



SUPPORT PLAN

MEMBERS NAME

Date Created:	
Created By:	
Last Updated:	
Next review date:	
KEY WORKER:	

Read and understood by:	Date last added to QCS reading lists:	Verified by:
Gemma Toulson		
Jason Bradley		
Amy Bevington		
Adele Rossin		
Sanna Imtiaz		
Jago Higgins		
Jade Brett		
Amy Cunliffe		
Sonny Packer		

Personal Details

Name	
Start Date	
Official Registration date	



Date of Birth (age)		Email address	
Address		Email address	
Emergency contact details		Phone number	
Family Information		Phone number	
Funding situation			
Social Worker/Team Other Professionals involved.			
Additional support documents			

About MEMBERS NAME (6wk introduction info)

Background summary <i>(consider sensitive info if shared with client)</i>	
My availability	
How many hours of support per week I would like	
What I'd like to achieve with the help of aebal	
My condition and mental capacity (Medication if known and relevant) *aebal do not support with meds*	
Any allergies?	
My personality	
My communication skills	



My mobility	
Things I enjoy	
Things I prefer to avoid	
How I feel when I'm out in the community / Community independence levels	
Things that put me at risk in the community (refer to initial risk assessment)	
Am I able to travel independently on public transport?	
Am I able to receive weekly session texts and read and understand the information?	

Initial 6 wk review date	
Official Registration date	



Session / Activity Overview

Weekly sessions:	
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(Refer to Timetable for more details)	
<i>Allocated support hours:</i>	
Last updated	
Embedded timetable	

Support Approach (ongoing)

How to keep me safe, happy and well supported in the community	
Typical mood and behaviour	
Level of independence on sessions / how much close supervision is needed	
Conversation topics (typical phrases used)	
Communication techniques (helpful support approaches to build rapport)	
Quiet time	
Talking about thoughts and feelings	
Pick ups and drop offs	
Behaviour in the car	
Behaviour whilst walking	
Busy venues	
Being around the general public	



Concentration / awareness of surroundings	
Road safety	
Money management	
Phone communication	
Bathroom breaks	
Support with hygiene and appearance	
Support with nutrition / hydration and healthy choices	
Favourite sessions	
Activities to avoid	
Friendships in aebal	
Any personality clashes at aebal?	
Any Challenging Behaviour?	
#1	
Behaviour description	
What are the consequences?	
Warning signs of behaviour	
What are the triggers?	
How to prevent escalation / Previous strategies that have worked	
How to de escalate	<p>Refer to challenging Behaviour training techniques:</p> <p>Try to find a quiet safe environment away from the group. Active listening skills: Ensure you are calm and present and giving the person your full attention "Tell me how you're feeling?" "What can I do to help" "That must be difficult for you". Reflect back what they say "Tell me if I have this right?" then summarise. Be aware of personal space, arms length. Neutral facial and body expressions/positions. Calm yet assertive tone of voice</p>
Safeguarding concerns	



	Staff to always record any safeguarding concerns in their support diary or call Management directly if they feel the concern is more urgent. Refer to Adult Safeguarding Procedure for further details



SUPPORT OUTCOMES

Objectives - SHORT TERM		
<i>Objective</i>	<i>Target Date</i>	<i>Achieved? /Notes</i>

Objectives – LONG TERM		
<i>Objective</i>	<i>Target Date</i>	<i>Achieved? /Notes</i>



Additional Notes



