

Health & Care No: 00000000000

Paris ID: 000000

Child or Young Person's Details

Surname:	DOB:	Gender:
Forename:	Ethnicity:	First Language:
Address before becoming Looked After:	Legal Status:	
GP Name:	Name of School:	

Other Family Members (Family Composition)

Family Member 1				
Surname:	DOB:	Parental Responsibility:	Yes	No
Forename:				
Address:	Relationship to Child / YP:			
	GP Name:			
Family Member 2				
Surname:	DOB:	Parental Responsibility:	Yes	No
Forename:				
Address:	Relationship to Child / YP:			
	GP Name:			
Family Member 3				
Surname:	DOB:	Parental Responsibility:	Yes	No
Forename:				
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:		

Significant Others			
Significant Other 1			
Surname:	DOB:	Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forename:			
	Relationship to Child / YP:		

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

Current Placement	
Type:	Address:
Name of carer(s):	
Key worker:	
Contact Details:	
Relationship to Child / Young Person:	

Date current Plan Agreed:	
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1. Overall aim of the Plan and Timescales

What is the Plan for this Child / Young Person?

The overall aim of the 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

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

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

What is the likely duration of the placement?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 0 - 3 months | <input type="checkbox"/> 4 - 6 months |
| <input type="checkbox"/> 7 - 12 months | <input type="checkbox"/> 1 year |
| <input type="checkbox"/> 1 - 2 years | <input type="checkbox"/> 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

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Adoption
<input type="checkbox"/> GEMS (Going the Extra Mile Scheme)
<input type="checkbox"/> Other, <i>please specify</i>

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5. Contingency Plan if the Placement Breaks Down

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LAC6 LOOKED AFTER CHILD / 16 PLUS PATHWAY PLAN

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6. Agreed Plan

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

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Parental Capacity

Need	Planned Action	Desired Outcome	Responsibility
			Target Date

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Environmental Factors			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

Placement Contribution			
Need	Planned Action	Desired Outcome	Responsibility
			Target Date

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

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8. Contact Summary

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 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

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9. Views of Plan	
Child or Young Person's Views of the Plan	
Does the Child or Young Person Agree with Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No Please Detail	
Parent's / Carer's Views of the Plan	
Do the Parents / Carers agree with the Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No Please Detail	
Foster Carers / Kinship Carers Views of the Plan	
Do the Foster Carers / Kinship Carers agree with the Plan?	Yes <input type="checkbox"/> No
If No Please Detail	
Significant Others Views of the plan	
Third Party Views of the Plan	

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

11. Arrangements for notifying the Trust of Disagreement or making

12. Preparation and Implementation of Plan by:

Social Worker

Signature

Date

Supervising Manager

Signature

Date

Office Address Details

Office Telephone

13. Plan Reviewed / Approved By

Full name

Designation

Signature

Date

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Approved for Circulation

Senior Manager:

Date: