**MY PATHWAY PLAN**

****

From Care to Independence

Signatures:-

|  |  |
| --- | --- |
| Young Person: | Date: |
| Social worker: | Date: |
| 18+ Personal Advisor: | Date: |
| Team Manager: | Date: |

Others who have been consulted in this Pathway Plan:-

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Reviewed by:- …………………………………………………………………………….

Position:- ……………………………………………………………………………………

Date:- ………………………………………………………………………………………..

Next Review Due:- ……………………………………………………………………..

**Up To Date Information**

Name also known as:

Address:

Contact number:

Email address:

Facebook: Send a friend’s request to Sandy Wells

MOMO application website address: [www.mindofmyown.org.uk](http://www.mindofmyown.org.uk)

Participation Team email address: layp\_board@sandwell.gov.uk

National Insurance Number:

Sandwell Homes Bidding number (if applicable)

Number:

Do you have a Passport?

Do you have a Birth Certificate?

Do you have a Bank Account?

Name of Bank/Building Society:

Name & Address:

Sort Code:

Account Number:

Have you received your Health Passport?

NHS Medical Card Number:

Do you have an up-to-date CV?

NEXT OF KIN DETAILS/BEST PERSON TO CALL INCASE OF AN EMERGENCY:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Related Case No. | Relationship | Name | Address | Started on | Ended on | ParentalRespons-ability | MainCarer | Contact number |
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**Reflection**

Reflections from the last 2 Pathway Plans (over a one year period):

|  |
| --- |
| N/A as first version of new plan |
| N/A as first version of new plan |
| N/A as first version of new plan |

Think about the last 6 months or longer if you want and describe anything that you have achieved or are really proud of?

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Now think about anything you are worried about or anything you need to do. Is there anything I can help with, that will make this better or easier for you?

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Where would you like to be in a year’s time? This could be where you want to be living, what you would like to be studying, what job you would like to be doing or what your relationships may look.

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Do you have a life ambition?

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**Support**

Key Agencies (Current)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Role | Professional | Agency | Agency Role | Started On | Contact number and email address |
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**Other Support-Who is important to you?**

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| --- | --- | --- | --- | --- |
| Name | Who are they? | Contact Details | Supported to be offered | How often do you see them? |
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Sandwell Useful Numbers: -

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| --- | --- |
| Emergency Duty Service | 0121 569 2356 |
| Police–non emergency | 101 |
| Sandwell Women’s Aid | 0121 552 6448 |
| 24 Hour Telephone Counselling | 0121 643 1638 |
| NHS Helpline | 111 |

Have you completed/doing your life story book?

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Do you know the reasons why you came into care and what date did you come into care?

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| Why I came into care is:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Is this the reason why?……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**What has happened since the last Pathway Plan?**

Important events–previous information: -

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**Update since last review**

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1. **Health – Physical, Emotional, Mental & Sexual: This is about your physical health and your emotional health and how it may affect your day-to-day life.**

**Please include any disabilities, support required and management package.**

Update and identified needs/previous actions agreed in the last Pathway Plan:

|  |
| --- |
| **Physical Health:-**What I want to achieve in the next 6 months:Are you worried about anything?:What’s worked well?:What do I need to do and who do I need to help me to do it? |
| **Mental Health:-**What I want to achieve in the next 6 months:Are you worried about anything?:What’s worked well?:What do I need to do and who do I need to help me to do it? |
| **Emotional Health:-****What I want to achieve in the next 6 months:****Are you worried about anything?:****What’s worked well?:****What do I need to do and who do I need to help me to do it?** |
| **Sexual Health:-****What I want to achieve in the next 6 months:****Are you worried about anything?:****What’s worked well?:****What do I need to do and who do I need to help me to do it?** |

 No

**Has Young Person received Health History? Yes No**

 ***(Please tick)***

**Date received:**

|  |
| --- |
| **Health assessment date:****(not applicable for over 18’s)** |

**Young person’s views:-**

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| --- | --- | --- |
| **What needs to happen next?** | **Who will help?** | **By When?** |
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**Back up plans:-**

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**My Education Plan – Post 16**

1. Have you had an education health care plan?
2. Do you need an EHCP plan?

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| --- |
| Date of conversation with provider: |

All Educational Establishments

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Date Started | Date left | Reason for leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Current Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider | Course | Level | Start Date | End Date | Duration |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Exam Type | Subject | Grade |
|  |  |  |  |
|  |  |  |  |
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|  |  |
| --- | --- |
| Current attendance (%) | Current punctuality **(%):** |
| Date of next review: | Venue: |

**Last PEP update: - actions from this-**

**Did you get any when at school/college which helped you?**

**Yes No**

**Tell us what you had**

1. **Education, Employment & Training:** This is about how you are doing in training or work and planning for the future.

Update and identified needs/previous actions agreed in the last Pathway Plan:

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Young person’s views:

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| What needs to happen next? | Who will help? | By When? |
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Back Up Plans:

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1. **Emotional and Behavioural Development:** This is about how you are doing emotionally and whether there are any behavioural considerations. This can be both positive and negative behaviours.

Update and identified needs/previous actions agreed in the last Pathway Plan:

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Safeguarding (any offending and risk taking behaviours?):

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| Offending behaviour: |

Young person’s views:

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| What needs to happen next? | Who will help? | By When? |
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Back Up Plans:

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1. Identity: This is about how you see yourself as a young person living within your community and the positive or negative impact being in care may have on this.

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| --- | --- |
| Ethnicity: |  |
| Religion:(Practising or non-practising?) |  |
| First Language/other language: |  |
| Interpreter required: |  |
| Sexual orientation:**Do you follow religious festivals?** |  |

How do you see your own identity?

Safeguarding

Have you ever offended or taken risks in your life?

|  |
| --- |
| Offending behaviour:Risk taking behaviour: |

Young person’s views:

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Update and identified needs/previous actions agreed in the last Pathway Plan:

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Young person’s views:

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| What needs to happen next? | Who will help? | By when? |
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Back Up Plans:

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1. **Family and social Relationships – including parenthood.** This is about how you manage and deal with the people in your life.

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| --- | --- | --- |
| **Are you a parent?****(Please circle)** | **YES** | **NO** |

**Anyone else involved with your child:**

**Update and identified needs/previous actions agreed in the last Pathway Plan:**

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**Young person’s views:**

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| **What needs to happen next?** | **Who will help?** | **By when?** |
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**Back Up Plans:**

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1. **Independent Living Skills: This is about how you are ready to live independently.**

Update and identified needs/previous actions agreed in the last Pathway Plan:

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**Young person’s views:**

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| **What needs to happen next?** | **Who will help?** | **By when?** |
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**Back Up Plans:**

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**GUIDANCE**

13 Milestones to help prepare young people for independence for IRO, Foster Carers, Residential Staff, and Social Workers.

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| --- | --- | --- |
| Work undertaken | Recommended age work should be completed by | Can the young person do this? |
| **Independence pack (specific to y/p** | **11/12 years** |  |
| **Has 5 important people that a y/p could go to** | **11/12 years** |  |
| **Has keys to house** | **13/14 years** |  |
| **Can use public transport** | **14-16 years** |  |
| **Can cook and plan a basic meal** | **14-16 years** |  |
| **Can do own laundry** | **14-16 years** |  |
| **Manages allowance for leisure and clothing** | **15-16 years** |  |
| **NI number** | **15 years 9 months** |  |
| **Has managed a weekly budget equivalent to leaving care allowances** | **16 years** |  |
| **Register/attend – GP/Dentist/Opticians independently** | **16-18 years** |  |
| **Has bank account** | **16 years** |  |
| **Registered for bidding with Sandwell** | **16 years** |  |
| **Form of I.D. in place** | **17 years** |  |

The above milestones give guidance to the age at which young people should have been given support to gain these independence skills. The exact age that young people do this work will be based on their individual needs and circumstances. However, if work is being delayed for any reason Social Workers need to clearly state in young person’s care/Pathway Plan why this is the case and this can then be considered at LAC Reviews.

1. **Financial Arrangements:** This is about where you get your money, how much do you get and what you do with it.

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| --- | --- |
| Have you received ‘Financial Policy document (to be completed) |  |
| Are you aware of your entitlements? |  |

Update and identified needs/previous actions agreed in the last Pathway Plan:

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Young person’s views:

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| What needs to happen next? | Who will help? | By When? |
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Back Up Plans:

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**What additional money do you regularly receive from Leaving Care Team and what extras have you received?**

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| --- | --- | --- |
|  | Regularly | One off in the last 6 months |
| Maintenance |  |  |
| Rent |  |  |
| Top Ups |  |  |
| Setting Up home (Leaving Care Grant) |  |  |
| Emergency Money |  |  |
| Contact |  |  |
| Food Bank Vouchers |  |  |
| Community Support Grant |  |  |
| Other |  |  |

Young person’s views:

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| --- | --- | --- |
| What needs to happen next? | Who will help? | By When? |
|  |  |  |
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1. **Accommodation**

**This is where you live and where you would like to live**

|  |  |
| --- | --- |
| **Do you feel safe in your accommodation?** |  |
| **Has a Safe check been completed?** |  |
| **Check completed by:** |  |
| **Date of Check** |  |
| **Details of Check** |  |

**Previous actions agreed in the last Pathway Plan:**

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| --- | --- | --- |
| **Type of accommodation:** | **Is it suitable:** | **If not, why not?** |

Update and identified needs/previous actions agreed in the last Pathway Plan:

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Young person’s views:

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| --- | --- | --- |
| What needs to happen next? | Who will help? | By When? |
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Back Up Plans:

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**Overview – on a scale of 1 to 10, how would you scale yourself at this moment in time? (1 – bad, 10 – amazing).**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **View of Young Person** | **View of Worker** | **View of Significant Others** |
| **Support/Views** |  |  |  |
| **Finances** |  |  |  |
| **Ambition/Skills** |  |  |  |
| **Independence Skills** |  |  |  |
| **Manging Accommodation** |  |  |  |

|  |
| --- |
| **Reasons for view of young person:** |

|  |
| --- |
| **Reasons for view of worker:** |

|  |
| --- |
| **Reasons for view of important others:** |

|  |
| --- |
| **Analysis:** |

**Final:**

**All action to be reviewed during 6 month period**

**What are the three most important things (goals) that I need to do?**

|  |  |
| --- | --- |
| **Goal** | **Who will help?** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |  |
| --- | --- |
| **Are you aware that you have a right to Advocacy Support?** |  |
| **Would you like us to make a referral for an Advocate on your behalf?** |  |
| **Are you aware of your right to complain about the services we offer?** |  |
| **Would you like to make a comment, compliment or complaint about the service we offer?** |  |
| **Comments, compliments or complaints** |  |

I am happy that the information in my plan is correct and I have been a part of my plan.

Young Person Signature Date

Social Worker/Personal Advisor Signature Date

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PWP Check List

Questions to consider/ask young people when completing the assessment with young people.

Money

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Money | No | Partly | Yes | N/A |
| I know how to open a bank account and check a bank statement. |  |  |  |  |
| I understand the fees for managing an account using cash machine and what it is to be overdrawn. |  |  |  |  |
| I know how to use a cash machine, internet and phone banking. |  |  |  |  |
| I understand how credit cards work and the real cost of buying goods on credit – interest rates/none payment of bills |  |  |  |  |
| I know where to go for help if I run into trouble with debt or if I think there is an issue with my bank |  |  |  |  |
| I understand the importance of having a good credit history and how it can help in the future |  |  |  |  |
| I understand there are immediate consequences of not paying bills such as electricity being cut off. |  |  |  |  |
| I know to contact a service provider to agree on a repayment plan if I can’t pay a bill in full. |  |  |  |  |
| I know the different ways to borrow money (e.g. friends, family, pawn shops, bank loans, student loans) and the advantages and disadvantages of each. |  |  |  |  |
| I can read a pay slip (working young people) and understand the difference between gross pay and net pay. |  |  |  |  |
| I can budget for regular bills and unexpected emergencies and have a savings account. |  |  |  |  |
| I know where to shop for budget food, clothing and household furnishings. |  |  |  |  |
| I understand the difference between luxuries and necessities. |  |  |  |  |
| I understand the advantages of having a pay as you go mobile phone rather than being on a monthly plan |  |  |  |  |
| I understand the costs of owning and running a car including loan payments, petrol, insurance and maintenance. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Housing | No | Partly | Yes | N/A |
| I know what housing opportunities there are available to me in Sandwell/where I live. |  |  |  |  |
| I understand the different housing options available and know which ones are within my budget. |  |  |  |  |
| I know how to look for housing – the bidding system on the Sandwell web site (eg newspaper ads, real estate agents, notice boards, internet, word of mouth) |  |  |  |  |
| I understand basic terms like lease, sublet, studio, tenant, tenancy agreement and managing agent. |  |  |  |  |
| I know how to choose where to live based on condition of the property, safety, and nearness to transport, family, friends, work or study. |  |  |  |  |
| I can fill in a rental application form. |  |  |  |  |
| I can fill in a tenancy agreement and understand the importance of property completing the property inspection form. |  |  |  |  |
| I understand that to keep a tenancy and stay renting I need to:* Budget well so I can pay the rent on time
* Keep the property clean and tidy
* Follow any rules in the tenancy agreement about letting people stay with me
* Manage my visitors properly so I don’t disturb neighbours e.g. by having frequent noisy parties
* Make sure if I have a flatmate they agree to these rules too
 |  |  |  |  |
| I understand what can happen if I break the tenancy agreement. |  |  |  |  |
| I know where to get help if there is a problem with the landlord. |  |  |  |  |
| I understand the cost of setting up a tenancy (e.g. guarantor, payment of bond, advance rent, utilities connection). |  |  |  |  |
| I can list necessary household items (e.g. furniture, kitchen equipment, linen), that I will need to purchase. |  |  |  |  |
| I know how to find out if I am eligible and to apply for assistance from – housing (including social housing or assistance with private rental) – Community care (establishment costs for accommodation). |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education and Training | No | Partly | Yes | N/A |
| I am realistic in my view of my education and training options based on my current level of achievement |  |  |  |  |
| I have discussed my educational or training plans with career advisors personal; advisors, college tutors, university tutors. |  |  |  |  |
| I understand the requirements for the course of study or training I have chosen |  |  |  |  |
| I know the costs of completing the course of study or training I have chosen including fees, books, materials, travel and how to access financial support. |  |  |  |  |
| I regularly attend my current course and complete my assignments. |  |  |  |  |
| I know how to ask for help from my personal advisor, tutors and social relationships. |  |  |  |  |
| I can find out if I’m eligible for any funding to support me with my training. |  |  |  |  |
| Employment | No | Partly | Yes | N/A |
| I know how to get help from agencies/apprenticeship/training to find a job or apply for any benefits while I’m looking for work |  |  |  |  |
| I know how to use newspaper ads, internet and job placement agencies to find a job. |  |  |  |  |
| I know how to compare an advertised job with the skills I have. |  |  |  |  |
| I can put together a resume and cover letter and know how to complete a job application. |  |  |  |  |
| I know how to prepare for a job interview including what to wear. |  |  |  |  |
| I know that I should follow-up the interview with a phone call, letter or email. |  |  |  |  |
| I understand that when I’m working I should know what I will be paid and my conditions and rights. |  |  |  |  |
| I know that my behaviour and attitude at work can affect whether I keep my job or get promotions. |  |  |  |  |
| I know to turn up to work on time, dress appropriately and call my boss if I can’t go to work. |  |  |  |  |
| I can handle criticism and understand the difference between bullying and being corrected when I have made a mistake. |  |  |  |  |
| I know what to do if I have a grievance. For example: If I’m not being paid for my work or have been unfairly dismissed. |  |  |  |  |
| I know to give proper notice if I want to leave a job and that I could lose money or get a bad reference |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Health | No | Partly | Yes | N/A |
| I understand the difference between healthy and unhealthy food choices and habits and look after my diet. |  |  |  |  |
| I practice good personal hygiene (eg brush teeth/shower or take a bath regularly, wash hands after using the bathroom, before eating and regularly when sick) |  |  |  |  |
| I understand how poor hygiene affects relationships with others and increases the risk of getting sick or spreading germs. |  |  |  |  |
| I understand the health risks of using drugs, alcohol and smoking. |  |  |  |  |
| I know where to get reliable information about health issues. |  |  |  |  |
| I know how to register with a doctor, dentist and make an appointment at the opticians. |  |  |  |  |
| I know where my nearest medical centre and family planning clinic are and where to go for help with emotional problems and dealing with addictions. |  |  |  |  |
| I can fill in a form that asks about my health and medical history – do you know your blood group for example? (Your doctor will be able to give you this). |  |  |  |  |
| I know the birth control options, where to get contraception and options for pregnancy. |  |  |  |  |
| I know to call 999 in an emergency for police, fire brigade or ambulance, or 101 to report a non urgent concern. |  |  |  |  |
| I know how to call 111 for National Health Line if I need advice with regards to a medical complaint that is not life threatening. |  |  |  |  |
| I know how to contact the 24 hour crisis lines for counselling. |  |  |  |  |
| I know where to get help with domestic violence or sexual assault. |  |  |  |  |
| I know where to get help if I have questions about my sexuality. |  |  |  |  |
| I can tell if I have a fever and can recognise symptoms of cold, flue and other health problems including stress, depression or anxiety. |  |  |  |  |
| I have ways to deal with stress or to calm myself down if I need to. |  |  |  |  |
| I know how to treat minor injuries such as cuts, burns, insect bites and splinters. I can put a basic first aid kit together. |  |  |  |  |
| I can select appropriate medication for pain, diarrhoea, cold and allergy symptoms and follow directions for using them without supervision. |  |  |  |  |
| I know how to check a smoke alarm and the methods for putting out different kinds of fires. |  |  |  |  |
| I understand common causes of household fires (e.g. smoking in bed, frayed electrical cords, overloading power-boards, using candles, overheating cooking oil). |  |  |  |  |
| I understand common causes of electrocution (e.g. using a knife to get toast out of a toaster, not turning light off when changing a light bulb). |  |  |  |  |
| I know to keep windows and doors locked especially at night. |  |  |  |  |
| I know how to properly store hazardous household materials, petrol, gas bottles. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daily Living Skills | No | Partly | Yes | N/A |
| I know how to care for clothes including cleaning according to instructions on labels, using a washing machine, clothes dryer and iron. |  |  |  |  |
| I can plan a weekly menu of nutritious meals and develop a weekly shopping list within a budget. |  |  |  |  |
| I know how to tell if fruit and vegetables and fresh when shopping. |  |  |  |  |
| I know how to read food labels for nutritional information and expiry date. I know which items need to be kept in the fridge or freezer and can recognise when food has gone off. |  |  |  |  |
| I know how to use kitchen utensils and appliances. |  |  |  |  |
| I can cook a meal including following a recipe and adjusting it to feed more or less people |  |  |  |  |
| I can clean a house including the toilet, bathroom, sink and stove and can keep a room tidy including making a bed and changing linen. |  |  |  |  |
| I know what cleaning products and equipment to use for different jobs and how to use them including how to change a vacuum cleaner bag. |  |  |  |  |
| I know what can cause infestations of cockroaches, bed bugs, fleas, lice, maggots, ants and mice and what products to use to get rid of them. |  |  |  |  |
| I know how to properly dispose of rubbish including recycling. |  |  |  |  |
| I know how often household chores need to be done to keep the home reasonably clean. |  |  |  |  |
| I can read a bus and train timetable, plan a trip on public transport involving several transfers and travel independently. |  |  |  |  |
| I understand the consequences of not paying the fare, damaging public property and other anti-social behaviour. |  |  |  |  |
| I know how to get a driver’s licence. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal and Social Development | No | Partly | Yes | N/A |
| I know how to greet someone and introduce myself. |  |  |  |  |
| I can hold a conversation with others and maintain comfortable eye contact. |  |  |  |  |
| I understand that there are social boundaries and these differ depending on the type of relationship (eg. Family, friend, boyfriend/girlfriend, professional). |  |  |  |  |
| I know how to convey respect, caring, honesty and trustworthiness (eg. Saying thank you, not being rude, tone of voice, valuing others opinions, not keeping people waiting, being inclusive, accepting responsibility for a mistake). |  |  |  |  |
| I know the difference between passive, aggressive and assertive communication. |  |  |  |  |
| I can return something that is faulty and ask for repairs under warranty. |  |  |  |  |
| I know how to manage conflict and keep my cool and how to use questions to clarify or obtain information. |  |  |  |  |
| I understand the difference between gossip and sharing information. |  |  |  |  |
| I can identify and avoid relationships that may be dangerous or unhealthy and can say ‘no’ to my friends. |  |  |  |  |
| I understand that taking part in social activities can help me feel better about myself and improve my confidence. |  |  |  |  |