

GUIDE TO COMPLETING PATHWAY PLANS

GENERAL AIMS

- Plan ahead for future
 - moving on to independent living
 - maintaining independent living
- Put support in place
 - who
 - when
- Give young people an understanding of what to expect.
 - in the future
 - with independent living
- For young people to 'own'/feel central to decision making.
 - with support available

WHEN

- Introduce at 15+ review.
- Expectations that first Pathway Plan will be completed before the 16+ review.
- Review Pathway Plans every six months and indicate if needs are being met.

WHO

- Has to be done together with a professional (Pathway Adviser/Social Worker).

HOW

- Parent/Adult View Form to be used for statutory review only.
- Open questions/spaces – room for flexibility and to encourage discussions before completion.
- Checklists: only use what is relevant to young person.
- Only use budgeting sheet and careers form if required.

WARNING: ORANGE FORMS: Personal details & budgeting sheet not to be copied to third party. Keep on file only.

16+

INFORMATION DETAILS

Date of Birth:
Ethnic Origin:

NAME →

LEGAL STATUS →

NATIONAL INSURANCE NUMBER →

COPY OF BIRTH CERTIFICATE → YES/NO

BANK:- ACCOUNT NUMBER →
SORT CODE →
ADDRESS →

TELEPHONE NUMBER →

COPY OF PASSPORT → YES/NO

EXAMINATION CERT/RESULTS →

PROFESSIONAL CONTACTS

SOCIAL WORKER →

FOSTER CARER/KEY/RESIDENTIAL →

ANY OTHERS →
→
→

SCHOOL/COLLEGE →
WORK →

NAME	TEL NO.

CHECKLIST: ONLY USE IF RELEVANT
• Have you got these details/information? * Do you know how to get them?

WARNING: THIS PAGE SHOULD NOT BE COPIED OR SENT TO THIRD PARTIES

PATHWAY PLAN

NAME:

DATE:

TO BE REVIEWED AT:

PEOPLE INVOLVED & ROLE

NAME:
ADDRESS:

COPY
YES
NO

ROLE:
SIGNED:

NAME:
ADDRESS:

COPY
YES
NO

ROLE:
SIGNED:

NAME:
ADDRESS:

COPY
YES
NO

ROLE:
SIGNED:

NAME:
ADDRESS:

COPY
YES
NO

ROLE:
SIGNED:

NAME:
ADDRESS:

COPY
YES
NO

ROLE:
SIGNED:

INFORMATION/DETAILS

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NAME



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ANY OTHERS



SCHOOL/COLLEGE
WORK



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ACCOMMODATION

PRESENT ADDRESS:

HOW HAS IT BEEN?

WHAT NEXT?

IDENTIFIED TASKS	WHO WILL SUPPORT & WHEN?
------------------	--------------------------

SHORT TERM:

LONG TERM:



CHECKLIST: ONLY USE IF RELEVANT

- * Training Flat?
- * Stay in Foster/residential until 18?
- * Supported lodgings?
- * Shared accommodation?
- * Applying for own accommodation?
- * Housing benefit information?
- * Floating support?
- * What's happened over the last 6 months?

EDUCATION/TRAINING/WORK

MY CURRENT SITUATION

WHAT NEXT?

SHORT TERM?

LONG TERM?

IDENTIFIED TASKS	WHO WILL SUPPORT & WHEN
------------------	-------------------------



CHECKLIST: ONLY USE IF RELEVANT

- | | | | |
|------------------------------|-----------------|--------------|--|
| * Personal Educational Plan? | * Minimum wage? | * Contracts? | * Training schemes - ENTA, Prince's Trust? |
| * Connections? | * Certificates? | * Grants? | * Further/higher education? |

MONEY

MY CURRENT SITUATION

WHAT NEXT?

SHORT TERM?

LONG TERM?

IDENTIFIED TASKS	WHO WILL SUPPORT & WHEN?
------------------	--------------------------



CHECKLIST: ONLY USE IF RELEVANT					
* Bank Accounts?	* Debt?	* Benefits?	* Grants?	* Savings?	* Insurance?
* Budgeting?	* 60% Rent contribution if working?	* Birthday/Christmas/Clothing Allowances?			
* Pocket money?	* Contribution to carers?				

BUDGET SHEET

INCOME	WEEKLY	FORTNIGHTLY	MONTHLY
PERSONAL ALLOWANCE			
WAGES			
JSA			
INCOME SUPPORT			
BUS PASS			
INCENTIVE PAYMENTS:-			
EDUCATION			
WORK			
OTHER			
TOTAL			

OUTGOINGS	WEEKLY	FORTNIGHTLY	MONTHLY
RENT			
ELECTRICITY			
GAS			
COUNCIL TAX			
WATER RATES			
INSURANCE			
TV LICENCE			
FOOD			
CLEANING MATERIALS			
CIGARETTES			
TOILETRIES			
FINES			
OTHER			
TOTAL			

TOTAL INCOME			
TOTAL OUTGOINGS			
TOTAL REMAINING			

SOCIAL NETWORKS

WHO DO I WANT TO STAY
IN CONTACT WITH?

IS THERE ANYONE I WANT TO
RE-ESTABLISH CONTACT WITH

HOW?

SHORT TERM?

LONG TERM?

IDENTIFIED
TASKS

WHO WILL
SUPPORT &
WHEN



CHECKLIST: ONLY USE IF RELEVANT

* Family, foster carers, residential carers?

* Friends?

* Independent visitor?

* Support Groups?

* Social Clubs? * Youth Services?

	NAME	TEL	LAST CHECK-UP
GP: DENTIST: OPTICIAN: STAT MEDICAL: OTHER:			

HEALTH ISSUES

SAFETY ISSUES

WHAT DO I NEED TO DO?

SHORT TERM?

LONG TERM?

IDENTIFIED TASKS	WHO WILL SUPPORT & WHEN



CHECKLIST: ONLY USE IF RELEVANT

- * Doctors/Dentist? * Sexual health? * Safety checks? * Risk awareness/minimising risk? * Opticians
- * Healthy eating/lifestyle? * Specialist health needs? * Occupational health/CPN/Disability? * Allergies

LEISURE

16+

HOW DO I SPEND MY FREE TIME?

WHAT NEXT?

SHORT TERM?

LONG TERM?

IDENTIFIED TASKS	WHO WILL SUPPORT & WHEN
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CHECKLIST: ONLY USE IF RELEVANT				
* Passport to leisure	* Bus pass?	* Local clubs?	* Youth services?	* Drop-in?
* Friends?	* Sports?	* Costs?		

SOCIAL WORKER ASSESSMENT

16+

TO INCLUDE: * Social Worker view of young person's current situation. * Identified future needs * How Social Worker proposes these needs are met.
The following headings must be used for STATUTORY REVIEWS: Legal Status, Significant events, Contact/ Support Networks, Health & Safety, Emotional Needs, Educational requirements, Independence Skills, Special needs, Summary, Proposed plan of action.

16+

YOUNG CARERS FORM

Use only if relevant

NAME OF PERSON CARED FOR

AGE

ADDRESS

TELEPHONE

NATURE OF CARE REQUIRED

TASKS UNDERTAKEN BY YOUNG PERSON

SUPPORT REQUIRED

WHO/HOW/
WHEN



CHECKLIST: ONLY USE IF RELEVANT

* Support Groups

* 'Caring for Carers' (773 7295)

* Extra help

* Crèche's

* Education/Work - support

YOUR SHOUT

HAVE YOU GOT ANYTHING ELSE YOU WANT TO SAY?

PLEASE NOTE: These headings should be used for a statutory review: Best things about situation, worst things about situation, is there anything you would like to happen/change in the next 6 months, is there anything you hope will not happen in the next 6 months.

CHECKLIST: ONLY USE IF RELEVANT

* Compliments * Complaints * Questions * Any other issues

PARENT/OTHER ADULT VIEWS

YOUNG PERSON:

DATE:

ROLE/RELATIONSHIP WITH YOUNG PERSON:

WHAT HAS GONE WELL SINCE THE LAST MEETING?

WHAT AREAS DO YOU FEEL NEED TO BE WORKED ON OVER THE NEXT SIX MONTHS? (Accommodation, health, education, money, leisure etc)

WHAT I WILL DO TO HELP

HAVE YOU GOT ANYTHING ELSE YOU WANT TO SAY?

Please fill in this form with those involved in completing the Pathway Plan.

Evaluation of Pathway Plan

- What was the purpose of the Pathway Plan?
- Did you find it easy to complete?
- What do you feel worked well?
- What do you feel did not work?
- Were there any areas not covered that should have been?
- What would you change?
- Overall, how would you rate the Pathway Plan on a scale of one to ten? Please tick.

1
(Poor)

10
(Very Good)

Any other comments ...

Please return to Sian Atterton at the 16+ Team, The Craig Croft Centre.