

Weekly ISP Review
Review No.

Name:.....

D.O.B.....

Key Worker:.....

Date support commenced:.....

Date of last ISP / review:.....

Date of this review:.....

Other Agencies present:.....

Please link support needs with those identified on last ISP / Review (unless no longer relevant), plus additional goals identified since the last ISP. **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 goals from <u>last</u> ISP / Review:	SPPG Progress Step 1 - 5	Barrier code 1 - 4	Specific Goals for the next 6 weeks, with target dates / for completion.	Person responsible
PROMOTING PERSONAL & COMMUNITY SAFETY					
1. Feeling Safe					
2. Contributing to the safety & well-being of themselves & others					
Step 1, Step 2, Step 3, Step 4 = partially/not yet achieved Step 5 = achieved optimum level					
1 – Barriers, 2 – Beyond the control of the provider, 3 – Non engagement, 4 – Provider unable to meet needs/risk, 5 – Still working towards support outcomes					

Outcome Category	Support goals from <u>last</u> ISP / Review:		SPPG Progress Step 1 - 5	Barrier code 1 - 4	Specific Goals for the next 6 weeks, with target dates / for completion.	Person responsible
PROMOTING INDEPENDENCE & CONTROL						
3. Managing Accommodation						
4. Managing Relationships	Professional					
	Family / Friends					
	Intimate					
5. Feeling part of the community						
Step 1, Step 2, Step 3, Step 4 = partially/not yet achieved Step 5 = achieved optimum level						
1 – Barriers, 2 – Beyond the control of the provider, 3 – Non engagement, 4 – Provider unable to meet needs/risk, 5 – Still working towards support outcomes						

Outcome Category	Support goals from <u>last</u> ISP / Review:	SPPG Progress Step 1 - 5	Barrier code 1 - 4	Specific Goals for the next 6 weeks, with target dates / for completion.	Person responsible
PROMOTING ECONOMIC PROGRESS & FINANCIAL CONTROL					
6.Managing money					
7.Engaging in education / learning					
8.Engaging in employment / voluntary work					
Step 1, Step 2, Step 3, Step 4 = partially/not yet achieved Step 5 = achieved optimum level					
1 – Barriers, 2 – Beyond the control of the provider, 3 – Non engagement, 4 – Provider unable to meet needs/risk, 5 – Still working towards support outcomes					

Outcome Category	Support goals from <u>last</u> ISP / Review:	SPPG Progress Step 1 - 5	Barrier code 1 - 4	Specific Goals for the next 6 weeks, with target dates / for completion.	Person responsible
PROMOTING HEALTH & WELL BEING					
9.Physically healthy					
10.Mentally healthy					
11.Leading a healthy & active lifestyle					
Step 1, Step 2, Step 3, Step 4 = partially/not yet achieved Step 5 = achieved optimum level					
1 – Barriers, 2 – Beyond the control of the provider, 3 – Non engagement, 4 – Provider unable to meet needs/risk, 5 – Still working towards support outcomes					

SEE SEPARATE SCORING SHEET FOR DETAILS RE SPPG OUTCOMES SCORES FOR PROGRESS & BARRIERS.

Please detail below any REACTIVE SUPPORT given in the last 6 weeks that was not included on the last ISP / Review. (E.g. has been arrested and you have attended Court with them).

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

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

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
Self-Care and Living Skills – can you look after yourself and your place?	1	2	3	4	5	6	7	8	9	10	
Managing Money – how are you budgeting skills?	1	2	3	4	5	6	7	8	9	10	
Managing Tenancy & Accommodation – can you manage your own tenancy/accommodation?	1	2	3	4	5	6	7	8	9	10	
Emotional and Mental Health – how do you feel in yourself?	1	2	3	4	5	6	7	8	9	10	
Drug and Alcohol Issues – do you have difficulty managing/controlling your use?	1	2	3	4	5	6	7	8	9	10	
Motivation and Personal Responsibility – do you understand the impact your actions have on others?	1	2	3	4	5	6	7	8	9	10	
Social Networks and Relationships – do you have people you can rely on?	1	2	3	4	5	6	7	8	9	10	
Meaningful use of Time/Employability – how do you fill your days?	1	2	3	4	5	6	7	8	9	10	
Offending Behaviour – 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:

SIGNED SIGNED Support Worker	Date: Date:
--	--------------------