

# Carers Support Plan / Review Template

***This document should be completed by the carer and carers development worker at Support Plan development stage and annually thereafter (or before if requested).***

Carers Development Worker Email Address:

Is carer also a service user?- **See SA Q62+63**

Yes (name of SW below)

No

Carer Name:

Carers Reference Number:

Reason for Support Plan/ Review:

First Support Plan

Carer requested due to change in circumstance/ carer responsibility

Service User deceased- refer for bereavement services and close case (transition)

Joint review requested by SW Team / Careline / other professional

This is the standard 12 month review

If demo site review please complete new Self Directed Assessment with the carer prior to completing this support plan. For the purpose of this document this is the carers First Support Plan

If the carer has completed the Self Directed Assessment recently and this is the First Support Plan it is unlikely that details have changed- the following questions should still be asked to determine this.

If Annual Review- please go through last Self Directed Assessment document (and Qs below) with carer and check that reassessment is not required (complete reassessment with carer if required).

**See Self Directed Assessment Q56.**

Has there been any significant change to your caring responsibilities since your (last) assessment?

Yes (Carer Reassessment required then complete this support plan)

No (Continue with Support Planning)

**See Self Directed Assessment Q57-59**

Are you able/ happy to continue undertaking all of these tasks?

Yes (Continue with Support Planning)

No (Service User Assessment/ Reassessment required however continue planning support with carer)

Are there any reasons why you might not be able to continue to provide the same level of support that you provide at present?

Yes (SU Assessment / Reassessment required)

No (Continue with Support Planning)

If yes, please provide details below of any concerns/ worries....

**See Self Directed Assessment Q65-69**

**Has there been any significant change in the impact of caring on your life since your assessment?**

Yes (Carer Reassessment required)

No (Continue with Support Planning)

**Support From Other People...**

**Does the person you provide care to receive any of the following services?**

**Please tick all that apply.**

**See Self Assessment Q55**

**No Funded Support Package**

Short term residential care or other short term respite

Help with personal care, shopping or help in the home

Attends a day centre

Sitting Service ie Carers Voucher Scheme

Residential/ Nursing Care (Permanent)

Any equipment eg grabrails

Other (please state below)

Telecare/ telehealth

**Do you receive any practical or emotional support to help you as a carer from others eg friends, relatives or volunteers?**

Yes

No

**Are there any other family members or friends who currently help or could help to provide support/ provision of replacement care? Please provide details below**

**Do they require a Carers Assessment ?**

Yes, leaflet given

No

**See Self Assessment Q60 & 61**

**Number of hours that you have to yourself as a result of other support?**

**Overview of Current Caring Situation- hours provided, duties undertaken / impact to Quality of Life...**

**Summary of discussion with carer and answers to self directed assessment**

## 1. TO FIND EMPLOYMENT EDUCATION OR TRAINING

See Self Assessment Q68f- Impact on opportunities to take part in work, education, learning and Q24 employment situation.

### Help to find employment, education or training?

- Not required** (no need in this area now or on previous support plan)
- This is a **new need** (not addressed on previous support plan) or this is the first support plan.
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

Go to help to juggle employment/education with training  
go to specific issues

Outcome of previous support

go to specific issues

go to specific issues

go to specific issues

### Specific Issues...

### Proposed Action...

### Proposed Cost (£)

Go to section 2 - help to juggle current employment/education with caring

### If need fully met, please detail outcome of previous support...

Go to section 2 - help to juggle current employment/education with caring

## 2. HELP TO JUGGLE CURRENT EMPLOYMENT, EDUCATION OR TRAINING WITH CARING

See Self Assessment Q67- Opportunities to take part in work, education, learning.  
See Self Assessment Q24- situation

### Help to juggle employment, education or training with caring?

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Not required.</b>   | Go to Learn more skills to help me care |
| <input type="checkbox"/> This is a <b>new need</b> (not addressed on previous support plan) or first support plan | Go to specific issues                   |
| <input type="checkbox"/> Support <b>need fully met</b> - no further action required                               | Go to outcome of previous support       |
| <input type="checkbox"/> Support <b>need fully met if current support continues</b>                               | Go to specific issues                   |
| <input type="checkbox"/> Some elements of the support need changed- support needs <b>partially met</b>            | Go to specific issues                   |
| <input type="checkbox"/> The agreed <b>support did not meet my needs</b>  | Go to specific issues                   |

### Specific Issues ...

### Proposed Action...

### Proposed Cost (£)

Go to learn more skills to help me care

### If need fully met, please detail outcome of previous support...

Go to learn more skills to help me care

### 3. TO LEARN MORE SKILLS TO HELP ME CARE IE LIFTING AND HANDLING TRAINING

See Self Assessment Q56-59

#### Gaining more skills to help to provide care?

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

#### Specific Issues...

#### Proposed Action...

#### Proposed Cost (£)

#### If need fully met, please detail outcome of previous support...

**4. TO LOOK AT WAYS TO POSSIBLY REDUCE THE HOURS OF CARE THAT I CURRENTLY PROVIDE / HAVE  
A BREAK FROM CARING**

**See Self Assessment Q67d- choice and control/ spend time how want  
Look at support provided by others (above)  
SA Q60- hrs to yourself**

**Looking at ways to reduce hours of care provided?**

- Not required.*
- This is a **new need** (not addressed on previous support plan) or first support plan*
- Support **need fully met**- no further action required*
- Support need **fully met if current support continues***
- Some elements of the support need changed- support needs **partially met***
- The agreed **support did not meet my needs***

**Specific Issues ...**

**Proposed Action...**

**Proposed Cost (£)**

**If need fully met, please detail outcome of previous support...**

## 5. TO GET MORE INFORMATION ABOUT THE CONDITION OF THE PERSON I CARE FOR

### Further Information about the condition of person cared for?

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

### Specific Issues...

### Proposed Action...

### Proposed Cost (£)

### If need fully met, please detail outcome of previous support...

See Self Assessment Q67i- Financial Situation

**Benefits advice/ help to manage finances?**

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

**Specific Issues...**

**Proposed Action...**

**Proposed Cost (£)**

**If need fully met, please detail outcome of previous support...**



**7. TO SPEND TIME DOING THINGS I VALUE AND ENJOY INCLUDING SOCIALISING WITH OTHERS, TAKING PART IN COMMUNITY EVENTS/ ACTIVITIES OR GETTING TIME TO MYSELF**

**See Support provided by others (above)  
Self Assessment Q67d and g**

**Support needed to find things to do which are valued and enjoyed?**

- Not required.*
- This is a **new need** (not addressed on previous support plan) or first support plan*
- Support **need fully met**- no further action required*
- Support need **fully met if current support continues***
- Some elements of the support need changed- support needs **partially met***
- The agreed **support did not meet my needs***

**Specific Issues...**

**Proposed Action...**

**Proposed Cost (£)**

**If need fully met, please detail outcome of previous support...**

**8. TO MAINTAIN RELATIONSHIPS WITH OTHERS AND BALANCE OTHER SOCIAL RESPONSIBILITIES SUCH AS FAMILY COMMITMENTS WITH CARING**

**Self Assessment Q67h**

**Self Assessment Q19+20**

**Consider CAF/YC pathway if identify child /parent would benefit.**

**Support needed to maintain relationships with others and / or balance other responsibilities such as family commitments?**

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan*
- Support **need fully met**- no further action required*
- Support need **fully met if current support continues***
- Some elements of the support need changed- support needs **partially met***
- The agreed **support did not meet my needs***

**Specific Issues...**

**Proposed Action...**

**Proposed Cost (£)**

**Q54 If need fully met, please detail outcome of previous support...**

## 9. TO IMPROVE HEALTH & WELL BEING (CHANGE LIFESTYLE)

**If this is a First Support Plan, please enter the WEMWS Score from the Self Directed Assessment below and do not complete the scale. Explain to carer what the score indicates.**

**If this is a review please complete the questions below with the carer and allocate a score. Results will be used to monitor health and well being over time by comparing with the previous Support Plan.**

**If score is below 51 (population average), support must be put in place to improve health and well being.**

**If the review is due to bereavement please do not complete the scale below.**

### Health and Well Being Scale (Complete if review)

**Below are some statements about feelings and thoughts.**

**Please tick the box that best describes your experience of each over the past two weeks.**

	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
I have been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make my own mind up about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The above question is used to measure health and well being, a score can only be given if all questions are answered.**

#### Warwick-Edinburgh Mental Well-being Scale (WEMWS)

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SWEMBS Score Self Assessment (Q70) or previous review:

SWEMBS Score at Review: (above):

**Also consider Self Assessment Qs65-67 & Q68 (a-c) Serious impact to health and well being  
Prompt carer to register with GP if not already done so**

**Support needed to improve health and well being?**

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

**Specific Issues...**

**Proposed Action...**

**Proposed Cost (£)**

**If need fully met, please detail outcome of previous support...**

## 10. TO DEVELOP A PLAN FOR EMERGENCY SITUATIONS

### SA- would like to develop plan for emergency situations SA-Q67d

#### Support needed to develop an emergency plan?

- Not required.*
- This is a **new need** (not addressed on previous support plan) or first support plan*
- Support **need fully met**- no further action required*
- Support need **fully met if current support continues***
- Some elements of the support need changed- support needs **partially met***
- The agreed **support did not meet my needs***

#### Specific Issues...

#### Proposed Action...

#### Proposed Cost (£)

#### If need fully met, please detail outcome of previous support...

## 11. TO HAVE PEACE OF MIND WHEN I AM OUT

SAQ67d

### Support needed to have peace of mind when out?

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

### Specific Issues...

### Proposed Action...

### Proposed Cost (£)

### If need fully met, please detail outcome of previous support...

## 12. TO FIND PEOPLE I CAN TALK TO AND DISCUSS MY FEELINGS HONESTLY

Support needed to find other people to talk to about caring and how it makes you feel?

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

Specific Issues...

Proposed Action...

Proposed Cost (£)

If need fully met, please detail outcome of previous support...

## 13. HELP TO KEEP THE HOUSE AND GARDEN CLEAN AND TIDY

### SAQ67e- personal care/dom routines

#### Support needed to help keep the house garden clean and tidy

- Not required.**
- This is a **new need** (not addressed on previous support plan) or this is the first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

#### Specific Issues...

#### Proposed Action...

#### Proposed Cost (£)

#### If need fully met, please detail outcome of previous support...



**14. HELP TO STAY SAFE AND WARM IN MY HOUSE OR TO FIND SUITABLE EQUIPMENT/ ADAPTATIONS TO HELP ME TO CARRY OUT MY CARING ROLE SAFELY**

**Support needed to stay safe and warm in your house and / or equipment to carry out caring role safely?**

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

**Specific Issues...**

**Proposed Action...**

**Proposed Cost (£)**

**If need fully met, please detail outcome of previous support...**

## 15. TO PARTICIPATE OR GET INVOLVED IN IMPROVING SERVICES

### Support needed to get involved/ participate in improving services?

- Not required.**
- This is a **new need** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

### Specific Issues...

### Proposed Action...

### Proposed Cost (£)

### If need fully met, please detail outcome of previous support...

## 16. OTHER

### Support needed to ....

- Not required.**
- This is a *new need*** (not addressed on previous support plan) or first support plan
- Support **need fully met**- no further action required
- Support need **fully met if current support continues**
- Some elements of the support need changed- support needs **partially met**
- The agreed **support did not meet my needs**

### Specific Issues...

### Proposed Action...

### Proposed Cost (£)

### If need fully met, please detail outcome of previous support...

## Referrals and Payment:

### New referrals- check list:

- Careline- referral for SW Assessment, telecare,OT, Carers Voucher Scheme
- Health Trainer
- GP
- Benefits Maximisation
- Citizens Panel (0151 233 4640/2819/4644)
- Carers Forum

- Healthy Homes
- Registered Provider of Social Housing (Housing and Support Services).
- Carers Centre Services (state below)
- Emergency Card
- Voluntary Sector (please state below)
- Other (please state below)

### Continuing services- check list:

- Telecare
- Carers Voucher Scheme
- Emergency Card
- Carers Forum

- Carers Centre Services (State below)
- Voluntary Sector (please state below)
- Other (please state below)

### Stopped services- please tick appropriate box(es) and state reason in space below:

- Telecare
- Carers Voucher Scheme
- Carers Centre Services

- Citizens Panel
- Voluntary Sector
- Other

## Proposed Cost and Payment Options

**TOTAL PROPOSED COST TO CONSIDER AT PANEL:**

**Payment type requested- check eligibility ie cannot be paid PA (Q63 SA)**

- LCC to arrange direct to provider
- Paid to carer account (SDSU) submit receipts

**This information will be sent to the Carers Panel to be processed. Following the panel decision a visit will be arranged with your Carers Development Worker to go through your agreed support. Where applicable a member of the Self Directed Support Unit will also attend the visit to explain the terms and conditions of any funding and collect financial details in order to process funds.**

**I (the carer) confirm that the information supplied is correct and that I am satisfied that the proposed support would meet my needs and assist me in my caring role.**

**Carers Signature:**

**Date**

The information that you have provided will be treated in the strictest confidence and will only be used and held in accordance with the Data Protection Act 1998. Your personal details will only be shared with service providers if you have requested that a referral is made as part of your agreed support plan.

**OFFICE USE SECTION**

SA AF Number:

Carers FACs band:  
(at date of SP development/review):

Date of Support Plan development/ Review:

Please answer the following section only if this is a review (not first support plan or demo site review).

Date of previous support plan agreement:

Did the carer receive a Direct Payment as part of previous support?

Yes  No

Previous SP Carer FACs band

Amount of previous DP:

Change in FACs band?

Yes  No

Were all receipts submitted / no underspend?

Yes  No

Reason(s) for change?