Support Plan

Self Directed Support
Your Life Your Choice

Date of this Support Plan:	
Your family name	Your First name:
Present address:	
	Postcode
Phone number:	Date of birth:
Reason for Support Plan – Review or	Assessment?
If Review, have eligible needs change	d since the last review/
assessment?	
FACS Banding	
The information in an individual's ass	essment form should be used for
discussion to develop the support pla	ın.

The following 6 questions help you think about what is important in your life.

1a What is important to me?

Who am I? My story.....

	What do I want to change or achieve? If we review your support plan, we will see how successful it has been at any you achieve these personal outcomes.
3	How will your needs be met (Formal and Informal Support). Your most recent assessment identifies your assessed eligible needs that this support plan needs to meet. Describe here how your support will meet each of those assessed eligible needs.

1b Who are the important people in my life? Family, friends, paid support

4 Formal Support
Use this table to record the support you need every week and how much it costs.

Support	Frequency	Annual Cost
L	Total	
To calculate your Personal Budget multip the annual total. Your annual budget is ca year. If your case is new or the annual total has complete a financial assessment to see h contribute towards your care.	alculated based on a 52 s changed you will be a	week financial sked to
My annual Personal Budget:		
5 How will my support plate Think about whether you want to manage someone else to manage this for you. Plate worker.	the money yourself or	would like
I would like to manage my p direct payments	ersonal budget	through
I would like to manage some through direct payments	e of my persona	al budget
I would like the Council to n budget	nanage my pers	onal
My Support Plan will be reviewed or Additional Notes	n:	

For each area below please tick the box which best describes how you feel you are doing.

1)	Health and Wellbeing	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
2)	Looking After Myself	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
3)	Meals and Drinks	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
4)	Staying Safe	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
5)	My Support Network & Carers	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
	Making Decisions and Staying In Control	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
7)	Domestic tasks, Home & Money	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
8)	Education & Employment	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
9)	Being Part of the Community	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
10)	Family Relationships	<i>Improved</i> ☐ No Change ☐ Got Worse ☐
11)	Housing	<i>Improved</i> ☐ No Change ☐ Got Worse ☐

CONTINGENCY PLAN (To be completed with your social worker)

"If any of the services you receive weren't available for a period of time or were restricted – how would you cope?"				
What if you were ill?				
Are you able to summon help if required				
Is there anyone else who needs to be involved	d			
Risk Matrix: Risk Level: 1 2 3 4 (Please delete as appropriate)	1 High Risk (red) 2 Medium High Risk (amber) 3 Low Medium Risk (yellow) 4 Low Risk (green)			
Comments:				
Completed by:	Date:			

Adults Contingency Risk Matrix

	Has no support network.	3	2	1	1
Support network	Or not able to summon help in an emergency	Withdraw service or agree minimal level of care/monitoring required to ensure safety and survival needs are not compromised. Arrange safecall /regular phone contact from agy.	Agree minimum level of care required for survivaleg critical medication/meal. Micro environment. Arrange safecall /regular phone contact from agy.	Maintain care package Make contingency plan if care not available- step up placement/ relative/ live in care?	Maintain care package. Make contingency plan if care not available- step up placement/ relative/ live in care?
	Has a limited or distant support network- can provide some phone support or some practical tasks.	4 Withdraw service, explore and agree alternatives be considered- eg web order> home delivery Ensure phone contact maintained.	Agree minimum level of care required for survivaleg critical medication/meal. Consider augmenting package with phone checks/ neighbour checks, safecall.	Agree minimum level of care required for survivaleg critical medication/meal. Consider augmenting package with phone checks/ neighbour checks, safecall. Micro environment.	Maintain care package. Make contingency plan if care not available- step up placement/ relative/ live in care?
	Has a reasonably strong support network- there is more than one person to call on and they can provide phone and practical support, and some home visits.	4 Explore and agree can alternatives be considered- eg web order> home delivery Withdraw service	Agree minimum level of care/monitoring required to ensure safety and survival needs are not compromised. Increase family support (phone contact)	3 Negotiate with family/ support network to take on as much care as possible. Reduce stat services to safe minimum.	Negotiate with family/ support network to take on as much care as possible. Reduce stat services to safe minimum.
	Has a good support network. Family in close proximity and able to provide more care and support in an emergency.	4 Explore and agree can alternatives be considered- eg web order> home delivery Withdraw service	4 Negotiate with family/ support network to take on as much care as possible. Reduce stat services to safe minimum.	4 Negotiate with family/ support network to take on as much care as possible. Reduce stat services to safe minimum.	4 Negotiate with family/ support network to take on as much care as possible. Reduce stat services to safe minimum.
		Requires input with practical tasks or to prevent isolation, but manages most ADLs. Would survive without care package for a period of time, with minimal contingency in place (eg would need shopping/ prescription)	Requires intervention at least once a day because of practical difficulties but is generally safe. Would survive without care package for a period of time with some contingencies in place (eg phone contact) Needs/Risks	Requires intervention at least once a day-someone to ensure safety and survival needs are not compromised. Would survive with reduced care package for a period of time with contingencies in place.(reduced frequency)	Requires intervention several times a day-someone to meet basic survival needs- toileting, provision of snacks/drinks, keeping safe. Any reduction in care would place user at serious and immediate risk.