



TULIP USER GROUP



Working for better mental health and wellbeing
in the community

SUPPORT AND CARE PLANNING

TULIP USER GROUP (TUG) AUDIT 2011

IN CONFIDENCE AND ANONYMOUS
(but you may put your name if you wish)*

SERVICE: Harold Centre Project

NAME (*you don't have to write this down*):

DATE:

**NAME OF TUG MEMBER IF THEY HELPED YOU TO COMPLETE THIS
QUESTIONNAIRE:**

The Tulip User Group (TUG) would really appreciate your help in completing this short questionnaire which will evaluate the service against the 'Care & Support Planning' Standards.

Please read each question in relation to each standard and show your response. Where there is a scale of 0 - 10 please put X on the line with **0** meaning **completely no** and **10** meaning **completely yes**.

***If there are things that you put down in this survey that you would like to talk to the Manager about (perhaps you are very dissatisfied with something), then please feel free to put your name on the form and the Manager will contact you. It is very helpful if you put your name if you are unhappy, so that we can talk to you about how we might put things right. If you have had or are having a bad experience, Tulip cannot improve it for you unless you put your name. If you would like to put your name, but are worried or scared, please ask a member of staff if you can speak to someone from TUG.**

please turn over

SUPPORT AND CARE PLANNING

(THIS IS FOR SUPPORT AND CARE PLANS DONE AT TULIP ONLY)

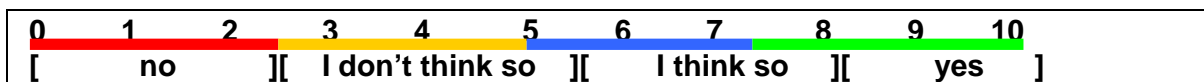
IF YOU DO NOT HAVE A SUPPORT PLAN OR A CARE PLAN, YOU DO NOT NEED TO FILL THIS WHOLE QUESTIONNAIRE IN. PLEASE SAY YOU DO NOT HAVE A PLAN IN THE 'COMMENT' SECTION AT THE END OF THIS SURVEY AND RETURN IT TO US. IF YOU PUT YOUR NAME, IT WOULD HELP US FIND OUT WHY YOU DON'T HAVE A PLAN. YOU WILL STILL BE ENTERED INTO THE PRIZE DRAW!

IF YOU HAVE A TULIP 'MENTAL HEALTH RECOVERY STAR, THIS COUNTS AS YOUR SUPPORT PLAN.

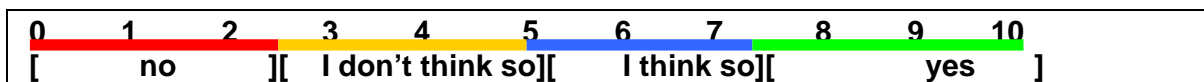
Standard 1

Everyone has a support or care plan that is regularly reviewed and updated

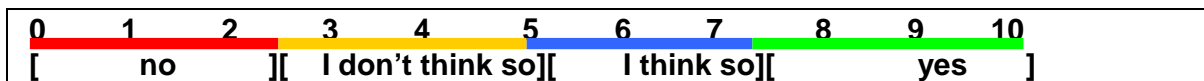
a) Do you have a signed copy of your support or care plan?



b) Has your support or care plan been reviewed within the last six months?



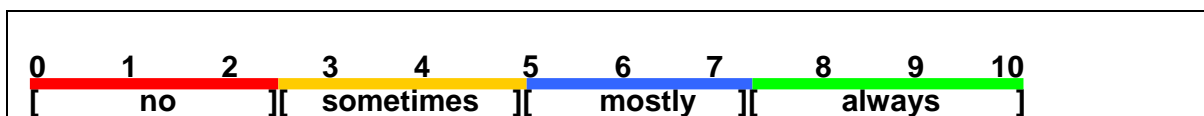
b) Do you know when your next review will be?



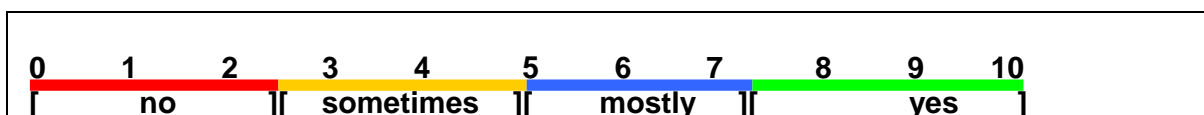
Standard 2

Service Users feel that their support or care plans reflect their views, goals and hopes

a) Do you feel that your support or care plans reflects your views, goals and hopes?



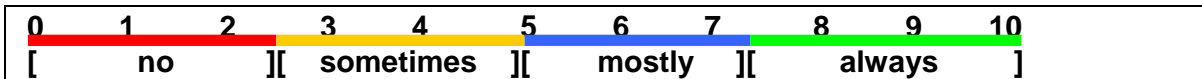
b) Do you feel that you had a meaningful part in creating your support or care plan?



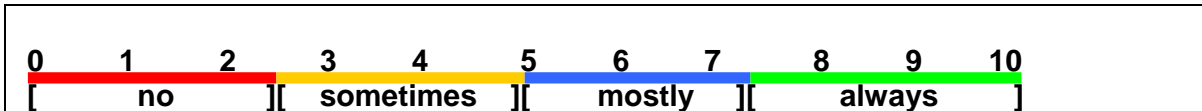
Standard 3

Support or care plans are meaningful and support recovery

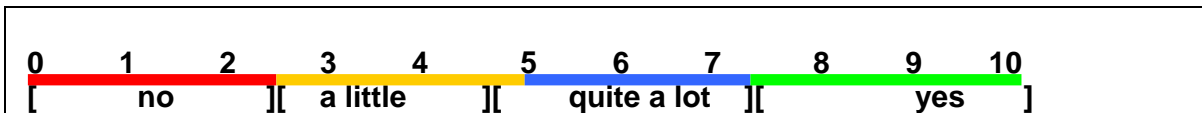
- a) If needed, do your support or care plans cover practical areas of your life such as budgeting, education & training, leisure and social activities? **IF THIS QUESTION DOESN'T APPLY TO YOU, PLEASE LEAVE IT BLANK**



- b) If needed, do your support or care plans cover specialist areas of your life, such as debt management, alcohol and substance issues and housing and homelessness? **IF THIS QUESTION DOESN'T APPLY TO YOU, PLEASE LEAVE IT BLANK**



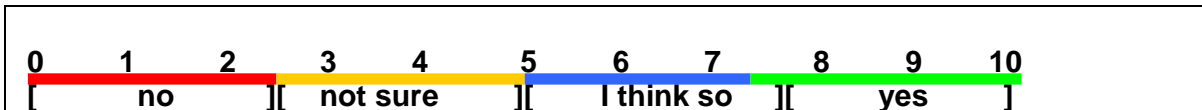
- c) Has the support or care planning process helped you to make improvements in your life?



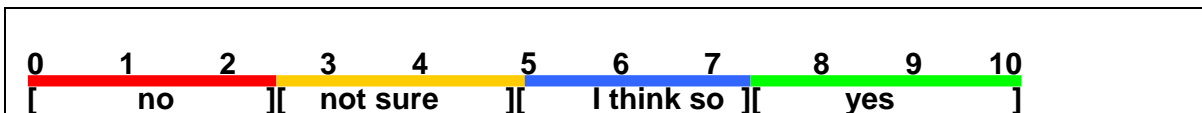
Standard 4

Service Users are given the opportunity to have someone with them at any support or care planning meeting

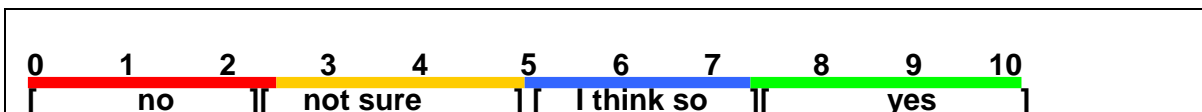
- a) Do you know that you can have someone with you to support you at a planning meeting with staff?



- b) Have you ever been offered the opportunity of having someone with you to support you at a planning meeting with staff?



- c) If you have requested that somebody be with you to support you at your planning meeting, has this request been granted? **IF YOU HAVE NEVER ASKED, PLEASE LEAVE THIS QUESTION BLANK!**



please turn over

