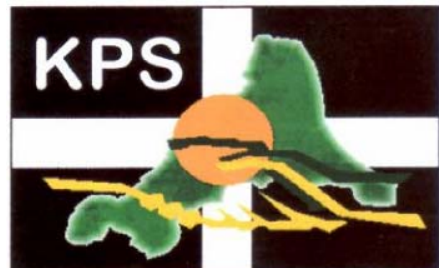


KPS Support Plan



KERNOW POSITIVE SUPPORT

Registered Charity No. 1104947

KPS Housing Related Support

60A First Floor

Highertown

Truro TR1 3QA

Tel: 01872 262221

Fax: 01208 810771

Mob: 07964372514

Help Line: 01208 264866

Email: housing@kpsdirect.com

Website: www.kpsdirect.com

KPS Support Plan

This support plan is being developed for:

Date:

Dear Client

The basis of the KPS Housing Related Support Service is to support people who have been accepted as having a housing related need, to help in deciding if your particular need or goal you wish to achieve is covered by the KPS housing related support service we will listen to what you have to say, and jointly decide if it fits with the overall aims of the service and what support is available. This part of the support planning process is called assessment of need and it may be helpful if you read the client handbook provided which explains in detail the support we offer, and what we expect from you in return. To help with the assessment process we have listed below five headings with related activities and it would be helpful if you could tick the activities you would most like support with.

Economic Wellbeing

- (1) Claiming benefits, budgeting, making grant applications;
- (2) Dealing with debt
- (3) Support to obtain employment

Enjoy and Achieve

- (4) Support to participate in Education and Training
- (5) Support to participate in leisure/cultural/faith and or informal learning or training.
- (6) Support to make contact with external services/groups/friends/family

Be Healthy

- (7) Support to manage physical health better
- (8) Support to manage mental health better
- (9) Support to manage substance misuse issues

Stay Safe

- (10) Support to maintain accommodation and avoid ejection
- (11) Support to obtain secured/settled accommodation
- (12) Support to comply with statutory orders in relation to offending behavior
- (13) Support to better manage self harm
- (14) Support to avoid harm to others
- (15) Support to avoid harm to self

Make a positive contribution

- (16) Support to develop confidence and ability and have greater choice, control and involvement

Planning the Support you have identified

On the previous page you have identified one or more activity you would like support with. We also understand everybody has individual needs which may not have been listed, if you feel a particular support need you require was not listed, and if you are happy talk to us about it, we may be able to provide the service or might be able to signpost you to an organization that can support you.

Please describe your additional support need below or ask your support worker to do it.

In this section please write down or identify the specific needs identified in section one by listing the activity number:

Integrated Risk Assessment

Before we can move on to supporting you with the identified need outlined above, or on the previous page, it is important to identify any barriers to moving forward including any risks you may pose to your support worker or the wider community, or any risks from others to you including the risks associated with lone working. This information will not necessarily bar you from accessing the service and we are committed to supporting clients in a constructive and proactive way.

YES **NO**

Do you pose a threat **to others**?

If **YES** please say how you may pose a threat to others

Do you pose a threat **to staff**?

If **YES** please say how you may pose a threat to staff

YES **NO**

Do you fear threats **from others?**

If **YES** please say how you might fear threats from others

Do you fear threats **from staff?**

If **YES** please say how you might fear threats from staff

Integrated Risk Assessment Continued...

Support workers/clients comments and recommended control measures including information from refer and other agencies who have been working with or supporting client.

Review dates and risk management information are key to supporting clients and we appreciate your candor and support in meeting this requirement.

Risk Assessment Review Dates

First Review date:

Support Worker / Client comments:

Second Review date:

Support Worker / Client comments:

Third Review date:

Support Worker / Client comments:

Has been accepted for this service? **YES** **NO**

If **NO** please explain the reason below:

If No has the above been given the client Handbook? **YES** **NO**

Has the KPS Complaints Procedure been explained? **YES** **NO**

Planning your Support

After discussing your support needs identified above with your adviser **agree** a possible route to achieving them, including any actions you both may have to take, and a target date for completing them. We understand your adviser may take the lead in this process but it is important that you agree with any actions your adviser may take on your behalf.

Please list activity number you selected in section one

Putting your Support Plan into Action

You have now identified specific support needs and agreed what action is to be taken and by whom, you have also identified a target date which you would like the support or activity to be completed by. This next stage is about reviewing any progress or difficulty that you or your support worker may have had.

Please list below or identify the achievements or difficulties to date

Please list activity number from section one

The Next Steps in your Action/Support Plan

It might be that little progress has been made or you are waiting for a decision from the benefit agency for instance, or for a course to start or voluntary work provider to come back to you. Or perhaps your needs have changed or your situation has been improved or made worse, now is the time to discuss these issues with your adviser and if necessary return to section one of this support plan or discuss exiting the service.

If further actions need to be taken please discuss them with your support worker and identify or write them below, including a target date for completing them.

Please list below or identify anything you feel the service or support worker has done which has helped or worsened your situation or why you are exiting the service.

Please list any further comments you may have about the service provided and how it could be improved or developed.

If you would like a copy of this support plan please ask your adviser or contact KPS through the contact details in the KPS Client Handbook.

Please sign and date your support plan.

Sign: **Date:**

Support Plan Review Date's

- 1)
- 2)
- 3)