



THROUGH-CARE/AFTER-CARE SERVICE

PATHWAYS and WELFARE ASSESSMENT

FOR

GDPR and the Data Protection Act 2018 governs the way information is obtained, recorded, stored, used and destroyed. Health & Social Care Moray, Moray Council and NHS Grampian comply with all the requirements of the Act and ensure that personal data is processed fairly and lawfully, that it is used for the purpose it was intended and that only relevant information is used. Health & Social Care Moray will ensure that information held is accurate, and where necessary kept up to date and that appropriate measures are taken that would prevent the unauthorised or unlawful use of any "personal information".

Name:		Care First No:	
Address:		Date of Birth:	
Telephone Number:		National Insurance Number:	
Author of Assessment:		Date:	

Reason for Assessment

Health & Wellbeing

Current strengths

Areas to make progress

What support may be needed

Lifestyle (Emotional/Behaviour Development & Identity)

Current strengths

Areas to make progress

What support may be needed

Family & Friends (Relationships including Social Skills)

Learning & Work (Education/Training/Employment)

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Accommodation (Practical & Self Care Skills)

Financial

Rights & Legal Issues

Is the young person requesting Continuing Care?

If so, is the conclusion of the assessment that Continuing Care meets the young person's welfare needs?

Support Network

Name & Designation:	Address:	Telephone Number:	Young person has consented or not – mark clearly – to that person receiving a copy of Assessment & Plan (All / Part or None)
			All / Part – Plan Only / No
			All / Part – Plan Only / No
			All / Part – Plan Only / No
			All / Part – Plan Only / No
			All / Part – Plan Only / No

I have either read the contents of this assessment or the contents have been explained to me in full and I agree with it.

I give my permission to share the information held within this assessment as required with the people above.

Young Person's Views of the assessment:

Recommendation

Date:

Young Person's Signature:

Social Worker's Signature:

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Throughcare Support Plan

What is the issue / concern or task?	What do we want to achieve? (SMART-objectives)	Who will do this?	What will be done?	When will this be done?	How will we measure progress?
Health & Wellbeing (Including Emotional)					
Lifestyle					
Family & Friends					
Learning & Work					
Accommodation					
Money					
Rights & Legal Issues					

Level of Support (approximate assessed requirement of support)

Worker/s	Named Person/s	Days of Support	Estimated Allocated Time
Social Worker			
Support Worker			

Date:

Young Person's Signature: Key Worker/Foster Carer's Signature:

Case Social Worker's Signature: TC/AC Worker's Signature:

Supplementary Support Plan

(Following Assessment, if additional tasks are identified at any Core Group Meeting then they should be added to this Plan with entry date).

What is the issue/ the concern or task?	What do we want to achieve? (SMART objectives)	Who will do this?	What will be done?	When will this be done?	How will we measure progress?
Health & Wellbeing – (Including Emotional)					
Lifestyle					
Family & Friends					
Learning & Work					
Accommodation					
Money					
Rights & Legal Issues					

Level of Support (approximate assessed requirement of support)

Worker/s	Named Person/s	Days of Support	Estimated Allocated Time
Social Worker			
Support Worker			

Date:

Young Person's Signature: Key Worker/Foster Carer's Signature:

Case Social Worker's Signature: TC/AC Worker's Signature:

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