

# My Pathway Plan

Name

Date of birth

Date of this plan

## Preface

### Regulations:

- (1) Regulations require that the pathway plan must be prepared as soon as possible after the needs assessment and must include the care plan. The needs assessment must be completed not more than 3 months after the date on which the young person reaches the age of 16 or becomes an eligible child after that age; within 3 months of arrival if they are an unaccompanied asylum seeker; within 3 months of becoming relevant if they do not already have a pathway plan; within 3 months of the LA being informed that a former relevant young person is pursuing, or wishes to pursue, a programme of education or training.
- (2) The pathway plan must set out how the young person's needs are to be met and the date by which, and by whom, any action required to implement any aspect of the plan will be carried out.
- (3) The pathway plan must be reviewed within the statutory regulations and when significant change impacts upon the plan. For example, a review may be called by the young person or a PA or other professional when there is an assessed risk of crisis or a change in circumstances (e.g. planned move, homelessness, sentenced to custody, or becoming a parent). The results of the review and any changes to the pathway plan must be recorded in writing.

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This document incorporates the Needs Assessment, Care / Pathway Plan and Review. Practitioners should consider in their assessment, planning and review: the needs of the young person, what progress has been made since the last review (or since the Plan was drawn up if this is the first Review). Have the young person's needs changed? What outcomes have been achieved? What aspects of the Plan still need to be delivered? Does the Plan or the contingency arrangements need to be revised?

## All about me

This section is to record an overview of all your personal details.

### All about me

Person Name:

Person ID:

My Pathway Plan

Name Date of birth Gender

Disabled

Address

Communication needs

Current legal status

Leaving care status

Current immigration status

If you do not have the following documentation, it is important to make sure that the person's details who does have this information are included in the section below.

Who has got my Birth Certificate

Who has got my Passport

Where is my NI number recorded

Age - hidden field for use  
in validations

**Plan Date**

My Pathway Plan

Date of this Pathway Plan / review

Date of next Pathway Plan Review

Name of Social Worker / PA




**People involved in preparing the needs assessment, developing this plan and review**

Name	Role	Telephone number(s)	Invited	Attended	Contributed	Emergency contact
Name	Role	Telephone number(s)	Invited	Attended	Contributed	Emergency contact

**Overall Care Plan**

Brief care history

What is the overall Care Plan for this young person

What attempts have been made to arrange for the young person to live with a relative or a close family friend as an alternative to care or accommodation if the child / young person is not already in a family or friends placement

**Visits**

Arrangements made for the young person to be visited (name, role, frequency, purpose, arrangements - including other professionals / agencies). If the young person is not in contact, what reasonable steps have been taken to re-engage the young person?

**Who am I?**

Profile of Young Person - My identity: culture, religion, values and language. Food that you like to eat, your friends, the clothes that you like to wear, the music you like to listen to. Your hobbies the books you like to read. What are your social views? etc About me

Details of social/leisure activities participated in

My achievements

Photo

**People supporting me**

What support services are available outside of office hours, who can be contacted and how?

**My family and social relationships**

If you are looked after then contact between you and your family are likely to continue as planned, please discuss what arrangements you would like to make with your worker and carer. Please give details on how often, how, dates, times and locations of contact with friends or relatives including transport to and from.

Person Name:

Person ID:

My Pathway Plan

My family and social relationships

[Empty text box for family and social relationships]

Worker's assessment

[Empty text box for worker's assessment]

Contact Arrangements

[Empty text box for contact arrangements]

**My education, employment and training**

Your education is very important, the more you invest now the more opportunities will open for you, you have support in place to assist you, and your participation is essential. If you are in full or part-time education or training then you may continue to have a PEP to accompany your Pathway Plan. The Pathway Plan will focus particularly on your career plans and any help you need to achieve them. Questions you might like to consider are: What do you want to achieve? What job do you want to do? What education or training or work experience do you need to get the job that you want? What application forms do you need to complete? How will your education or training be financed? What support do you need?

**Education, employment and training history**

Current establishment	Address	Telephone number	Support contact	Date	Responsible LA

**What is my current situation and current needs for education, employment and training?**

My view

Worker's assessment

My education plan: long term goals

**Short term plans**

What?	How?	Who?	When?	Achieved?	Progress made

**My health and development**

This section is about your health. This includes your self-esteem, self-awareness, stress management, self-control and confidence as well as your physical, emotional and mental health needs. It is also important for the right people to know about any allergies, current medication or treatment you have. Your PA / worker may also ask you whether you would like any help with diet, fitness, immunisations, sexual health, smoking, drugs, alcohol etc. They will discuss with you how you access healthcare services (doctors, dentists, specialist services etc) and any special equipment you need, and whether you know your medical history or would like help to find out about it.

Do you know how to find out about your medical history, if not would you like help in this?

Would you like advice and information with: diet, fitness, sexual health, self-harm, smoking, drugs, alcohol, mental health, emotional health, sexuality?

**What is my current situation and what are my needs for health care?**

Person Name:

Person ID:

My Pathway Plan

Current medication

Known allergies and / or medical conditions

Emotional and behavioural issues

My view

Worker's assessment

### Short term plans

What?	Who?	How?	When?	Achieved?	Progress made

### Age validation

Under 18

18 and over

### Has the care leavers health summary been completed and provided at the 18th birthday?

Yes

No

N/A - under 18

### Managing and living independently

In order to live independently you will need a set of practical, emotional and other skills. What skills do you already have and what skills do you need to gain or improve (e.g. basic DIY, use of transport, self-care ...)? How are you going to gain or improve your skills?

My Pathway Plan



**What is my current situation and what are my needs for managing and living independently?**

My view

Worker's assessment

Managing independently: long term goals

**Short term plans**

What?	Who?	How?	When?	Achieved?	Progress made

**Where I live**

**Details**

Date	Type	Placement address	Name	Carer	Current LA placement phone number	Email	Confidentiality

Give details of other members of the carer's / provider's household (where relevant)

**My placement and accommodation plan**

This is about where you are living and for you to describe what is good / not good about your current accommodation. If you are moving to different accommodation, then your plan will explain this and include details of any support that you need in order to manage in your new home.

My view

Worker's assessment

My accommodation: long term goals

**Short term plans**

What?	Who?	How?	When?	Achieved?	Progress made

**My money**

Are you entitled to claim any grants, student finance or any other benefits (do you need help with any of these)? Can you budget your money for travel, clothes, food, savings etc.

**What is my current situation and financial needs?**

In order to live independently you need to be able to manage your money by saving regularly and budgeting for your needs (food, clothes, accommodation, travel etc). Do you have a bank account, national insurance number, regular income, savings or debts? Are you entitled to claim student finance

Person Name:

Person ID:

My Pathway Plan

or other benefits? Do you need any advice or guidance on managing your money? Do you know what to do if your finances change or the cost of your accommodation rises?

My view

Worker's assessment

**My income - review**

Income	(££)

**My expenses - review**

Expenses	(££)

Total Income (A)

Total Expenses (B)

Total (A-B)

**Short term plans**

What?	Who?	How?	When?	Achieved?	Progress made

Person Name:

Person ID:

My Pathway Plan

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### Backup plan

If the required progress is not being made in relation to any of the areas above, what is the backup plan?

### My future

What are your hopes for the future?

Worker's summary

### My general information

Do you understand how to get help, information and how to complain. Refer to your checklist for more information or discuss this with your worker.

Yes

No

Have you had information on the local offer?

Yes

No

N/A - under 18

My Pathway Plan

Person Name:

Person ID:

My Pathway Plan

My view

Worker's responsibility

### **My life story**

Do you understand how you came into care? If you are not ready to discuss this now, when might you be willing to. Comment on whether you know how to find more information.

### **Views and contributions**

My view

Parents' views

Carer's view

Views of significant others and support networks

Please note any disagreements in respect of the Pathway Plan and subsequent actions in respect of this e.g. complaints procedure

### **Manager Sign-off**

My Pathway Plan

Person Name:

Person ID:

My Pathway Plan

Team Manager Name Manager Comments

Date

### Other arrangements

Are there any other arrangements if the young person is not living in the authority?

My Pathway Plan

Person Name:

Person ID:

My Pathway Plan

**Copies of the plan to be sent to**

**Young person**

- Yes  No
- Not applicable

Date

**Carer / other**

- Yes  No
- Not applicable

Date

Other (please specify)

Date

Other (please specify)

Date