**YOUR PATHWAY PLAN**

## HOW DOES IT WORK?

To begin this assessment we will include information that we already hold on your records.

We also want to understand your current views, as these are the most important pieces of information in our planning ahead.

This is to make sure you are getting the support you need now and to help you gain the skills that you will need to take into adult life.

We need to talk about the things that are going well, and where you may need more help now and in the future.

We have to consider a wide range of things that you want in life:

**Looking after yourself**

**Keeping yourself healthy**

**Continuing with your learning**

**Enjoying and achieving things**

**Staying in touch with family and friends**

**And feeling positive about your life**

We will think about who needs to do what to make sure you get the support that you need. This includes YOU.

It’s Your Plan, so come to your review and think about what you can do to help achieve it.

We must also consider the views of other people involved, for example your parent(s), carer(s) your personal advisor and people from education and health. We can also discuss talking to anyone else who is important to you .

# YOUR REVIEWS:

This report will be taken to your Review meeting, and all together we will agree your pathway plan.

This will explain your needs (now and in the future) and what support will help you.

We will review your Pathway with you every six months. It is very important that you are part of these meetings and we will do our very best to make sure you can attend.

We will hold reviews if there has been a important change in your circumstances i.e. becoming a parent, moving out of area or being evicted, your Asylum Status, changes or for positive things, like if you want to return to education when you are older.

# Your Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Plan:** | D | | D | / | M | M | / | Y | | Y | Y | Y | |
|  | |  | | | | | | |  | | | | | |  |
| **Name:** | |  | | | | | | | | | | | | | |
| **Known as:** | |  | | | | | | | | | | | | | |
| **Date of Birth:** | |  | | | | | | | **Age:** | | | | | |  |
| **Where do you live?** | |  | | | | | | | | | | | | | |
| **Mobile number:** | |  | | | | | | | **Landline:** | | | | | |  |
|  | |  | | | | | | |  | | | | | |  |
| **Next of kin:** | |  | | | | | | | | | | | | | |
| **Contact details:** | |  | | | | | | | | | | | | | |
| **NI number:** | |  | | | | | | | **NHS number:** | | | | | |  |
| **Passport:** | | Yes  No | | | | | | |  | | | | | |  |
|  | |  | | | | | | |  | | | | | |  |
|  | | **Name** | | | | | | | | | | | **Telephone number** | | |
| **Leaving Care Worker:** | |  | | | | | | | | | | |  | | |
| **Social Worker:** | |  | | | | | | | | | | |  | | |
| **Responsible Manager:** | |  | | | | | | | | | | |  | | |

# Other Important People (family, friends, professionals)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship:** |  |
| **Contact details:** |  | | |
|  |  |  |  |
| **Name** |  | **Relationship:** |  |
| **Contact details:** |  | | |
|  |  |  |  |
| **Name** |  | **Relationship:** |  |
| **Contact details:** |  | | |

# Where would you like to be in a year’s time?

This could be where you would like to be living, what you would like to be studying, what job you would like to be doing or how your relationships may look – or anything else that is important to you.

## Do you have a life ambition?

|  |
| --- |
|  |

# Money

This is about where you get your money, how much do you get and what you do   
with it.

## Update

|  |  |  |  |
| --- | --- | --- | --- |
| **Your view:** |  | | |
|  |  |  |  |
| **Your worker’s view:** |  | | |

## Easy bit

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have a bank account** | Yes  No | **Do you ever save for anything (ISA)?** | Yes  No |
|  |  |  |  |
| **What are you saving for?** |  | | |
|  |  |  |  |
| **Are you in debt?** | Yes  No |  |  |

## Benefits

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you receiving benefits?** | | Yes  No |  |
|  |  |  |  |
| **If yes, provide details; if no, state when a welfare rights benefit check will occur;** |  | | |
|  |  |

## Hard bit

**How well have you been managing your money?**Think about how much you save or have to borrow from others (friends, family or the project) and how many times you run out of money before you get your next lot.

|  |
| --- |
|  |

## If it’s more 👎 than 👍

**How can YOU and your worker work together to sort out your finances?**

**What are the actions for the next six months?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |

## Plan B

**What will you do if you have no money?**

|  |
| --- |
|  |
|  |

**What additional money do you regularly get from Torbay Council and what extras have you received?**

|  |  |  |
| --- | --- | --- |
|  | **Regularly** | **One offs in last 6 months** |
| **Maintenance** |  |  |
| **Rent** |  |  |  |
| **Top ups** |  |  |
| **Setting up home** |  |  |
| **Emergency money** |  |  |
| **Contact** |  |  |
| **Travel** |  |  |
| **Other** |  |  |

# Accommodation

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

## Update

|  |  |  |  |
| --- | --- | --- | --- |
| **Your view:** |  | | |
| **Your worker’s view:** |  | | |
| **Are you receiving benefits?** | Yes  No |  |  |
| **If yes please say why:** |  | | |
| **What are your options:** |  | | |
| **Are you or anyone that knows you worried about the choices that you are making about where you want to live?** | | | |
|  | | | |

## If it’s more 👎 than 👍

**How can YOU and your worker work together to improve or change where you are living?**

**What are the actions for the next six months?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |

## Plan B

**What will happen if you find yourself without a place to live?**

|  |
| --- |
|  |

# Education, Training and Employment

This is about how you are doing in training or work and planning the future.

## Update

|  |  |  |  |
| --- | --- | --- | --- |
| **Your view:** |  | | |
| **Your worker’s view:** |  | | |
| **Have you got a CV?**  **(We will keep a copy for you)** | | Yes  No |  |
| **If not how can we get this done?** |  | | |
| **Are you in training or employment?** | | Yes  No |  |
| **If no, please say why?** | | | |
|  | | | |
| **What are your options?** | | | |
|  | | | |
| **Are you or anyone that knows you worried about the choices that you are making about education, training and employment?** | | | |
|  | | | |

## If it’s more 👎 than 👍

**How will YOU and your worker improve your education or work opportunities?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |

## Plan B

**What will happen if you lose your education placement or job?**

|  |
| --- |
|  |

# Health

This is about how your physical health and you emotional health and how it may affect your day to day life.

## Update

|  |  |
| --- | --- |
| **Your view:** |  |
| **Your worker’s view:** |  |

## Easy bit

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you registered with a doctor?** | | Yes  No  Don’t know | |
| **Contact details:** | **Name:** |  | |
|  | **Address:** |  | |
|  | **Telephone number:** |  | |
|  | |  | |
| **Are you registered with a dentist?** | | Yes  No  Don’t know | |
| **Contact details:** | **Name:** |  |  |
|  | **Address:** |  |  |
|  | **Telephone number:** |  |  |
|  |  |  |  |
| **Do you see anyone else on a regular basis regarding your health?** | | Yes  No |  |
|  |  |  |  |
| **Name:** |  | **Relationship:** |  |
| **Contact:** |  | | |
|  |  |  |  |
| **Name:** |  | **Relationship:** |  |
| **Contact:** |  | | |
|  |  |  |  |
| **Name:** |  | **Relationship:** |  |
| **Contact:** |  | | |

## Hard bit

**Do you have a physical health problem that affects your day to day living?**

|  |
| --- |
|  |

**Are you or anyone else worried about your physical health at the moment?**

**If yes what might help to make a positive change?**

|  |
| --- |
|  |

**Do you have a mental health problem that affects your day to day living?**

|  |
| --- |
|  |

## If it’s more 👎 than 👍

**How can YOU and your worker work towards improving your health?**

**What are the actions for the next six months?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |

## Plan B

**What will you do if you have unexpected problems with your health?**

|  |
| --- |
|  |

# Family and Friends

This is about how you manage and deal with the people in your life.

## Update

|  |  |
| --- | --- |
| **Your view:** |  |
| **Your worker’s view:** |  |

## Family

**Are you able to have contact with everyone you want to?**

|  |
| --- |
|  |

## Friends

**Do you have friends you see regularly?**

|  |
| --- |
|  |

**Are you or anyone that knows you worried about the choices that you make about friendships and relationships?**

|  |
| --- |
|  |

## If it’s more 👎 than 👍

**How can YOU and your worker work towards improving relationships?**

**What are the actions for the next six months?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |

## Plan B

**What will you do if there are unexpected problems with your relationships?**

|  |
| --- |
|  |

# Identity

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

## Update

|  |  |
| --- | --- |
| **Your view:** |  |
| **Your worker’s view:** |  |

## Easy bit

|  |  |
| --- | --- |
| **Do you have documents to prove who you are?** | Yes  No |
|  | |

**If no what is the plan to get one?**

|  |  |
| --- | --- |
|  | |
|  | |
| **Do you have a birth certificate?** | Yes  No |
|  |  |

**If no what is the plan to get one?**

|  |
| --- |
|  |

## Hard bit

**Are you in any trouble in the community that you live in?**

|  |
| --- |
|  |

**Are you or anyone that knows you worried about the community that you live in and the choices that you make?**

**And do you have any questions about the time you have spent in care?**

|  |
| --- |
|  |

## If it’s more 👎 than 👍

**What can YOU and your worker do to help with any identity issues?**

**What are the actions for the next six months?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |

# Plan B

|  |
| --- |
|  |

# Skills Support Bit

**This is about how ready you are to live independently.**

# Update

|  |  |  |
| --- | --- | --- |
| **Your view:** |  | |
| **Your worker’s view:** |  | |
|  | |  |
| **Have you completed an Independence Course?**  (Appendix A – Towards Independence Pack) | | Yes  No |
|  | | |
| **Have you completed ‘Where I need help?’**  (Appendix B – Where I need support) | | Yes  No |

**Are you or anyone that knows you worried about any of the answers you   
have given?**

|  |
| --- |
|  |

**What can you do to improve your independence skills over the next six months?**

**What are the actions for the next six months?**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
|  |  |  |

# Remember the ‘Where would you like to be in a years time?’ question from page 3

**What do we think about the situation I face? What are the three most important things (goals) that I need to do to get there?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are we worried about?** | **What’s working well?** | | **What needs to happen? (goals)** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  | |  | |  |

**On a scale 1 – 10 when 1 is not doing very well and 10 is doing really well where would you place yourself?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**We all agree to work towards this plan**

**Your name: .................................................................... Date: ...........................................**

**Leaving Care Worker:................................................... Date: ...........................................**

**Social Worker:............................................................... Date: ...........................................**

|  |
| --- |
| **Date of next Pathway Plan** **........................................... .......................................................** |