

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address:	Relationship to Child / YP: GP Name:
Family Member 2	
Surname: Forename:	DOB: 04/08/2006 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

UNOCINI

Understanding the Needs of Children in Northern Ireland

SOUTHERN HEALTH & SOCIAL CARE TRUST

LAC3 PROPOSED LOOKED AFTER CHILD / 16 PLUS PLAN

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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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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

Significant Events since Previous Plan

Date of Incident	Nature of Incident / Interview

Assessment Update

Child / YP Needs

Parental Capacity

Environmental Factors

Placement Contribution

Young Parents Needs

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1. Overall aim of the Proposed Plan and Timescales

What is the 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*

Timescales to achieve overall plan

- | | |
|------------------|--------------------------|
| .. 0 - 3 months | .. 4 - 6 months |
| .. 7 - 12 months | .. 1 year |
| .. 1 - 2 years | .. Overall plan achieved |
- Date Achieved:

Brief Summary / Overview of Plan

2. Summarise why the Child / Young Person needs to be looked after

3. Attempts made to arrange for the Child / Young Person to live with a relative or a close family friend

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4. Capacity of Placement to Meet Child / Young Person's Needs

What is the likely duration of the placement?

- | | |
|------------------|-----------------|
| .. 0 - 3 months | .. 4 - 6 months |
| .. 7 - 12 months | .. 1 year |
| .. 1 - 2 years | .. Permanent |

Preferred placement option

- .. 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*

5. Contingency Arrangements if the Placement breaks down

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?

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Proposals re individuals that the Child/Young Person should not have contact

Name	Relationship to Child / Young Person	Address	State reason

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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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7. Views of Proposed Plan	
Child or Young Person's View of the Proposed Plan	
Does the Child or Young Person Agree with Proposed Plan?	.. Yes .. No
If No Please Detail	
Parent's / Carer's Views of Proposed Plan	
Do the Parents / Carers agree with Proposed Plan?	.. Yes .. No
If No Please Detail	
Foster Carers / Kinship Carers Views of Proposed Plan	
Do the Foster Carers / Kinship Carers agree with the Proposed Plan?	.. Yes .. No
If No Please Detail	
Significant Others Views of Proposed Plan	
Third Party Views of Proposed Plan	

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8. Arrangements for continued participation of Child / Young Person; Parents / Carers in Decision Making

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9. Arrangements for notifying the Trust of Disagreement or making

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About the Person Completing / Coordinating

Name:	Position:
	Date:
Supervising Manager:	
	Date: