Looked After:	Legal Status:
GP Name:	Name of School:

Other Family Members (Family Composition)	
Family Member 1	
Surname: Forename:	DOB: Parental Responsibility: .. Yes .. No
Address:	Relationship to Child / YP: GP Name:
Family Member 2	
Surname: Forename:	DOB: Parental Responsibility: .. Yes .. No
Address:	Relationship to Child / YP: GP Name:
Family Member 3	
Surname: Forename:	DOB: Parental Responsibility: .. Yes .. No
Address:	Relationship to Child / YP: GP Name:

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Family Member 4		
Surname:	DOB:	Parental Responsibility: .. Yes .. No
Forename:		
Address:	Relationship to Child / YP:	
	GP Name:	
Family Member 5		
Surname:	DOB:	Parental Responsibility: .. Yes .. No
Forename:		
Address:	Relationship to Child / YP:	
	GP Name:	

Significant Others		
Significant Other 1		
Surname:	DOB:	Parental Responsibility: .. Yes .. No
Forename:		
	Relationship to Child / YP:	

Health Visitor / School Nurse / LAC Nurse	
Name	Designation
Date of Completion of the latest UNOCINI Assessment:	

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Current Placement

Type:

Address:

Name of carer(s):

Key worker:

Contact Details:

**Relationship to
Child / Young
Person:**

Care Episode Details

Date this care episode started	Date current placement started	Date of last review meeting	Date of this review meeting	Date of last Medical

Child Protection Current Status and Previous History

Registration Date	Registration Categories	De-Registration Date	Reason for De-Registration

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Understanding the Needs of Children in Northern Ireland

SOUTHERN HEALTH & SOCIAL CARE TRUST

LAC2 LOOKED AFTER CHILD / 16 PLUS PATHWAY ASSESSMENT

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Current Agreed Plan and Progress towards Actions and Outcomes

Child / Young Person's Needs				
Needs	Actions Agreed	Desired Outcome	Responsibility	Progress
			Target Date	

Parental Capacity				
Needs	Actions Agreed	Desired Outcome	Responsibility	Progress
			Target Date	

Environmental Factors				
Needs	Actions Agreed	Desired Outcome	Responsibility	Progress
			Target Date	

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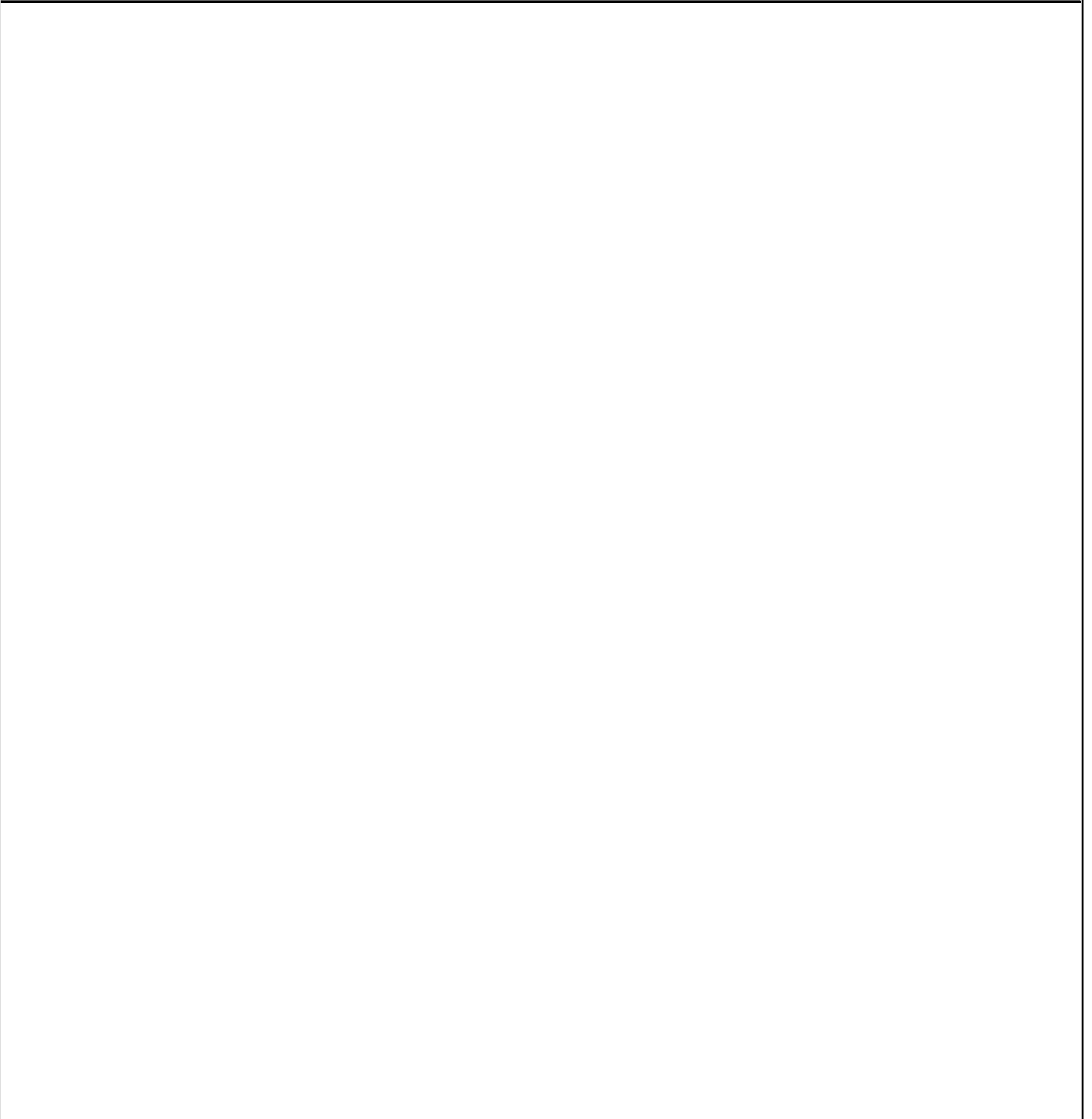
Placement Contribution				
Needs	Actions Agreed	Desired Outcome	Responsibility	Progress
			Target Date	

Young Parent's Needs				
Needs	Actions Agreed	Desired Outcome	Responsibility	Progress
			Target Date	

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Complete History of Placements

Date	Placement	Reason for Move	Days in Placement

Respite Details

Number of Respite Periods since becoming Looked After

Number of Respite Periods within the current Placement

Dates of Family & Professional Engagement

Child / Young Person seen for completion of Pathway Assessment

Date	Where	Seen Alone?
		.. Yes .. No

Parents / Carers seen for completion of Pathway Assessment

Date	Name

Multi-Agency Involvement

Contact Name:	Designation:	Agency:

Specialist Assessment

Contact Name	Designation	Agency	Purpose	Date Due
				Date Completed

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Significant Events since Previous Plan

Date of Incident	Nature of Incident / Interview

Child or Young Person's Needs

Health and Development

--

Education and Learning

--

Educational Attainment

--

Identity, Self-Esteem and Self-Care

--

Attachment

--

Preparation for Independence

--

Family and Social Relationships

--

Contact and need for contact with family and significant others

--

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Parents' or Carers Capacity to Meet the Child or Young Person's Needs

Basic Care and Ensuring Safety

Emotional Warmth

Guidance, Boundaries and Stimulation

Stability

Ability to sustain relationship during care episode

Family and Environmental Factors

Family history, Functioning and Well-Being

Extended Family and Social & Community Resources

Housing

Employment and Income

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Placement's Contribution to Meeting the Child/Young Person's Needs

Basic Care and Ensuring Safety

Emotional Warmth

Guidance, Boundaries and Stimulation

Stability (include contribution to ensuring contact with family)

Young Parent's Needs

Summary

What needs have you identified?

What strengths have you identified?

What existing and/or potential risks have you identified?

What resilience and protective factors have you identified?

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Conclusions

What are your conclusions (including the child's needs for permanence)

Overall aim of the Proposed Plan and Timescales

What is the proposed Plan for this Child / Young Person?

The overall aim of the Proposed Plan should reflect the plan for permanence.

- .. Remaining with parent(s) through provision of support services including respite care
- .. Return to parent(s)
- .. Live with relatives / friends / kinship
- .. Supported living in the community
- .. Independent living
- .. Residential Placement
- .. Long-term placement with foster carers
- .. Adoption
- .. GEMS (Going the Extra Mile Scheme)
- .. Other, *please specify*

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Proposed Plan

Child / Young Person's Needs			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

Parental Capacity			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

Environmental Factors			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

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Placement Contribution			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

Young Parent's Needs			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

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Proposed Contact Schedule				
Person with whom contact is proposed to take place	Frequency	Type e.g. Supervised, Direct or Indirect	Arrangements Including transport and venue	How will this Contact support the proposed plan for the Child / Young Person?

Any Individuals that the Child / Young Person is not permitted to have contact			
Name	Relationship to Child / Young Person	Address	State reason

Representation to Permanence Panel			
Has representation been made / due to be made to Permanence Panel?	..	Yes	.. No
If yes - Date presented / to be presented	_____		
Has an Advocate been Offered?	..	Yes	.. No
Has an Advocate been Accepted?	..	Yes	.. No
Has an Advocate been Provided?	..	Yes	.. No
Comments			
Has an Independent Visitor been Offered?	..	Yes	.. No
Has an Independent Visitor been Accepted?	..	Yes	.. No
Has an Independent Visitor been Provided?	..	Yes	.. No
Comments			
Has Family Group Conference been Offered?	..	Yes	.. No

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Has Family Group Conference been Accepted?	..	Yes	..	No
Has Family Group Conference Provided?	..	Yes	..	No
Comments				
Has agreement been reached regarding 'Trust Authority to Delegate Consent'?	..	Yes	..	No

About the Person Completing / Coordinating the Looked After Child Plan		
Name:	Position:	
	Date:	
Supervising Manager:		
	Date:	

Child or Young Persons Views of the Assessment and Conclusions		
Does the Child or Young person agree with Proposed Plan?	..	Yes .. No
If No please detail		
Child or Young Persons Views on Sharing Assessment		

Parents / Carers Views of the Assessment and Conclusions		
Do the Parents / Carers agree with Proposed Plan?	..	Yes .. No

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If No please detail

Parents' / Carers' Views on Sharing Assessment

Foster Carers / Kinship Carers Views of the Assessment and Conclusions

Do the Foster Carers / Kinship Carers agree with Proposed Plan?

.. Yes

.. No

If No please detail

Foster Carers / Kinship Carers Views on Sharing Assessment