

# pathways



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## Why pathways?

**Pathways** is designed to help you start thinking about what you are doing just now and what you would like to be doing in the future. It will help you think about your hopes for the future and how to make these hopes a reality.

Just because you are starting work on this, it does not mean that you will have to move on from where you are living straight away. Part of the reason for doing this is to make sure that you move on at the best time for you and have the support you need.

As you think about moving on towards more independent living you will almost certainly need some help along the way. Local authorities have a responsibility to find out what needs you have so that you can be put in touch with the right people and get all the help you are entitled to.

Having an idea about what you want to do and a plan of how to get there is important in achieving the most from your life. **Pathways** will help you to do this.

### **Introductory sections**

Before getting into the main part of **Pathways** there are a few introductory sections.

The **initial agreement** is to be completed by you and your Pathways Co-ordinator. This sets out the timescale for completing Pathways and who else you might want to involve in the process.

The **background information** section contains all sorts of useful information about your life so far and has space for keeping useful contact details.

In **other information and achievements** you can keep copies of any reports, certificates, papers, etc.

The **hopes for the future** section is an opportunity for you to think generally about what you want your life to be like. You may want to fill this in at the start or you may want to return to it after completing some of the other modules.

Continued →

## Why pathways?

### **The Pathways sections**

**Pathways** is divided into seven modules. Each module looks at a particular area of your life and helps you think about what things are going well, what things you are concerned about and any action that needs to be taken. The seven modules are:

- Lifestyle
- Family & Friends
- Health & Well-being
- Learning & Work
- Where I live
- Money
- Rights & Legal Issues

These are in no particular order and it is up to you which module you want to start with.

For each module there are 3 sections:

- My Pathway Views
- Pathway Assessment
- Pathway Plan

### **My Pathway Views**

This is your chance to say what you want about your life. In each module there is a front page where you can note down any thoughts you may have. If you would like to explore any of the issues further you can continue with the rest of the section.

You can complete these forms on your own or you may want to get help from a relevant person eg. worker, family member, friend, carer. For some modules you may find it useful to get help from somebody else who knows about that area eg. your careers adviser or teacher could help with 'Learning and Work', a housing officer could help with 'Where I live'.

You don't have to answer every question and if you would rather do a different exercise you can add that to the folder. In some sections you may have lots to say – in others you may want to skip through it.

Feel free to add in any other information you think is relevant. If you think that you have already answered similar questions for another agency you could include any papers in the folder as well.

The reason for answering these questions is to give you a chance to say what sort of needs you have. Your answers will be used to write your 'assessment'. The co-ordinator may also speak to other people who know you to get a fuller picture of your needs.

## Why pathways?

**No-one else (apart from those responsible for your Pathway Assessment) needs to see what you have written in the My Pathways Views section unless you want them to. The local authority is not allowed to pass on a copy of My Pathway Views to any other person unless you specifically give them permission to do so.**

If there are concerns about your safety or the safety of others, the local authority may decide to share certain pieces of information as is necessary.

### **Pathway Assessment and Plan**

The local authority is responsible for writing down what kind of needs you have and this document is called the Pathway Assessment. The Pathway Assessment should be a clear statement of how you are doing just now, where you want to get to and the kind of support you will need. You can also write down what you think your needs may be and if you disagree with the local authority you should make sure that this is written down as well.

Once your Pathway Assessment has been completed, this information will be used to complete your Pathway Plan. The plan will set out what is going to happen, by when, and who is responsible for taking any action.

### **Consent for Pathway Assessment and Plan**

There may be times when it is helpful to share information in the assessment and planning sections with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

At the end of each assessment and planning summary page you will be asked whether you give your permission (your consent) for the information to be passed on to other agencies or people. If there is a need to pass on information to anybody *not* listed on the summary pages, the local authority should make every effort to contact you to make sure you agree. At any time you can ask to change your consent, if you feel this is necessary. If there is a serious concern about the safety of you or others, then the local authority may have to pass on certain information for protection reasons.

# Initial agreement

**Name:** .....

It was agreed on: ..... (date) that I will start working through **Pathways**

A Pathway Assessment and Plan will be completed by ..... (date)

**To be completed by Pathways Co-ordinator:**

..... (name)

..... (job title)

..... (organisation)

**My Pathways Co-ordinator will make sure that pathways is completed and that we regularly see how things are going.**

**Their contact details are:** .....

Address: .....

Telephone number: .....

Email address: .....

**When working through pathways the following people should be involved:**

NAME	THEIR ROLE	HAVE THEY AGREED?
.....	.....	.....
.....	.....	.....
.....	.....	.....

**The above details have been agreed by:**

SIGNED	PRINT NAME	DATE
..... (young person)	.....	.....
..... (co-ordinator)	.....	.....

**Please make sure ALL RELEVANT PEOPLE receive a copy of this initial agreement.**

## Background Information

In this section you should keep an up to date version of your Essential Background Record from the Looking After Children materials. This contains all sorts of information that is useful to refer to. Details about your education, health and placement history are all included on your Essential Background Record. If the copy you have is not up to date, make sure you note any changes.

On this page, it is helpful to take note of some information that will be of use in completing **pathways**. On the Useful Contacts page you can note the details of any people you need to be in touch with.

**First name(s)** .....

**Family name** .....

**Known as** .....

**Date of Birth** Day   Month   Year

**With which local authority were you looked after?** .....

**When did you stop being looked after?** Date ..... Age .....

**Was this after your school leaving date?** Yes  No

**Who is your current or most recent social worker?**

Name: .....

Team: .....

Local authority: .....

Contact telephone number: .....

Continued →

## Background Information

**What assessments or plans have other people made with you or for you, up to now?**

	Which assessments or plans you have been involved in?	Date when this last took place:	Contact person
Social Work Dept.			
Education (School, College, etc)			
Health/Medical			
Careers Service			
Housing Dept.			
Children's Hearing System			
Criminal Justice Services			
Benefits Agency			
Other			



## Useful Contacts

Completing this page should make it easier for you to keep in touch with people and to get any support you need.

Name	Agency	Address	Telephone no.	Email address

## Other information and achievements

This is where you can add any other information or details of other achievements:

You could include:

- Certificates
- Reports
- References
- Photographs
- Information Leaflets
- Useful Contacts or Links

## Hopes for the Future

Name: .....

In this section you can take a broad look at your hopes for the future and take some time to reflect on your experiences so far. You can think about what your goals are and what can help you to achieve them. At various points you may want to refer to other sections in **pathways** and then come back to this section.



**Which phrase(s) best describe how you see your future?** (tick all that apply)

- I'm really looking forward to it*
- I've got a few worries*
- Things are going to work out well*
- If I work on things I'm going to get there*
- I haven't thought about it too much*
- I'll just have to see what happens*
- Things are going to be awful*
- If I get some help, things will be fine*
- I'm not looking forward to the future*
- I don't know*

**Are there other words that better describe how you feel about your future?**

**What are you most looking forward to about the future?**

**Have you any concerns about the future?**

## Hopes for the Future

Think about some things for the future... such as: what job or studies you would like to be doing, where you would like to live, who you would be living with, your health, your lifestyle, leisure etc.

You could consider these to be your *goals*.

**What would you like your life to be like...**

**...in the near future** (in a few months time)?

**...in the longer term** (e.g. in a couple of years time)?

It can be really helpful to break down your goals into smaller steps.

**What steps could you take to get closer to your goals?**

## Hopes for the Future

**Do you think there will be any difficulties or challenges in making those steps?**

**Who would you like to help with this?**

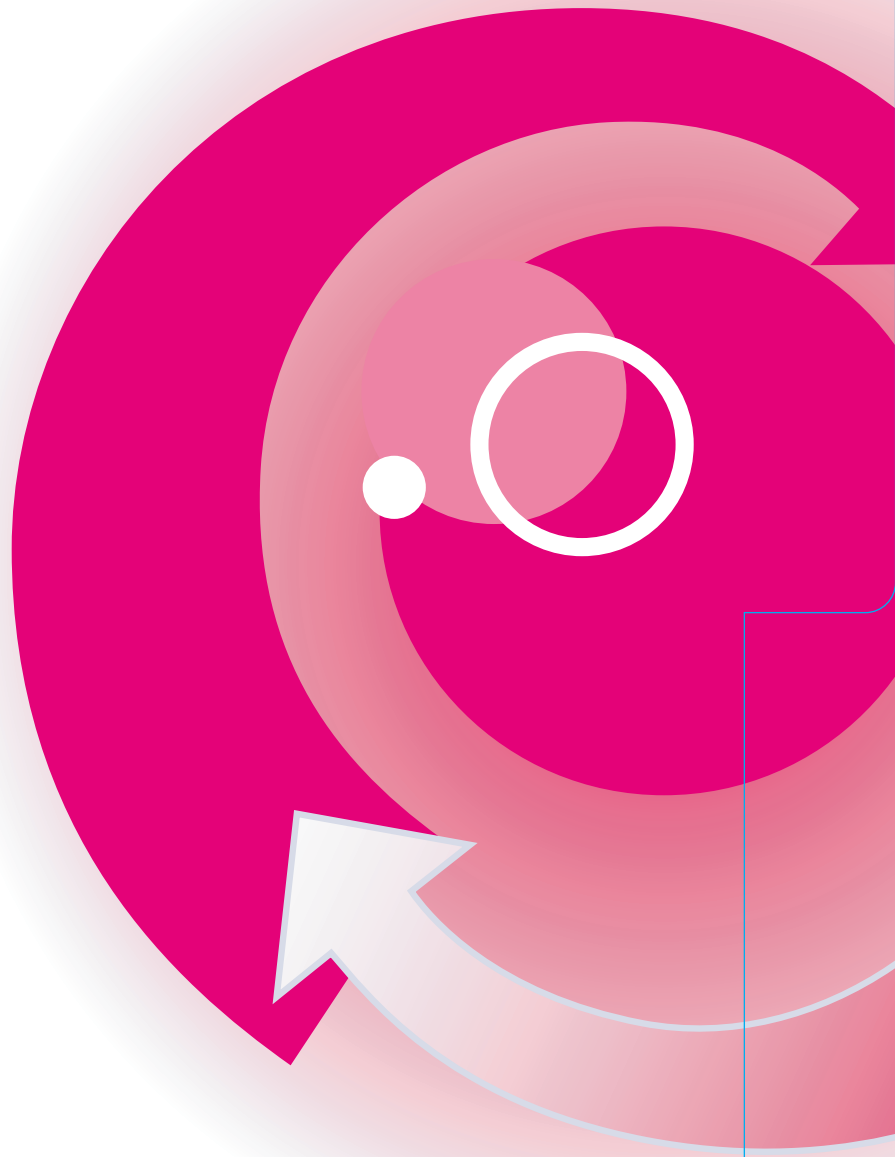
Before planning for the future, some people find it helpful to have an opportunity to talk about past experiences. (i.e. before or during the time you were looked after)

**Would you like the opportunity to talk about anything like this?**

Yes    No

**If 'yes', *WHO* would you feel most comfortable talking to?**

**lifestyle**



## my pathway views – lifestyle

Name: .....

Think about how some of these things may influence your lifestyle.

- What do you feel good about?
- What are you concerned about?
- Is there any kind of support you may need?

**How you're feeling**

**What's important to me?**

**Identity**

**Risks and safety**

**Activities**



IF YOU WOULD LIKE TO EXPLORE SOME THINGS FURTHER, YOU CAN CONTINUE WITH THE REST OF THIS SECTION.

my pathway views – lifestyle

Any other comments





## my pathway views – lifestyle

**Name:** .....

In this section you can think about how you spend your time, your interests and what is important to you. It is also about looking at lifestyle choices, certain risks and keeping safe.

### How you're feeling

**What words best describe the way you feel today?** *(circle all that apply)*

Good	Bad	Happy	Depressed	Excited	
Nervous	Hopeful	Tired	Scared	Stressed	Safe
Lonely	OK	Worried	Angry	Bored	

**Are there any words of your own?**

.....  
.....  
.....

**Is this generally how you feel?**

Yes    No    Sometimes

**Is there anything you want to say about how you feel today?**



**Activities**

Before you go on to answer the questions in this section, it may be useful to look at how you spent your time over the past week.



	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Is this a typical week?**

Yes  No

**If no, what are the main differences?**



**In a normal week, what are the things you most look forward to?**

**What parts of the week do you not look forward to?**

**What do you like to do during your leisure time?**

**Are there other things you would like to do?**

Yes    No

**If yes, what else would you like to be doing?**

**Risks and safety**

Are there any times or situations when you feel unsafe?

Yes  No

If yes, what are those situations ...

... and how do you deal with them?

**What could help you feel safer?**

(e.g. talking to someone, particular support or practical things)



**What's important to me?**

There is a wide range of people or factors that can be important to the way you live your life.

From the list below, what or who is important to you?

Please circle one number on a Scale of 1 – 4.

1 = Not important at all, up to 4 = Very important



	How important?			
	Not at all	Not really	Fairly	Very
<b>PEOPLE</b>				
Friends	1	2	3	4
Family	1	2	3	4
Boyfriend/Girlfriend	1	2	3	4
Carers	1	2	3	4
Support worker(s)	1	2	3	4
<b>IDENTITY</b>				
Cultural background	1	2	3	4
Religious beliefs	1	2	3	4
Sexuality	1	2	3	4
<b>OPPORTUNITIES</b>				
Your job	1	2	3	4
Your school or college	1	2	3	4
How much money you have	1	2	3	4
Availability of Transport	1	2	3	4
Where I Live	1	2	3	4
<b>ACTIVITIES</b>				
Having fun	1	2	3	4
If it's good for my health	1	2	3	4
Whether it's safe	1	2	3	4
Getting a Buzz	1	2	3	4
<b>Others</b> (Please state)				
_____	1	2	3	4
_____	1	2	3	4



Is there anything you would like to say about what is important in your life?

**Identity**

How would you describe yourself? What makes you – YOU?

**Have you been supported and encouraged to explore your beliefs or religion?**

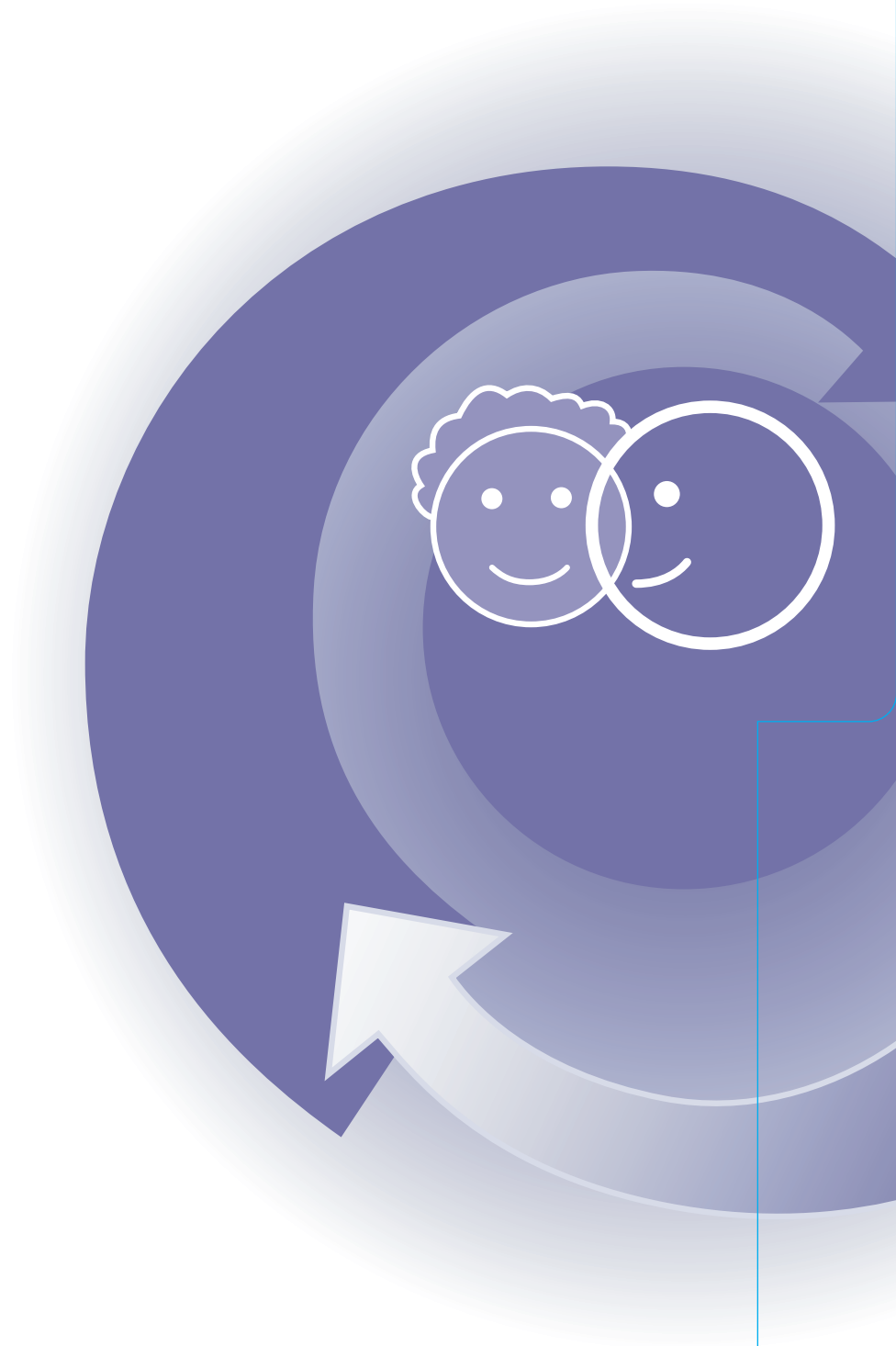
Yes  No

**Have you thought about your cultural background?**

Yes  No

Is there anything that you would like to talk about or get any support with in relation to your beliefs or your culture?

family & friends



# my pathway views – family & friends

Name: .....

Think about how some of the things may relate to your family and friends.

- What do you feel good about?
- What are you concerned about?
- Is there any kind of support you may need?

**Family relationships and contact**

**Caring responsibilities**

**Friends and other important people**



**Your life story**

**Your own children**





my pathway views – family & friends

Any other comments



## my pathway views – family & friends

**Name:** .....

In this section you can think about your relationships with your friends and family – how things are going just now and how they might change in the future.

### Family relationships and contact

Family can mean different things to different people, and some may have more than one family.

**Are you comfortable talking about your family and personal background when you may be asked questions about this?**

Yes     No

**What members of your family are you currently in contact with?**

(you can include birth family, step-family, foster family, adoptive family, etc.)

Name of Family member and relationship	How often are you in contact with them? (daily, weekly, monthly, once or twice a year, none)	Is this level of contact: - about right - too much - not enough?	Is there anything you would like to say about how you feel? (e.g. your relationship, supportive aspects, any difficulties)



my pathway views – family & friends

Are there other members of your family whom you would like to make contact with?

Yes    No    Don't Know

How might you go about doing this? Who could help you with this?

Ideally, what would you like your family relationships to be like?

**Caring responsibilities**

Do you have any responsibilities to care for any members of your family or anyone else?

Yes    No

If yes, what sort of help do you get with this?



**Would you like any extra help? If yes, please give details.**



**Your own children**

**This section should be completed if you are a parent. If you are to become a parent in the near future, you should come back to this section at the appropriate time.**

**If you have children, would you like to say a bit about them.**  
(e.g. names, ages, where they live, etc.)

**What are your hopes for your children, now or in the future?**

**If your child/children live with you, what sort of support do you have to look after them?**

***Is this enough? Would you like more support? Who could help with this?***

**If your child/children do not live with you, how much contact do you have with them?**

**Is this:** *(circle one)*

Too Little

About Right

Too Much

**How do you feel about this? Would you like more support? Who could help with this?**



## my pathway views – family & friends

### Your life story

#### Have you ever done any life story work?

(e.g. looking back at who you've lived with, where and what it was like)

Yes    No    Don't Know

Would you like to do further life story work? Who could help you?



#### Do you have photographs?

Yes    No

#### Are they kept safe?

Yes    No

#### Would you like to take some more photographs?

(e.g. of your family, carers, places you used to live, etc)

Yes    No

#### Would you like to create a family tree?

Yes    No

If yes, who could you speak with to get the information you'll need?

(e.g. from family, carers, the internet, library, etc.)

## my pathway views – family & friends

### Friends and other important people

Your network of people around you can include friends and other people who are important to you. These people can be important for friendship, support or having someone to talk to.

*Think about some of the people who are your friends or are important in your life.*

**If you want, write down their names.**

**List some good things about these people?**

**List some things that are not so good?**



## my pathway views – family & friends

### What things are important to you about your friends?

(Please circle one number on a Scale of 1 – 4)

	1= not important 4= very important			
Make you laugh	1	2	3	4
You can trust them	1	2	3	4
Are about the same age as you	1	2	3	4
Can get you things you want	1	2	3	4
Will do what you ask them to do	1	2	3	4
Will look out for you and stick up for you	1	2	3	4
Lives close by and can see them often	1	2	3	4
Others: (please state)				



### Are there any friends or people you used to have who you would like to get back in touch with?

Yes  No

### How might you do this? Who could help?

While completing this section you may also want to think about:

- the people you live with and the area you live in – see WHERE I LIVE
- what you do with your friends – see LIFESTYLE



health & well-being



# my pathway views – health & well-being

Name: .....

Think about your health and well-being.

- What do you feel good about?
- What are you concerned about?
- Is there any kind of support you may need?

**General health**

**Health services**

**Emotional well-being  
& mental health**

**Healthy lifestyle**

**Medical conditions  
or disabilities**



IF YOU WOULD LIKE TO EXPLORE SOME THINGS FURTHER, YOU CAN CONTINUE WITH THE REST OF THIS SECTION.

my pathway views – health & well-being

Any other comments



## my pathway views – health & well-being

**Name:** .....

Good health and feeling well is important to everyone. You may already have discussed some of the issues in this section with a doctor or somebody else.

### General health

**How would you describe your general health?**

*(please tick one)*

- Very healthy
- Healthy
- OK
- Unhealthy
- Very unhealthy



**Complete the sentence:**

*I feel healthy when ...*

*I feel unhealthy when ...*

Are there things that you would like to improve?

Yes  No

What are they and how could you achieve this?

**Health services**

For now and in the future, it is good to know which health services are available for you. There is information in the BACKGROUND INFORMATION section (p.8) that may be useful to refer to.

What kind of contact do you have with health professionals?

<i>Who</i>	<i>Contact details:</i>	<i>Last time you went?</i>	<i>Any follow up needed? Any comments?</i>
<b>Doctor (GP)</b>			
<b>Dentist</b>			
<b>Optician</b>			
<b>Other health professional(s)</b> <i>(please state)</i>			

(Other health professionals may include specialists, physiotherapists, midwives, etc.)



**Medical conditions or disabilities**

**Do you have any particular medical conditions?**

(e.g. diabetes, asthma, allergies, etc. Please give details)

**Do you have any disabilities? If yes, please describe below.**

**Are you currently taking any medication?**

Yes

No

**If yes, can you give details.**

**Are you good at remembering to take it?**

Always

Sometimes

Never



**How do medical conditions or disabilities affect (if at all) other areas of your life?**  
(e.g. where you live, what you're able to do)

**Do you feel you get all the support you need with any medical conditions or disabilities?**

Yes  No

**Is there anything more that needs to happen?**

### Healthy lifestyle

Having a healthy lifestyle is important for good health and fitness. This can mean thinking about what you eat, how much exercise you take and other things that may affect your health or fitness (e.g. smoking, alcohol, drugs, sexual activity).

**Give examples of the kind of things that you like to eat:**

Breakfast	
Lunch	
Dinner	
Snacks	



**How often do you eat fruit and vegetables?**

- Several times a day
- Once or twice a day
- A couple of times a week
- Once a week
- A couple of times a month
- Never

**How healthy would you say your diet is?**

*(circle one of the words)*

Very healthy                  Healthy                  OK                  Unhealthy  
Very unhealthy                  Don't know



**Would you like help with planning a healthier diet?**

- Yes     No

**Do you take regular exercise?**

- Yes     No

**What sort of exercise do you enjoy?**

**Would you like more information on fitness and leisure activities?**

- Yes     No



Which of these aspects of your lifestyle do you think will affect your health?

(tick all that apply)

	<i>NOW</i>	<i>IN THE FUTURE</i>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Other substances	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>

Are you concerned about any of these?

Yes  No

Would you like any support and/or information in improving any of these aspects of your lifestyle? (e.g. opportunities for exercise, help in stopping smoking, access to advice on sexual health)

Do you have any concerns (now or for the future) about your sexual health and well-being? (e.g. unprotected sex, sexually transmitted diseases, unplanned pregnancy)

Yes  No

Would you like any support and/or information on any of these aspects?



**Emotional well-being and mental health**

From time to time we all can feel stressed, anxious or a bit down about some things. Sometimes we can deal with this ourselves, but there may be other times where we need some support.

**Do you ever feel stressed about anything?**

Yes     No

**What sort of things?**



**How do you deal with these stressful situations?** *(circle the words)*

- |                   |                  |                           |           |
|-------------------|------------------|---------------------------|-----------|
| Walk Away From It | Relax on My Own  | Talk it Over With Someone |           |
| Have a Cigarette  | Do Some Exercise | Get Drunk                 |           |
| Have A Lie Down   | Cry              | Find Something Else To Do | Get angry |

Other: .....

**When are the times that you feel you need some extra support?**

What sort of things make you happy?

What makes you feel down?

What do you do when you are feeling down? *(tick the boxes)*

- |   |  |
|---|--|
| <input type="checkbox"/> Eat more than usual    | <input type="checkbox"/> Cry a lot                     |
| <input type="checkbox"/> Smoke more than usual  | <input type="checkbox"/> Can't sleep at night          |
| <input type="checkbox"/> Drink more than usual  | <input type="checkbox"/> Spend a lot of time on my own |
| <input type="checkbox"/> Eat less than usual    | <input type="checkbox"/> Go out more with friends      |
| <input type="checkbox"/> Don't go out           | <input type="checkbox"/> Take drugs                    |
| <input type="checkbox"/> I buy myself something | <input type="checkbox"/> Talk to people I trust        |

Other: .....

Do you do anything that may cause harm to yourself or others?



**When are the times that you feel you need some extra support?**

**Is there anything you would like to change to feel better about yourself?**

**How could you go about this and who could you talk to?**



**For more information you may want to look at the following websites:**

**Mind, Body and Soul** – site aimed at older teenagers covering a range of issues about physical and emotional health: [www.mindbodysoul.gov.uk](http://www.mindbodysoul.gov.uk)

**NHS Health Scotland** – with links to information on almost every health issue: [www.hebs.scot.nhs.uk](http://www.hebs.scot.nhs.uk)

**Teenage Health Freak** – site for older teenagers with handy A-Z guide and link to Dr Ann’s virtual surgery: [www.teenagehealthfreak.org](http://www.teenagehealthfreak.org)

**Think About It** – information on relationships and sex for older teenagers: [www.hebs.com/thinkaboutit](http://www.hebs.com/thinkaboutit)

**Read the Signs** – information about mental health problems: [www.readthesigns.org](http://www.readthesigns.org)

**Healthy Eating** – [www.healthyliving.gov.uk](http://www.healthyliving.gov.uk)

learning & work

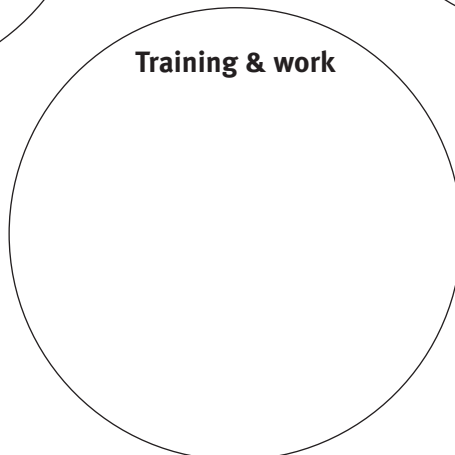
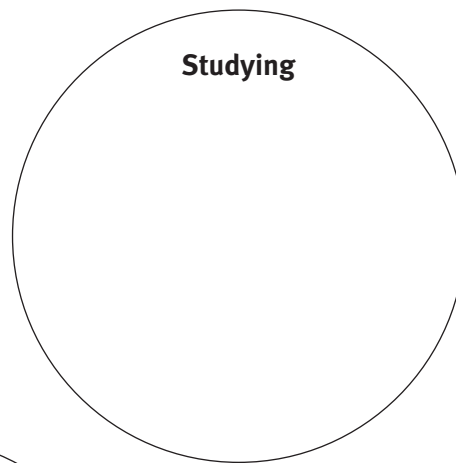
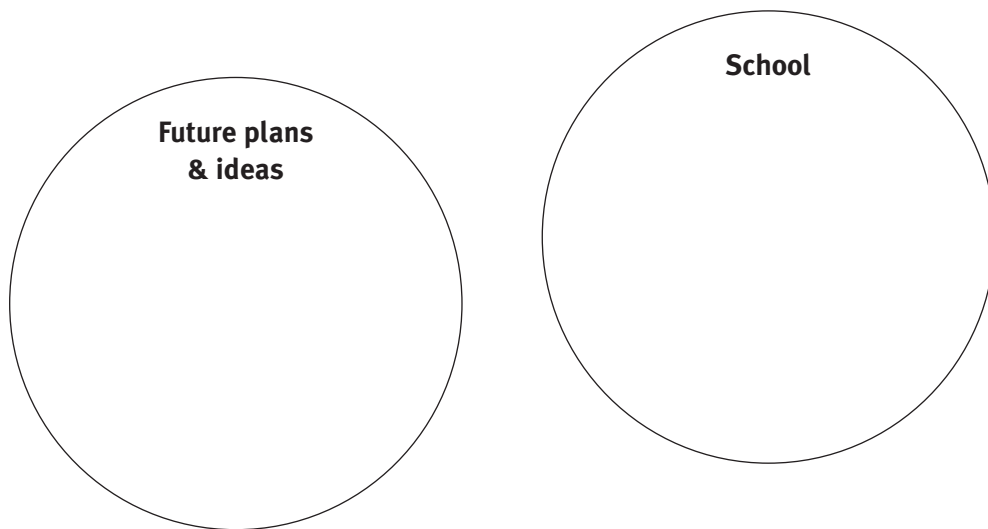


# my pathway views – learning & work

Name: .....

Think about how these things relate to learning and work.

- What do you know about? What is going well?
- What are you concerned about?
- Is there any kind of support you may need?



## my pathway views – learning & work

Any other comments



**Name:** .....

We never stop learning new things but it is important to recognise what you have learned and how this can help you. No matter what you are doing just now, you may also have ideas about what you want to be doing in the future. This section helps you to identify what you could be doing and how you will go about getting there.

**Future plans & ideas**

**What are you doing at the moment in relation to studying, training or work?**

**Have you already thought about what you would like to be doing in the future?**

Yes     No

**What ideas or thoughts do you have about what you would like to be doing in the future?**

**Who can you talk to about your future plans?**





**Have you met with a Careers Scotland Keyworker or Adviser?**

Yes  No

**If yes, their contact details are:**

**What information or advice have you received about studying, training or work?**

### School

**Are you still at school?**

Yes  No

**Think about your time at school...**

**What did you/do you enjoy?**



**What did you/do you find difficulties with?**

**If you are still at school, are there any areas that you may need extra support with?**



### Skills and experience

When moving into studying, training or work, it's important to have a variety of skills. It's not just about having qualifications – it's also about knowing where your strengths are and which areas you may need to develop.

**Have you had the opportunity to think about the different skills you have?**

Yes  No

**How would you describe the skills and strengths you have?**

**What are your hobbies and interests?**

**Do you think you need to improve any areas, develop new skills or get any extra support?**

**Can you identify some of your skills, interests and experience that will be useful for future learning and work?**



### Studying

This information may also be available in your BACKGROUND INFORMATION section (p.8).

**Are there any qualifications or certificates that you have gained or may currently be studying for?**

Qualifications and Certificates	Already have gained:	Currently studying for:

**Have you any thoughts about continuing to study in the future?**

Yes    No

**What ideas have you had?** (e.g. types of courses and qualifications)

**What things may be making it difficult for you to think about studying?**

**Is there any particular support you would like?**



**Training and work**

When you start a job you will be asked for your National Insurance number.

**Do you have a NATIONAL INSURANCE NUMBER?**

Yes  No

If 'yes', what is your NATIONAL INSURANCE NUMBER? .....

If 'no', do you know how to get one?

Yes  No

**Are you working just now?**

Yes  No

**What kind of work is it?** (please circle those that apply and give details)

full-time      part-time      paid work      training course      voluntary work

**What about previous jobs/training/work experience?**

(full-time, part-time, unpaid or voluntary work)

What	When	Where

These details may also be in the BACKGROUND INFORMATION section.

**Are there any training opportunities you would like to access?**

Yes  No



**What are they and where might they be?**

**Have you had any experience with the following:**

	Have you done this before?	How confident are you with this?	Would you like some support with this?
	YES/NO	VERY/OK/NOT	YES/NO
Writing your CV			
Looking for a job or training			
Filling in an application form			
Preparing for an interview			
Attending an interview			



**Is your time-keeping good?**

Yes    No    Sometimes

**Do you have suitable clothing for work / interviews?**

Yes    No

**What transport do you have nearby, for when you travel to work/college etc?**

**Are there any areas that you feel you need some extra support with?**

Yes    No

**Who could you get support from?**

For further information visit: [www.careers-scotland.org.uk](http://www.careers-scotland.org.uk)

where I live



## my pathway views – where I live

Name: .....

Think about some of these things for where you live now and any future plans you may have ...

- What do you know about? What is going well?
- What are you concerned about?
- Is there any kind of support you may need?

**Where I live just now**



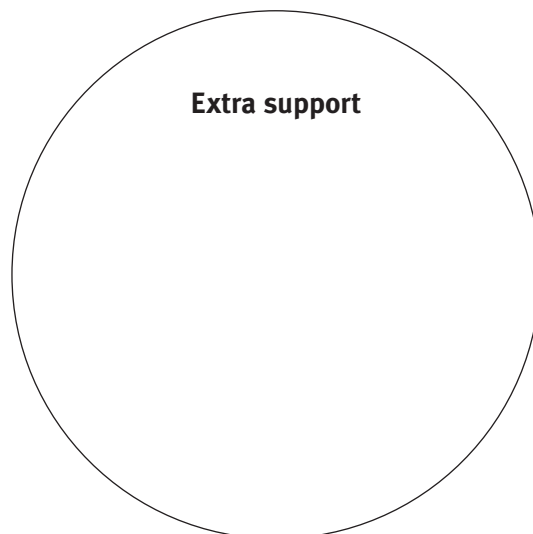
**Practical living skills**



**Accommodation options for the future**



**Extra support**





my pathway views – where I live

Any other comments



## my pathway views – where I live

**Name:** .....

This section will help you to look at where you live just now and where you may want to live in the future. You will look at the steps it will take to get there. If you are still living in care, then starting to think ahead does not mean that you have to move on immediately.

Where you live is more than just a roof over your head – it's also about things like planning any moves, looking after yourself, getting the support you need, safety and getting on with your neighbours.

### Where I live just now

**How do you feel about where you are currently living?**

*(circle the words)*

Happy      Safe      Ready to Leave      Fed Up      OK  
Settled      Worried      Lonely      Cared For      Unsafe      Want to Stay

Any other words? .....

**What do you like about where you live?**

**What would you like to change or improve?**

**How long would you like to stay where you currently are?**

**Will you be able to do that?**

Yes     No     Don't Know



## my pathway views – where I live

### Practical living skills

If you are starting to think about where you may want to live in the future, it is also important to think about the skills and knowledge you will need to live more independently.

**How would you rate your skills and knowledge in the following areas?**

	0 = none		3 = expert	
Cooking	0	1	2	3
Budgeting	0	1	2	3
Paying Bills	0	1	2	3
Keeping Safe	0	1	2	3
DIY	0	1	2	3
Basic First Aid	0	1	2	3
Furnishing Your Home	0	1	2	3
Cleaning and tidying	0	1	2	3
Washing and ironing clothes	0	1	2	3
Shopping for and storing food	0	1	2	3
Sewing	0	1	2	3
Getting a TV Licence	0	1	2	3
Sorting out Council Tax	0	1	2	3
Accessing local Leisure Facilities	0	1	2	3
Knowing about other local amenities (e.g. Library, Police Station etc.)	0	1	2	3
Travelling	0	1	2	3
Any Others?				

**Which areas would you like to learn/know more about?**

**Who can help you with this? And how?**



### Accommodation options for the future

If you are starting to think about moving on to somewhere else, what sort of accommodation would you be considering...

...in the near future?

...in the longer-term?

Ideally, what sort of things would you prefer for where you may live in the future?  
(tick the boxes)

#### Location:

- |   |   |
|---|---|
| <input type="checkbox"/> Near friends         | <input type="checkbox"/> Near college           |
| <input type="checkbox"/> Near family          | <input type="checkbox"/> Near work/training     |
| <input type="checkbox"/> Near carers          | <input type="checkbox"/> Near shops             |
| <input type="checkbox"/> Near school          | <input type="checkbox"/> Near leisure amenities |
| <input type="checkbox"/> Good transport links |   |

#### Size of place:

- Bedroom
- Bedsit
- 1 bedroom
- 2 bedroom
- 3 bedroom

#### Type of Accommodation:

- Supported Accommodation
- Housing Association
- Own Tenancy
- Joint/Shared Tenancy
- Council Property
- Private Rented
- Family/Friends/Partners Place
- Supported lodgings

Continued →



→ continued from previous page

**Who you're living with:**

- On your own
- With partner
- With children
- With family
- With friend(s)
- With a flatmate

**Anything Else:**

**Which area would you like to be living in?**

**Why?**

**What are you most looking forward to about any future accommodation?**



**Are there any things that worry you about future accommodation?**

**Which organisations have you had contact with about accommodation?**

Please give details, if any. (e.g. meetings, application, assessment, etc.)

**Would you like to speak to anyone else about your accommodation?**

Yes    No    Don't Know

**If yes, who?**



**Are you aware of things that could pose difficulties for you in future accommodation?** (e.g. unwanted visitors, paying bills, accessibility etc.)

**Extra support**

**Do you think you will need any extra support with your accommodation?**

Yes    No

**If yes, what sort of support will this be?**

For more information on leaving home and housing go to: [www.leavinghome.info](http://www.leavinghome.info)



money





# my pathway views – money

Name: .....

Think about your money situation.

- What are you happy with?
- What are you concerned about?
- Is there any kind of support you may need?

Where you get your money from

What you spend your money on

Budgeting skills

Bank accounts, savings & loans

Future financial support



IF YOU WOULD LIKE TO EXPLORE SOME THINGS FURTHER, YOU CAN CONTINUE WITH THE REST OF THIS SECTION.

my pathway views – money

Any other comments



## my pathway views – money

**Name:** .....

We all need money in some shape or form! This section is about your sources of income, seeing what financial support you may be entitled to and managing any money you may have.

Depending on your current situation you may receive money from different sources. Some of the questions in this section may not be relevant just now but you may want to revisit this when your circumstances change.

### How would you describe your money situation at the moment?

*(please circle the words)*

- |                        |                              |                    |
|------------------------|------------------------------|--------------------|
| I get by OK            | I have to borrow money a lot | People help me out |
| I never have enough    | I worry about money          |                    |
| I manage to save a bit | I watch how much I spend     | Always skint!      |
| I always have enough   | I lend money to friends      |                    |

**Is there anything else you would like to say about your money situation at present?**

### Where you get your money from

**Where do you get your money from at the moment?**

#### HOW MUCH

*per WEEK or per MONTH? (circle one)*

- |                    |                      |
|--------------------|----------------------|
| Pocket Money       | <input type="text"/> |
| Training Allowance | <input type="text"/> |
| Job / Wage         | <input type="text"/> |
| Benefits           | <input type="text"/> |
| Loan               | <input type="text"/> |
| Family             | <input type="text"/> |
| Friends            | <input type="text"/> |
| Local Authority    | <input type="text"/> |
| Other .....        | <input type="text"/> |
| <b>TOTAL =</b>     | <input type="text"/> |

**What benefits or financial support do you currently receive?**



**What you spend your money on**

**What do you currently spend:**

**HOW MUCH**

**per WEEK or per MONTH? (circle one)**

Complete the amounts below:

**AMOUNT**

<input type="text"/>	Rent
<input type="text"/>	Gas/Electricity
<input type="text"/>	Telephone/Mobile
<input type="text"/>	Clothes
<input type="text"/>	Travelling
<input type="text"/>	Food
<input type="text"/>	Entertainment/Leisure
<input type="text"/>	TV Licence
<input type="text"/>	Council Tax
<input type="text"/>	Toiletries
<input type="text"/>	Repaying Loans
<input type="text"/>	Work/College/School Equipment
<input type="text"/>	Laundry
<input type="text"/>	Household items
<input type="text"/>	Cigarettes
<input type="text"/>	Alcohol
<input type="text"/>	Holidays
<input type="text"/>	Hobbies
<input type="text"/>	Child Care
<input type="text"/>	Credit Cards
<input type="text"/>	Savings
<input type="text"/>	Other .....
<input type="text"/>	<b>= TOTAL</b>

**At the end of the week/month do you have?**

*(circle one)*

No money left

A bit of money left

Lots of money left



**Bank accounts, savings and loans**

**Do you have a bank, building society or post office account?**

Yes  No

**Do you ever save money in a savings account?**

Yes  No

**Do you want to say how much you have in savings?** £

**Are you saving for anything in particular?**

**Do you need any more information or help to set up a current or savings account?**

Yes  No

**If yes, who could help you with this?**

**What kind of outstanding loans, debts or credit cards do you have to pay?**

**Is there any other money you have to pay out at present?**

Yes  No

**If yes, give details.**



**Future financial support**

Young people who have been looked after by a local authority may be entitled to certain kinds of financial support.

**Has someone explained that you may be entitled to financial support from your Local Authority?**

Yes     No

**Have you already had any financial support from your Local Authority?**  
(e.g. a leaving care grant or other money)

Yes     No

**What kind of financial help do you think you may need from your Local Authority for aftercare support...**

**...during the next 12 months?**

**...in the future?**



**Who will help you look at on-going financial support and money issues?**

**Has someone checked to see if you are entitled to benefits, to see if you are receiving all benefits that you may be entitled to?**

- Yes    No    Don't Know    I know I am not entitled to claim Benefits

**Do you think you may be entitled to other money?**

(e.g. Criminal Injuries compensation, Inheritance, etc.)

- Yes    No    Don't Know

**Would you like help to find out and who from?**



### Budgeting skills

To live more independently, it is important to know how to manage your money, to plan how to spend your money wisely, to make sure bills are paid and maybe save up for things like holidays etc.

#### How do you feel you can manage money?

*(please circle one)*

Very well

Quite well

OK

Not very well

Not at all

**What do you do if you have no money?**

**Would you like help with learning how to budget your money?**

Yes

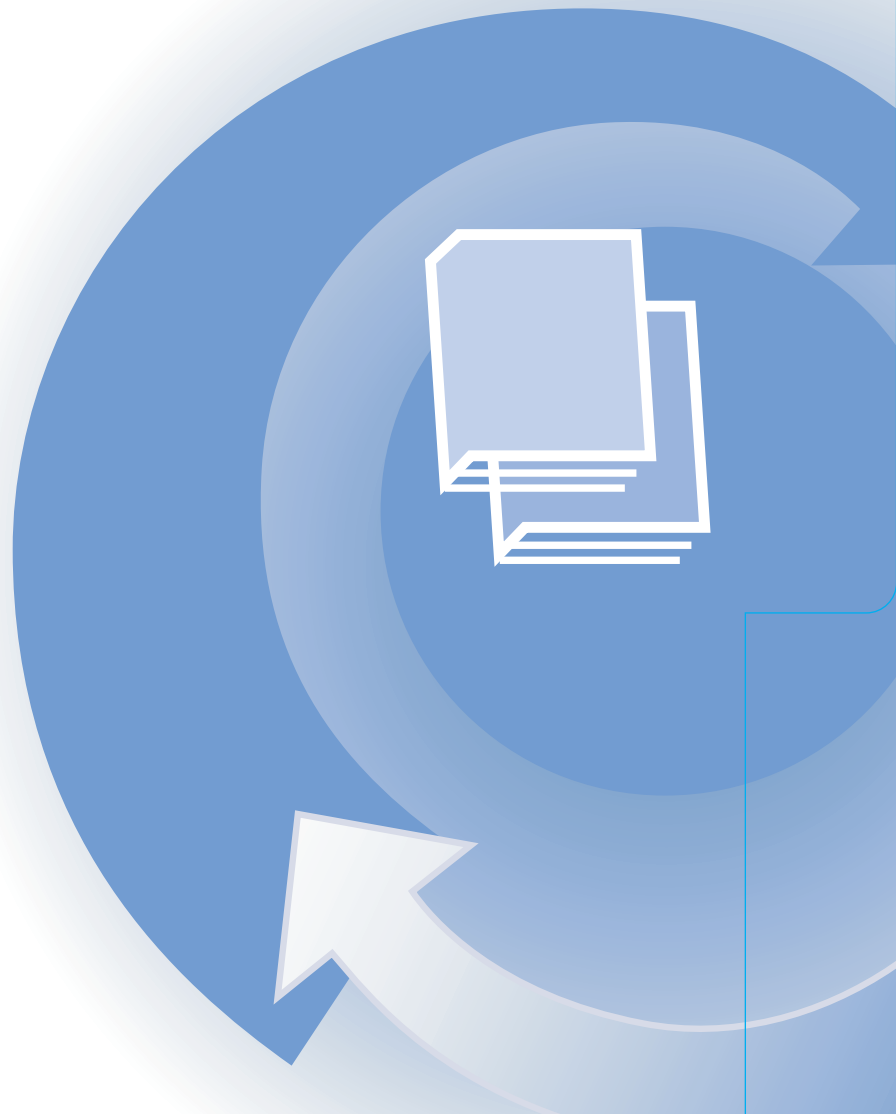
No

**Have you any other comments, questions or concerns about money and financial support?**





## rights & legal issues

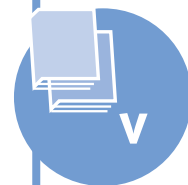
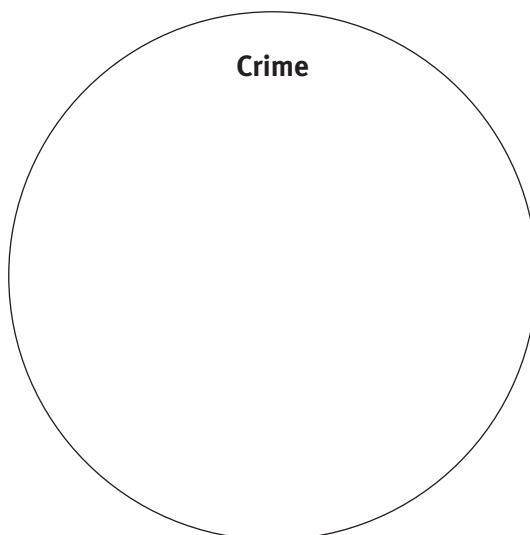
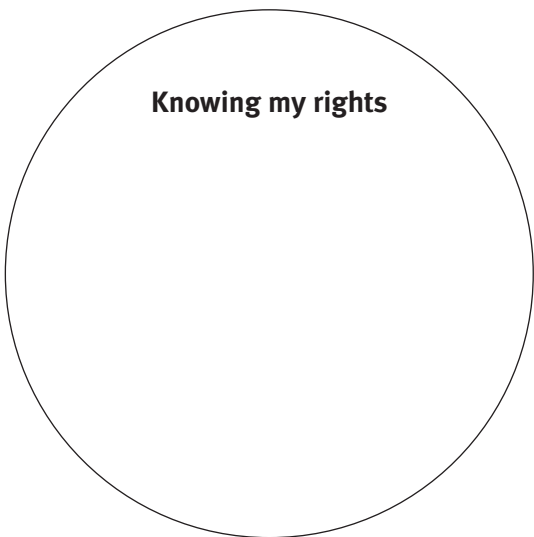


# my pathway views – rights & legal issues

Name: .....

Think about any rights and legal issues that affect you.

- What do you know about? Is anything affecting you just now?
- What are you concerned about?
- Is there any kind of support you may need?



## my pathway views – rights & legal issues

Any other comments



## my pathway views – rights & legal issues

**Name:** .....

We can come across rights and legal issues in many aspects of life. Sometimes its about knowing what we are legally entitled or have a right to.

Whether you are the victim of crime or have committed offences yourself, it is also important to be aware of your legal position and to have the appropriate support if you have to go to court.

But it's not just criminal matters where the law is relevant – if you feel you have been treated unfairly on any matter there may be a legal solution. This section will help you to think about your current situation and provide some information on rights and legal matters.

### Knowing my rights

**Have you been given any information about what support you are legally entitled to?**

Yes    No

**Give details:**

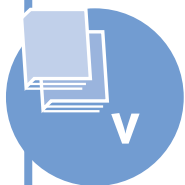
**Would you like to know more about your legal rights?**

Yes    No

**Is there anything in particular that you want to know about?**

**WHO can help you find out and HOW?**

(eg Citizens Advice Bureau, Welfare Benefits advisers, Who Cares? Scotland, etc)



**Legal proceedings**

**Do you have your own solicitor?**

- Yes     No, I don't need one     No, but I would like one

**Are you currently involved in any court cases?**

- Yes     No

**If so, what is your involvement, and what stage is it at?**

**What kind of support, if any, would you like in relation to current legal proceedings?**

**Are you currently subject to any order from the court or children's hearing?**

- |  |  |
|--|--|
| <input type="checkbox"/> Supervision requirement | <input type="checkbox"/> Community Service order |
| <input type="checkbox"/> Probation order         | <input type="checkbox"/> Fine                    |
| <input type="checkbox"/> Compensation order      | <input type="checkbox"/> Custody                 |
| <input type="checkbox"/> Other.....              | <input type="checkbox"/> Don't know              |

**If so, what are the requirements of this order? Are there any other workers involved in this?**



### Crime

Have you been stopped by the police or charged with an offence within the last six months?

Yes  No

Do you need any support with this?

Have any crimes been committed against you within the past few years?

Yes  No

If yes, has this been dealt with? Would you like any support in this?

What kind of additional support, if any, would you like in relation to your rights or legal matters?

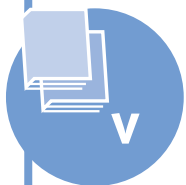
**For further information about issues raised in this section:**

Visit [www.adviceguide.org.uk](http://www.adviceguide.org.uk) or the 'law' section on [www.youngscot.org](http://www.youngscot.org)

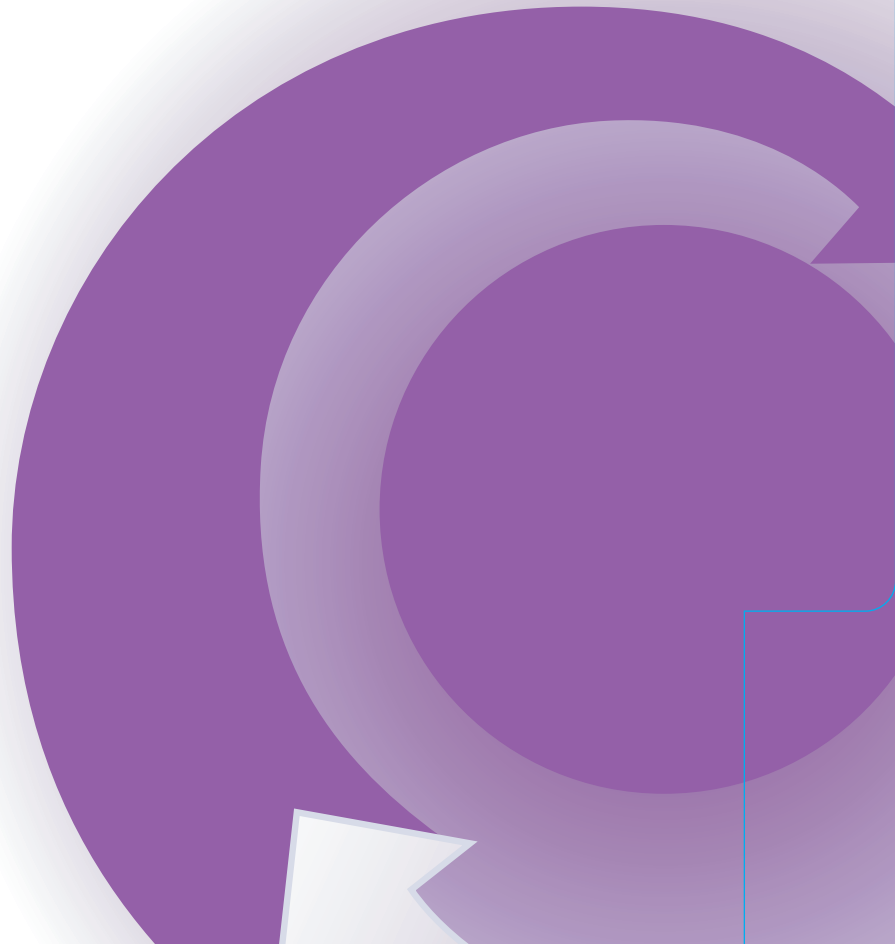
Contact the Scottish Child Law Centre (if you are under 18 years of age):

Telephone: **0800 3288970**

Email: [enquiries@sclc.org.uk](mailto:enquiries@sclc.org.uk)






## pathway assessments



# pathway assessment summary

Name:.....

Pathway Assessment	Date completed/ updated	Consent for Assessment information to be shared with ...	Any comments
<b>lifestyle</b> 	..... .....	..... .....	..... .....
<b>family and friends</b> 	..... .....	..... .....	..... .....
<b>health and well-being</b> 	..... .....	..... .....	..... .....
<b>learning and work</b> 	..... .....	..... .....	..... .....
<b>where I live</b> 	..... .....	..... .....	..... .....
<b>money</b> 	..... .....	..... .....	..... .....
<b>rights &amp; legal issues</b> 	..... .....	..... .....	..... .....



## pathway assessment summary (cont.)

### Consent

There may be times when it is helpful to share information in the Pathway Assessment sections with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

Apart from the people or agencies listed on the previous page, the information in the Pathway Plans will not be passed on to anyone else without your consent. The exception will be if there are concerns about your safety or the safety of others. Efforts will be made to contact you to seek or update your consent.

### Has Consent and Information Sharing been explained and discussed with the young person?

Yes     No

**Agreed by** ..... (young person)

Date .....

and .....

on behalf of ..... (responsible authority)

Date .....

# pathway assessment for: lifestyle

**Name:** .....

**Has 'My Pathway Views: Lifestyle' been completed?**     Yes     No

**Have the views of anyone else** (e.g. carer, support worker or other relevant person) **contributed to this assessment?**

Yes     No

If yes, please give details:

**How you're feeling** – are there any concerns about the way you feel?

**Activities** – how do you spend your time? What are your leisure interests and hobbies? Are you getting a chance to do everything you want to?

**Risks and safety** – are you aware of personal safety? Are there particular situations or times when you are more at risk?

**What's important to me** – who or what is important to the way you live your life?

**Identity** – how do you see yourself? (including religious, cultural and sexual identity) Is any support needed?

**The needs identified by the young person are...**

**The overall assessment of need is...**

If necessary, please continue on another sheet ...



Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....



# pathway assessment for: family & friends

Name: .....

Has 'My Pathway Views: Family & Friends' been completed?  Yes  No

Have the views of anyone else (e.g. carer, support worker or other relevant person) contributed to this assessment?

Yes  No

If yes, please give details:

**Family Relationships and Contact** – what kind of on-going support is needed? What level of family contact is there?

**Caring responsibilities** – are there any needs arising from responsibilities to care for others?

**Your own children** – are there any needs in relation to children?

**Your Life story** – is any support required for life story work?

**Friends and other important people** – who is important to you? What is contact like with your peers?

The needs identified by the young person are...

The overall assessment of need is...

If necessary, please continue on another sheet ...



Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....



# pathway assessment for: health & well-being

Name: .....

Has 'My Pathway Views: Health & well-being' been completed?  Yes  No

Have the views of anyone else (e.g. carer, support worker or other relevant person) contributed to this assessment?

Yes  No

If yes, please give details:

**General health** – do you have any on-going health issues or concerns?

**Health services** – is there contact with all the health professionals there should be?

**Medical conditions or disabilities?** – are there any disabilities that create specific needs? Any medication requirements?

**Healthy lifestyle** – are there any needs in relation to diet, exercise, substance use, sexual health?

**Emotional well-being and mental health** – is there adequate support? How do you cope with stressful situations.

The needs identified by the young person are...

The overall assessment of need is...

If necessary, please continue on another sheet ...



Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....



# pathway assessment for: learning & work

Name: .....

Has 'My Pathway Views: Learning & work' been completed?  Yes  No

Have the views of anyone else (e.g. carer, support worker or other relevant person) contributed to this assessment?

Yes  No

If yes, please give details:

**Future plans and ideas** – what would like to do in the future? What needs and wishes do you have about studying, training or work?

**School** – what has your experience of school been like? Is any support required?

**Skills and experience** – what strengths and abilities do you have? Any gaps?

**Studying** – what qualifications and certificates have been gained? What else would you like to pursue? What support is needed?

**Training and work** – what experience have you had? Are there any needs for support to make progress?

The needs identified by the young person are...

The overall assessment of need is...

If necessary, please continue on another sheet ...





Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....



# pathway assessment for: where I live

Name: .....

Has 'My Pathway Views: Where I Live' been completed?  Yes  No

Have the views of anyone else (e.g. carer, support worker or other relevant person) contributed to this assessment?

Yes  No

If yes, please give details:

**Where I live just now**  
– what needs are there where you are currently living?

**Practical living skills**  
– are there any gaps in every day living skills? Are you aware of what you need to know?

**Accommodation options for the future**  
– where would you like to live? What kind of accommodation is most suitable? Who else is helping with accommodation needs?

**Extra support** – are there any difficulties anticipated? Will extra support be required?

The needs identified by the young person are...

The overall assessment of need is...

If necessary, please continue on another sheet ...



Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....



# pathway assessment for: money

Name: .....

Has 'My Pathway Views: Money' been completed?  Yes  No

Have the views of anyone else (e.g. carer, support worker or other relevant person) contributed to this assessment?

Yes  No

If yes, please give details:

**Where you get your money from** – what are your current sources of money? Will this change?

**What you spend your money on** – what are your current out-goings? (leisure, family contact, clothing, bills, etc.) Is this OK?

**Bank accounts, savings and loans** – do you have a bank account? Do you save? Do you need any help with debt?

**Future financial support** – will there be additional support required in the future? What will be the entitlement to benefits and other monies?

**Budgeting skills** – is any help required with budgeting skills?

The needs identified by the young person are...

The overall assessment of need is...

If necessary, please continue on another sheet ...



Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....



# pathway assessment for: rights & legal issues

Name: .....

Has 'My Pathway Views: Rights and Legal issues' been completed?  Yes  No

Have the views of anyone else (e.g. carer, support worker or other relevant person) contributed to this assessment?

Yes  No

If yes, please give details:

**Knowing my rights** – have you received information about legal entitlements to support? Do you need further advice on legal issues?

**Legal proceedings** – are you involved in any current proceedings? Are you subject to any legal orders?

**Crime** – are you needing any support in relation to crimes committed against you or by you?

The needs identified by the young person are...

The overall assessment of need is...

If necessary, please continue on another sheet ...



Are there any comments or differences in opinion?

**Consent**

There may be times when it is helpful to share information in this section with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Assessment summary page.**

**This Pathway Assessment has been completed by:**

.....

Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority)

Date .....










## pathway plans





# pathway plan summary

Name:.....

Pathway Plan	Date completed/ updated	Consent for Plan information to be shared with ...	Any comments
<b>lifestyle</b> 	..... .....	..... .....	..... .....
<b>family and friends</b> 	..... .....	..... .....	..... .....
<b>health and well-being</b> 	..... .....	..... .....	..... .....
<b>learning and work</b> 	..... .....	..... .....	..... .....
<b>where I live</b> 	..... .....	..... .....	..... .....
<b>money</b> 	..... .....	..... .....	..... .....
<b>rights &amp; legal issues</b> 	..... .....	..... .....	..... .....

## pathway plan summary (cont.)

### Consent

There may be times when it is helpful to share information in the Pathway Plan sections with other people or agencies. The reasons for passing on the information are:

- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

Apart from the people or agencies listed above, the information in the Pathway Plans will not be passed on to anyone else without your consent. The exception will be if there are concerns about your safety or the safety of others. Efforts will be made to contact you to seek or update your consent.

### Has Consent and Information Sharing been explained and discussed with the young person?

Yes     No

**Agreed by** ..... (young person)

Date .....

and .....

on behalf of ..... (responsible authority)

Date .....

### Priority Actions

From the Pathway Plans, the following actions are identified as priorities:

Which section of the Plan?	Action that needs to be taken	This will happen by...

# pathway plan for: lifestyle

Name:.....

Has 'My Pathway Views: Lifestyle' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





Please record any comments or differences in opinion about what action needs to be taken here:

**Consent**

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- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Plan summary page.**

**This Pathway Plan has been completed by:**

..... Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority) Date .....

# pathway plan for: family & friends

Name:.....

Has 'My Pathway Views: Family & Friends' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





Please record any comments or differences in opinion about what action needs to be taken here:

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- so that you don't have to answer the same questions again in a different setting

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**This Pathway Plan has been completed by:**

..... Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority) Date .....

# pathway plan for: health & well-being

Name:.....

Has 'My Pathway Views: Health & Well-being' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





Please record any comments or differences in opinion about what action needs to be taken here:

**Consent**

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- to help make sure that you receive the support from particular services
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**This Pathway Plan has been completed by:**

..... Date .....

**and** ....., (young person)

**and agreed by** .....

on behalf of ....., (responsible authority) Date .....



# pathway plan for: learning & work

Name:.....

Has 'My Pathway Views: Learning & Work' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





Please record any comments or differences in opinion about what action needs to be taken here:

**Consent**

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- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

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**This Pathway Plan has been completed by:**

..... Date .....

**and** ....., (young person)

**and agreed by** .....

on behalf of ....., (responsible authority) Date .....

# pathway plan for: where I live

Name:.....

Has 'My Pathway Views: Where I Live' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





Please record any comments or differences in opinion about what action needs to be taken here:

**Consent**

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- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Plan summary page.**

**This Pathway Plan has been completed by:**

..... Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority) Date .....

# pathway plan for: money

Name:.....

Has 'My Pathway Views: Money' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





Please record any comments or differences in opinion about what action needs to be taken here:

**Consent**

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- to help make sure that you receive the support from particular services
- so that you don't have to answer the same questions again in a different setting

**Please ensure that all agreements for Information Sharing and Consent details are recorded on the Pathway Plan summary page.**

**This Pathway Plan has been completed by:**

..... Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority) Date .....

# pathway plan for: rights & legal issues

Name: .....

Has 'My Pathway Views: Rights & Legal issues' been completed?  Yes  No

Has the Pathway Assessment been completed?  Yes  No

Based on the needs set out in the Pathway Assessment the following action is required:

If NO action is required just now, please tick this box  , record any comments on the next page and complete the agreement

What action needs to be taken?	Who is responsible for this?	This will happen by...	Is there a contingency plan? (if so, give details)	Did it happen? When?	If yes, what was the outcome? Give details If no, why not? Did anything else happen?





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**This Pathway Plan has been completed by:**

..... Date .....

**and** ..... (young person)

**and agreed by** .....

on behalf of ..... (responsible authority) Date .....



## pathway plan progress reviews



# pathway plan progress reviews

Name:.....

The purpose of Progress Reviews is to see how things are going with the Pathway Plans. During the review you should go over the previous plan and think about what needs to happen next. You should also discuss whether the consent and information sharing agreements need to be updated. Any new details should be updated on the relevant summary page.

The first review will take place by: ..... (date)

Date of review	Who attended?	Outcome of review: Is there a need to update the plan? Is any reassessment of needs required? Are new plans required? Are there any changes in circumstances that need to be recorded? Is there any unmet need?	The next review will take place by ...

Copies of any written notes from Progress Reviews should be kept in this section.

# pathway plan progress reviews

Date of review	Who attended?	<b>Outcome of review:</b> Is there a need to update the plan? Is any reassessment of needs required? Are new plans required? Are there any changes in circumstances that need to be recorded? Is there any unmet need?	The next review will take place by ...