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Case study four:
Support Plan

About me

Name	Anne Woolsey		
Address	12, Oak Tree Close, Hawton ZZ2 Z22		
Telephone	01654 654321		
Email	N/A		
Gender	Female		
Date of birth	28.06.23	Age	92
Ethnicity	White British		
First language	English		
Religion	Baptised C of E		
GP	Dr Philps, Oak Tree Surgery		

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Case study four:
Support Plan continued

About the person/ people I care for

My relationship to this person	Wife		
Name	Arthur Woolsey		
Address	12, Oak Tree Close, Hawton ZZ2 Z22		
Telephone	01654 654321		
Email	N/A		
Gender	Male		
Date of birth	18.11.21	Age	94
Ethnicity	White British		
First language	English		
Religion	Baptised C of E		
GP	Dr Philps, Oak Tree Surgery		

Support plan completed by

Name.....

Role.....

Organisation.....

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Case study four:
Support Plan continued

Support plan

Needs	Outcomes	Actions
To stay well and active	*Anne is able to continue to provide personal care.* *Anne sleeps better and is less tired during the day.*	*Social Worker to ensure Anne is on the carers' register at the GP surgery and ask for a carer's health check.* *As part of Arthur's care and support plan, social worker to refer to the equipment service to assess for minor aids and adaptations.* *Someone to help with cleaning and shopping. Direct payment for Anne to arrange this (parish community to advise on possible Personal Assistants).* *As part of Arthur's care and support plan, social worker to refer him to continence nurse for advice on options, particularly at night.* *Carol to continue to do the heavy shopping once a month.* *Carol to arrange a gardener.*
Help to navigate through health and social care services	*A clear plan and a named person to co-ordinate services including direct payments.*	*Social worker to complete spider diagram with Anne to show services and important contact details.* *Social worker remains as care coordinator and Anne can contact with any concerns.* *Refer to user-led organisation to help Anne manage direct payment and co-ordinate service for as long as needed.*
To have people to talk to and be less isolated	*Family visits are agreed, regular and co-ordinated. Daughters and wider family members who Anne feels confident to leave Arthur with are all involved.* *Anne and Betty have more time as friends.* *Anne occasionally goes to church or takes part in parish activities as she feels confident enough to leave Arthur for a short while.*	*With Arthur's agreement, visiting plan drawn up with Carol, Jean and Betty for three afternoons a week and a weekend each month so that Anne can take a break.* *With Anne's agreement, Betty to phone Jean and Carol each week to let them know how things are. Jean and Carol to continue to call Anne at least once a week.* *Sitting service arranged for Sunday mornings so that Anne can attend church. Betty to give Anne a lift.* *Betty and Anne to find out about how Anne could be more a part of the parish community.*

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Case study four:
Support Plan continued

Needs	Outcomes	Actions
To have advice about how to manage bills and finances, and support to achieve this, including someone to help with arranging power of attorney and wills.	*Anne less anxious about her ability to manage the finances. Has support to arrange payments and obtain Lasting Power of Attorney.* *Confident in writing cheques.* *Wills completed.*	*Social worker to make referral for Citizens Advice Bureau to visit and do a benefits check for Anne and Arthur.* *Social worker to make referral for legal advice re LPA and wills.* *Befriending service via carers' centre to visit Anne and help with financial matters, direct debits, advice on managing their bank account and how to write a cheque.*
To have support plans in place to enable Arthur to die at home with his wife and daughters present	*Everyone to know what to do as Arthur reaches the final stages of life.*	*Social worker to arrange a family meeting involving Anne, Arthur, the COPD nurse, Carol and Jean, to talk about dying at home and make plans to enable this. Social worker to contact hospice social worker about support available from local hospice as part of this.* *Social worker to provide emergency numbers as part of spidergram.* *Social worker to refer for 'lifeline' call system. Betty to hold a key and keysafe to be installed.* *Agree contingency plans for care and any advance directives. Agree contingency plans for managing finances.*
To have a plan for Arthur and Anne's deaths.	*Family all aware of Arthur and Anne's wishes.* *Funeral plans in place.*	*Social worker to ask hospice social worker for advice and support for family to plan for Arthur's dying and his funeral wishes, and also for Anne to think about this for herself. Anne to ask Vicar to visit to talk about this.*

Date of support plan: 15 February 2016

This plan will be reviewed on: 15 April 2016

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Case study four:
Support Plan continued

Signing this form

Please ensure you read the statement below in bold, then sign and date the form.

I understand that completing this form will lead to a computer record being made which will be treated confidentially. The council will hold this information for the purpose of providing information, advice and support to meet my needs. To be able to do this the information may be shared with relevant NHS Agencies and providers of carers' services. This will also help reduce the number of times I am asked for the same information.

If I have given details about someone else, I will make sure that they know about this.

I understand that the information I provide on this form will only be shared as allowed by the Data Protection Act.

Name.....

Signature.....

Anne has asked for her assessment and support plan to be considered as part of Arthur's assessment. Arthur is happy for his assessment and support plan to be considered as part of Anne's assessment and support plan.