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## Case study three: Support Plan

### About me

Name	Susan Reinfeld		
Address	69, Willow Crescent, Allpark, ZZ3 Z33		
Telephone	07856 765432		
Email	sreinfeld45@actnow.com		
Gender	Female		
Date of birth	01.06.45	Age	70
Ethnicity	White British		
First language	English		
Religion	Humanist		
GP	Dr Habeeb, Allpark Surgery		

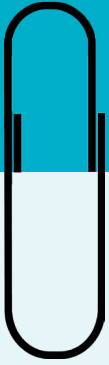
How would you like us to contact you?

*Mobile or email*

Do you need any support with communication?

*No*

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## Case study three: Support Plan continued

### About the person/ people I care for

<b>My relationship to this person</b>	Partner		
<b>Name</b>	Grace Wilson		
<b>Address</b>	69, Willow Crescent, Allpark, ZZ3 Z33		
<b>Telephone</b>	07878 123456		
<b>Email</b>	N/A		
<b>Gender</b>	Female		
<b>Date of birth</b>	18.01.34	<b>Age</b>	82
<b>Ethnicity</b>	White British		
<b>First language</b>	English		
<b>Religion</b>	Humanist		
<b>GP</b>	Dr Habeeb, Allpark Surgery		

### Support plan completed by

Name.....  
Role.....  
Organisation.....



## Case study three: Support Plan continued

### Support plan

Needs	Outcomes	Actions
<i>To have advice about possible residential care homes for Grace and support through this.</i>	<i>Grace receives good care.</i>	<i>Provide information and advice on finding the most suitable residential care home for Grace. SCIE 'Find Me Good Care'. Age UK information sheets. Social worker to be named contact for Susan to contact with queries during transition.</i>
<i>To be able to continue to support Grace and to be her partner.</i>	<i>Susan continues to have high degree of contact with her partner. Grace and Susan feel supported in their lifestyle choices.</i>	<i>As part of Grace's support plan, Susan would like to include that she can visit regularly and support Grace in the care home, and stay overnight. This will be discussed with Grace in her planning meeting. Agree with registered manager of chosen care home that Susan is able to visit when she wants and to stay overnight. Agree with registered manager of chosen care home that Susan and Grace can book the family room during the day.</i>
<i>Fewer demands.</i>	<i>Less stressed. Susan feels that she is still doing her best for Grace.</i>	<i>Social worker to provide information about the carers' centre and internet forum for carers, also the LGBT carers' group.</i>
<i>Good communication with the care home</i>	<i>Susan is confident in the care that is provided.</i>	<i>Named person for Susan to talk to at the chosen care home. Social worker to talk to registered manager of chosen care home about equality issues.</i>
<i>To regain a sense of my own identity not only as a carer.</i>	<i>Has time for walks and visits with her nephew. Has the opportunity to take up interests. Grace is able to carry out some activities without Susan.</i>	<i>As part of Grace's support plan, consider the activities and social interaction available at the care home. Susan to talk to Grace about installing wifi in her room so that Grace can access internet – a one-off carer direct payment can be made for this if Grace is in agreement.</i>
<i>Family support.</i>	<i>Family members able to work together.</i>	<i>Signpost to assertiveness course via the local women's centre. Referral to women's centre for advocacy.</i>
<i>Financial security, security about housing and future decision-making.</i>	<i>Able to remain in their shared home. Susan has Lasting Power of Attorney if this is Grace's wish. Susan and Grace have each made a Will.</i>	<i>Financial assessment team to see Susan and Grace. Social worker to provide information about financial advisors and arrange a referral for a financial advisor of their choice to visit Susan and Grace. Social worker to provide information about solicitors and arrange a referral for a solicitor of their choice to visit Susan and Grace.</i>

**Date of support plan:** 08 March 2016

**This plan will be reviewed on:** 08 May 2016

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## Case study three: 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.....

*Susan has asked for this support plan to be considered as part of Grace's care and support plan but for it not to be shared with Grace.*