**Your Pathway Plan**

Supporting Young People to make a smooth transition into Independence and Early Adulthood

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| **Your Name and Contact Details** |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  | **Tel No / E-Mail:** |  |

|  |  |  |
| --- | --- | --- |
| **Your Hobbies & Interests** | Your One Page Profile | **Your Likes & Dislikes** |
|  | **Your Photo**  |  |
| Image result for silhouette |
| **What does independence mean to You?** | **What would you like to achieve in the next 6 – 12 months?** |
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Key information sheet

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| Name and telephone contact details of Social Worker & Personal Advisor & Independent Reviewing Officer |
| Social Worker |  |
| Personal Advisor |  |
| Independent Reviewing Officer |  |

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| --- | --- |
| Care First ID |  |
| Gender |  |
| Care Leavers Legal Status |  |
| Immigration Status |  |
| Ethnicity |  |
| Main Language |  |

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| --- | --- |
| Date of this Pathway Plan |  |
| Date Pathway Plan will next be Reviewed/Updated |  |
| Frequency of In Touch |  |
| Type & Suitability of Accommodation |  |
| Education, Employment, Training (EET) |  |

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| --- |
| Important contact details |
| Relationship / Role: | Name  | Address | Tel No |
| GP Practice |  |  |  |
| DENTIST |  |  |  |
| OPTICIANS  |  |  |  |
| HOUSING OFFICER (If Applicable) |  |  |  |
| EMERGENCY CONTACT Relationship:  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Checklist | YES | NO | Does YP have a copy? | Is a copy saved on case file? | Brief commentary / details (if appropriate) |
| **Birth Certificate** |  |  |  |  |  |
| **Bank Account** |  |  |  |  |  |
| **National Insurance Number** |  |  |  |  |  |
| **NHS Medical Number/Card** |  |  |  |  |  |
| **Passport / Travel Document** |  |  |  |  |  |
| **Home Office Number** |  |  |  |  |  |
| **Driving Licence** |  |  |  |  |  |
| **Current CV** |  |  |  |  |  |
| **Has Young Person been provided with a signed copy of their updated Pathway Plan?** |  |  |  |  |  |
| **Has Young Person given signed consent for LAC Nurse to obtain information for their Health Passport?** (If not, please specify date as to when this will be obtained). |  |  |  |  |  |

Accommodation Needs

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| This section is to help you identify any plans or support you may need in your current accommodation or future placement accommodation, taking into consideration your pathway to independence.(Update in text box below); |
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| **Backup Plan:**What will need to happen if you can no longer live in the accommodation you are staying in at the moment? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Accommodation** |  |  |  |  |  |

Work, Learning and Career.

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| **This section is about how you are doing in education, training or employment for the future:** (Update in text box below); |
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| **Backup Plan:**What will need to happen if you lose your educational placement or job? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Work, Learning & Career:** |  |  |  |  |  |

People and Support

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| **This section is about your circle of support, how you manage and deal with people in your life. Please don’t forget to include talking about your social activities, what you like doing in your leisure time and who this involves. (**Update in text box below); |
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| **Backup Plan:**What will need to happen if there are unexpected problems with any of your relationships? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **People & Support:**  |  |  |  |  |  |

Health & Social Needs

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| **This section is about your personal and physical health, how it affects your day to day life, and don’t forget to include what physical activities are important to you or you would like to try and take part in**. (Update in text box below); |
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| **Backup Plan:**What will need to happen if you have unexpected problems with your health? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Health:**  |  |  |  |  |  |

How do you Feel?

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| **This section is about your emotional wellbeing and mental health. How are you feeling at the moment with things and your plans for the future, are whether or not you feel positive and supported about things.**(Update in text box below): |
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| **Backup Plan:**Who will you talk to if you needed to share any feelings (positive or negative) you might have? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **How do you Feel:**  |  |  |  |  |  |

Choices, Outcomes and Behaviour?

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| --- |
| **This section is about what choices you have been making and how those choices may have consequences or outcomes that can impact on your behaviour or other areas of your life. This section should also identify any positives, as well as any risks or areas of concern. (**Update in text box below): |
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| **Backup Plan (**where applicable**):**NB: If a Young Person / Care Leaver is experiencing circumstances that Involve a high level of risks, then a Care Leavers Risk assessment must be completed. |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Choices, Outcomes & Behaviour:** |  |  |  |  |  |

Ethnicity, Culture and Identity Needs

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| --- |
| Update (in text box below): |
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| **Backup Plan:** (where applicable)? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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Financial Support / Money, Rent & other Bills

Income/Money coming in:

|  |  |  |  |
| --- | --- | --- | --- |
| Description  | Amount  | Weekly | Monthly |
| **Wages/Earnings/YPA** |  |  |  |
| **Benefits**  |  |  |  |
| **Student Finance, i.e. (grants/loans/bursaries, etc):** |  |  |  |
| **Other** |  |  |  |
| TOTAL |  |  |  |

Expenditure/Money going out:

|  |  |  |  |
| --- | --- | --- | --- |
| Description  | Amount  | Weekly | Monthly |
| **Food** |  |  |  |
| **Electric**  |  |  |  |
| **Gas** |  |  |  |
| **Water**  |  |  |  |
| **Rent**  |  |  |  |
| **Council Tax** |  |  |  |
| **TV Licence**  |  |  |  |
| **Contributions to housekeep (if applicable)** |  |  |  |
| **Leisure, i.e. (going out, gym membership, etc):** |  |  |  |
| **Other, i.e. (Transport, Smoking, phone/internet, etc).**  |  |  |  |
| **Debts, i.e. (loans/overdraft, etc).** |  |  |  |
| TOTAL  |  |  |  |

Savings:

|  |  |  |
| --- | --- | --- |
| Description  | Amount remaining  | How/when will this be spent? |
| Savings |  |  |
| Leaving Care Grant |  |  |
| Other, i.e. (Inheritance / compensation, etc).  |  |  |

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| **How well have you been managing your money?**Think about how much money you save or have borrowed from others (friend, family, etc.) and how many times you run out of money before you next get paid**.**  |
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| **Backup Plan:**What will need to happen if you have no money? |
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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Money & Rent:** |  |  |  |  |  |

Practical Life & Independent Living Skills

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| **This section is about how you are developing your practical life skills:** |
| **Shopping:** |  |
| **Cooking:** |  |
| **Laundry:** |  |
| **Budgeting:** |  |
| **Routine:** |  |
| **Social Activities:** |  |
| **Cultural Needs (if any):** |  |

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| Your Views (To be written by you, the Young Person / Care Leaver but if you require support with filling in this section, please make sure that the professional helping you uses “direct quotes” of your comments, so as to accurately record your voice, views and feelings): |
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| --- | --- | --- | --- | --- | --- |
| **Outcome Star Score for this area:** *(To be completed by the designated Personal Advisor):* | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Practical Life Skills:** |  |  |  |  |  |

What Needs to Happen Next will create the following SMART Actions within your Pathway Plan:

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| --- | --- | --- | --- |
|  WHAT?What is the desired goal / outcome that are you wanting to achieve? |  HOW?How can we achieve the identified goal / outcome & what action / Next Steps needs to be taken? | WHO?Who is responsible for completing this action? | WHEN?When will this action will be completed / reviewed? (record the date below): |
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| **If this Pathway Plan is for a Care Leaver aged 21yrs or over, please specify the level of support required, i.e. Low / Medium / High.**  |
| **Level of Need**  | **What is the main reason for remaining open beyond 21st birthday:** | **What is the minimum frequency that the PA will keep In-Touch** | **What is the minimum frequency that the PA will update the Pathway Plan** |
| **High** |  |  |  |
| **Medium** |  |  |  |
| **Low** |  |  |  |

Final Comments about this Pathway Plan:

Young Persons / **Care Leavers comments:**

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| --- |
| Overall Comments: |
| Print Your Name | Your Signature | Date |
|  |  |  |

Parent / Carers / Key Workers Comments (where applicable):

|  |
| --- |
| Overall Comments: |
| Print Name | Signature | Date |
|  |  |  |

Independent Reviewing Officers (IRO) comments / recommendations (where applicable):

|  |
| --- |
| Overall Comments and / or Recommendations:  |
| Print Name of the IRO | IRO's Signature | Date |
|  |  |  |

Social Workers and / or Personal Advisors overall comments & analysis of this Pathway Plan: (please make it clear which professional is giving their views, i.e. Social Worker and / or Personal Advisor):

|  |
| --- |
| Overall Comments  |
| Print Name of the Social Worker | Social Workers Signature | Date |
|  |  |  |
| Print Name of Personal Advisor  | Personal Advisors Signature | Date |
|  |  |  |

**Comments from the Manager who is responsible for Reviewing this Pathway Plan:** (These comments must also be copied & pasted into the ‘Authorisation Comment’ section on Care First computer system).

|  |
| --- |
| Managers Authorisation Comment: |
| Print Name of Authorising Manager | Managers Signature | Date |
|  |  |  |