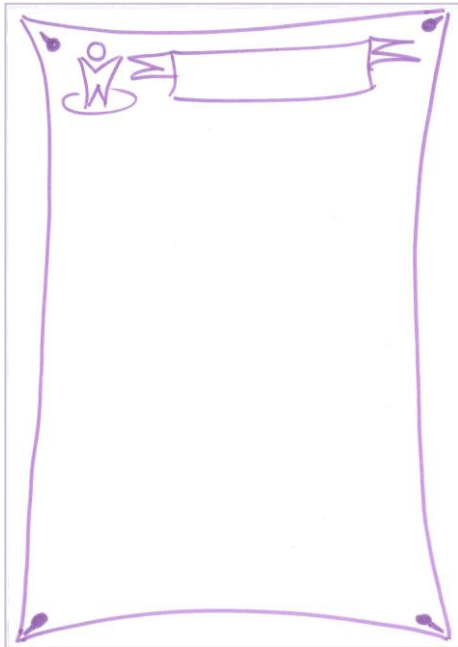


# My Support Plan

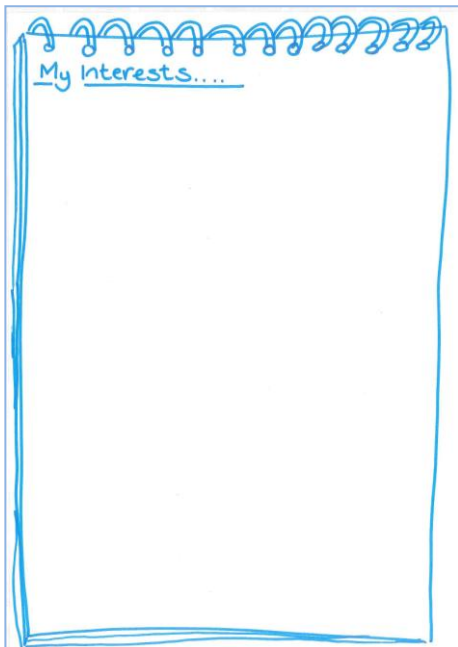
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## 1. ALL ABOUT ME



Gather background information, including where the person lives, their age, job, any major things they have or have had in their life.

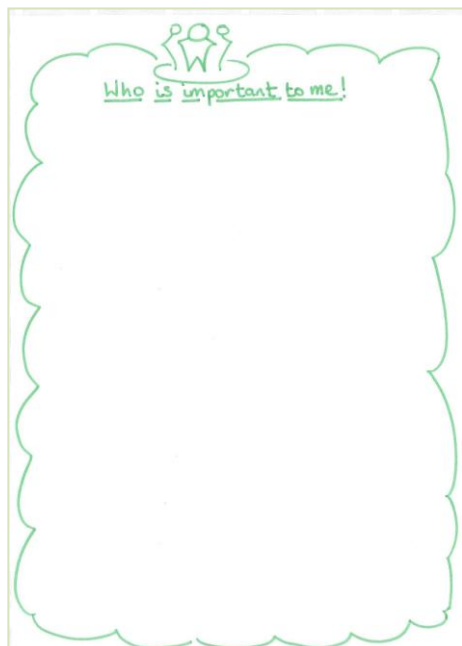
*e.g. I go to St. Andrew's Church, I won volunteer of the year, I'm in the Special Olympic team.*



My Interests

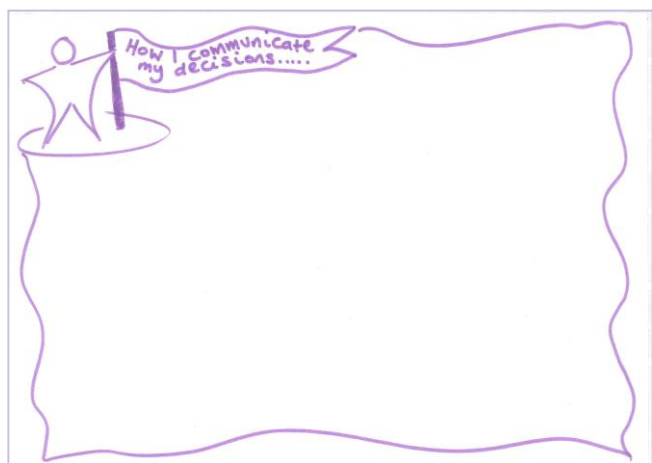
*List the things the person does now and other things they enjoy doing.*

*E.g. I go to Karaoke and love Elvis.*



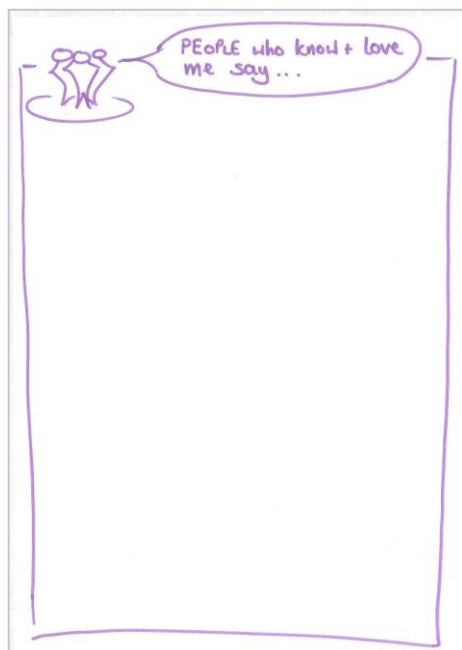
Who is important to me?

*List the people the focus person has in their life.  
Remember to record the relationship. E.g. Maureen  
(sister).*



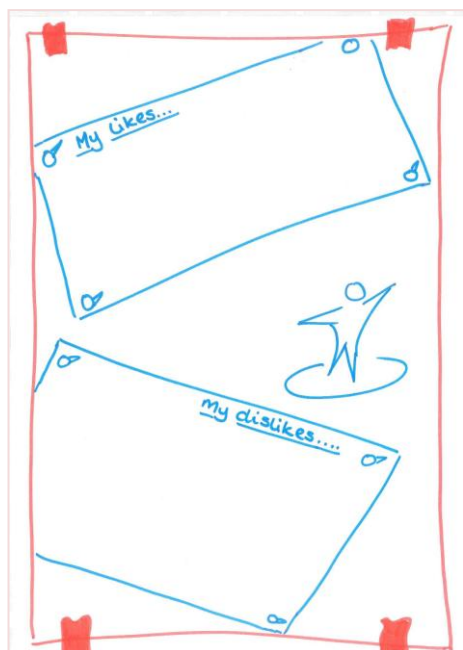
Does the person have any specific communication needs – do they use a communication passport/Makaton etc?

Are there specific ways the person makes decisions and how do we know?



Make a note of the good things people say about the focus person.

*e.g. Good fun, thoughtful, great at remembering birthdays.*



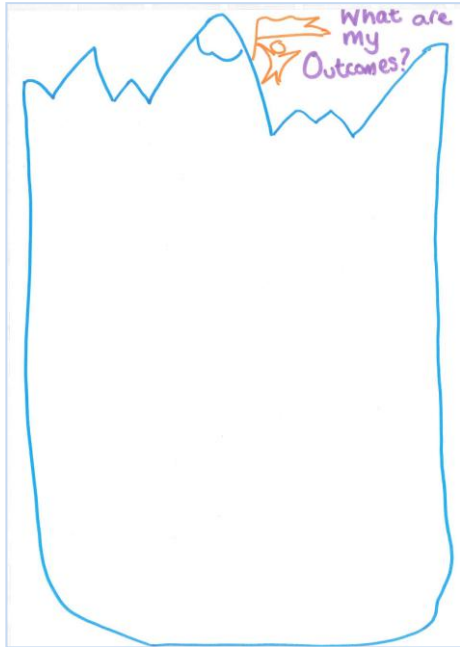
Make a note of all the things the person likes and does not like.

Note any issues that are not working/working for the person at the moment.

*e.g. I'm stuck in the house, I lost my job, having nothing to do, being involved in a local club.*

## 2. WHAT I WANT TO CHANGE AND ACHIEVE IN MY LIFE

What do I want out of life for the next year (outcomes)?



What does the focus person want to get out of life?

*e.g. Have more things to do, get a job, move house, meet more people, get healthier.*

These are their big goals – Outcomes. We will get more specific on how to achieve these outcomes later.

|   | Outcomes |
|---|----------|
| 1 |          |
| 2 |          |
| 3 |          |
| 4 |          |
| 5 |          |

*To make sure I get what I want out of life.*

### **What are the things I want to change?**



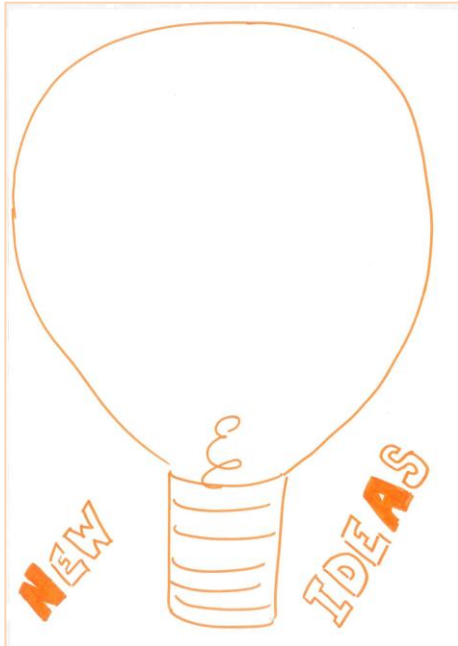
What are the things the person is unhappy with at the moment that they want to change? Now is the time to start getting more specific. These should be practical things. Have a copy of the person's outcomes up so you can go through them. The things they want to change should help them achieve their outcomes.

*You may need to go back and change the outcomes if something important has come up that is not covered or has been missed.*

| What will I change? | How will I do it? | What outcome will this help me achieve? |
|---------------------|-------------------|---|
|                     |                   |   |
|                     |                   |   |
|                     |                   |   |
|                     |                   |   |

*To make sure I get what I want out of life.*

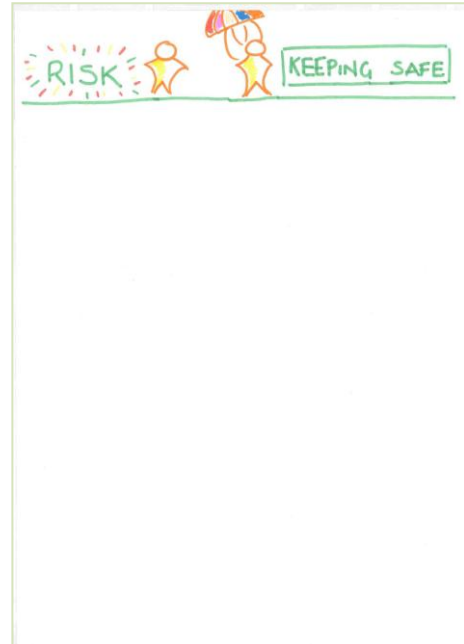
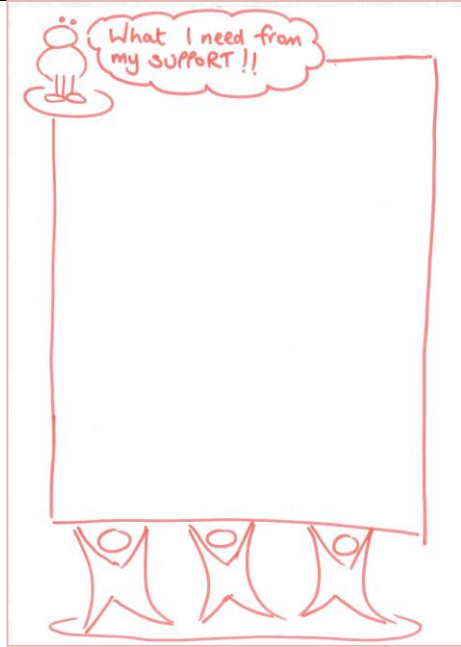
**What are the new things I want to try?**



What are the new things the person wants to try?  
as above – keep the outcomes up to remind the  
group of the key things the person wants to  
achieve.

| What new things will I try? | How will I do it? | What outcome will this help me achieve? |
|-----------------------------|-------------------|---|
|                             |                   |   |
|                             |                   |   |
|                             |                   |   |
|                             |                   |   |

### 3. HOW WILL I BE SUPPORTED

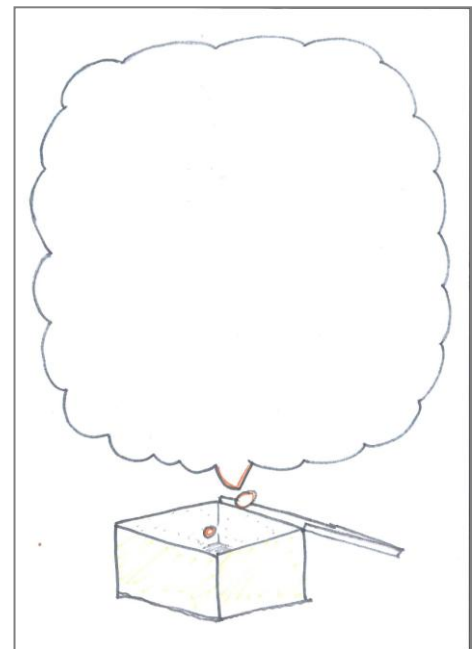


This is a very practical session. List all the things the person needs support for. Think what life would be like for the individual if that support was missing. Note what the risks would be and what the person would need to keep safe.

*This needs to be handled sensitively. There may be issues the person does not want to talk about in a group setting. These still need to be noted and we need to let the person know why.*

After making a note of all the things the person needs support for, take some time to think creatively – are there things, other than traditional support that could help the person achieve their outcomes.

e.g. Electronic alarm systems, a bicycle, a tent, Gym membership, driving lessons.





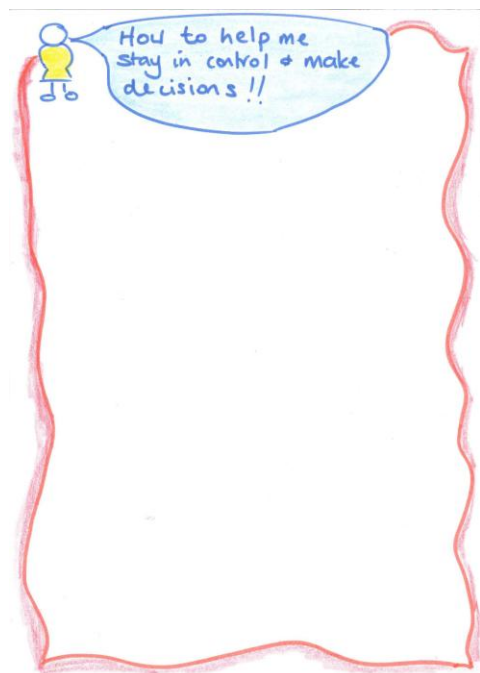
| What I need support for? | When do I need it? | What would happen if I didn't get this support? |
|--------------------------|--------------------|---|
| 1.                       |                    |   |
| 2.                       |                    |   |
| 3.                       |                    |   |
| 4.                       |                    |   |
|                          |                    |   |

### Who I want to provide my support?



List the providers the person will buy services from – or other ways they will use their budget.

## How I will stay in control?



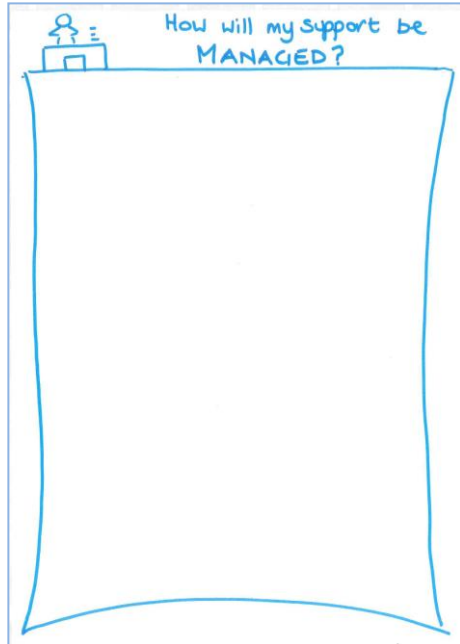
List the way you want to be involved in making decisions about your life. Think about decisions you can and want to make yourself and what you want help with. Also consider any decisions that are made for you.

| How do I like my information or options to be explained to me? | How can you help me to understand? | When is the best time to ask me to make decisions? | When is it not a good time for me to make decisions? |
|--|------------------------------------|--|--|
|  |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |

#### 4. HOW I WILL USE MY PERSONAL BUDGET

This is how I will spend the money / resource:

How my support will be managed.



MY RESOURCE ALLOCATION IS

£

| Description of support              | This will help me meet outcome No. | Weekly Cost | Annual Cost |
|-------------------------------------|------------------------------------|-------------|-------------|
|                                     |                                    |             |             |
|                                     |                                    |             |             |
|                                     |                                    |             |             |
|                                     |                                    |             |             |
|                                     |                                    |             |             |
|                                     |                                    |             |             |
| <b>TOTAL ALLOCATION TO BE TAKEN</b> |                                    |             |             |

## HOW I WOULD LIKE MY INDIVIDUAL BUDGET PAID

|  |
|--|
|  |
|--|

## SUPPORT PLAN INVOLVEMENT

| Person or Representative |  |
|--------------------------|--|
| PRINT NAME               |  |
| Sign Name                |  |
| Date                     |  |

| Care Manager / Care Co-ordinator |  |
|----------------------------------|--|
| PRINT NAME                       |  |
| Sign Name                        |  |
| Date                             |  |
| Organisation (if appropriate)    |  |

|                               |  |
|-------------------------------|--|
| PRINT NAME                    |  |
| Sign Name                     |  |
| Date                          |  |
| Organisation (if appropriate) |  |