**Supportive Landlord Framework:**

**Tenant Support and Safeguarding Plan Template**

This generic template is based upon the Housing Choices WA Tenant Support Planning Template and the Foundation Housing Ltd Positive Tenancy Support Plan Template which they have kindly provided.

CHPs may amend this template to suit their own needs without further acknowledgement.

**Tenant Support Plan**

**Why do you need a Tenant Support Plan?**

**[CHP Name]** is committed to providing you with a positive tenancy. We understand that from time to time, problems can arise which can be difficult to solve alone. Working with you to create this plan will help identify things that you might need assistance with to be able to continue to maintain your tenancy, enjoy where you live and achieve your goals. The plan will list a number of actions that you and**[CHP Name]** agree will occur to help to address identified issues. This plan will stay in place until a mutually agreed date for its review and/or completion. You will be given a current copy of this plan, and/or you can request a copy at any stage.

**This support plan belongs to YOU and is a confidential document**

This means that only people who have access to this plan are **YOU**, **[CHP Name]** staff on a ‘need to know’ basis, and those listed below who you have provided us with consent to share this information with.

I ………………………………………………………………………………………………….give permission for **[CHP Name]** staff to share this Tenant Support Plan with the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | Address | Contact Number | Relationship to you | Reviewed?  Yes or No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Tenant’s Signature Date**

**Date of Support Plan**

**Location of Support Plan**

**People present at tenant support planning:**

|  |  |
| --- | --- |
| Full name | Contact Number |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Household members | | | |
| 1 |  | 4 |  |
| 2 |  | 5 |  |
| 3 |  | 6 |  |

|  |  |
| --- | --- |
| Tenant support case summary/background to this Tenant Support Plan | Notes |
| Accommodation history |  |
| Tenancy and/or wellbeing Issues present at time of referral |  |
| Actions taken to date |  |
| Tenancy management decisions to date e.g. warnings/breaches |  |

**Current informal and formal supports (family, friends, support workers, other?)**

|  |  |
| --- | --- |
| Support | Contact Number |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcome | What are the issues? | What is working well? | What needs to happen? | Who? | When? |
| Stable and Equipped  Finances:   * Rent * Tenant Liability * Other debts to [CHP Name] * Utilities * Water * Electricity * Gas * Other debt(s) * Credit Cards |  |  |  |  |  |
| Property Standards   * House * Garden/lawns * Overcrowding |  |  |  |  |  |
| Safety and Security   * Feeling safe and secure * ASB Complaints * ASB Breaches |  |  |  |  |  |
| Outcome | What are the issues? | What is working well? | What needs to happen? | Who? | When? |
| Be Connected   * Family * Friends * Community |  |  |  |  |  |
| Be Healthy  Physical health  Mental Health  Disability   * -Physical * -cognitive * -psychosocial * -cognitive * -intellectual |  |  |  |  |  |
| Feeling in control  Being involved in decision making that impacts me |  |  |  |  |  |
| Safeguarding Plan | What will you see /what is happening when there is a risk to me or others | What works well in terms of helping me and/or my visitors/household members to stay safe | What I would like to happen when me or my household members are causing a risk to others | Who | When |
| Mental health |  |  |  |  |  |
| Physical health |  |  |  |  |  |
| Alcohol & drug use |  |  |  |  |  |
| Domestic violence |  |  |  |  |  |

**Action Plan Date that this Action Plan is to be reviewed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agreed action | Person responsible | Date to be completed | Review Date | Outcome |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |

**I agree to undertake the action as identified in the Action Plan above:**

Tenant’s name Tenancy Officer’s name

**Tenant’s signature** Date **Tenancy Officer’s signature** Date……………………………

Carer/Guardian’s name Support service provider’s name

**Carer/Guardian’s signature** Date **Support service provider’s signature** Date…………………………..