**EXAMPLE OF A TYPE OF FUTURE PLAN TEMPLATE FOR AGEING WELL**

**Name……………. D.O.B: ………………**

**Date this plan was completed: ………………………**

**Names of the people that helped me with this plan:**

**……………………………….**

**……………………………….**

**……………………………….**

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| --- | --- | --- |
| **HOUSING AND WHERE I LIVE** | | |
| **What I need now** | | **What I might need in the future. Could my home be adapted if I needed it to be? What other type of places could I live in?** |
| **Things to do** | | |
| **HEALTH** | | |
| **Diagnoses and illnesses. How these might affect me as I get older? Is there an annual health check? Is there a Health Action Plan?** | | **What general Health Checks do I need as I age? What might change for me with my health as I get older? What checks do other people have as they age? Does everyone know what a ‘good day’ looks like for me so they can tell when something is changing?** |
| **Things to do** | | |
| **Support Networks and relationships** | | |
| **Who provides emotional and practical help? Who are the important people in my life? What friends and social contacts do I have?** | **What is likely to change within my family and friends? What plans are in place if things change? How will I be supported to make new friends and not become lonely?** | |
| **Things to do** | | |
| **Money and Legal issues** | | |
| **Who helps me now with managing my money? What things might I like to buy now or in the future, that could help me to age well?** | **What help might I need in the future? Am I likely to inherit? Is there a trust fund? Is there a funeral plan that says who I would like to have my things when I die, what type of celebration of my life I would there to be? Who could help make these decisions if I am unable to?** | |
| **Things to do** | | |
| **Preparing for crises and unexpected events** | | |
| **What might happen? (Bereavements, change in needs, housing no longer able to meet my needs?)** | **What would I want to do and who would I want to involve in helping me?** | |
| **Things to do** | | |
| **Technology** | | |
| **What TEC do I have/use now?** | **How can I find out more about new Apps and equipment that could help me stay independent?** | |
| **Things to do** | | |
| **Making decisions and Deprivation of liberty/my views about future care** | | |
| **How can I be supported to maintain as much choice as possible, if future changes to support mean that I may have less freedom?**  **What views do I have about my future support and care that I’d like people to know now, before things change?** | | |
| **Things to do** | | |
| **Giving Support to others** | | |
| **Is there anyone that I live with or who lives somewhere else, that I help or give support to?** | **As my own needs change, what support might I need to carry on doing this?** | |
| **Things to do** | | |
| **End of Life** | | |
| **My views about where I’d like to be cared for or where I would prefer to die? Who might help me think and talk abut this if I find it difficult? Who could be involved to help make theses decisions if I can’t do it for myself?** | | |
| **Things to do** | | |
| **Date of 1st review of plan:**   |  |  | | --- | --- | | **Changes made?** | **Yes/no** | | | |
| **Date of 2nd review of plan:** | | |
| |  |  | | --- | --- | | **Changes made?** | **Yes/no** | | | |
| **Date of 3rd review of plan:** | | |
| |  |  | | --- | --- | | **Changes made?** | **Yes/no** | | | |