

PATHWAY PLAN & REVIEW

Personal Details

Name <i>All pre-populate?</i>	DOB	Gender	Person ID	NHS Number	Ethnicity	Preferred Language
Address	Home Phone	Mobile Phone	Email	Passport Number	NI Number	Religion
Bank Account Number	Emergency Contact					

I prefer to be called:

Young Person’s Significant Family Members:

Relationship	Name	DOB	Address	Telephone	Email
<i>Pre-populate & rows to expand below?</i>					

Consent

Consent has been obtained from the young person by the practitioner, to collate and share information contained within this plan

Under the Data Protection Act (2018), we are required to collect and record information in relation to our contact with families. It is NOT necessary for us to ask you for consent about the use of your information for this purpose, although the Council may ask your consent and cooperation to ensure that you are offered the best support available.

Please see the Council’s Privacy Notice on the Council’s website.

LOGO etc

Yes/No? <input type="text"/>	If Yes, is consent written or verbal? <input type="text"/>
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Where consent has not been obtained, please state why:

<i>Expanding Box</i>

Pathway Plan

What is the date of the initial Pathway Plan?

DD MM YYYY

What is the date of this review?

DD MM YYYY

If young person is the subject of a care & support protection plan, date of registration:

DD MM YYYY

Involvements

Role	Name	Organisation/Address	Telephone	Email
Social Worker				
Personal Advisor				
Independent Reviewing Officer				
General Practitioner				
Dental Practitioner				
CAMHS Practitioner				
Youth Justice Practitioner				
Accommodation Provider				

LOGO etc

Employer/Trainer or Educator				
<i>Ability to tab down for additional boxes</i>				

Planned frequency of visits:

	Frequency
Social Worker	
Personal Advisor	

Financial Support

What is the source of your financial support? (e.g. carer, EMA, employment, state benefits)

How much money are you in receipt of per week?

Do you have any savings?

Do you have any debts?

Do you need any advice regarding financial matters?

Actions	Person/Agency Responsible	By when? (if on-going, use review date)	What will we see that is different when this is achieved?
<i>Ability of boxes to tab down for more?</i>			

Rights and Entitlements

LOGO etc

On a scale of 0-10 (0 = poor & 10 = excellent), how well do you understand your rights & entitlements?

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

Expanding Box

Actions	Person/Agency Responsible	By when? (If on-going, use review date)	What will we see that is different when this is achieved?
<i>Ability of boxes to tab down for more?</i>			

Accommodation

Current accommodation:

Name of Provider/Agency	Address	Telephone	Email

On a scale of 0-10 (10 = where you want to be), how suitable do you think your accommodation is?

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

Expanding Box

Actions	Person/Agency Responsible	By when? (If on-going, use review date)	What will we see that is different when this is achieved?
<i>Ability of boxes to tab down for more?</i>			

LOGO etc

Physical & Mental Health

Date of most recent Health Assessment (if applicable):

DD MM YYYY

Date of most recent Dental Assessment (if applicable):

DD MM YYYY

Relevant details of your Physical & Mental Health History/Current Physical & Mental Health Needs, including any needs arising from disability:

Expanding Box

Details of any specialist equipment/adaptations required:

Equipment Type	Agency responsible for provision, maintenance, replacement	Associated Costs

Details of any medication used:

Name & type of Medication	Purpose	Person Administering	Frequency/Timing
<i>Expand more boxes below</i>			

Details of relevant immunisations:

Immunisation	Date	Due Date
<i>Expand more boxes below</i>		

On a scale of 0-10 (10 = where you want to be), how satisfied are you with the arrangements to keep you physically and emotionally well?

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

Expanding Box

Actions	Person/Agency Responsible	By when? (If on-going, use review date)	What will we see that is different when this is achieved?

LOGO etc

<i>Ability of boxes to tab down for more?</i>			

Independent Living Skills

On a scale of 0-10 (10 = where you want to be), how would you rate your independent living skills?

(Think about current/future issues e.g. budgeting, maintaining your own property, keeping yourself safe, getting to & from places etc)

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

Expanding Box

Actions	Person/Agency Responsible	By when? (If on-going, use review date)	What will we see that is different when this is achieved?
<i>Ability of boxes to tab down for more?</i>			

Education & Training

On a scale of 0-10 (10 = where you want to be), how satisfied are you with your education or training?

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

Expanding Box

Actions	Person/Agency Responsible	By when? (If on-going, use review date)	What will we see that is different when this is achieved?

LOGO etc

<i>Ability of boxes to tab down for more?</i>			

Family & Personal Relationships

What are the arrangements for you spending time with family and friends?

Name	Relationship	Arrangement
<i>Ability of boxes to tab down for more?</i>		

Is there anyone you would like to see, who you do not currently see?

Name	Relationship	Issue
<i>Ability of boxes to tab down for more?</i>		

Is there anyone you see, or might see, who makes you feel unsafe?

Name	Relationship	Issue
<i>Ability of boxes to tab down for more?</i>		

On a scale of 0-10 (10 = where you want to be), how satisfied are you with the arrangements for your family & personal relationships, inclusive of healthy relationships with a partner?

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

<i>Expanding Box</i>

Actions	Person/Agency Responsible	By when? (if on-going, use review date)	What will we see that is different when this is achieved?
<i>Ability of boxes to tab down for more?</i>			

LOGO etc

Social Integration

On a scale of 0-10 (10 = where you want to be), to what extent do you feel like you belong where you live?

(Think about life in your home, in your local community, in society in generally. Do you feel isolated? Do you suffer any discrimination?)

Score:

Why have you scored yourself in this way and what support do you think you need to get your score nearer to 10?

Expanding Box

Actions	Person/Agency Responsible	By when? (If on-going, use review date)	What will we see that is different when this is achieved?
<i>Ability of boxes to tab down for more?</i>			

Record of any disagreements:

Expanding Box

Views

Views, wishes & feelings of young person:

Expanding Box

Views of parents/carers:

Expanding Box

LOGO etc

Views of relevant professionals:

Expanding Box

By signing, you are agreeing to the Pathway Plan and to the information in the Plan being shared with relevant professionals

Signed by	Print Name	Signature	Date of Agreement
Young Person			
Family Member			
Social Worker			
Team Manager			
<i>Ability to tab down for more lines</i>			