



WEST NORTH WEST HOMES LEEDS WORKING IN PARTNERSHIP WITH LEEDS CITY COUNCIL

SUPPORT PLAN

Tenant	_____
Address	_____ _____
Scheme	_____ _____

This is a CONFIDENTIAL DOCUMENT

This means that only people who have access to this information are you and staff on a need to know basis. If you would like access to this information please contact your warden. We will only share information with other agencies where you agree that we can. You have the right to discuss matters with staff in confidence and the right to be treated fairly, equally and in the knowledge that your cultural beliefs will be respected.

Why do YOU need a support plan?

This will help to identify things you need assistance with, it will also help us to provide you with the most appropriate assistance to help you stay independent and help look after your health and well-being.

We are required to record and monitor services we provide to you and to demonstrate that they are appropriate to your individual needs and wishes. This document will form part of that evidence.

If your circumstances change?

We will review your support plans approximately every 12 months however if you would like to discuss this sooner please ask your warden. Also any major changes in your circumstances this will be reviewed sooner. Any reviews will be at a mutually convenient time. If you feel there is anything you would like to add to your support plan, your opinions and thoughts would be greatly appreciated.

SHELTERED HOUSING SUPPORT PLAN – PERSONAL INFORMATION

Name:		Religion:	Ethnic Origin:
Address:		KNOWN MEDICAL CONDITIONS	
		Condition	Essential Medication
			Disabilities
Telephone No:	D.O.B.		
Next of Kin :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Key-holder <input type="checkbox"/>	
Name:			
Address:			
Emergency Contact :		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship:	Tel No:	ALLERGIES	
Other Contact :		Prone to Falls	
Name:			
Address:		GP :	Tel No:
Tel No:		Key-holder <input type="checkbox"/>	Address :

1 Living in the Scheme

	Yes	No	Risk Score	Comments
<p>Door entry system</p> <p>1. I feel able to use the system confidently 2. I sometimes need reminding how to use the system 3. I do not always feel able to use the system 4. I can not use the system because I can not hear the doorbell/buzzer</p>				
<p>Emergency call system</p> <p>1. I feel able to use the system confidently 2. I sometimes need reminding how to use the system 3. I cannot hear clearly when I am called or spoken to 4. I can not use the call equipment at all</p>				
<p>Pendant Alarm</p> <p>1. I do not need a pendant 2. I have a pendant and I am able to use it 3. I have a pendant but don't like to use it</p>				
<p>Reporting repairs</p> <p>1. I am able to report repairs on my own 2. I am unable to report repairs and need help</p>				

<p>Security - Are you able to lock/unlock your own door?</p> <ol style="list-style-type: none"> 1. Lock and unlock with ease 2. Have difficulty locking/unlocking door 3. I can not lock/unlock my door 				
<p>Do you understand the complaints procedure?</p> <p>Do you know how to make a formal complaint if required?</p>				
<p>Any neighbour disputes/problems?</p> <ol style="list-style-type: none"> 1. Do you have any neighbour disputes? 2. Do you require any assistance to resolve any disputes/problems you may have with a neighbour or other resident in the scheme? 				
<p>Use of Communal laundry facilities</p> <ol style="list-style-type: none"> 1. I can manage without help 2. I can do hand washing/ require help to use machines 3. I can not use the laundry or hand wash 				

2 Mobility

	Yes	No	Risk Score	Comments
<p>Independent / Housebound</p> <p>1. I Can manage independently inside without any problems</p> <p>2. I can move around the house with the use of aids/equipment</p> <p>3. I have fallen inside my home</p> <p>4. I can get around outside without any problems</p> <p>5. I can get around outside with the use of aids/equipment</p> <p>6. I have fallen outside my home</p> <p>7. I am unable to leave my home:</p> <p>a. at all</p> <p>b. without assistance from relatives/carers</p> <p>8. I would like to be referred to the falls team</p>				
<p>Aids and adaptations</p> <p>Do you currently use any aids or have you any adaptations fitted to assist you with mobility?</p>				
<p>Aids and adaptations</p> <p>I require aid/s and adaptation/s to be made to my tenancy to assist me with Mobility?</p>				

<p>Transport needs</p> <p>1. I can use public transport easily 2. I use the Access Bus/Neighbourhood Networks 3. I would like to be referred for the Access bus</p>				
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3 Communication	Yes	No	Risk Score	Comments
<p>Use of English language</p> <p>1. I can read/write and speak English 2. I require assistance to understand any letters I receive/telephone calls/bills? 3. I cannot read and write English but I can understand spoken English and can make needs known 4 I cannot understand spoken English well enough to make my needs known. 5. I need an interpreter</p>				

4 Access to Services

<p>Advocacy / Support</p> <ol style="list-style-type: none"> 1. I can manage my own affairs 2. I would like someone to give me advice and, if necessary, act on my behalf? 3. I would like to know more about help available. 				
<p>Access to services</p> <ol style="list-style-type: none"> 1. I am able to access local services myself 2. I would like help to find or register with health services .e.g GP Dentist, Chiropodist etc 3. I would like help to join a exercise or mobility class 4. I would like information on continence advice 5. I would like help with making appointments 				
<p>Access to Welfare Benefits Advice</p> <ol style="list-style-type: none"> 1. I am able to arrange all benefits myself 2. I would like help with completing forms and paperwork. 3. I would like a visit from a Benefits Adviser? <p>If you would like help, please tell us which benefits you receive now and which you would like help with:</p> <p>Housing Benefit Council Tax Benefit Pension Credit Disability Benefits</p>				

5 Looking after your health	Yes	No	Risk Score	Comments
<p>Sensory/Visual Impairment- Do you have a sensory visual impairment</p> <p>1. I have no sight problems 2. I see well with spectacles 3. I have poor sight or am registered blind 4. I have difficulty reading the type face and print 5. I require large print information leaflets</p>				
<p>Hearing</p> <p>1. I have no hearing problems 2. I hear well with my hearing aid 3. I use sign language or other means of communication 4. I cannot hear well at all, and have trouble communicating 5. I would like to know more about adapted phones 6. I would like to know more about door bells/alarms for the deaf</p>				
<p>Diet</p> <p>1, I have no problems managing my diet 2. I would like help to manage my diet</p>				
<p>Memory</p> <p>1. I have no problems 2. I am occasionally forgetful 3. I have poor short term memory 4. I am worried about my memory</p>				

6 Daily Living Skills

	Yes	No	Risk Score	Comments
<p>Cooking</p> <ol style="list-style-type: none"> 1. I can cook for myself 2. I can make light food, but not main meals 3. I cannot use kitchen equipment or prepare food 4. I would like: <ol style="list-style-type: none"> a. meals on wheels b. frozen meals 				
<p>Shopping</p> <ol style="list-style-type: none"> 1. I can manage without help 2. I can shop for small items 3. I would like a shopping service 4. My family shop for me 				
<p>Housework</p> <ol style="list-style-type: none"> 1. I can manage without help 2. I can do light tasks 3. I would like help with all tasks 4. My family help with the housework 				
<p>Laundry at Home</p> <ol style="list-style-type: none"> 1. I can manage without help 2. I can do hand washing / require help to use the machines 3. I can not do the laundry 4. My family take my laundry 				

<p>Personal Care</p> <ol style="list-style-type: none"> 1. I can manage independently 2. I would like help with washing / bathing 3. I would like help with dressing 				
<p>Medication</p> <ol style="list-style-type: none"> 1. I can take my own medication 2. I can not take my own medication 3. I would like help to manage taking my medication 				

7 Social Involvement	Yes	No	Risk Score	Comments
Contact with other Tenants 1. I am able to socialise with other tenants within the scheme 2. I do not wish to socialise with others				
Contact with family/friends 1. My family/friends visits regularly 2. I have no regular visitors				
Attend social activities 1. I am able to join in social activities arranged within the scheme 2. I am not able to join in social activities				
Attend appointments 1. I am able to attend appointments e.g. Doctor's appointment 2. I need help to attend appointments				
Cultural needs 1. I can meet my own cultural/faith needs 2. I need assistance to ensure that my cultural/faith needs are being met? 3. I need help with diet, dress, food, support from my own community				
Religious needs 1. I can meet my own faith needs with help of family and friends 2. I have specific religious needs or values which are currently not being met				
Education/Leisure 1. I require assistance in maintaining old interests or learning new ones 2. I can organise my own leisure time				

8 ABOUT YOU

VISITS AND CALLS 1. I would like a daily visit 2. I do not require a visit 3. I would like a visit only once/a few times a week	
Do you have any special skills or knowledge that you would like to share with us?	
Do you have any hobbies/interests?	

Useful Contact Details (If Applicable)

HOUSING SUPPORT (EMO)	OFFICE LOCATION	CONTACT DETAILS:
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SOCIAL WORKER	OFFICE LOCATION	
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CARE MANAGER	OFFICE LOCATION	
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OTHER SUPPORT WORKER	OFFICE LOCATION	
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Community Psychiatric Nurse (CPN):	OFFICE LOCATION	
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OCCUPATIONAL THERAPIST	OFFICE LOCATION	

MEALS SERVICE:	YES <input type="checkbox"/> NO <input type="checkbox"/>		(Please circle which days)	M T W T F S S
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HOME CARE	YES <input type="checkbox"/> NO <input type="checkbox"/>		(Please circle which days)	M T W T F S S
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DAY CENTRE	YES <input type="checkbox"/> NO <input type="checkbox"/>		(Please circle which days)	M T W T F S S
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We provide a range of formal and informal opportunities giving every one of our customers an opportunity to be informed, consulted and participate. Do you wish to have your contact details passed to your tenant involvement team?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Referral made to tenant involvement team	Date-----
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ASSESSOR'S ADDITIONAL COMMENTS.....

TOTAL RISK SCORE

6-30 : Low Risk
 31-45 : Medium Risk
 46-59 : High Risk
 Above 59 : Very High Risk

Support Needs and Risk Assessment Plan

Needs Identified	Action Plan	Target Date	Review Date	Completion Date	Outcome
1. Living in the scheme Pages 3-4					
2. Mobility Pages 5-6					

Needs Identified	Action Plan	Target Date	Review Date	Completion Date	Outcome
3. Communication Page 6					
4. Access to Services Page 7					

Needs Identified	Action Plan	Target Date	Review Date	Completion Date	Outcome
5. Looking after your health Page 8					
6. Daily Living skills Pages 9-10					

Needs Identified	Action Plan	Target Date	Review Date	Completion Date	Outcome
7. Social Involvement Page 11					

Outline briefly the views of the following with regard to the **Current Support Plan**:

Resident(s) views _____

Scheme Manager's view

The Support Plan was discussed and agreed with:

Scheme Manager _____ Date _____

Resident (s) _____ Date _____

Review date _____

Name of any other person in attendance and how will they / do they* support the resident **please delete*

- 1. Copy is held on file**
- 2. Copy is given to Resident(s) for their own records.**

**Sheltered Housing Confidential Support Plan
and Risk Assessment Review**

REVIEW DATE		REVIEW DATE	
RESIDENT(S)		RESIDENT(S)	
SCHEME MANAGER		SCHEME MANAGER	
REVIEW DATE		REVIEW DATE	
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