

Policy & Procedure Manual

NATURAL SUPPORT NETWORKS R-I-7

POLICY:

OPTIONS northwest supports the development and continuation of personal relationships and active community participation. Each individual, as they go about their daily life working towards a desired future, benefits from natural and positive involvement of family, friends and other members of the community. Some of these benefits include an improved quality of life, decreased vulnerability and more opportunities and choices.

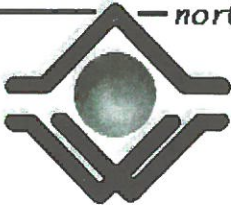
OPTIONS northwest's support staff will provide individuals with the education they require for developing and sustaining successful and positive relationships.

PURPOSE:

1. To ensure individuals supported by OPTIONS have the opportunity to develop and maintain meaningful relationships of their choice.
2. To ensure individuals obtain the knowledge and skills required to build and maintain safe and healthy relationships.
3. To ensure individuals are supported to connect with their natural support networks to the frequency and capacity they desire.

PROCEDURE:

1. The Primary/Secondary Counsellor will assist the individual and, if they choose, the person acting on their behalf, to complete the Support Network Plan-Questionnaire for Individual (see appendix A). This will allow the individual to choose who is important in their lives and the role they would like them to play.
2. In order to obtain information related to how family/friends would like to be involved in the individual's life, the Primary/Secondary Counsellor will provide a copy of the Support Network Plan-Questionnaire for Family/Friends to complete (see appendix B).



3. All individuals will be provided with the knowledge and resources they require to develop the necessary skills to build and nurture relationships i.e. self-esteem, approachability skills, friendship skills, being a good neighbour, trust, public and private boundaries, etc. They will be supported to develop and use these skills in order to experience more joy in their community and to have safe and healthy relationships.
4. Completed network support plans, Appendix A and B, will be filed in the Individual Support Plan Binder and identified in the Natural Support Network section of the I.S.P. A copy of each will be sent to clerical to be scanned and uploaded onto C.I.M.S.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 2

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: July 2013

AUTHORIZED BY: Executive Director

SIGNATURE:

Support Network Plan-Questionnaire for Individual

Name: _____

Date: _____

When supporting people to have a good life, we understand and respect the value of family and friends. Please tell us what we can do to help nurture and support your natural support networks.

A) To be completed by the Individual/Person acting on their Behalf/Support Team:

1. Current Relationships: Please list family and friends who are important to you and, if you wish, the type of relationship you have with them. Also include their contact information: _____

2. Communication:

a) How would you like to communicate with your family/friends and what support do you require to ensure this communication happens?: _____

b) Do you have a preferred method of communication? (ie: email, phone): _____

c) Anything else you would like to tell us about how you communicate with people who are important to you: _____

3. Involvement: Tell us what your ideal involvement with your family and friends would be and what support you require to do this: _____

4. Expanding Your Support Network: Tell us how we can support you to add more people to your support network and what education and/or skills you think you would require to have safe and healthy relationships: _____

To be reviewed annually.

Please file in the recipient of service's I.S.P binder and a copy sent to reception to scan and upload to the individual's CIMS file.

Support Network Plan-Questionnaire for Family and Friends

Name of Individual: _____

Name of Family Member/Friend: _____

Date: _____

When supporting people to have a good life, we understand and respect the value of family and friends. Please tell us what we can do to help nurture and support this individual's relationship with you.

1. How would you like to communicate with your family member/friend, and their support staff and supervisor? _____

2. Is there an ideal time of day to communicate with you? _____

3. Do you have a preferred method of communication? (for example, do you prefer email or the phone): _____

4. Tell us more about your ideal involvement with your family member/friend. For example, some families like to come to monthly team meetings, and meet with the support staff and supervisor on a regular basis, and others may choose to do this every few months. _____

To be reviewed annually.

Please file in the recipient of service's I.S.P binder and a copy sent to reception to scan and upload to the individual's CIMS file.

