

**INITIAL**  
**Individual Support Plan**  
 (to be completed within 2 weeks of the start of support)

Name:.....

D.O.B.....

Key Worker:.....

Date support commenced:.....

Date of assessment:.....

Date of ISP:.....

Other Agencies present:.....

Please link support needs with those identified on Assessment Report (unless no longer relevant), plus additional goals identified since then. IT IS IMPORTANT TO INCLUDE TASKS AGREED AS PART OF OTHER AGENCY SUPPORT PLANNING SYSTEMS E.G. LAC & PATHWAY REVIEWS / CPA / S117 meetings / MARAC / MAPPA etc.

Outcome Category	SUPPORT NEEDS; Specific Goals for the next 6 weeks, with target dates / for completion.	Person responsible
<b>PROMOTING PERSONAL &amp; COMMUNITY SAFETY</b>		
<b>1. Feeling Safe</b>		
<b>2. Contributing to the safety &amp; well-being of themselves &amp; others</b>		

**PROMOTING INDEPENDENCE & CONTROL**

Outcome Category	SUPPORT NEEDS; Specific Goals for the next 6 weeks, with target dates / for completion.		Person responsible
3. Managing Accommodation			
4. Managing Relationships	Professional		
	Family / Friends		
	Intimate		
5. Feeling part of the community			

**PROMOTING ECONOMIC PROGRESS & FINANCIAL CONTROL**

<b>Outcome Category</b>	<b>SUPPORT NEEDS; Specific Goals for the next 6 weeks, with target dates / for completion.</b>	<b>Person responsible</b>
<b>6. Managing money</b>		
<b>7. Engaging in education / learning</b>		
<b>8. Engaging in employment / voluntary work</b>		

**PROMOTING HEALTH & WELL BEING**

<b>Outcome Category</b>	<b>SUPPORT NEEDS; Specific Goals for the next 6 weeks, with target dates / for completion.</b>	<b>Person responsible</b>
<b>9. Physically healthy</b>		
<b>10. Mentally healthy</b>		
<b>11. Leading a healthy &amp; active lifestyle</b>		

**Do you think this support will be good for you?... & Why?**

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**Is there something else you would like support with that has been missed? If yes, What?**

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*Disclaimer: I understand that the information contained in this form may be used for the planning, development and delivery of services, including helping to establish value for money, within the local Council. Additionally it may be used for research and statistical purposes where it is appropriate to do so. Outcomes information collected may be shared with third-parties in the interests of housing support related research or for further provision of non-housing-related support services. Information collected will be stored securely and used anonymously.*

Signed: .....

Dated: .....

## OUTCOMES MONITORING SHEET

Name:		Please indicate the level of ability for each category on the scale below by circling a number. Please use your Outcomes Monitoring Toolkit to help you do this. Only tick 'n/a' if you consider your service user not to have a need for support in a category.
Project Name:		
Date:		

REFER PREVIOUS SCORES BEFORE YOU SCORE BELOW	WORST		→		→		→		BEST		N/A
SP Outcomes Equivalent	No Progress (Step 1)		Acknowledged Need (Step 2)		Actions Begun (Step 3)		Most Actions complete (Step 4)		Optimum Level Reached (Step 5)		Tick if n/a
<b>Self-Care and Living Skills</b> – can you look after yourself and your place?	1	2	3	4	5	6	7	8	9	10	
<b>Managing Money</b> – how are you budgeting skills?	1	2	3	4	5	6	7	8	9	10	
<b>Managing Tenancy &amp; Accommodation</b> – can you manage your own tenancy/accommodation?	1	2	3	4	5	6	7	8	9	10	
<b>Emotional and Mental Health</b> – how do you feel in yourself?	1	2	3	4	5	6	7	8	9	10	
<b>Drug and Alcohol Issues</b> – do you have difficulty managing/controlling your use?	1	2	3	4	5	6	7	8	9	10	
<b>Motivation and Personal Responsibility</b> – do you understand the impact your actions have on others?	1	2	3	4	5	6	7	8	9	10	
<b>Social Networks and Relationships</b> – do you have people you can rely on?	1	2	3	4	5	6	7	8	9	10	
<b>Meaningful use of Time/Employability</b> – how do you fill your days?	1	2	3	4	5	6	7	8	9	10	
<b>Offending Behaviour</b> – do you have any offending issues?	1	2	3	4	5	6	7	8	9	10	

Please give reasons for a drastic change in scores or if no scores are available:

<b>SIGNED</b> .....	Date:
<b>SIGNED</b> ..... <b>Support Worker</b>	Date: