**APPENDIX A**

North Yorkshire County Council

“Staying Put” – Living Together Agreement

(Young People Aged 18 ‘living in a “Staying Put” arrangement’)

This Living Together Agreement provides a framework that sets out the house rules and expectations of young people and their carer/s where young people remain living with their former foster carer/s after their 18th birthday and under a “Staying Put” arrangement.

The Living Together Agreement should be based on the information set out in the preceding Placement Plan and the agreements set out in any ‘Delegated Authority’ framework. Whilst the Living Together Agreement is a formal document setting out everyone’s expectations the majority of house rules and expectations will be the same as those in place prior to the young person’s 18th birthday; so most of the requirements will remain broadly the same. However, reaching the age of 18 and adulthood is a good opportunity to revisit all of this and see what needs to change.

The Living Together Agreement is a flexible document and should be used to set out tasks, expectations and house rules which help the “Staying Put” arrangement to run smoothly.

In order to ensure everyone knows what is expected of them, the first Living Together Agreement should be completed prior to a young person’s 18th birthday and be signed and linked to the young person’s Pathway Plan.

The Living Together Agreement contains three main areas:

1 responsibilities of everyone who signs the agreement;

2 house rules and expectations;

3 support to be provided to the young person.

The information in this document should cover all of the day to day arrangements that are needed to ensure that the positive aspects of fostering transfer to the “Staying Put” arrangement.

Please sign the Living Together Agreement after discussing and agreeing everyone’s expectations.

Signed copies of this document should be given to each person to keep.

Name of Young Person: ……………………………………………………..

Signed………………………………………………………Date: ……………

Name of Staying Put Carer……………………………………………………

Signed………………………………………………………Date……………..

Name of Staying Put Carer: ……………………………………………………………………………..…..

Address: ……………………………………………………… ………………

Postcode: ……………………

Young Person’s date of birth:…………………………………………………………………………….

Next of Kin:……………………………………………………………………………...

Primary Language:………………………………………………………………………

Young persons mobile number:………………………………………………………………………….

Carers mobile/telephone number(s):………………………………………………………………………

Leaving Care Case Worker……………………………………………………………………………

Contact details:…………………………………………………………………………

Team Manager/Duty name and contact details:…………………………....................................................................

Emergency duty number (Out of Hours)…………………………..……………………......................................

Missing Person’s Police reporting number:…………………………………...

GP details:……………………………………………………………………………

**Living Together Agreement**



We agree the things below:

**My responsibilities**

* I will work with (*Staying Put Provider’s name*) and (*LCCW’s name*) to learn the skills to live on my own.
* I will behave with respect to all people living in the house. This includes people the same and people who are different to me.
* I will keep to the agreed House Rules.
* I will pay my agreed rent and other bills like food and gas and internet, on time. This money may come from my wages, bursary or benefit payments.
* I will keep my front door key safe and not have copies made.
* I will tell you and my worker if I want to leave. I will tell you 4 weeks before.
* I will keep things like my room and furniture looking good and working properly.
* I will tell you who is coming to visit me.
* I will tell (LCCW) if I get into trouble with the police.
* I will tell (LCCW) if I want to make any changes to what we’ve agreed.

**Staying Put Providers responsibilities**

* I/We will help you learn the skills to live on my own.
* I/We will jointly agree with you the House rules, which we will review as necessary.
* I/We will keep the Staying Put Coordinator informed of any changes/worries and complete 6 month reviews.
* I/We will let you use a furnished room at your house. (For agreed rent £60)
* I/We will let you use gas, electric and internet. (for suggested contribution of £20)
* I/We will tell the Staying Put Coordinator and your worker if I/we wish to end the Staying Put arrangement.
* I/We will give you 28 days’ notice unless your behaviour is unacceptable, or for other exceptional reasons.
* I/We will tell your worker and Staying Put Coordinator if you have left, or I/we think you may be missing.
* I/We won’t tell people private things about you if they don’t need to know.
* I/We will keep our home safe for you and complete any risk assessments in relation to younger children in the house.
* I/We will tell your worker of any incidents involving you that worry me/us.

**My Leaving Care Case Worker and Staying Put Coordinator responsibilities.**

We will help you and (*name of Provider*) with the following ………………….

* We will help you to learn the skills to live on your own.
* We will support you and (*name of provider*) to think about the House Rules.
* We will provide you and (*name of provider*) with support to achieve your independence, education and career goals. This will include help with finances/benefit claims and paying your rent.
* We will support and advise (*name of provider*) on risk management and safeguarding.
* We will continue to visit and support you and (*name of provider*) throughout your time in Staying Put.
* We will look at this agreement every 6 months to see how things are going.
* We will help you find a new place to live when needed.

**House Rules and Support**

Everyone will have different rules to fit their family. If there are younger children living in the house some of these rules will reflect this.

This is a guide to things that are good to talk about so everyone is clear about these rules and expectations.

**If there are any areas you and your Staying Put carer would like some help with let your Leaving Care Case Worker know.**

* Privacy - when is it ok to come into my room? Respecting others privacy
* Front door keys – security
* Phone and internet use. (Safety on line)
* Paying for my rent, food, gas and electric – how much and when?
* What happens if I do not pay?
* What time do I have to be in at night and what happens if I want to stay out overnight?
* What is the plan if I don’t return on time?
* What will happen if I go missing, who will you contact? (*discuss vulnerabilities/risk*)
* Can my friends come around? Can a friend boyfriend/girlfriend stay overnight?
* If me or my friends smoke or drink what are the rules?
* What happens when my Staying Put provider is away or goes on holiday?
* What is my move-on plan from Staying Put?
* What happens if I or my Staying Put carer wants to end the arrangement?

**The next section is the plan to support to develop skills to live on your own.**

* Circle on the line how confident you think you are for each statement. You will be able to see progress you are making when you complete this again at the review.
* (*insert name of carer*) and (*insert name of LCCW*) will support me to gain these skills and together we will think of how we can do this.
* After each section there is a box to complete with our ideas on **how, who** and **when.**

**Cooking meals**

 **1 2 3 4 5 6 7 8 9 10**

**Washing my clothes and household jobs**

 **1 2 3 4 5 6 7 8 9 10**

**Budgeting and managing my money.**

 **1 2 3 4 5 6 7 8 9 10**

**The plan to support the above.**

**Making benefit claims**

 **1 2 3 4 5 6 7 8 9 10**

**Speaking on the telephone to official people**

 **1 2 3 4 5 6 7 8 9 10**

**How and where to get support**

 **1 2 3 4 5 6 7 8 9 10**

**Returning official forms**

 **1 2 3 4 5 6 7 8 9 10**

**The plan to support the above.**

**Setting up and attending appointments with the doctor/dentist**

 **1 2 3 4 5 6 7 8 9 10**

**Looking after my health/ keeping good hygiene**

 **1 2 3 4 5 6 7 8 9 10**

**The plan to support the above.**

**Support with homework/assignments**

 **1 2 3 4 5 6 7 8 9 10**

**Support attending school, college or university open days etc.**

 **1 2 3 4 5 6 7 8 9 10**

**Looking for and applying for jobs/training/education**

 **1 2 3 4 5 6 7 8 9 10**

**The plan to support the above.**

**Support with keeping in contact with family and friends**

 **1 2 3 4 5 6 7 8 9 10**

**Support making and keeping safe friendships**

 **1 2 3 4 5 6 7 8 9 10**

**The plan to support the above.**

**Support with hobbies, sports and leisure activities.**

 **1 2 3 4 5 6 7 8 9 10**

**Support finding and trying new activities**

 **1 2 3 4 5 6 7 8 9 10**

**Anything else……**

Signed: Young Person …………………………………………………………………….

Signed: Staying Put Provider …………………………………………………………………….

Signed: LCCW …………………………………………………………………….

Date: …………………………………………………………………….

 Tick and date when done

|  |  |  |
| --- | --- | --- |
| First review date |  |  |
| Second review date |  |  |
| Third review date |  |  |
|  |  |  |
|  |  |  |