

## Social Work Report for Pathway Plan Review

Full name:	DOB:	Gender:	ICS No:

Date young person became looked after:	Legal status:	Date original Pathway Plan agreed:

Social Worker / Personal Advisor:	IRO:

Date of this Review:	Is this different from date originally set:	If so why:

**Current Placement**

Foster Placement  Residential Placement  Kinship Placement  Placement with parent   
 Living independently  WIR  Supported Lodgings  Supported Accommodation   
 Other (please specify):

Date current placement began	Name of carer(s) / Key worker (where applicable)	Relationship to young person (where applicable)	Full Address (indicate if to be kept confidential)

**Dates since admission when the social worker has seen the young person and carers:**

Please enter dates of visits and tick boxes as appropriate. Young Person was seen:

1. Alone
2. With Carers
3. Placement visited but young person not seen.

Date	Person(s) Seen	1	2	3
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Dates since admission when the social worker has seen the young person's parents and / or other relatives.**

*Please enter dates of visits and tick Boxes as appropriate.*

<b>Mother</b>	<b>Father</b>	<b>Both together</b>	<b>Other adult (please specify)</b>	<b>With parental responsibility?</b>

**Are all of the names and addresses correctly recorded on ICS?**      Yes       No

<b>If no, please explain why</b>

**Please describe any significant changes and developments there have been in the young person's circumstances since the current Pathway Plan was formulated or last reviewed. Don't only describe the problems; remember to record the positive things as well!**

**This information should be shared with the young person BEFORE their Review to ensure they know what will be discussed in the meeting.**

**If the current placement appears not to be meeting the young person's needs, explain why and what alternative plans have been considered?**

## Consultation and Assessment

Have you discussed what should be considered at this review meeting with:

Date	Yes	No
The young person	<input type="checkbox"/>	<input type="checkbox"/>
His / her mother	<input type="checkbox"/>	<input type="checkbox"/>
His / her father	<input type="checkbox"/>	<input type="checkbox"/>
His / her carer(s)	<input type="checkbox"/>	<input type="checkbox"/>
The independent visitor	<input type="checkbox"/>	<input type="checkbox"/>
Any other interested person <i>(please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Have you consulted with anyone from the Health Service prior to this review meeting? Yes  No

Name	Tel

Date of last medical examination

*Please attach a copy of the recommendations.*

Have you consulted with anyone from Education prior to this review meeting? Yes  No

Does the young person have a statement of special educational needs? If so when was it last reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Who else have you consulted with prior to this review meeting?**

Name	Position	Telephone

<b>Has anyone been excluded from attending this review meeting, and if so, why?</b>

**Review of Arrangements completed by:**

Position	Print Name	Signature	Date Review Document Completed