

Pathway Plan for Relevant, Qualifying and Former Relevant Young People

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| My Details | |
| **Date of this Plan Review:** | Click here to enter text. |
| Name: | Click here to enter text. |

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| My Address: | Click here to enter text. |
| My Phone numbers: | Click here to enter text. |
| My Email address: |  |

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| My ‘In Case of Emergency’ Person: | Click here to enter text. |
| Contact details: | Click here to enter text. |

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| NI number: | | Click here to enter text. | | | |  | | 2 |
| My Care Leaver Status | | Relevant/Former Relevant/Qualifying | | | |  | |
| Birth Certificate | | YES |  | NO |  | Details/Actions needed: | |
| Passport | | YES |  | NO |  | Passport Number/Actions: | |
| Bank Account | | YES |  | NO |  | Details/Actions needed: | |
| ARC Card/Biometric card | | YES |  | NO |  | Details/Actions needed: | |
| Provisional license or other photo ID | | YES |  | NO |  | Details/Actions needed: | |
| Do I have an advocate? If not, Future First can organise one. | | YES |  | NO |  | Details/Actions Needed: | |
|  | | | | | |  | |
|  | Name | | | | | | Contact Details (landline, mobile and email) |
| My Leaving Care Personal Advisor at Future First is: | Click here to enter text. | | | | | | Click here to enter text. |
| The Future First manager to speak to if I am unhappy is: | Click here to enter text. | | | | | | Click here to enter text. |
| The People who support me and who have been involved in this Pathway Plan review are: |  | | | | | |  |

**Consent to Share Information form**

Future First work with lots of organisations and teams in our work with young people. We go to meetings with Housing, Careers services, the DWP, Health and Adults Social Care Services and others to make sure that the young people that we work with get the best opportunities and outcomes. An example would be the Young People’s Housing Panel where we look at all the young people in Wandsworth who do not have accommodation and we get people like Housing to help us come up with a solution for them.

We will only share **relevant** information with other professionals and we will normally do so only **with your agreement**. We want to make sure that you understand that we will review the situation at every Pathway Plan and that you can change your mind at any stage.

We will only share information without your consent in exceptional circumstances, such as when we believe that you or a child or young person may be at risk of significant harm, or an adult may be at risk of serious harm, or to prevent, detect or prosecute a serious crime

**We want to make sure that by giving the consent, you fully understand what they are consenting to: You are allowing us to discuss**

* **your current situation and any relevant past experiences,**
* **your current opinion, our assessment and the actions from your Pathway Plan.**

I give consent for my Leaving Care Personal Advisor to share the information above with the following organisations, as part of supporting me to get the outcomes that I want:

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| Name or Organisation | Reason | I give Consent | I do not give consent |
| My Local Council’s Housing Department/ Housing Association | To support my search for Accommodation and/or my housing and council tax benefit claims. |  |  |
| My College/University/Training Provider | To support my education, Employment or Training or to enable me to continue to access Financial Support from Future First by confirming my attendance. |  |  |
| The DWP and Job Centre | To help access the correct benefits or to deal with isues with my claims |  |  |
| Local Housing Providers | To support my tenancy or to help me access accommodation |  |  |
| My Family | If they ring my PA or if my PA wants to speak to them. |  |  |
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Signed: Date:

Witnessed by:

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| Who I am |

I define my ethnicity as:

I define my gender as:

My nationality is:

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| What things are important to me about my identity, achievements and interests? What do I want to become in the future? | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people in my life: | Click here to enter text. |

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| These are the questions I would like answered at the moment about my Care Experiences or about anything else in my life. |
| Click here to enter text. |
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| What are the actions for the next six months regarding my Identity? | | |
| What needs to be done? | Who by? | By what date? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What are the potential consequences of these actions not being completed? | Click here to enter text. | |
| Plan B– what will I do if these actions are not completed? | Click here to enter text. | |

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| Do I know about the social events and activities that ClickPlus and Future First offer? | Yes | ☐ | No | ☐ |
| Have I been to the Future First hub and do I know about the facilities that they have there e.g free internet and printing? | Yes | ☐ | No | ☐ |
| Am I aware of my right to complain about the services Future First offer? | Yes | ☐ | No | ☐ |
| Would I like to make comment, compliment or complaint about the services Future First offer? | Yes | ☐ | No | ☐ |

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| **Comments, compliments or complaints** | Click here to enter text. |

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| Where I live |

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| What I think about where I live now and what I would like my accommodation to be like in the future: | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other people who are involved in my housing situation e.g Housing Keyworker, Housing Officer | Click here to enter text. |
| Have your Social Care Queue forms been submitted? Please provide details |  |

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| What are the actions for the next 6 months regarding where I live? | | |
| What needs to be done? | Who by? | By what date? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What is the likely consequence of these actions not being done? | Click here to enter text. | |
| Plan B– what will I do if I am having problems with where I live? | Click here to enter text. | |

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| My Education Training and Employment |

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| Name of my college, employer or Job Centre. Contact name and number for key person there, if I’m happy to share it. |  |
| Name of my EET worker at Future First (if I have one) |  |

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| How do I think my education, training and employment is going and what are my plans for the future? | Click here to enter text. | | | |
| My PAs view: | Click here to enter text. | | | |
| What do other people involved in my Education, Training or employment plans want to say (especially my Virtual School Worker or EETs worker if I have one)? | Click here to enter text. | | | |
| What are the actions for the next 6 months regarding my education, employment and training? | | | |
| What needs to be done? | | Who by? | By what date? |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| What is the likely consequence of these actions not being done? | | Click here to enter text. | |
| Plan B – what will I do if there are problems in my education, training and employment? | | Click here to enter text. | |

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| My family, Friends and people who are important to me |

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| What I think about my support network right now: | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people in my life: | Click here to enter text. |

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| Am I able to see and communicate with everyone that I want to? |
| Click here to enter text. |
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| What are the actions for the next six months regarding my family, friends and other relationships? | | |
| What needs to be done? | Who by? | By what date? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What is the likely consequence of these actions not being done? | Click here to enter text. | |
| Plan B – what will you happen if there are problems in my relationships? | Click here to enter text. | |

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| My Independence skills |

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| How am I managing my independent life? What things are hard? What things have I learnt? What do I still need help with?: | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people in my life (e.g my keyworker if I have one) | Click here to enter text. |

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| What are the actions for the next six months regarding my independence skills? | | | |
| What needs to be done? | | Who by? | By what date? |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| What are the likely consequences of these actions not being done? | Click here to enter text. | | |

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| My Money |

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| What I think about the way I manage my money: | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people in my life (e.g my keyworker) | Click here to enter text. |

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| **Income** | **monthly** |
| **Wages/Salary** | **£** |
| Net income (wages after tax has been taken off) |  |
| Child Maintenance |  |
| **Benefits** |
| Universal Credit (Housing) |  |
| Universal Credit (standard) |  |
| Universal Credit (childcare) |  |
| Housing Benefit |  |
| Income Support |  |
| Employment & Support Allowance |  |
| PIP/DLA |  |
| Statutory Sick Pay |  |
| Maternity Pay |  |
| Child benefit |  |
| Tax Credits |  |
| Carers Allowance |  |
| Other |  |
| **Other Income** |
| Student loans/bursaries/grants |  |
| Financial Support from Future First with education/training/employment |  |
| Other (explain) |  |
| **TOTAL MONTHLY INCOME** |  |
| **Savings** |  |
| Detail of Savings account: |  |
| Other savings or income from things like inheritance or an income from investments |  |
| **TOTAL SAVINGS** |  |

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| --- | --- | --- |
| **Expenditure** |  | **monthly** |
| Rent |  | **£** |
| Rent |  |  |
| Council Tax (for Over 21’s) |  |  |
| **Utilities** |  |  |  |
| Water |  |  |
| Service Charge |  |  |
| Gas/electricity |  |  |
| Phone |  |  |
| Wifi and Data |  |  |
| Entertainment Packages (e.g Netflix) |  |  |
| TV License |  |  |
| Contents Insurance |  |  |
| **Housekeeping** |  |  |
| Food |  |  |
| Toiletries and general items |  |  |
| Clothing |  |  |
| Laundry |  |  |
| Socialising |  |  |
| **Children** |  |  |
| Nappies/baby milk/food/clothing |  |  |
| Travel |  |  |
| Transport |  |  |
| **Health** |  |  |
| Prescriptions/Glasses/other aids |  |  |
| Other health costs (e.g regular treatments/appointments) |  |  |
| **Other Important Expenditure** |  |  |
| Regular payment into savings account |  |  |  |
| Debt Payment plans |  |  |
| **Other Expenses** |  |  |
| Gifts (birthdays/festivals) |  |  |
| Gym/sports |  |  |
| Other |  |  |
| **TOTAL EXPENDITURE** |  |  |

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|  | Yes- what are the details? | No- what will I do about this? |
| Am I registered to vote? Being on the electrol roll gives me a better credit score if I am. |  |  |
| Do I know what my credit score is? |  |  |
| Do I know where to get debt and money advice? |  |  |
| Does my bank have the right address for me? Does all of my money-related post (DWP letters, payslips etc) come to my current address? If they don’t, I will struggle to prove my address and I am vulnerable to identity theft. |  |  |
| Do I know how much is left in my Setting Up Home Grant? |  |  |

Have I had the following financial support from Future First:

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| --- | --- | --- |
|  | Yes | No |
| I am aged 18-20 and I’ve given Future First all of the bills so that my Council Tax is paid for me on time. |  |  |
| Gym membership and access to leisure facilities |  |  |
| Provisional License Application Fee |  |  |
| 75% of the cost of 10 driving lessons and Theory Test Paid for |  |  |
| Application for additional grants from the Buttle Trust or other Care Leavers Charities for furniture or equipment. |  |  |
| £2000 University Grant |  |  |
| The cost of 1 passport (new or renewal), since my 16thh Birthday. |  |  |

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| What are the actions for the next six months regarding my money? | | |
| What needs to be done? | Who by? | By what date? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What is the likely consequence of these actions not being done? | Click here to enter text. | Click here to enter text. |
| Plan B– what will I do if I have no money? | Click here to enter text. | Click here to enter text. |

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| Me staying safe |

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| What I think about my safety: | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people in my life: | Click here to enter text. |

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| Personal relationships  Are there any relationships in my life which make me feel unsafe or which cause me to feel upset or to be hurt? Is there anything that I want help to change? |
| Click here to enter text. |
| Social media and the internet  Do I feel that I’m using social media safely? Am I worried or upset about anything to do with being online? |
| Click here to enter text. |
| Relationships in the community.  Do I feel safe in and around where I live? Is there anything that worries me? Are there areas or locations that are not safe for me? Why are they not safe? Do I have a safety plan? |
| Click here to enter text. |

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| --- | --- | --- |
| What are the actions for the next six months regarding my safety? | | |
| What needs to be done? | Who by? | By when? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What are the likely consequences of these actions not being done? | Click here to enter text. | |
| Plan B – what will I do if I’m at immediate risk? | Click here to enter text. | |

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| My Health |

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| --- | --- | --- | --- | --- |
| Doctor | YES |  | NO |  |
| Dentist | YES |  | NO |  |
| Optician: | YES |  | NO |  |
| Have I got my Health Summary?: | YES |  | NO |  |
| Other Health Professional that I see (Details): | YES |  | NO |  |

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| What I think about my physical and emotional health at the moment: | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people connected with my health: | Click here to enter text. |

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| If I was worried about any part of my health or if I needed advice, these are the places I would go: (Here is a list of all the support services that I know about) |
| Click here to enter text. |

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| --- | --- | --- |
| What are the actions for the next six months regarding my health? | | |
| What needs to be done? | Who by? | By what date? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What are the likely consequences of these actions not being done? | Click here to enter text. | |
| Plan B– what I do if I have any health problems? | Click here to enter text. | |

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| How I feel and how I react to things: |

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| What people need to know about the way I deal with things (What things trigger reactions in me, good or bad?): | Click here to enter text. |
| My PA’s view: | Click here to enter text. |
| The views of other important people in my life: | Click here to enter text. |

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| I want you to know that these things make me feel angry/sad/frustrated/depressed/anxious and the rest………….. |
| Click here to enter text. |

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| What are the actions for the next six months regarding my feelings and reactions? | | |
| What needs to be done? | Who by? | By what date? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What are the likely consequences of these actions not being done? | Click here to enter text. | |
| Plan B – what support can I get if I start to feel really negative emotions of behave differently? | Click here to enter text. | |

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| Citizenship (UASC) |

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| Do I have Immigration or Asylum issues? If not, skip this section. |  |
| What is my current Immigration status and what support do I need with this? | Click here to enter text. |
| My Future First PA’s view: | Click here to enter text. |
| The views of other important people in my life: | Click here to enter text. |

**Dual / Triple Planning**

**Plan A: I get long term leave to remain in the UK**

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| --- | --- | --- | --- | --- |
| Action Required | Start Date | End Date | Who by? | Potential consequence of not completing this action? |
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**Plan B: I get limited or very conditional leave to remain in the UK**

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| Action Required | Start Date | End Date | Who by? | Potential consequence of not completing this action? |
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**Plan C: I am refused leave to remain in the UK**

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| Action Required | Start Date | End Date | Who by? | Potential consequence of not completing this action? |
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| From all of the things we’ve discussed …………….. |
| **What are the 3 most important things (goals) that I want to achieve in the next 6 months?** |

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| --- | --- | --- |
| Goal | | Who will help me? |
| 1. | Click here to enter text. | Click here to enter text. |
| 2. | Click here to enter text. | Click here to enter text. |
| 3. | Click here to enter text. | Click here to enter text. |

Signed:

Me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

My PA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

My PA needs to save a signed copy of this into my records before they send it to their manager for their comments

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| Comments from my PA’s Line Manager about my Pathway Plan. |
|  |