

Support Care Plan

Date of Plan ⁽¹⁾ :		Date of Next Review ⁽²⁾ :	
-------------------------------	--	--------------------------------------	--

PERSONAL DETAILS

Client Name ⁽³⁾ :		DOB:		Age:	
------------------------------	--	------	--	------	--

COMMUNICATION NEEDS

Cultural Background:		Language spoken:	
Interpreter Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

DEVELOPMENT OF THE PLAN (Include client in list if participating)

	Name	Role	Manner of participation (e.g. attend meeting)
Person One			
Person Two			
Person Three			
Person Four			
If the client did not participate in this plan, document reason/s? ⁽⁴⁾			

CLIENTS STORY (Summary of the client's story so far) ⁽⁵⁾

ASSESSMENTS CONDUCTED

Assessments that inform this Support Plan ⁽⁶⁾	Date ⁽⁷⁾	Conducted by (eg. RN, Physio) ⁽⁸⁾	Date of review ⁽⁹⁾

CURRENT SITUATION (10)

Issue or concerns	1.
	2.
	3.

1. PHYSICAL ENVIRONMENT <input type="checkbox"/> No action planned ⁽¹¹⁾				
Issue or concerns ⁽¹²⁾			Strengths ⁽¹³⁾	
Client Goals ⁽¹⁴⁾	Actions & tasks ⁽¹⁵⁾	Responsibility of client ⁽¹⁶⁾	Responsibility of provider & others ⁽¹⁷⁾	Frequency / Timeframes ⁽¹⁸⁾

2. LIVING SKILLS <input type="checkbox"/> No action planned ⁽¹¹⁾				
Issue or concerns			Strength (particular tasks and routines the person likes to do)	
Client Goals	Actions & tasks	Responsibility of client	Responsibility of others	Frequency / Timeframes

3. INTERESTS, LEISURE, COMMUNITY GROUPS AND INVOLVEMENT <input type="checkbox"/> No action planned ⁽¹¹⁾				
Issue or concern			Strength	
Client Goals	Actions & tasks	Responsibility of client	Responsibility of others	Frequency / Timeframes

4. MOBILITY AND TRANSPORT <input type="checkbox"/> No action planned ⁽¹¹⁾				
Issue or concerns			Strengths	
Client Goals	Actions & tasks	Responsibility of client	Responsibility of others	Frequency / Timeframes

5. FAMILY RELATIONSHIPS AND CONTACTS <input type="checkbox"/> No action planned ⁽¹¹⁾				
Issue or concerns			Strengths (what level of informal support they have)	
Client Goals	Actions & tasks	Responsibility of client	Responsibility of others	Frequency / Timeframes

6. CULTURAL AND SPIRITUAL IDENTITY ⁽¹⁹⁾					<input type="checkbox"/> No action planned ⁽¹¹⁾
Issue or concerns		Strengths			
Client Goals	Actions & tasks	Responsibility of client	Responsibility of others	Frequency / Timeframes	

7. HEALTH AND MEDICAL					<input type="checkbox"/> No action planned ⁽¹¹⁾
Issue or concerns		Strengths			
Client Goals	Actions & tasks	Responsibility of client	Responsibility of others	Frequency / Timeframes	

8. RISK MANAGEMENT <input type="checkbox"/> No action planned ⁽¹¹⁾					
Risk	Consequence	Likelihood	Risk Rating	Mitigation Action, Task	Responsibility

Support Plan provided to ⁽²⁰⁾:	Client / Guardian or POA:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Client Representative (Other):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Name/s:		

Client Acknowledgement: I understand and agree to this Support Plan. I agree to my Support Plan being provided to the person's as listed above.

Client and/or Carer: _____ **Sign:** _____ / / (date)

Prepared by: _____ **(Homecare Coordinator)** _____ / / (date)

Approved by: _____ **(Manager)** _____ / / (date)

Key to Support Plan Notes

- (1) Date plan was completed and client signed plan.
- (2) Date of next review.
- (3) Write Client's name, date of birth and age.
- (4) Brief description of why the client did not participate, such as: declined invitations to give views, complete self-questionnaire, convey views to third party or just accepted recommendations.
- (5) General life history and employment history and main reason for seeking assistance.
- (6) Ensure that any assessments that informed the Support Plan are included here (ie ACAT / ACAS). Only list assessments that are relevant to this plan; do not list all assessments that have occurred. Note, the self-assessment is compulsory, as such has been included permanently and should be attached and filed.
- (7) The date the assessment was completed (as provided on the assessor's report or papers) to show how current it is.
- (8) Write the person's profession, eg. RN, Physio.
- (9) If an assessment review is expected, state the date. If there are no plans for review, write 'n/a'. If it is considered that a review should take place, this should be incorporated into the relevant section of the case plan, but not here. The review should be listed in this section on completion.
- (10) Outline the main issues as raised by the client and client representative. State any contradictory or dissenting views and what he or she disagreed with. Issues can be addressed in the body of the plan and documented in notes as appropriate.
- (11) Tick box if no Client Goals, actions or tasks are noted for this domain on this plan. Issues or concerns and strengths can still be noted, as well as measures already in place, even if no current action is planned.
- (12) Issue or concern related to this domain for the client named on the plan, e.g. client has a significant hoarding and/or cleaning issue or major safety risks have been identified within the home.
- (13) Strength related to this domain for the client named on the plan, e.g. client is in good health (health and medical) or client has a good relationship with daughter (family relationships).
- (14) There is no minimum number of Client Goals, but there should be no more than five for each domain.
- (15) Clearly stated actions and tasks required to meet the objective.
- (16) Detail client responsibilities for actions or tasks in the achievement of their goals.
- (17) Detail the responsibilities of the provider (ie staff, contractors, etc) and "other persons", ie live in carer, family, friends, volunteers.
- (18) State frequency (how regular) and timeframe (how long and maybe period if only for a fixed period), this area will help guide the budget establishment.
- (19) Include focus on overall identity and positive self-image building. For a sample of case plan strategies to support cultural maintenance of clients from culturally and linguistically diverse backgrounds.
- (20) This section allows for the Homecare Coordinator to check that the client and appropriate representatives are provided with a Support Plan. Discuss this with the client and only provide the Support Plan to appropriate representatives where the client has agreed to its release. Always provide the Support Plan to the client.

			Potential Consequences				
			Minor injuries or discomfort. No medical treatment or measurable physical effects.	Injuries or illness requiring medical treatment. Temporary impairment.	Injuries or illness requiring hospital admission.	Injury or illness resulting in permanent impairment.	Fatality.
			Not Significant	Minor	Moderate	Major	Severe
Likelihood	Expected to occur regularly under normal circumstances	Almost Certain	Medium	High	Very High	Very High	Very High
	Expected to occur at some time	Likely	Medium	High	High	Very High	Very High
	May occur at some time	Possible	Low	Medium	High	High	Very High
	Not likely to occur in normal circumstances	Unlikely	Low	Low	Medium	Medium	High
	Could happen, but probably never will	Rare	Low	Low	Low	Low	Medium