Support Planning

Comparing **Care Plans** and **Support Plans**

A Support Plan describes what a person wants to change about their life and how they will use their Individual Budget to make these changes happen. We suggest Support Plans replace Care Plans, rather than trying to run two systems alongside each other.

We aked Care Managers in Oldham to describe the current process and compare this to Support Plans.

	Community Care Plan	Support Plan
Why is it needed?	The Community Care Plan is required by law to produce a statement of need that demonstrates how eligible needs will be met.	To decide how someone wants to spend their resource allocation.
When is it done?	After an assessment by the care manager.	After the quick assessment/self assessment. When the person knows what their resource allocation is.
Who creates the plan?	The care manager.	The person does their own support plan - with whatever help they want. They can create their plan in their own way – with words or pictures - or they can follow one of the step-by-step guides. Family, friends, providers, care managers or person-centred planning facilitators can help.

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	Community Care Plan	Support Plan
Who creates the plan?	The care manager.	Sometimes people pay an independent person to develop the support plan on their behalf. Such independent people and organisations include service brokers, Centres for Independent Living, advocates, financial advisors, and life coaches.
How is the plan developed?	The care manager talks with the person and others in their life.	At the `kitchen table`, with others individually or through meetings, using person-centred planning or by filling in a step-by-step guide.
What is in it?	**The plan describes:** ■ outcomes ■ a summary of needs and what service could meet those needs ■ how many hours the person is allocated ■ who will be providing the care/support ■ what we expect the care/ support to achieve ■ how the person would like the care/support to be provided ■ risks ■ any areas of disagreement/ conflict ■ unmet needs.	**The plan describes:** **What is important to you?** **What do you want to change?** ■ This would summarise what the person needs and wants to change. **How will you be supported?** ■ This describes what support the person wants to meet their needs or what they want to change, and how the support needs to be provided. ■ This section includes any issues of risk and health and safety. **How will you spend your individual budget?** ■ This part describes the support that the person will be paying for and any that is not paid for - such as that provided by partners, family, friends, neighbours or others in the community. ■ This section includes who will provide the support (if this is known) or whether new staff will be recruited by the person. **How will your support be managed?** ■ This part describes whether the person will manage their own support, or wants it to be managed by an agent, a Trust Circle, or provider (as an Individual Service Fund).

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	Community Care Plan	Support Plan
What is in it?		**How will you stay in control of your life?** ■ This part describes how the person will stay at the centre of decision-making, or who will be making decisions for and with them. **What are you going to do to make this plan happen (action plan)?** ■ A detailed action plan concludes the support plan.

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