

Preparing for Adulthood EDUCATION HEALTH AND CARE PLAN

Part 2 - My needs and how they will be met

Name:	
Photo:	
Date of Birth:	
Parent(s)/Carer(s):	
Preparing for Adulthood Coordinator:	
Care Manager:	

Note: Where the young person has contributed to this plan directly, language in the first person will be used. Where this is not the case, information will be written in the third person.

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My one page profile
(as per section 1)



My resources

My family, friends, relationships and connections (<i>wider support network/s including voluntary sector</i>)	•
My money (<i>including direct payments and other allocations</i>)	•
My services (<i>education, health and care</i>)	•

My needs and how they will be met: Education and learning (for life and work)

Long term plan	What will we do in the next 12 months? (SMART Outcome)	Who will do it?	By when?	What resources will we need?	How will we know if we're successful?	How well did we succeed? <i>(update from last review of outcomes)</i>

My needs and how they will be met: Living Independently

Long term plan	What will we do in the next 12 months? (SMART Outcome)	Who will do it?	By when?	What resources will we need?	How will we know if we're successful?	How well did we succeed? <i>(update from last review of outcomes)</i>

My needs and how they will be met: Good Health

Long term plan	What will we do in the next 12 months? (SMART Outcome)	Who will do it?	By when?	What resources will we need?	How will we know if we're successful?	How well did we succeed? <i>(update from last review of outcomes)</i>

My needs and how they will be met: Friendships, relationships & being part of my community

Long term plan	What will we do in the next 12 months? (SMART Outcome)	Who will do it?	By when?	What resources will we need?	How will we know if we're successful?	How well did we succeed? <i>(update from last review of outcomes)</i>

The following people have been involved in my plan

(this needs to include the young person, family, friends and professionals)

Name	Role	Contact details

People who are able to share this plan with me

This plan should **not** be shared with anyone other than the people listed below, without asking the young person or family first

Name	Role	Contact Details

Agreeing the plan

I understand that the information in this plan will be shared with relevant parties on a need to know basis

Signatures	
Young person or their representative:	
Parent(s) / Carer(s):	
Preparing for Adulthood Coordinator:	
This plan was completed on:	
This plan will be reviewed on:	

Appendices

The documents listed below contributed to the formulation of this plan and are attached appendices:

Document	Written by	Dated

Annual Review – What's working / not working

Review date:

Area of my life	View	What is working	What is not working	Outcome/s (progress I would like to see in 1 years time)
Education and Learning (for life and work)	Me	•	•	•
	Family	•	•	•
	Other (who?)	•	•	•
Living independently	Me	•	•	•
	Family	•	•	•
	Other (who?)	•	•	•
Good health	Me	•	•	•
	Family	•	•	•
	Other (who?)	•	•	•
Friendships, relationships and being part of the community	Me	•	•	•
	Family	•	•	•
	Other (who?)	•	•	•