

# Stepping Forward Support Plan Review

Name:.....

Review No....

# Stepping Forward Support Plan Review

For: .....

### Outside Support Workers Involved:

Name	Agency	Contact Details

In order to ensure that there is a coordinated approach to your support, as agreed at your initial meeting the above named people will be invited to your three monthly Support Plan review meetings, unless you request a change.

Staff signature: .....

Date: .....



## *Stepping Forward* Support Plan Review

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*Review No...*

### Contact Information: GP and Psychiatrist (if appropriate)

Name of GP :-	Address:
Tel No:	
Name of Psychiatrist:	Tel No:

### Medication: Please list below, any medication taken and the frequency of repeat prescriptions/injections

Medication	Dosage and when taken?	Frequency of Repeat Prescriptions/Injections	Would you like us to remind you near to the time when your repeat prescription is due for collection or your injection is due? YES/NO

If Yes, obtain dates and forward date in Diary - tick box when done

**Have there been any changes to your benefits in the last three months? Yes/ No (If Yes details)**

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Have any individual risk assessments been done with you during the last review period? YES/NO

Risk Assessment	Current?		Individual Risk Assessments?		Last Review?	
	Yes	No	Yes	No	Yes	No
<b>Risk to Self</b> (this could include Self harm, neglecting self care etc)						
<b>Mistreatment/exploitation</b> (could include others taking your money/possessions, feeling unable to say 'no')						
<b>Risk to other people</b>						
<b>Risk to Property</b> (could include lack of care/cleanliness, not reporting repairs needed)						
<b>Any other risk;</b>						

<p><b>If 'yes' ticked, please explain any changes to risk/needs</b></p>          <p><small>(Guidance: include frequency, severity, patterns, recent incidents, convictions,)</small></p>	<p><b>Coping Strategies (how I cope)</b></p>          	<p><b>Warning Signs (How do I know when things are going wrong)</b></p>          
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Staff signature: .....

Date: .....



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If the 'Current' or 'Individual' Risk shows that 'Yes' has been changed to 'No', complete boxes below.

Please describe below what has changed

Staff signature: .....

Date: .....



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How has this change come about? (think about what positive risks you have taken)

Box 1 *Stepping Forward* Modules in progress (Circle as appropriate)

Be Healthy

Enjoy & Achieve

Make a Positive Contribution

Money Matters

Stay Safe

Move On

Personally Chosen Step

My Current Situation - What have I achieved since my last review?

What do I still need to do? (*Stepping Forward* Areas)

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Date: .....



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**Do you have any spiritual/religious or cultural needs that you wish to address?**

<p><b>Future Situation - Where do I want to be?</b> Aspirations or 'Stepping Forward' areas I decided to do this time and any issues not yet dealt with since my last review</p>	<p><b>How am I going to get there?</b> Action Items: (Clear deadlines for when I will try to get them done by.)</p>
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Staff signature: .....

Date: .....



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Action Items Agreed at my Care Programme Approach Review (if appropriate):

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Staff signature: .....

Date: .....



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## Support

Since my last review my support needs have been

Very Low	Low	Average	High	Very High

*Please tick which box you feel shows the amount of support you have needed in the last three months ( since your last Support Plan)*

Frequency of Reviews.....

### Service User Comments:

Signed.....

Print Name.....

Signed.....

Print Name.....

**By Resident**

**On behalf of CHIM**

Signed.....

Print Name.....

Signed.....

Print Name.....

**On behalf of CHIM**

**Other Agency/ Organisation**

Date of next Support Plan review.....

Staff signature: .....

Date: .....

