

TYPE NAME HERE

**KEY INFORMATION SHEET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and Address of ‘You’ the Young Person;** | | | | | |  | **Name and Contact Details of Social Worker / Personal Advisor’s work place** | |
| Name |  | | | | |  | **Name of** **Social Worker** |  |
|  | | | | | |  | **Tel No** |  |
|  | | | | | |  | **Name of** **Personal Advisor** |  |
|  | | | **Post Code** | |  |  |
| **Tel No** | |  | **DOB** |  | |  | **Tel No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Care First ID:** |  |  | **Date of Previous Plan** |  |
| **LAC Legal Status** |  |  | **Date of *this* Pathway Plan** |  |
| **Leaving Care Status** |  |  | **Date Pathway Plan will *next* be Reviewed / Updated:** |  |
| **Immigration Status** |  |  | **Is the young person in Touch** |  |
| **Ethnicity** |  |  | **Is the Accommodation Suitable or Unsuitable** |  |
| **Main Language** |  |  | **Education, Employment, Training [EET]** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IMPORTANT CONTACT DETAILS** | | | |
| Relationship / Role: | Name | Address | Tel No |
|  |  |  |  |
| **GP** |  |  |  |
| **DENTIST** |  |  |  |
| **OPTICIANS** |  |  |  |
| **HOUSING OFFICER** (If Applicable) |  |  |  |
| **EMERGENCY CONTACT**  **Relationship:** |  |  |  |
| **Other (please specify)** |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **CHECKLIST** | **YES** | **NO** | **Does YP have a copy?** | **Is a copy saved on case file?** | Record Details / Number (if appropriate) |
| **Birth Certificate** |  |  |  |  |  |
| **Bank Account** |  |  |  |  |  |
| **National Insurance Number** |  |  |  |  |  |
| **NHS Medical Number / Card** |  |  |  |  |  |
| **Passport** |  |  |  |  |  |
| **Home Office Number** |  |  |  |  |  |
| **Driving Licence** |  |  |  |  |  |
| **Current CV** |  |  |  |  |  |
| **Prisoner Number (if applicable)** |  |  |  |  |  |
| **NHS exemption certificate** |  |  |  |  |  |
| **Health Passport** |  |  |  |  |  |

**ACCOMMODATION SUMMARY OF NEEDS**

**This section is to help identify any plans or support you may need in your current accommodation or future place of accommodation*:***

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |
| **Backup Plan:**  **What will need to happen if you can no longer live in the accommodation you are staying in at the moment?** | |

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**HEALTH SUMMARY OF NEEDS**

**This section is about your Physical, Emotional and Mental Health and how it may affect your day-to-day life:**

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |

**Backup Plan:**

**What will need to happen if you have unexpected problems with your health?**

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**HOPES,DREAMS & ASPIRATIONS FOR FUTURE EDUCATION, EMPLOYMENT & TRAINING OPPORTUNITIES.**

**This section is about how you are doing in education, training or employment for the future:**

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |
| **Backup Plan:**  **What will need to happen if you lose your educational placement or job?** | |

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**ETHNICITY / CULTURE / IDENTITY SUMMARY OF NEEDS**

**This section is exploring how you view yourself and any sense of belonging or values / beliefs that you may have:**

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |
| **Backup Plan (where applicable):** | |

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**CIRCLE OF SUPPORT**

**This section is about how you manage and deal with people in your life:**

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |
| **Backup Plan:**  **What will need to happen if there are unexpected problems with any of your relationships?** | |

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**HOBBIES/SOCIAL/LEISURE**

**This section including past hobbies / activities as well as any new ones they may wish to explore in the future*:***

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |
| **Backup Plan (where applicable):**  **What would need to happen if you were unable to have the opportunity to experience an area of interest?** | |

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**SELF CARE & INDEPENDENT LIVING SKILLS**

**This section is about how ready you are to live independently, (please incorporate the information ascertained during the Needs Assessment).**

* **Practical:**
* **Shopping:**
* **Cooking:**
* **Laundry:**
* **Budgeting:**
* **Routine:**
* **Social:**

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**FINANCIAL SUPPORT**

**Income / Money coming in:**

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

**Expenditure / Money going out:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Amount** | **Monthly** | **Weekly** |
| **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).** |  |  |

**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**.**

**(Please record any significant change of circumstance or other relevant information that has taken place since this Plan was last reviewed):**

|  |  |
| --- | --- |
| **Date this information was Reviewed:** | **Update of Information:** |
|  |  |
| **Backup Plan :**  **What will need to happen if you have no money?** | |

**Young Persons Views**

**Personal Advisors Views**

**Social Workers Views**

**YOUR PATHWAY PLAN**

**Actions from previous plan that have been completed:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Desired goal / Outcome**  **(WHAT?)** | **Next step – what action needs to be taken to achieve the identified Goal / Outcome**  **(HOW?)** | **Who is going to take this action**  **(WHO?)** | **What is the date set for when this action / outcome will be completed or reviewed**  **(WHEN?)** |
|  |  |  |  |
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**Actions from previous plan that still need to be completed / carried forward:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Desired goal / Outcome**  **(WHAT?)** | **Next step – what action needs to be taken to achieve the identified Goal / Outcome**  **(HOW?)** | **Who is going to take this action**  **(WHO?)** | **What is the date set for when this action / outcome will be completed or reviewed**  **(WHEN?)** |
|  |  |  |  |
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**New Actions identified during this review / update:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Desired goal / Outcome**  **(WHAT?)** | **Next step – what action needs to be taken to achieve the identified Goal / Outcome**  **(HOW?)** | **Who is going to take this action**  **(WHO?)** | **What is the date set for when this action / outcome will be completed or reviewed**  **(WHEN?)** |
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| --- | --- | --- |
| **Overall Views and Comments:**  **Young Persons overall comments about their updated Pathway Plan:** | | |
| **YOUR COMMENTS**: | | |
| Print Name | Signature | Date |

|  |  |  |
| --- | --- | --- |
| **Parent /Carers/ Key Workers Comments (where applicable) :** | | |
| **Comments:** | | |
| Print Name | Signature | Date | |

|  |  |  |
| --- | --- | --- |
| **Comments from Agencies consulted during this plan:** | | |
| **Comments:** | | |
| Print Name | Signature | Date | |

|  |  |  |
| --- | --- | --- |
| **Social Workers overall summary / analysis of this updated Pathway Plan::** | | |
| **Comments:** | | |
| Print Name | Signature | Date | |

|  |  |  |
| --- | --- | --- |
| **Personal Advisor’s comments of this updated Pathway Plan:** | | |
| **Comments:** | | |
| Print Name | Signature | Date | |

|  |  |  |
| --- | --- | --- |
| **Independent Reviewing Officers comments (Where applicable):** | | |
| **IRO comments and Recommendations**: | | |
| Print Name | Signature | Date | |

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| --- | --- | --- |
| **Team / Practice Managers comments** | | |
| **Comments:**: | | |
| Print Name | Signature | Date | |