

Milton Keynes Council

**Children's Social Care,
Civic, 1 Saxon Gate East,
Central Milton Keynes,
MK9 3EJ**

Tel : (01908) 691691

Fax : (01908) 253251

**My Pathway Plan****Details of Child: Example CHILD**

Family Name	CHILD	Given Names	Example
Actual DOB	01-Jan-2004	Gender	Male
Ethnicity	A1 White British	Primary Language	
*Primary / Main address	Second Floor Part Civic Offices 1 Saxon Gate East Central Milton Keynes Milton Keynes MK9 3EJ	Telephone	
		Mobile	
		Case Number	584937
Secondary Address		Current Address	



Date of Completion	12-Jan-2021
Did the Young Person contribute to the creation of this plan?	
Dates the young person was seen and consulted?	<i>List is empty</i>
Name of Worker who completed this plan	Richard LOOSE

Main Permanence Plan

What is the permanence plan for this young person?"	
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Where I Live

How are things with where I live?	
My View	
The View of Others	
Your Worker's View	

What needs to Happen**Where I Live**

What	When	Who will help me?
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My Education, Training or Employment

How well do I think I am doing in education, training or employment?	
My View	
The View of Others	
Your Worker's View	

What needs to happen?

My Education, Training or Employment

What	When	Who will help me?
------	------	-------------------

Feeling Safe and Well

How Safe and Well do I feel?	
My View	
The View of Others	
Your Worker's View	

What needs to happen?

Feeling Safe and Well

What	When	Who will help me?
------	------	-------------------

Who I Am

How do I feel about the things that make me who I am? Think about your culture, ethnicity, identity, your family, your life story, your hobbies and your interests.	
My View	
The View of Others	
Your Worker's View	

What needs to happen?

Who I Am

What	When	Who will help me?
------	------	-------------------

My Family, Social Network and Professional Relationships

How are my relationships with the people in my life and the kind of support I am getting from them?	
My View	
The View of Others	
Your Worker's View	

What needs to happen?

My Family, Social Network and Professional Relationships

What	When	Who will help me?
------	------	-------------------

Looking after Myself and My Money'

How well am I looking after myself and managing my money?	
My View	
The View of Others	
Your Worker's View	

What needs to happen?

Looking after Myself and My Money'

What	When	Who will help me?
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My Safety and Wellbeing Plan

We want you to think about how you might best manage things at times when you might be particularly worried or stressed about the things that are happening in your life.

All of us have worries but if we can think through our worries before things might happen then it makes it more likely that we will manage it better if they do happen.

Think about times when you have managed your stress or anxiety very well..... Can you remember what it is that you did? What happened to those feelings, thoughts or ideas that were going around in your head? What did you do? Who did you turn to? What did you want from those around you and how did they help you?

Use the table below to help you write down particular issues in your life that are causing you the most worry or stress. For example something that you think might go very wrong for you or for someone you care about and see if you can work out your way of managing them.

My Worry is...	Times I have dealt with challenges like this before are.....	If it happened, I would ... (Think about who you might contact or ask for help)	On a scale of 0-10 where 10 is I am confident that when the challenges arise I have the people and things around me so that I know I can go through with my plan and 0 is even though it seems a good plan and idea if the things came up I'm not sure I could follow through. Where are you today?
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Analysis and Judgement

Worry Statement 1

	Worry Statement 1	Success Goal 1
	x	x

Scaling Question 1

x

Individual's Scale

Individuals Name and Role	Scale for Worry Statement & Success Goal 1	Reason	What are the things that need to happen to make things better for the young person (What could improve things by 1?)
x	5	x	x

Does there need to be another Worry Statement?

No

Overall 'Life On-Track' Success Scale

On a scale of 0 to 10 where 10 means you as a professional are confident and satisfied that everything is on track in the placement and in the child/young person's life to enable them grow up well and be successful and 0 means there are so many worries for the child that we can't see how they will grow up to have the success in their life they are capable of, where do you rate this situation today?

Overall 'Life On-Track' Success Scale	Rating
01-Jan-2020	5
01-Jan-2020	5
Current Value	5

Reasons for overall scaling

What needs to happen?

Bottom Lines

Professional bottom lines are the minimum that must happen and cannot be compromised on for the safety plan to work.

x

Timeline

Timeline start date

Target number of weeks for completion

Week	Task	Meetings and Monitoring	Changes	Completed
x	x	x	x	

Words and Pictures

Have the words and pictures been written and shared with the network?

Who is involved in the plan?

Name and Role	How often will they see the young person?	What are the specific tasks of this person?	Network Lead
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My Current Plan

Where I Live

What	When	Who will help me?
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My Education, Training or Employment

What	When	Who will help me?
------	------	-------------------

Feeling Safe and Well

What	When	Who will help me?
------	------	-------------------

Who I Am

What	When	Who will help me?
------	------	-------------------

My Family, Social Network and Professional Relationships

What	When	Who will help me?
------	------	-------------------

Looking after Myself

What	When	Who will help me?
------	------	-------------------

Plan Rules

The Plan Rules will address each concerning behaviour in turn. Moving from what is working well on to stressors and triggers for 'red flag' or emergency events and consider who will do what when problems arise.

Key Issues arising from Worries	Existing Success / What is Working well?	Stressors and Triggers	Indicators Danger is emerging or present (Red Flags)	Who will do what when problems arise?
x	x	x	x	x

Recording and Demonstrating the Plan

Has a young person's version of the plan been created and shared with the young person?	
How are the family demonstrating the use of the plan?	Safety Journal WhatsApp group Facebook Group Other
If other, give details	
How is it kept up to date and who is responsible for it?	x
Does the child or young person have a safety object?	Yes

Safety Objects Plan

Young persons's Name	Safety Object	How will the child use the Safety Object?	What action will be taken?	When has the Safety Object been 'fire drill' tested'?
x	x	x	x	

Recorded Feedback

Agreements

Person	Agreed	Signed	Date Signed
Example CHILD, 17 years			
Mildred Small, 15 years	Sister		
Example CARER	Carer		
Richard LOOSE	ICS Case Worker		