

Bury Adult Care

My Carers Support Plan

Guidance Notes

Carer Support plan, much like the customers details the substantial and critical needs that have been identified from the assessment and how these can be met. This could be through signposting, access to carers services, referral to the Carers Centre or some paid services. If the Carer has a personal budget details of the spend will be detailed here. This is the carer's Support Plan; where possible give ownership to the carer to complete it themselves.

Ensure personal details are completed as required.



1. What and who is important to me

Complete this section based on the information given to you by the carer themselves. This section should be written from the perspective of the carer

2. What support I want to keep, change or add to help me continue in my caring role?

| | Overarching Carers Outcome Insert one of the following most relevant options; 1) Maintaining health and wellbeing, 2) Carer to have a life of their own 3) Freedom from financial hardship, 4) Supported to maintain my caring role or 5) Positive relationship with the Cared For | What I want to keep, change or do | How this will or has improved my life (the outcome) | What support do I need or have I got to achieve this <i>This could be either support from:</i> <i>*friends or family or local community</i> <i>*carers support groups or networks</i> <i>*support from employment advisor</i> <i>*accessing the benefits I am entitled to</i> <i>*items of equipment</i> <i>*applying for a personal budget</i> |
|----------|---|---|--|---|
| 1 | Choose one of the options to best describe the outcome it would be meeting. This will populate into the review document. | Identify what is working well. Identify how to change the current situation in the same way | Insert here the carers own words their outcome. | Select one of the drop down options to describe the support they have/need to meet their identified substantial and critical needs and achieve their outcome. |
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| 3 | | | | |

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| 8 | | | | |

3. If you need a Carers Personal Budget please tell us if it will be managed by someone/an agency or will be on a Pre-Paid Card direct to you and managed by you.

Detail how the budget will managed if the carer has one.

4. Costing Breakdown This section is only completed if the carer has any paid services.

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| Annual Gross Indicative Budget: | Will populate from the assessment |
| Total cost of Annual Support Plan: | Will automatically calculate |
| Difference between Indicative budget & support plan budget: | Will automatically calculate |

Costing for Regular Services or Items - Please ensure that a full description of each regular item and all costs are included in this section

| Item including name of service provider and units used (hours, days or sessions) | Unit Cost of Item | Amount of units per week (insert 1 if not a weekly service) | Number of occurrences or weeks required over a year | Full annual cost of service | How will this achieve your outcomes? (please state outcome number as stated in question 4) | Name the person/ agency who will manage this part of your budget? | Additional Information |
|--|-------------------|---|---|-----------------------------|--|---|------------------------|
| | | | | | | | |

| Insert details of each regular item the carer wishes to use their personal budget for. This must have been included in section 4. One line per item and different lines for different costs/occurrences. | Insert unit cost of item e.g hourly rate, daily rate, sessional rate. | Insert how many of the units in the previous column the carer needs. | Insert how many weeks/occurrences over a year. | This will automatically calculate. | List as per 1-8 above | As per section 3 | |
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Insert costs below if service is to be commissioned by Procurement and not agreed as a personal budget

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|-------------------------|---|-------------------------|-----------------------|------------------|--|
| Insert name of Provider | Insert name of Provider in left hand box and total costs in right hand box if commissioned service from Procurement | Insert full annual cost | List as per 1-8 above | As per section 3 | |
| | Insert name of Provider in left hand box and total costs in right hand box if commissioned service from Procurement | | | | |

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|---------------------------------------|--------------|-----|--|
| TOTAL COST OF REGULAR SERVICES | £ - (weekly) | £ - | This will automatically calculate the total costs. |
|---------------------------------------|--------------|-----|--|

Costing for Goods or One Off Items - Please ensure that a full description of each item and all costs are included in this section

[illegible]

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|--|--|---|---|---|---|-------------|------|-----|--------------------------|--|--------------------------|
| TOTAL COST OF GOODS | | £ | - | £ | - | £ | - | £ | - | This will be automatically calculated as you enter each item | |
| 5. What am I going to do to make this plan happen? | | | | | | | | | | | |
| Highlight what actions need to be completed to implement this support plan. Indicate who is completing each action, and a date by which they will be completed. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6. Do you currently or have previously received any services or equipment from Adult Care Services to help you in your caring role? | | | | | | Please Tick | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes, please give details: Ensure complete any details if Yes ticked above. | | | | | | | | | | | |
| 7. Declaration & Signatures | | | | | | | | | | | |
| I agree to the contents of the Support Plan, including the costings sheet. I confirm that my personal budget will be used for the purposes stated in here only. I agree to carry out the actions detailed here as my responsibility. | | | | | | | | | | | |
| Carer Signed : | | | | | | | Date | | | | |
| Adult Care Staff Signed : | | | | | | | Date | | | | |
| Agreed & Signed by Manager: | | | | | | | Date | | | | |

A copy of this Support Plan will be sent to you.