

LC Leaving Care My Pathway Plan C1107



Personal Information

Stage of Plan:

Date of current plan:

Date of last plan:

Plan within date?  
☒ Yes ☐ No

If not, why not?

Name:

ID:

Printed on: 06/08/2020

Young Person's Details

Name	DOB	Age

Leaving Care Status

☐ Qualifying                      ☐ Relevant                      ☒ Former relevant                      ☐ Eligible

Immigration Status - give full details

- ☒ Valid Driving Licence?
- ☒ Valid Passport?
- ☒ Unaccompanied Asylum Seeker?

Triple Planning for Unaccompanied Asylum Seeking Children / Young People

In addition to planning for your future, if you remain in the country you must also plan for what help you will need if you are to return home or if you become 'Appeal Rights Exhausted'

Solicitor's Details

If I return home

What needs to be done?	Who by?	By when?

If I have exhausted all appeal rights

What needs to be done?	Who by?	By when?

Placement Information

Placement Type

x

Name:

ID:

Printed on: 06/08/2020

## 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

Name	Role

### 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:

Name:

ID:

Printed on: 06/08/2020

Leaving Care Worker

Social Worker

Name:

ID:

Printed on: 06/08/2020

Responsible Children's Services Manager

Responsible Leaving Care Service Manager

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History

Previous LAC Care Plan

Danger / Worry Statement	Safety Goal / Goal	10 being ....0 being ....	Who scaled / scale point	Reason

Bottom line - what must or must not happen

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

What is everyone else going to do?

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

Additional Comments

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:

Date	Details of events

**Key Worker's Report**

My Pathway Plan

My Details

Name	Date of Birth	Age

Date of current Plan

Date of last Plan

Leaving Care Worker

Name:

ID:

Printed on: 06/08/2020

Social Worker

Current Status

- ☐ Eligible
- ☐ LAC section 31
- ☐ LAC section 20
- ☐ Qualifying
- ☐ Relevant
- ☐ Former Relevant

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?

My Health

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

Health Scaling

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

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

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

Family and Friends Scaling

Name	Date	Scalepoint	Comments

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

Name	Date	Scalepoint	Comments

A Bit More About Me

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



Overall Scale as to where I presently am in my life

☐ 0      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7      ☐ 8      ☐ 9      ☐ 10

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?

**GOALS: What are the 3 most important things I want to achieve to achieve my life ambition?**

**First Goal**

Details

Who will help me?

**Second Goal**

Details

Who will help me?

Name:

ID:

Printed on: 06/08/2020

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**Third Goal**

Details

Who will help me?

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Agreement Details

Details of contact agreement from previous pathway plan review

Are you happy with this?

- ☐ Yes
- ☐ No

Details of new agreement if different from previous contact agreement

**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

Signature:

Date:

Leaving Care Worker:

Signature:

Date:

Social Worker:

Signature:

Date:

**Add any others involved in this plan**

Name	Designation	Signature	Date

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