

Supporting People Client Record

This is a Confidential Document

Supporting People and its staff have a legal duty, under the Data Protection Act 1998, to keep information about you secure and confidential. We also adhere to the recommendations and guidelines of the Caldicott Report 1997 and the Crime and Disorder Act 1998, Section 115.

The use of information about service users must be justified, necessary, and accessed only on a 'need to know' basis within the framework of the law. Information that we ask for will be used to provide you with the support you need. We keep this information as evidence that we are using public funds appropriately and effectively.

We share information with the above accredited provider, Adult and Community Services, our Island Health Partners, Probation Services and other relevant agencies only if there is a genuine need for it. Anyone who receives information about you from us is under a legal duty to keep it secure and confidential, and to respect your privacy. Whenever we can, we remove the information that identifies you as an individual. We also use this information to help plan for future services, staff training, for research or account for our actions.

Why do you need a Support Plan?

It will help both you and us to identify things you need support with. It will also help us to provide you with the best possible support in order to enable you to become independent or to remain independent. Your Support Worker will help you access other services should you need them.

The Supporting People Team require us to record and monitor the services we provide in order to ensure that they are appropriate to your needs and wishes, also that they are of the best possible quality. These documents will be able to show them that we are doing all these things.

We will review your Support Plan at least every six months; if you have any major changes in your circumstances we will review it sooner or if you request a review we will do one. Any reviews will be at a time and place that is convenient to you.

This form has been explained to me and I accept that there may be a need to share some information with other agencies.

Please tick

Client Details

Service Name:					Client Code:	
Mr/Mrs/Ms Other:		First Name:		Last Name:		
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Post Code:	<input type="text"/>					
Preferred Name:			Support Start Date:			
Date of Birth:		Ethnicity:		Religion:		
National Insurance No:					HB Ref No	
Preferred Method of Communication (Telephone, E-Mail, Text Etc.):						
Telephone Numbers:	Home:			Mobile:		
E-Mail Address:	<input type="text"/>					
Next of Kin – Name:	<input type="text"/>					
Contact Details:	<input type="text"/>					
Other services currently received:	<input type="text"/>					
Contact Details:	<input type="text"/>					
GP – Name:	<input type="text"/>					
Contact Details:	<input type="text"/>					
Other Agency:	<input type="text"/>					
Contact Details:	<input type="text"/>					
Emergency Contact						
Name:	<input type="text"/>					
Contact Details:	<input type="text"/> <input type="text"/> <input type="text"/>					
Do you currently have savings over £23,250?						

Name:		Assessment date:		Review Date:																					
Achieve Economic Wellbeing																									
1a	<p>Do you receive any of the following benefits? Tick all that apply</p> <table border="0"> <tr> <td>Disability Living Allowance – High Rate Care</td> <td>Employment and Support Allowance (ESA)</td> </tr> <tr> <td>Disability Living Allowance – Mid Rate Care</td> <td>Housing Benefit/Local Housing Allowance</td> </tr> <tr> <td>Disability Living Allowance – Low Rate Care</td> <td>Council Tax Benefit</td> </tr> <tr> <td>DLA Mobility Allowance - High Rate</td> <td>Carers Allowance</td> </tr> <tr> <td>DLA Mobility Allowance - Low Rate</td> <td>Independent Living Fund (ILF)</td> </tr> <tr> <td>Severe Disablement Allowance (SDA)</td> <td>Income support</td> </tr> <tr> <td>Severe Disablement Premium (Income Support)</td> <td>Incapacity Benefit</td> </tr> <tr> <td>Attendance Allowance – Low Rate</td> <td>Retirement Pension</td> </tr> <tr> <td>Attendance Allowance – High Rate</td> <td>Pension Credits</td> </tr> <tr> <td>Tax Credits (Working, Child & Family)</td> <td>Other (please specify)</td> </tr> </table>					Disability Living Allowance – High Rate Care	Employment and Support Allowance (ESA)	Disability Living Allowance – Mid Rate Care	Housing Benefit/Local Housing Allowance	Disability Living Allowance – Low Rate Care	Council Tax Benefit	DLA Mobility Allowance - High Rate	Carers Allowance	DLA Mobility Allowance - Low Rate	Independent Living Fund (ILF)	Severe Disablement Allowance (SDA)	Income support	Severe Disablement Premium (Income Support)	Incapacity Benefit	Attendance Allowance – Low Rate	Retirement Pension	Attendance Allowance – High Rate	Pension Credits	Tax Credits (Working, Child & Family)	Other (please specify)
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1b	If you receive any other income e.g. savings, pension etc please list them.																								
1c	<p>Please tell us if you are in work, education or training</p> <table border="0"> <tr> <td>Full-time work</td> <td>Student</td> </tr> <tr> <td>Part-time work</td> <td>Government training or New Deal</td> </tr> <tr> <td>Voluntary Work</td> <td>Other</td> </tr> </table>					Full-time work	Student	Part-time work	Government training or New Deal	Voluntary Work	Other														
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1d	<p>Please state any work, education or training that you would like to do:</p>																								
1e	Can you budget and pay bills?																								
1f	<p>If you have any debts, please list them.</p> <p>Also, please state how you are managing the debt.</p>																								
Client Comments:			Staff Comments:																						

Enjoy and Achieve

2a	<p>If you are attending training or education please list what you are doing.</p> <p>Please list any training that you would like to do/ qualifications you wish to achieve.</p>
2b	<p>Please list what you do in your leisure time.</p> <p>Please list any activities that you would you like to do with your time.</p>
2c	<p>If you are doing any unpaid work, work experience etc. please give details.</p> <p>Please list any unpaid work, work experience that you would like to do in the future.</p>
2d	<p>Please list any religious, ethnic or cultural beliefs that you would like us to be aware of.</p>
2e	<p>Please list any contact that you have with people or agencies outside your family.</p> <p>Do you need any support with this?</p>
2f	<p>Please list any contact that you have with your family.</p> <p>Do you need any support with this?</p>
2g	<p>Can you travel around by your own means or using public transport?</p>

Client Comments:		Staff Comments:	
Be Healthy			
3a	If you have any problems with managing your physical health, please give details.		
3b	If you have any problems with managing your mental health, please give details.		
3c	If you are taking any medication please state what you are taking.		
3d	Do you or have you had any drug issues?		
3e	Do you or have you had any alcohol issues?		
3f	If you need support with managing your health e.g. attending medical appointments, collecting prescriptions etc. please give details		
3g	If you need any support with communicating e.g. reading, writing, maths etc. please give details		
3h	If you need any support with domestic skills, shopping or menu planning please give details		
Client Comments:		Staff Comments:	

Staying Safe

4a	If you need support in keeping your home and/or avoiding eviction please give details (including tenancy issues, paying rent, neighbour disputes etc)
4b	Do you need alternative accommodation?
4c	Are you on the housing register?
4d	Do you need support with the safety and security of your home, please give details.
4e	If you are subject to any statutory order (such as ASBO) or other process, please give details.
4f	Do you need any support with safeguarding from self harm? If so please give details.
4g	Do you need any support with dealing with violence and aggression towards others? If so please give details.
4h	Do you need any support with dealing with violence and aggression from others? If so please give details.

4i	<p>Have you been accepted as requiring services under the following statutory frameworks?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care Management (Social Services) <input type="checkbox"/> Care Programme Approach (CPA) <input type="checkbox"/> Probation service or Youth Offending Teams <input type="checkbox"/> Drug Interventions Programme (DIP) <input type="checkbox"/> Statutorily homeless & owed a main homelessness duty
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4j	<p>Have you been assessed as a higher risk under the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care Programme Approach (enhanced) 1 2 3 <input type="checkbox"/> Multi Agency Public Protection Arrangements 1 2 3
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Client Comments:	Staff Comments:
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Making a Positive Contribution

5a	<p>Do you need any support in avoiding being isolated? If so please give details.</p>
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Client Comments:	Staff Comments:
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I have been offered a copy of my Support Client Record	<i>Please tick</i> <input type="checkbox"/>
Signed and agreed by Client:	Date:
Signed and agreed by Staff:	Date:
Verified by Manager:	Date:
Verified by Supporting People:	Date:

Support Log

Name:				
Verified by Manager:			Verified by Supporting People:	
Date	Support given	Method of support	Time Taken	Staff signature
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; width: fit-content; margin-left: auto; margin-right: auto;">+ Travel Time</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; width: fit-content; margin-left: auto; margin-right: auto;">+ Administration Time</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto; margin-right: auto;">Total</div>			