



STIRLING COUNCIL

HOUSING SUPPORT PLAN

1. The client has agreed to use the Housing Support Service under the following arrangements. We will refer to the client as “you” and Housing Services as the “provider” from now on.

- a. **Housing Support Services**

The Provider is registered with the Care Commission to deliver the following Services, which you can access:

1	General counselling/ emotional support Helping you to develop confidence, self-esteem etc.	
2	Assisting with security Assisting you in keeping the property safe.	
3	Assisting with safety Keeping home environment and appliances safe.	
4	Advice on the use of domestic equipment Extra supervision to maintain safety.	
5	Arranging minor repairs Assisting you to <i>arrange</i> that repairs are carried out	
6	Providing life skills relating to the home Includes food hygiene, kitchen area maintenance to maintain health and safety.	
7	Assisting to engage with professionals Reminding / accompanying to appointments with GPs, Social Work, etc.	
8	Advice on Aids and adaptations Assistance to access adaptations to the property due to physical disability.	
9	Budgeting and debt counselling Advice on budgeting for bills etc.	
10	Relationships and disputes with neighbours Assistance to develop interpersonal skills which may help you in disputes etc.	
11	Assistance with benefits and correspondence Advice on eligibility and rights to welfare benefits; help with correspondence, form-filling.	
12	Resettlement advice and assistance Assistance in moving to other accommodation or leaving hospital etc.	
13	Assistance to access alternative accommodation Advice on tenure options; help with housing applications etc.	
14	Assistance with errand running Help with going to Post Office etc., collecting prescriptions, but not administering medication.	
15	Provision of alarms/call systems Provide alarm call out system in sheltered accommodation	

16	Responding to alarm calls Respond to alarm calls in sheltered supported accommodation	
17	Controlling access to individual rooms	
18	Cleaning of service users' rooms and windows	
19	Providing for the costs of resettlement services	
20	Make Regular Checks on residents in sheltered housing	
21	Arrange social events for people in sheltered housing	

b) Cancelling an arranged visit

If you cannot make an appointment for an agreed support visit, you should call the Contact Centre on 0845 277 7000 and ask to speak to your support worker, preferably 24 hours before the appointment.

If a Support Worker cannot make an agreed appointment due to sickness, you will be informed as soon as possible. Where possible another Worker will be assigned to the support hours, if you wish.

c) Advice from Support Worker

The Support Worker can offer you advice on various matters. You should feel free to bring up any problems you are facing. This also goes for problems with the Service itself. If you feel that a change to the Service we provide is required, then you have the right to suggest this.

d) Review of the Service

You are entitled to a Review of the Service (under the Care Commission Standards) after a period of 3 months from the start of the Service provision, thereafter an annual review will be carried out. At this point you are free to suggest changes to the Service we provide, and will receive an Evaluation Form. This form can be *anonymous* if you wish. The Support Worker, however, can help you to complete the form. At this Review stage anyone you wish to be involved will be invited to attend, but the meeting will be informal, and it is stressed that the Review is for making improvements to the Service we provide, for the benefit of you.

2 Complaints

You should feel comfortable if you have any complaints to make about the Service we provide. The Complaints Procedure is as follows;

Talkback, Comments and Complaints Scheme – There are 3 stages to our scheme:

a) First Approach

You can contact the Housing Service to raise the issue. You can write, phone, visit the local office/Viewforth or fill in our Talkback Form. We will try to resolve the problem on the spot. If we can't and need time to check it out, we will get back to you within an agreed time.

b) Review

If you are unhappy with the original response, let us know. You should then contact the Service Complaints Officer, Andrew Walker on 01786 442589. This person will arrange for the matter to be reviewed. We will send an acknowledgement within 4 days and reply within 15 days.

c) Appeal

If you are still unhappy with the outcome, contact the Corporate Complaints Officer, Jim Watson on 01786 443326. This officer will look into your complaint. Again we will send you an acknowledgement within 4 days and a full reply within 15 days.

There is no further appeal within the Council. But, if you have gone through our 3 stages and are not satisfied, you may wish to ask the Scottish Public Services Ombudsman or the Care Commission to consider your complaint. You have to send your complaint to the Ombudsman or the Care Commission within a year from when it happened or from when you found out about the matter.

Contact:

**The Scottish Public Services Ombudsman
4 Melville Street
Edinburgh
EH3 7NS
Tel: 0800 377 7330**

**Freepost, EH641
Edinburgh
EH3 OBR**

Complaints direct to the Care Commission:

**Care Commission Office
Springfield House
Laurelhill Business Park
Stirling FK7 9JQ
Tel: 01786 406363**

3 RIGHTS & RESPONSIBILITIES OF CLIENT

- a) You have a right to an independent advocate of your choice.
- b) You have a right to complain about the Service we provide if you need to. (The Complaints Procedure is set out above).
- c) You have a right to request changes to the service we provide.
- d) You have a right to include other people (this could be friends or family) or other involved agencies (Social Work, etc.) in the planning and discussions of the Service we provide. At the same time you have the right to **exclude** any of the above if you wish.
- e) You can end the Service Agreement at any time, but you should discuss this with your Service Worker, CPN, Social Worker or family/ friend as appropriate.
- f) You should tell us of any holiday arrangements, cancellations of home visits or other appointments in due time.
- g) You have a right to view any information the Service may hold regarding your details.
- h) You have a right to view the Care Commission's Report on the Home Support Service. You can also make a direct complaint to the Care Commission regarding the Service we provide, if appropriate. The address is set out at the Complaints Procedure.
- i) You have a right to be treated with dignity, respect and privacy at all times.

4 SAFETY

Some Stirling Council Housing Support Workers are recognised as having 'lone worker' status, and therefore have Risk Assessment Procedures in place to protect both staff and clients. The staff have experience and training in working with needs of those similar to you.

(for clients of Kelly Court only)

You are free to inspect the Fire and Safety precautions of Kelly Court.

5 ENDING THE SERVICE

If you wish to stop using the service Service. This would be a planned ending, discussed at Service Plan reviews.

The Service may be ended for the following reasons: -

- Your needs have changed and the Service is now considered inappropriate.

- You move outwith Stirling District.
- You, other people or Workers are at risk.

Policies & Procedures relating to your support plan are available on request. The Care Commission Inspection Report is available on request.

You should be aware that any records held by Stirling Council Housing Service will be up to date, and if you wish to use another service/ agency, the records will be passed on **with** the your involvement and agreement.

AGREEMENT

I/ or my representative have read and understood this agreement. I accept the conditions of the Agreement and agree to discuss any changes in the Service Plan with the Housing Service.

Client _____

Signature _____

Representative _____

Signature _____

Housing _____

Signature _____

Date _____

Date Service Commenced _____

Review Date _____

I agree that Stirling Council Housing Services can share my details with other Services, Agencies and Landlords who can provide housing & support.

Signed _____ **Date** _____

Stirling Council
Housing Support Plan

SERVICE PLAN

<p>Name of Client _____</p> <p>Address _____ _____</p> <p>Post Code _____</p> <p>Tel No: _____</p> <p>Date of Birth _____ Age _____</p>	<p>Communication/ language requirements*</p> <p>_____</p> <p>_____</p> <p>Preferred Name: _____</p> <p>_____</p> <p>*For purposes of translation or hearing needs only</p> <p>_____</p>
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<p>Next of Kin _____</p> <p>Address _____ _____</p> <p>_____</p> <p>Post Code _____</p> <p>Telephone _____</p> <p>When next of kin should be contacted? _____ _____</p>	<p>Name of Other involved party/persons*</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>*This could be family, friends or others the client may wish to be involved.</p>
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Would you wish any of the above to be involved in future reviews of your support?

YES *Please tick one box*

NO

Who would you like to be involved in reviews?

Housing Support Plan

SERVICE PLAN

PERSONAL PROFILE

Name	Cultural or Spiritual Needs (<i>Kelly Crt only</i>)
_____ _____	_____ _____
Employment	Hobbies and Interests (<i>Kelly Crt only</i>)
_____ _____ _____	_____ _____ _____
Social Circle/Friends	Diet & Nutrition Needs (<i>Kelly Crt only</i>)
_____ _____ _____	_____ _____ _____
Health Needs	
_____ _____ _____	_____ _____ _____
History	
_____ _____ _____	

HOUSING SUPPORT PLAN

SERVICE PLAN

DELIVERY

Source of Referral	
Name _____ _____ _____	Address _____ _____ _____
Designation _____	Telephone _____

Other Involved Agencies/ Workers*

_____ _____ _____ _____

*This could involve advocates, interpreters, care managers etc.

Should any of these be involved in reviews of your support?

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HOUSING SUPPORT DELIVERY

Hours/ Days of Week and Times _____ _____ _____ _____	Support Worker _____ _____ Tele: _____ _____		
Type of Planned/ Agreed delivery _____ _____ _____ _____			
Agreed/ Signed Client Date _____ _____	Agreed/ Signed Support Worker Date _____ _____		
Agreed HSS Review Date			
Review No:			
Suggested/ planned changes in support (client) _____ _____			

