



Case study five: Support Plan

About me

Name:	Michelle Tyndell	Joel Tyndell
Address	1 Railway Terrace, Hamton, City ZZ1 Z11	
Telephone	012345 123456	
Gender:	Female	Male
Date of birth	3.12.50	1.09.47
Age:	65	68
Ethnicity:	Black British	Black British
First language:	English	English
Religion:	Christian	Christian
GP	Dr Fish, Station Surgery	

About the person/ people I care for

My relationship to this person	Mother and father		
Name	Daniel Tyndall		
Address	1 Railway Terrace, Hamton, City ZZ1 Z11		
Telephone	012345 234567		
Email	Daniel4126@yay.com		
Gender	Male		
Date of birth	29.7.81	Age	34
Ethnicity	Black British		
First language	English		
Religion	None		
GP	Dr Cox, Station Surgery		

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Case study five: Support Plan continued

Support plan completed by

Name.....

Role.....

Organisation.....



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Needs	Outcomes	Actions
<i>To be able to keep supporting Daniel</i>	<p><i>We stay well</i></p> <p><i>We know we are doing the right thing</i></p> <p><i>Daniel understands the need to take his medication and makes choices about this</i></p>	<p><i>Michelle to let GP know that they are carers and to ask for a health check.</i></p> <p><i>Arrange for carers' centre to have a carer meet with Michelle and Joel and talk to them about how they are doing and share information about local carers' support.</i></p> <p><i>Arrange for the epilepsy nurse to meet with Michelle and Joel about Daniel's medication – and then look at this as part of his assessment.</i></p>
<i>To be less isolated</i>	<p><i>We can go out sometimes in the evenings</i></p> <p><i>Joel has time to see his work colleagues</i></p> <p><i>We are able to see our friends Jim and Sue every few months</i></p>	<p><i>Provide a one off direct payment for a Tablet and three sessions to support use of it so that Michelle and Joel can: arrange on-line shopping, set up Skype to Jamaica and to their friends, access information about the things they are interested in.</i></p> <p><i>Michelle and Joel to get in touch with Jim and Sue and with work colleagues and arrange for them to visit.</i></p> <p><i>Joel and Michelle will make contact with the local African-Caribbean Community Centre which has regular evening socials.</i></p> <p><i>As part of Daniel's assessment, look at options for Daniel to socialise in the evenings.</i></p>
<i>Not to be worried about Daniel</i>	<p><i>Daniel has enough money</i></p> <p><i>Daniel has something to do that he likes</i></p> <p><i>Daniel has friends</i></p>	<p><i>This is very important to Joel and Michelle's wellbeing – we will need to look at this as part of Daniel's assessment as these are to do with his life and his choices.</i></p> <p><i>Michelle and Joel will share information with Daniel about the 'safe place scheme' so he knows which places will help him if he needs to ask for help.</i></p>
<i>To know Daniel will be ok when we are gone</i>	<p><i>To have our affairs in order for him.</i></p> <p><i>A plan for Daniel that we are all happy with</i></p>	<p><i>Joel and Michelle will go to Citizens Advice Bureau to talk to them about benefits and making a will.</i></p> <p><i>With Daniel's agreement, after his assessment have a meeting with him and Michelle, Joel and Clinton to talk about future plans.</i></p> <p><i>Michelle and Joel to prepare by keeping a diary of what they do each day for the next month.</i></p> <p><i>Michelle and Joel will meet up with someone from the carers' centre to talk about planning for the future.</i></p>

Date of support plan: 6 March 2016

This plan will be reviewed on: 6 July 2017

Joel and Michelle are happy for their assessment and support plan to be considered as part of Daniel's assessment, however they do not want them to be shared with Daniel.



Case study five: 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.....