

Living Well Support Plan

Instructions for staff

Using the Living Well Support Plan with people

- **About Me tool:** this page is a person's care / support plan. It captures what is important to them and what they would like to get out of support.
- **Our work together:** This tool captures the work staff and people will do together to work towards a person's goals. There is one page per goal. This can be added to over time.
- **The focus of my support and my quality of life:** These evaluation tools are filled in at the start, middle and end of someone's journey. They help staff to keep track of someone's progress and understand the impact support is having.
- **Recording information:** The information above is completed by / with the person and then captured on SystemOne. This helps staff to keep track of people's support plans and progress.
- **My tool kit:** This shows additional tools that people may want to use on their own or with staff. These are not recorded on SystemOne, unless agreed with the person.

About Me

1. Please call me

2. About me and important things to know about me

(Staff to note that information in this section will likely have been provided in the Initial Conversation)

3. My Supporters

4. Top things I would like support with:

5. Is there any other support being provided by other members of the Living Well team alongside the support plan from discipline/professional completing this support plan?

(e.g. proceeding with ASC support but also being added to the wait list for a health group offer)

Our Work Together

Goal 1

My Goal is to:

What I will do	Who may be able to help me	When will I do this	The impact this had

Goal Complete

Yes

No

Goal 2

My Goal is to:

What I will do	Who may be able to help me	When will I do this	The impact this had

Goal Complete

Yes

No

Goal 3

My Goal is to:

What I will do	Who may be able to help me	When will I do this	The impact this had

Goal Complete

Yes

No

The focus of my support

My reason for support -What would you like to achieve in working with mental health services? How far are you towards achieving your goals?

I would like to:		Not at all	A little	Halfway	Mostly	Achieved
Goal 1	Start	<input type="checkbox"/>				
	Mid	<input type="checkbox"/>				
	End	<input type="checkbox"/>				
Goal 2	Start	<input type="checkbox"/>				
	Mid	<input type="checkbox"/>				
	End	<input type="checkbox"/>				
Goal 3	Start	<input type="checkbox"/>				
	Mid	<input type="checkbox"/>				
	End	<input type="checkbox"/>				

My Toolkit

Other documentation completed

1- Me and My Life

Reflect on your experience, relationship and day to day life

- Who am I?
- My Story
- My strengths and skills
- My support network
- My week

2- My goals

Explore what support should focus on and how you can work towards your goals

- Wheel of life
- What's on my mind
- Hopes for the future
- Help to find the goal
- Steps towards the goal

3- Staying safe and well

Create a plan for how to stay safe, who can help, and what support you might need

- My safety plan
- When I might need more help
- My resilience bucket
- Reflecting on my strategies
- My staying well Plan
- Contacts who can help me

Have you been offered a copy of your support plan?

Yes

No

My quality of life

For each of the following statements, highlight one box that best describes your thoughts, feelings, and activities over the last week.

In the last week:	None of the above	Only occasionally	Sometimes	Often	Most / all of the time
I found it difficult to get started with everyday tasks	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I felt able to trust others	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt unable to cope	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I could do the things I wanted to do	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt happy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I thought my life was not worth living	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I enjoyed what I did	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt hopeful about my future	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt lonely	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I felt confident in myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Describe your physical health over the last week E.g. problems with pain, mobility, difficulties caring for yourself or feeling physically unwell	No problems (4)	Slight problems (3)	Moderate problems (2)	Severe Problems (1)	Very severe (0)