LC Leaving Care My Pathway Plan C1107

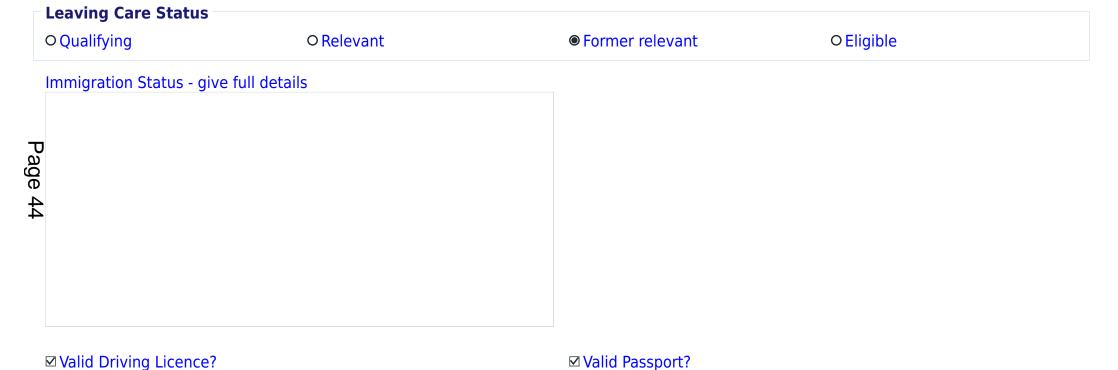


Personal Information		
Stage of Plan:		
Date of current plan:	Date of last plan:	
─ Plan within date?		
® Yes	O No	
f not, why not?		

ID: Printed on: 06/08/2020 Name:

Young Person's Details

Name	DOB	Age



✓ Valid Passport?

☑ Unaccompanied Asylum Seeker?

Triple Planning for Unaccompanied Asylum Seeking Children / Young People

Name:	ID:	ID:			
In addition to planning for y you become 'Appeal Rights	our future, if you remain in the country you must also plan Exhausted'	for what help you will need if	you are to return home or if		
Solicitor's Details					
O Of I return home	What needs to be done?	Who by?	By when?		
If I have exhausted all a	ppeal rights	<u> </u>			
	What needs to be done?	Who by?	By when?		
Placement Information					
Placement Type x					
			Dago 2 of 21		

Name: ID: Printed on: 06,	ID: Printed on: 06/08/2020
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Next of Kin Information

Next of Kin Contact Details

Name	Relationship	Address	Telephone number(s)

Other important people (Family, Friends, Health, Housing, Education / Training etc)

Name:	Relationship:

other Key Professionals

C C	Role
Q T	

Statement of Financial Support from Lincolnshire County Council

Who has agreed this support:	What has been agreed:	How long for:	Date agreed:	What is the young person's contribution:

Leaving Care Worker

Social Worker

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Responsible Children's Services Manager	
Responsible Leaving Care Service Manager	

Previous LAC Care Plan

Danger / Worry Statement	Safety Goal / Goal	10 being0 being	Who scaled / scale point	Reason

ID:

Bottom	line -	what	must	or	must	not	hani	nen
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What will your family / carer(s) do?

What will the network do	How will this keep you safe, happy and well	Who will monitor and review	By when	Date completed

Name:

Action	Who will complete the action	How will we know it's making a difference	By when	Date completed

	Additional Comments
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Education History

Name of School/College/ University attended	Address/Location	Date from (mm/yy)	Date to (mm/yy)

Qualifications Gained

Qualification name	Level	Grade	Date achieved	Location of certificate

Current and Previous Employment / Work Placement

Date from	Date to	Did you complete it	Did you enjoy it	Comments

Significant Events since last Pathway Plan review:

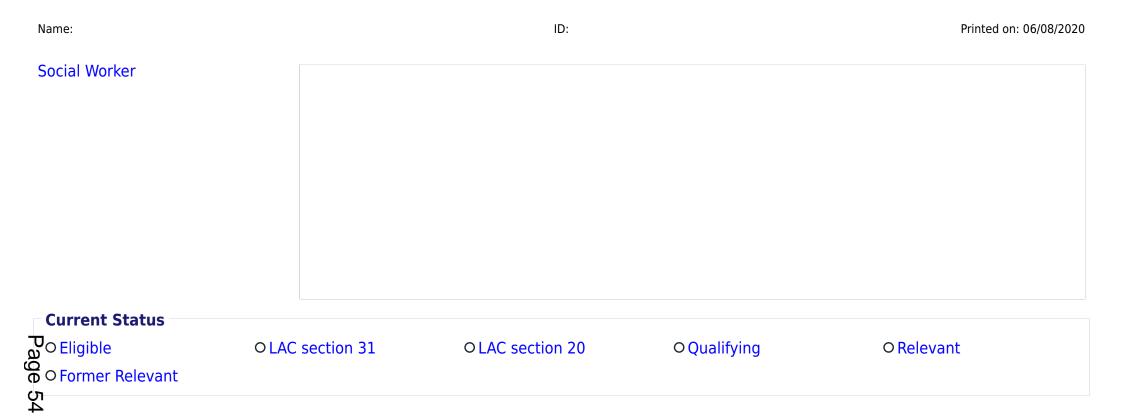
ag	Date	Details of events
e 51	1	

Printed on: 06/08/2020

My Pathway Plan

My Details

	Name	Date of Birth	Age
aving Care Worker	ate of current Plan	Date of last Plan	
	aving Care Worker		



Participants in the Pathway Plan Review

Name	Relationship

What is my Life Ambition?

Where would I like to be in a year?	What would I like to do in the future?	
ר		
ח		

My Health

What's Working Well	What are you and other people worried about?	What needs to happen?

Health Scaling

Name:

Name	Date	Scalepoint	Comments

My Education, Employment and Training

What's Working Well	What are you and other people worried about?	What needs to happen?

Education, Employment and Training Scaling

90	Name	Date	Scalepoint	Comments

My Money and Accomodation

What's Working Well	What are you and other people worried about?	What needs to happen?

Money and Accomodation Scaling

Name	Date	Scalepoint	Comments

My Family and Friends

Name:

What's Working Well	What are you and other people worried about?	What needs to happen?

ည်Fan	nily and Friends Sca	ling	<u>I</u>	
O O	Name	Date	Scalepoint	Comments
7				

My Identity

What's Working Well	What are you and other people worried about?	What needs to happen?

Identity Scaling

Name	Date	Scalepoint	Comments

My Skills / Support Needs

What's Working Well	What are you and other people worried about?	What needs to happen?

Skills / Support Needs Scaling

S	Name	Date	Scalepoint	Comments

A Bit More About Me

What are the things I enjoy doing? / What are the things that interest me?

Where I Need Support

Support Details

Areas of Support	What support do I need	Who is going to support me	When are they going to support me	How will I know I no longer need support

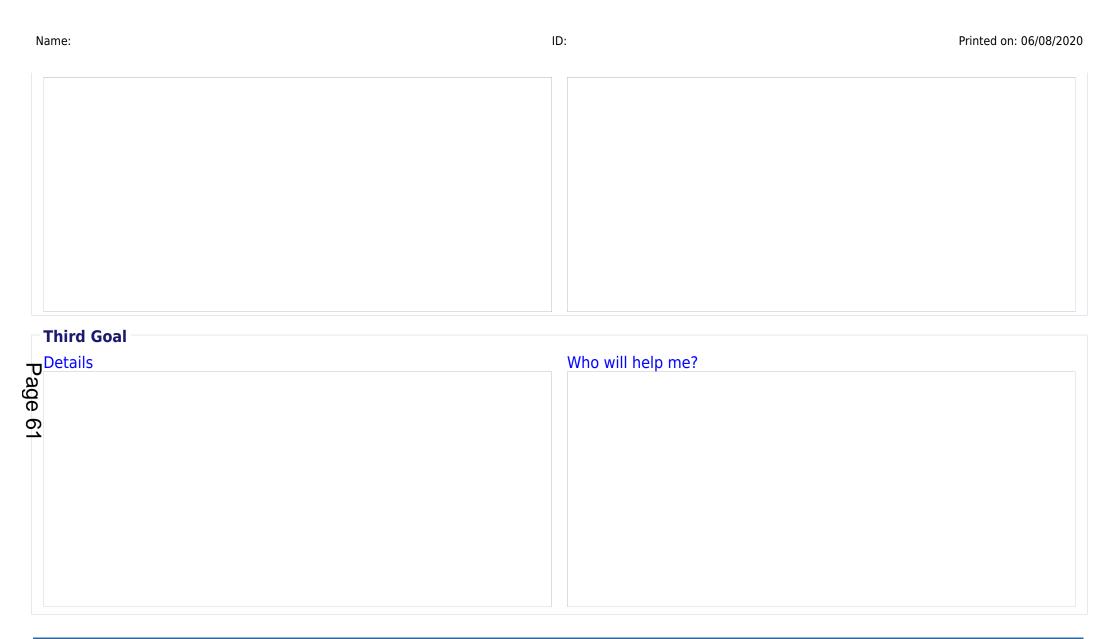
Is there anything NOT mentioned in the table above that you feel you require support with?

Name:	D: Printed	on: 06/08/2020
GOALS: What are the 3 most important things I want to ach	lieve to achieve my life ambition?	
GOALS: What are the 3 most important things I want to ach First Goal Details		
Details	Who will help me?	

Second Goal

Details

Who will help me?



Keeping in Touch Agreement

Agreement Details		
Details of contact agreement from previous pa	athway plan review	
	· ·	
ປ O O Are you happy with this?		
Q Ave you become with this?		
Are you nappy with this?		
O Yes	O No	
Details of new agreement if different from pre-		
S ○ Yes		
ი Yes		
ი Yes		
ი Yes		
ი Yes		
∾ ○ Yes		

ID:

Name:

Printed on: 06/08/2020

Becoming a member of the Care Leavers Participation Group can give you valuable team work experience, develop your employability skills and help Lincolnshire Leaving Care improve their service. All Care Leavers are welcome. Would you like more information about the Participation Group? Did your Leaving Care Worker provide information on how you can complain or submit compliments, should you wish to? We all agree to work towards this plan: Young Person

Date:

Date:

Date:

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Signature:

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Add any others involved in this plan

Name	Designation	Signature	Date

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