**Your Pathway Plan**

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



TYPE NAME HERE

Key information sheet

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Address of ‘You’ the Young Person / Care Leaver: | | | | |  | Name and telephone contact details of Social Worker & Personal Advisor & Independent Reviewing Officer: | |
| Name |  | | | |  | Social Worker |  |
| Address |  | | | |  | Personal Advisor |  |
|  | | Post Code |  | |  | Independent Reviewing Officer |  |
| Tel No |  | DOB | |  |  |

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| --- | --- | --- | --- | --- |
| CareFirst ID: |  |  | Date of this Pathway Plan |  |
| Gender: |  |  | Date Pathway Plan will next be Reviewed/Updated: |  |
| Care Leavers Legal Status: |  |  |
| Immigration Status: |  |  | Frequency of In Touch |  |
| Ethnicity: |  |  | Type & Suitability of Accommodation |  |
| Main Language: |  |  | 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). |  |  |  |  |  |

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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.**  (*If under 21yrs before the next Pathway Plan update is due, please go straight to the 'Accommodation Needs' section immediately below*): | | | |
| **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** |  |  |  |

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): |
| What do you think is working well about your accommodation arrangements?  Is there anything you are worried about or need support with in this area? |

|  |
| --- |
| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘accommodation’ section of 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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Work, Learning and Aspirations.

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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): |
| What do you think is working well in the area of your education, employment towards achieving your future career goals?  Is there anything you are worried about or need support with in this area? |

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| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘work & learning’ section of 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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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): |
| What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

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| --- |
| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘people & support’ section of 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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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): |
| What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

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| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘health’ section of 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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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): |
| What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

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| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘how you’re feeling’ section of 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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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): |
| What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

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| --- |
| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘choice & behaviour’ section of 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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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): |
| What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

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| --- |
| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘ethnicity, culture & identity’ section of 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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Financial Support / Money, Rent & other Bills

Income/Money coming in:

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| --- | --- | --- | --- |
| 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): |
| What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

|  |
| --- |
| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| * What do you think is working well? * Is there anything you are worried about? |

What Needs to Happen Next within the ‘money & rent’ section of 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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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):** |  |

|  |
| --- |
| 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): |
| What do What do you think is working well in this area of your life?  Is there anything you are worried about or need support with in this area? |

|  |
| --- |
| Views of Professionals (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor, Carer, Key Worker). |
| What do you think is working well?  Is there anything you are worried about? |

What Needs to Happen Next within the ‘practical life skills’ section of 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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| The Journey of Change (Young Person’s Outcome Star)  The Outcomes Star is a tool that is used for supporting and measuring change when working directly with young people / Care Leavers between the ages of 16 -25 years of age. This tool also helps to summarise changes made and provides both the young person and key professionals with a clear picture of the young person's progress along the journey towards Independence. Therefore, any changes made should be regularly monitored (every 6 - 8 weeks) and recorded within the 'Journey of Change' summary section towards the end of each key area of this plan | |
| **Stage 5:**  **‘Independence’** | **Stage 5** is when you become independent. When you are able to look after yourself, your home and your money without support from a service. When you are coping with whatever turns up and can mostly deal with crises, drawing on your own support networks as necessary. When things go wrong you can bounce back. This isn’t the end of your journey to independence but for now you have what you need. |
| **Stage 4:**  **‘Getting there with support’** | At **Stage 4** is when you are getting there with support. You are discovering strategies that work towards making real changes in how you feel about yourself and relate to other people. You are taking responsibility for your actions and want to create a better future, but still needs support from a service or at home to maintain behaviours and feelings. |
| **Stage 3:**  **‘Trying to sort things out’** | **Stage 3** is when you start trying to sort things out by taking the initiative to make positive change. This is often difficult and lots of things you try may not work, so your motivation and confidence may be knocked. You may sometimes feel like giving up quickly without support but keep going and keep trying new approaches. |
| **Stage 2:**  **‘Accepting help’** | The first step forward happens when you begin accepting help and support. This is **Stage 2**. It means someone is starting to talk to you about what is going on and what support you may need. If you need urgent help, it is being provided, even if there isn’t much visible change. At this stage the worker or other professionals are likely to be driving change, with you going along with it but not yet taking the initiative. |
| **Stage 1:**  **‘Stuck’** | At **Stage 1** is where young person are often stuck and not able to live independently. You may be breaking rules or putting yourself or others in danger, and you may be at risk of eviction. You may not believe you can achieve anything with your life or not know how to begin. At this stage no one is offering support, or support is on offer but you may not accept it at this point in time. Perhaps you don’t see the point, or feel that your problems are too big to cope with. Whatever the reason, things are stuck. |



Your Personal Advisor will with you the stage in your journey of change that they think you are at and they will record in the table below and compare these stages next time your Pathway Plan is reviewed. (Also, a copy of the Outcome Star will be created separately by your Personal Advisor and attached as an appendix each time your Pathway Plan is reviewed and updated):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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:** |  |  |  |  |  |
| **People & Support:** |  |  |  |  |  |
| **Health:** |  |  |  |  |  |
| **How You Feel:** |  |  |  |  |  |
| **Choices & Behaviour:** |  |  |  |  |  |
| **Money & Rent:** |  |  |  |  |  |
| **Practical Life Skills:** |  |  |  |  |  |

Final Comments about this Pathway Plan:

Young Persons / **Care Leavers comments:**

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

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

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

Social Workers and / or Personal Advisors scaling & overall comments & analysis of this Pathway Plan:

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| --- | --- | --- |
| **Scaling**  **On a scale of ‘0 – 10’, where 10 means you are so well that you only need low level support and 0 means that things are so bad that you need Immediate support, where do you scale your situation?**  **(0) (10)** | | |
| **Main Worry Statement** |  | **Success Goal** |
|  |  |

|  |  |  |
| --- | --- | --- |
| Overall Comments (please make it clear which professional is giving their views, i.e. Social Worker, Personal Advisor): | | |
| Print Name of the Social Worker | Social Workers Signature | Date |
|  |  |  |
| Print Name of Personal Advisor | Personal Advisors Signature | Date |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| IRO comments and Recommendations: | | |
| Print Name of the IRO | IRO's 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 |
|  |  |  |