

**My Pathway Plan**

***Where I am and where I’m going***



(Adapted from Telford and Wrekin Pathway Plan, June 2017)

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| **YOUNG PERSON COMPLETING PLAN** |  | **NATIONAL INSURANCE NUMBER** |  |

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| **WORKER COMPLETING PLAN** |  | **DATE** |  |

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| **DESCRIPTION OF PATHWAY PLAN** |

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| Your Pathway Plan is important. It is a contract between you and Shropshire Council to make sure you achieve your goals, remain safe and get the support you need as you move on in to independence.Your Pathway Plan must be reviewed every six months until you are 21 years old (or longer if you are on an agreed Education Training Course).**This Pathway Plan has been adapted from Telford and Wrekin’s Pathway Plan which is based on national best practice.**  |

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| **KEY CONTACT DETAILS** |
| **I’m known as:** |   |
| **Date of birth:** |    | **Age:** |   |
| **Home Address:** |  |
| **Type:** (*hmo; Independent living; supported lodgings; staying put; student etc)* |  |
| **Phone numbers:** |  |
| **Email:** |  |
| **Next of kin****Contact details:** |  |

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| Duty Social Worker/ Personal Advisor Number:  | 01743 254590 |
|  Worker Numbers: |  |
|  Emergency Duty Team: | 0345 678 9040 (select option 1) |

**PATHWAY PLAN ATTENDANCE**

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| --- | --- | --- |
| Name | Role | Contact |
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| **CONSENT FORM** |

We sometimes need to contact other agencies/workers on your behalf to gather or share information in order to support you. We need your permission to do this – and your Social Worker/Personal Advisor will discuss this with you in more detail. Information about you is confidential and we will only share what is needed in order to help you.

***I agree that the Leaving Care Team can make contact with the following persons or agencies IF REQUIRED, and share or gather information in order to help meet my needs as detailed in my Pathway Plan:***

|  |  |
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| **Carers** |  |
| **Family/ Next of Kin** |  |
| **Community Support Services** |  |
| **Health Workers** |  |
| **Teacher/ Tutor or contact for College/ Training/ Apprenticeship** |  |
| **Housing** |  |
| **Housing Benefit/Council Tax Benefit Section** |  |
| **Benefits Advisors – DWP etc** |  |
| **Home Office** |  |
| **Careers service** |  |
| **Legal (Solicitors/ CAB/ Police/ YOS/ Probation)** |  |

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| **OTHER** (please give details) |

We will only share information if we have your specific permission and there is a reason to do so. If there is anyone you do not wish us to contact or share information with, please detail them below.

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| ***I do not wish you to contact or share information with:*** |

**Signed by Young Person** ………………………………………………

**Name of Young Person** (please print) ………………………………… **Date:** ………………

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| **IMPORTANT****We have a legal duty to share information about you, without your permission, if there are concerns about safeguarding issues or harm to yourself or others.** |

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| **KEY INFORMATION** |

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| **CHECKLIST** | **YES** | **NO** | **NUMBER AND DETAILS WHERE HELD** |
| **Birth/Adoption Certificate** |  |  |  |
| **Education/ achievement certificates** |  |  |  |
| **National Insurance Number** |  |  |  |
| **NHS Medical Card/ Number** |  |  |  |
| **Health Passport** |  |  |  |
| **Passport** |  |  |  |
| **Home Office Number** |  |  |  |
| **Driving Licence** |  |  |  |
| **A Current CV** |  |  |  |
| **Care Leavers Entitlement Booklet/Pledge**  |  |  |  |
| **Bank Account** |  |  |  |
| **Account Type** | Current Account |  | Savings Account |  |   |  |

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| **NAME** | **ROLE** | **ADDRESS** | **TELEPHONE** |
|  | General Practitioner |  |  |
|  | Dentist |  |  |
|  | DWP Advisor |  |  |
|  | Careers Services  |  |  |
|  | Opticians |  |  |
|  | Landlord |  |  |
|  | Carer |  |  |
|  | Other |  |  |

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| **LAST** | HEALTH CHECK: |
| DENTAL CHECK: |
| OPTICIANS CHECK:  |

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| **SECTION 1: LIFE LONG GOAL(S)/ ASPIRATION** |
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| **Where would you like to be in a year’s time? Do you have a life ambition? (longer term)** |
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| **SECTION 2: HEALTH & DEVELOPMENT**  |

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| **What is going well?****What is worrying you?** |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **How well do you think you are doing?***(1 is poor, 10 is great)* |

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| **The overall outcome(s)**  |
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| **What needs to be done?** | **By who?** | **By when?** |
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| How will we know this has been achieved  |
| Contingency Plan |

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| **SECTION 3: EMOTIONAL & BEHAVIOURAL**  |

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| **What is going well?****What is worrying you?** |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **How well do you think you are doing?***(1 is poor, 10 is great)* |

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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| **SECTION 4: EDUCATION, TRAINING & EMPLOYMENT** |

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| **What is going well?****What is worrying you?** |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **How well do you think you are doing?***(1 is poor, 10 is great)* |

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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| How will we know this has been achieved  |
| Contingency Plan |

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| **SECTION 5: (SUITABILITY OF) ACCOMMODATION** |

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| **What is going well?****What is worrying you?** |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **How well do you think you are doing?***(1 is poor, 10 is great)* |

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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| **SECTION 6: INDEPENDENT LIVING SKILLS** |

**Have you got an independent living skills book?**

**How would you rate yourself on the following?**

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| **1 is Poor, 10 is Great** **1 2 3 4 5 6 7 8 9 10** |
| Money Management/Debts |  |  |  |  |  |  |  |  |  |  |
| Cooking Skills |  |  |  |  |  |  |  |  |  |  |
| Personal Appearance and Hygiene |  |  |  |  |  |  |  |  |  |  |
| Form Filling/Literacy Skills/Numeracy skills |  |  |  |  |  |  |  |  |  |  |
| Household Tasks |  |  |  |  |  |  |  |  |  |  |
| Decorating/DIY |  |  |  |  |  |  |  |  |  |  |
| IT Skills |  |  |  |  |  |  |  |  |  |  |
| Travel/Transport |  |  |  |  |  |  |  |  |  |  |
| Skills – Finding a Job/Training |  |  |  |  |  |  |  |  |  |  |
| Skills – Keeping a Job |  |  |  |  |  |  |  |  |  |  |
| Emergency/Safety Skills/Dealing with a Crisis |  |  |  |  |  |  |  |  |  |  |
| Knowledge of Community Resources/Support |  |  |  |  |  |  |  |  |  |  |
| Getting On With People |  |  |  |  |  |  |  |  |  |  |
| Knowing Your Rights (entitlement booklet/ right to vote: electoral roll) |  |  |  |  |  |  |  |  |  |  |
| Pregnancy Prevention/Parenting/Child Care |  |  |  |  |  |  |  |  |  |  |
| Keeping Yourself Safe |  |  |  |  |  |  |  |  |  |  |
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| **Discussion** |
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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| **SECTION 7: MONEY MATTERS** |

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| **What is going well?****What is worrying you?** |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **How well do you think you are doing?***(1 is poor, 10 is great)* |

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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| How will we know this has been achieved  |
| Contingency Plan |

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| **SECTION 8: FAMILY, SOCIAL & COMMUNITY RELATIONSHIPS** |

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| **What is going well?****What is worrying you?** |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **How well do you think you are doing?***(1 is poor, 10 is great)* |

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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| How will we know this has been achieved  |
| Contingency plan  |

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| **SECTION 9: CULTURE/ETHNICITY/IDENTITY**  |

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| **Understanding your past** |
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| **Identity**  |
| **Your Views** |
| **Workers Views** |
| **Views of any key others** |

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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| **SECTION 10: LEISURE AND INTERESTS** |

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| **Interests and hobbies** |
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| **The overall outcome(s)** |
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| **What needs to be done?** | **By who?** | **By when?** |
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| **SECTION 11: WHAT ARE MY THREE MOST IMPORTANT GOALS OF THIS PLAN** |

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| **Three Most Important Goals** | **Who will help me?** |
| **ONE** |  |  |
| **TWO** |  |  |
| **THREE** |  |  |

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| **Information Shared with young person, parents/carers and other agencies**  |
| Has the Pathway Plan been completed with and shared with the Young Person? *Please note that sharing means involving the young person, obtaining their views and giving the young person their copy of the signed summary plan* |  |
| If no, when will this be completed? |  |
| Has the Pathway Plan been shared with the parent/carer? |  |
| If no, when will this be completed? |  |

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| **Are you aware of your right to complain about the services we offer?** |
| Children and Young People’s comments, complaints & compliments booklet to be shared if requested.Would you like to make a comment, complaint or compliment about the services we offer? |

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| **Contact with your worker** |
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| **Date, Time and Venue of Next Pathway Plan** |
|  | Attendees  |

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| **Signatures** |
| **By signing this form I am confirming that I have read and understand the content of this Pathway Plan. I am happy that I agree with the comments, actions and goals and I understand the purpose of this Pathway Plan.****Young Person’s Name****Signature** | **Date** |
| **Parent/Carer’s Name****Signature**  | **Date** |
| **Personal Advisor and/or Social Worker’s Name** **Signature** | **Date** |
| **Other****Signature** | **Date** |
| **Team Manager Name****Signature** | **Date**  |
| **Team Manager Comments** |

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**My Pathway Plan**

 **Summary**

**Name:**

**Date:**

**Next Pathway Plan review:**



***Young Persons Pathway Plan Summary Sheet***

**Worker contact number**

|  |  |
| --- | --- |
| Social Worker/ Personal Advisor  | 01743 254590 |
| Emergency Duty Team: | 0345 678 9040 (select option 1) |
| **Other useful Number(s)** |  |

**What needs to be done about my health needs?**

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| **What needs to be done?** | **Who by?** | **By when?** |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**Is there anything that needs addressing about my emotional or behavioural needs?**

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| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
|  |  |  |
| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**What needs to be done about my education, training and employment?**

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| **What needs to be done?** | **Who by?** | **By when?** |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**What needs to be done about my accommodation?**

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| **What needs to be done?** | **Who by?** | **By when?** |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**Skills I still need to learn to live independently are:**

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| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**What needs to be done financially?**

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| **What needs to be done?** | **Who by?** | **By when?** |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**Family & Social relationships**

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| **What needs to be done?** | **Who by?** | **By when?** |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**Support needs relating to my identity/ culture/ ethnicity are:**

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| --- | --- | --- |
| **What needs to be done?** | **Who by?** | **By when?** |
|  |  |  |
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| **How will we know if** **this has been achieved**  |  |
| **Contingency Plan** |  |

**The 3 things most important goals of this plan to me are:**

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |