**Living Together Agreement - Staying Put Arrangements**

**(to be incorporated into the Pathway Plan Review)**

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| **Professional Support and Out of hours contact for this agreement** |

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| Name of Leaving Care Case Worker | |  |  | | --- | --- | |  |  | |

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| spacer180 Address | |  |  | | --- | --- | |  |  | |

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| spacer180 Telephone Number | |  |  | | --- | --- | |  |  | |

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| spacer180 Email Address | |  |  | | --- | --- | |  |  | |

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| spacer180 How frequently will s/he visit the young person | |  |  | | --- | --- | |  |  | |

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| Please record the name and address of the Supervising Social Worker |

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| spacer180 Name of Placement Worker | |  |  | | --- | --- | |  |  | |

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| spacer180 What support services are available to carer(s) outside office hours? | |  |  | | --- | --- | |  |  | |

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| Have the carers been given the dates and venues of all reviews concerning this young person? |

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| Dates of reviews: |  |

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| spacer180 If no, when will the information be given: | |  |  | | --- | --- | |  |  | |

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| **Accommodation Details** |

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| Start Date of Staying Put Arrangement: |  |

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| Expected duration of the Arrangement: | |  |  | | --- | --- | |  |  | |

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| |  | | --- | | **Young Persons Details** |  |  | | --- | |  |  |  |  | | --- | --- | | Description: http://ics/images/spacer180.gif Young Person's Name |  |  |  |  | | --- | --- | | Description: http://ics/images/spacer180.gif DOB: |  |   **Carer Details** |

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| Description: http://ics/images/spacer180.gif Carer/s Name |  |

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| Description: http://ics/images/spacer180.gif Address |  |

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| Description: http://ics/images/spacer180.gifOther Household Members/Frequent Guests | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | Relation to Young Person | | | Relation to Carer | |  |  |  | |  | |
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| **Suitability of Arrangement** | |

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| Why has this Staying Put Arrangement been agreed as the best plan for this young person now? **Outline the plans and objectives of the Arrangement** | |  |  | | --- | --- | |  |  | |

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| Does the Young Person have a single bedroom? | |  |  | | --- | --- | |  |  | |

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| What are the young person's view and feelings in relation to this arrangement? | |  |  | | --- | --- | |  |  | |

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| What are the training, resource, and support needs of the carer? | |  |  | | --- | --- | |  |  | |

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| **Placement Routines and Expectations** |

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| **Arrangements and Actions** |

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| Description: http://ics/images/spacer180.gif What is the young person's routine and how they are supported on a day to day basis? Meal times, bed times, EET, leisure and socialising | |  |  | | --- | --- | |  |  | |

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| What are the accommodation routines and carer routines that the young person needs to be aware of?  What are the house rules regarding mealtimes, noise, visitors, cooking and household chores?  Is there a regular opportunity for the y/p and carer to make their wishes and feelings known? |  |

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| Has the young person been given a front door key? When will this be given?  What does the y/p need to do in order to have a friend or partner visit or stay overnight?  What does the y/p need to do to inform carer of movements and of staying away for  nights/weekends? | |  |  | | --- | --- | |  |  | |

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| Are there arrangements in place for the YP to get to and from education, training or employment and leisure activities? | |  |  | | --- | --- | |  |  | |

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| What are the young person's views, wishes and feelings with regard to accommodation routines? | |  |  | | --- | --- | |  |  | |

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| Agreed arrangements for Internet use? | |  |  | | --- | --- | |  |  | |

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| Agreed arrangements for use and funding of mobile phone and landline? | |  |  | | --- | --- | |  |  | |

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| Does the young person have special dietry requirements due to religious, cultural or healh reasons? How will this be catered for? | |  |  | | --- | --- | |  |  | |

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| **Emotional and behavioural development**  **Arrangements and Actions** |

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| spacer180 Does the young person have any emotional needs and / or display any negative behaviour patterns including abusive incidents to self or others that have been of concern to current or previous carers? | |  |  | | --- | --- | |  |  | |

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| spacer180 How will these identified needs be managed? | |  |  | | --- | --- | |  |  | |

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| spacer180 Has / Is the young person receiving support to deal with these issues? | |  |  | | --- | --- | |  |  | |

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| spacer180 Provide details of the young person’s positive attributes and how these may be presented within the placement | |  |  | | --- | --- | |  |  | |

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| spacer180 Is there a risk assessment in place to address any identified emotional and behavioural needs? If so has this been shared with the carer? | |  |  | | --- | --- | |  |  | |

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| spacer180 What are the young person's views, wishes and feelings in how emotional and behavioural needs are met? | | |  |  | | --- | --- | |  |  | | |
| **Safeguarding**  **Arrangements and Actions** | |

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| spacer180 Is the young person known to go missing from home/care? | |  |  | | --- | --- | |  |  | |

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| What steps should the carer take regarding the young person going missing? Include how long a young person may be out of contact for, what contact should be made, details of places the young person may visit and when the carer should report this to the Leaving Care Worker and / or police. |  |
| spacer180 Where the young person is known to display any behaviour that may impact on the carer’s ability to keep them safe, for example anti-social behaviour, risk taking behaviours. Explain what strategies are in place to keep them safe? | |  |  | | --- | --- | |  |  | |

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| spacer180 Is there a risk assessment in place to address any identified safeguarding needs? If so has this been shared with the carer? | |  |  | | --- | --- | |  |  | |

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| spacer180 What are the young person's views, wishes and feelings in how safeguarding needs are met? | | |  | | --- | |  | | |
| Is a DBS check required, if so who is carrying out the check? | |  | |
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| **Health** |

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| **Arrangements and Actions** |

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| Does the young person have any medical condition(s), including allergies which require monitoring?  Is the young person using any medication? Include what they are. Can the y/p manager their own medication or does the carer need to help with administration or storage? | |  |  | | --- | --- | |  |  | |

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| spacer180 Name of GP | |  |  | | --- | --- | |  |  | |

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| spacer180 Address | |  |  | | --- | --- | |  |  | |

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| spacer180 Contact Number | |  |  | | --- | --- | |  |  | |

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| spacer180 Name of Dentist | |  |  | | --- | --- | |  |  | |

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| spacer180 Address | |  |  | | --- | --- | |  |  | |

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| spacer180 Contact Number | |  |  | | --- | --- | |  |  | |

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| spacer180 Name of Optician | |  |  | | --- | --- | |  |  | |

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| spacer180 Address | |  |  | | --- | --- | |  |  | |

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| spacer180 Contact Number | |  |  | | --- | --- | |  |  | |

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| spacer180 Other involved Health Professionals | |  |  | | --- | --- | |  |  | |

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| If required, who can support the young person with routine and/or outstanding medical and dental treatment? | |  |  | | --- | --- | | . |  | |

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| If costs are incurred, for example if an appointment is some distance from the placement, how will these costs be met? | |  |  | | --- | --- | |  |  | |

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| If the young person smokes, what are the agreed arrangements in placement? | |  |  | | --- | --- | |  |  | |

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| spacer180 What are the young persons views, wishes and feelings in how health needs are met? | |  |  | | --- | --- | |  |  | |

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| **Education / Training** |

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| **Arrangements and Actions** |

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| Name and address of school/college/training/employment or other EET provision. Contact times, hours, requirements. | |  |  | | --- | --- | |  |  | |

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| How will the young person get to and from EET provision? Give financial and in kind support details. | |  |  | | --- | --- | |  |  | |

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| Who will liaise with the EET provision on a day to day basis? | |  |  | | --- | --- | |  |  | |

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| What is the role of the carer in facilitating and supporting this? | |  |  | | --- | --- | |  |  | |

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| Are there any costs associated with the young person's EET i.e. meals, fares, uniforms? | |  |  | | --- | --- | |  |  | |

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| If so, how will the costs be met between the SW/PA, bursaries and y/p? | |  |  | | --- | --- | |  |  | |

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| How will educational achievements be acknowledged and celebrated? | |  |  | | --- | --- | |  |  | |

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| What are the young person's views, wishes and feelings in how education needs are met? | |  |  | | --- | --- | |  |  | |

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| **Family and Social Relationships**  **Arrangements and Actions** |

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| spacer180 Is the young person a parent? | |  |  | | --- | --- | |  |  | |
| If yes, what is the carer’s role in supporting the young person in parenting their child? |  |

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| spacer180 If the young person is not living with their child(ren) please provide brief details of contact arrangements: | |  |  | | --- | --- | |  |  | |

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| **Identity, Culture and Leisure**   |  | | --- | | **Arrangements and Actions** |  |  |  |  |  | | --- | --- | --- | --- | | What are the young person's current hobbies, special interests or leisure activities?  What are the arrangments for activities that require transport? | |  |  | | --- | --- | |  |  | |  |  |  |  |  | | --- | --- | --- | --- | | Are there any costs involved?  e.g. equipment, fares, subscriptions  If so, who will cover these? | |  |  | | --- | --- | |  |  | |  |  |  |  |  | | --- | --- | --- | --- | | What is the contingency plan if any of the above arrangements fall through or cannot be financed? | |  |  | | --- | --- | |  |  | |  |  |  |  |  | | --- | --- | --- | --- | | What are the young person's views, wishes and feelings in how enjoying and achieving needs are met? | |  |  | | --- | --- | |  |  | | |

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| Does the young person regularly attend a place of worship? Please give brief details of any religious practices to be observed | |  |  | | --- | --- | |  |  | |

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| Does the young person have any specific needs arising from race, culture, language, religion, interests, abilities and disabilities | |  |  | | --- | --- | |  |  | |

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| If birth certificate, passport or savings book exist, where will these be held? | |  |  | | --- | --- | |  |  | |

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| Is there any other information in relation to the young person's sense of identity, race, cultural or linguistic needs that it would be helpful for the carer(s) to know? | |  |  | | --- | --- | |  |  | |

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| spacer180 What are the young person's views, wishes and feelings in how their needs are met around identity and culture? | |  |  | | --- | --- | |  |  | |
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| **Self-Care Skills and Social Presentation**  **Arrangements and Actions** |

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| It is expected that a young person moving on from a Staying Put arrangement will go directly into independent accommodation, in most cases either the private rented sector or social housing. How will this placement prepare young people for living independently/moving on when this agreement ends?  Has the carer and young person been given the Lifeskills for Independence programme?  How will this be undertaken by carer, Y/P and SW/PA? Which topic will each person lead on?  How often can the young person cook meals, use the washing machine, iron and other tasks to help develop skills for independence? | |  |  | | --- | --- | |  |  | |

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| When will the young person and carer have a copy of their Pathway Plan/Transitions Plan? | |  |  | | --- | --- | |  |  | |

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| **Finance**  **Arrangements and Actions** |

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| What are the financial arrangements for this Staying Put arrangement?   * **Young Person:**   Keep:  Y/P **contribution** towards bills and common items (cleaning products, soap, toilet paper and snacks) £20 per week if income does not exceed £100 per week..  Where will this money come from? Benefits or employment.  What does the y/p need to do to receive this?  How will this be paid to the carer?  Rent:  Where will the money come from for the rent?  Benefits or employment.  What does the y/p need to do to receive and pay this?  Payment for rent should be via direct debit to the carer.  If housing benefit:  Who will lead on making this application? Has a letter confirming care leaver status been undertaken?  Has a rent determination been undertaken?  Has the single room rate restriction been lifted in this determination?  Has an up to date pathway plan been undertaken to determine other financial support under the Leaving Care Financial Policy? Has a budgeting plan been undertaken? When will this be reviewed? How will the carer and SW/PA support the y/p to manage money?   * **Carer:**   Carers will receive £220.00 per week to cover to covers accommodation, all utility costs, food and associated accommodation costs. This is made up of Housing Benefit, young person contribution and local authority contribution under S23C of the Leaving Care Act.  Other Questions:  Are there any other questions around finance that have not been covered, are carers aware that LA will underwrite fees and ensure they do not lose income if difficulty with benefits or payments as long as LA are notified in timely manner. | |  |  | | --- | --- | |  |  | |

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| Is the carer incurring a loss due to declaration of income? |  |
| What happens if the young person gets into debt? Include what the carer should do if the bailiffs attend their address.spacer180 | |  |  | | --- | --- | |  |  | |

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| **Move On**  **Arrangements and Actions** |

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| What other arrangements are in place with the carer to ensure regular updates to this plan are undertaken when necessary? | |  |  | | --- | --- | |  |  | |

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| |  |  |  |  | | --- | --- | --- | --- | | Date of next Staying Put and Pathway Plan Review | |  |  | | --- | --- | |  |  | | | How will progress to independence be measured/What evidence will be provided? |  |   Signed by Young Person  Date |
| Signed by Carer  Date |
| Signed by Leaving Care Personal Advisor or Social Worker  Date |

**Signed by Post 11 Manager**

**Date**

**Staying Put Review** – To be completed at or before Pathway Plan Review or as part of the carer’s annual review

**Young Person:**

**Staying Put provider:**

**PA/SW:**

**Date:**

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| **For young person** - What is going well within the “Staying Put” arrangement |
| **For young person -** Are there any issues or problems that we should talk about? |
| **For young person** - Are you currently engaged in Education Employment or Training? Is the “Staying Put” arrangement enabling/supporting you to engage in their chosen EET? Would there be barriers to EET were you not living in this “Staying Put” arrangement? |
| **For young person** - Are you managing your finances and paying your rent to the “Staying Put” provider? Are you receiving all income you are entitled to e.g. Income Support, Housing Benefit? |
| **For young person** - It is expected that you will move on from a Staying Put arrangement directly into independent accommodation, in most cases either the private rented sector or social housing. How well do you feel this placement is preparing you for living independently/moving on when this agreement ends? |
| **For “Staying Put” provider** – What is going well within the “Staying Put” arrangement |
| **For “Staying Put” provider** – Are there any specific issues or problems within the “Staying Put” arrangement? |
| **For “Staying Put” provider** – Are there any issues regarding finances? Is the young person making the agreed contributions? Is the provider receiving their entitlements from GCC? Is the provider worse off financially by offering “Staying Put” to the young person – if so please detail. |
| **For staying put provider** - It is expected that the young person will move on from a Staying Put arrangement directly into independent accommodation, in most cases either the private rented sector or social housing. How well do you feel this placement is preparing them for living independently/moving on when this agreement ends? |



Post 11 Service

Gloucestershire County Council

Address:

Director of Children’s Service: Chris Spenser

Date:

To whom it may concern

**Ref (carer’s name)**

This is to confirm that (carer’s name) is receiving the amount of £(amount) in the form of a compensatory payment under section 23c of the Children Act 1989.

If you require further details please contact me on the above details, or the Leaving Care Case Worker (details)

Yours faithfully

Social Worker / Personal Advisor