

## SERVICE USER ONGOING ASSESSMENT, SUPPORT PLAN AND REVIEW FORM

Assessor Name:		Assessor designation:	
Service Provider:		Date of assessment:	____/____/____

### 1. General Details

Family Name:				
Forename(s):				
Address:				
Phone number(s)				
Date of birth:	/ /	Property type (e.g. house, flat etc)		
Does the service user live alone?	Yes/No	Include details of others if relevant:		
Does the service user have dependent children?	Yes/No	If yes,' please provide details	Name (including other relevant names used)	Date(s) of Birth:

**Please note:** Where children are supported, consideration should be given to their needs within each of the support categories.

Additional sheets attached for review comments?

Yes

☐

No

☐

Number of sheets attached:

Outcomes – to be reviewed every 6 months from initial assessment or exit from the service. When all need in a sub section is met, outcome can be marked as achieved. If part of need in sub section is met mark as partially achieved.

## 2. Support Needs and Planning

Please indicate the level of support required for the service user. Please tick where appropriate.

		Initial Assessment		Review 1 Date		Review 2 Date		Actions/Comments
	Support to:	Tick	Time scale	Code	Time scale	Code	Time scale	
	<b>Promoting Personal and Community Safety</b>							
<b>1</b>	<b>Feeling Safe</b>							
	<i>Needs</i>							
<b>A</b>	Support with home fire safety checks							
<b>B</b>	Support with obtaining safety equipment							
<b>C</b>	Support to make home more secure (e.g. window locks)							
<b>D</b>	Support to access community alarm/warden service etc							
<b>E</b>	Support to develop daily routines in respect of home safety							
<b>F</b>	Support to access local residents' organisation e.g. Neighbourhood Watch							
<b>G</b>	Support to improve self confidence in respect of home safety							
<b>H</b>	Other (please state)							
	<i>Outcomes</i>							
<b>I</b>	Service user feels safe in own home and community							
<b>J</b>	Other (please state)							
	<b>Time allocated</b> (hours per week)							
<b>2</b>	<b>Contributing to the safety and well-being of themselves and of others</b>							
	<i>Needs</i>							
<b>A</b>	Support in relation to legal issues with children (e.g. custodial, obtaining/complying with court orders etc)							
<b>B</b>	Support to develop necessary routines in respect of children							

Code: A- Achieved P- Partially achieved S – Still outstanding N- Need identified after initial assessment

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<b>C</b>	Support in relation to Child In Need status							Actions/Comments
<b>D</b>	Support in relation to Child Protection status							
<b>E</b>	Support to identify schools and enrol children, obtain bus passes etc, where relevant							
<b>F</b>	Support in relation to children's attendance in school							
<b>G</b>	Support to identify appropriate childcare							
<b>H</b>	Support in relation to parent class attendance							
<b>I</b>	Identify parenting support groups/clubs for children where relevant							
<b>J</b>	Engage with probation service							
<b>K</b>	Comply with statutory orders							
<b>L</b>	Address offending behaviour							
<b>M</b>	Obtain legal advice and representation							
<b>N</b>	Comply with court orders							
<b>O</b>	Support to identify problem alcohol or drug use							
<b>P</b>	Support to liaise with health professionals regarding substance misuse							
<b>Q</b>	Support to identify and engage with substance misuse advice and treatment agencies							
<b>R</b>	Support to attend initial appointments							
<b>S</b>	Support to follow a programme of reduction or abstinence							
<b>T</b>	Support to maintain engagement with drug/alcohol programme							
<b>U</b>	Other ( <i>please state</i> )							
	<i>Outcomes</i>							
<b>V</b>	Child(ren) no longer have child in need status							
<b>W</b>	Child(ren) no longer have child protection status							
<b>X</b>	Reduced need for Social Services assistance							
<b>Y</b>	Manage parenting independently							
<b>Z</b>	Increased children's attendance in school							
<b>AA</b>	Maintained engagement with services							
<b>AB</b>	Reduced offending behaviour							
<b>AC</b>	Accessed advice to deal with legal issues							
<b>AD</b>	Continued abstinence or reduction							
<b>AE</b>	Other ( <i>please state</i> )							

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	Time allocated (hours per week)							Actions/Comments
		Initial Assessment		Review 1 Date		Review 2 Date		
	Support to:	Tick	Time scale	Code	Time scale	Code	Time scale	
	Promoting Independence & Control							
3	Managing Accommodation							
	Needs							
A	Liaison with local authority homelessness officer/homelessness prevention officer							
B	Support through homelessness application process							
C	Support to ensure compliance with information requests and provision of supporting documentation							
D	Support to access specialist advice							
E	Completing housing applications							
F	Identifying accommodation							
G	Arrange viewings							
H	Support to assess sustainability of accommodation (e.g. tenure conditions, affordability etc)							
I	Proactively obtain advice and assistance							
J	Ensure understanding/awareness of tenancy/conditions of tenure							
K	Planning/arranging move							
L	Assistance to move							
M	Settle into new home							
N	Purchase of suitable furniture, household goods etc							
O	Notify of change of address							
P	Identify local services/facilities							
Q	Maintain safety & security of accommodation							
R	Other (please state)							
	Outcomes							
S	Prevent homelessness							
T	No longer homeless							
U	Moved to appropriate, sustainable accommodation							

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<b>V</b>	Able to meet tenancy obligations independently							Actions/Comments
<b>W</b>	Able to manage home independently							
<b>X</b>	Other ( <i>please state</i> )							
<b>Time allocated</b> (hours per week)								
<b>4 Managing Relationships</b>								
	<i>Needs</i>							
<b>A</b>	Establish contact with significant others (e.g. family, friends)							
<b>B</b>	Establish awareness of the need to change behaviour							
<b>C</b>	Reduce likelihood of involvement in conflicting situations (e.g. neighbour disputes)							
<b>D</b>	Seek advice in anger control							
	<i>Outcomes</i>							
<b>E</b>	Relationships improved							
<b>F</b>	Neighbourhood dispute resolved							
<b>G</b>	Other ( <i>please state</i> )							
<b>Time allocated</b> (hours per week)								
<b>5 Feeling part of the Community</b>								
	<i>Needs</i>							
<b>A</b>	Identify transport options to reduce isolation/increase mobility/increase confidence							
<b>B</b>	Support to use public transport							
<b>C</b>	Identify and make use of delivery services							
<b>D</b>	Identify aspirations and areas of interest							
<b>E</b>	Develop hobbies/interests							
<b>F</b>	Improve life skills in chosen area							
<b>G</b>	Enable user to identify and select options							
<b>H</b>	Establish access to chosen options							
<b>I</b>	Improve self-confidence by accessing services							
<b>J</b>	Develop and sustain social networks							
<b>K</b>	Develop meaningful daytime activities							

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<b>L</b>	Other ( <i>please state</i> )							Actions/Comments
	<i>Outcomes</i>							
<b>M</b>	Able to access transport independently							
<b>N</b>	Reduced isolation							
<b>O</b>	Developed interests							
<b>P</b>	Developed hobbies							
<b>Q</b>	Developed life skills (e.g. cooking, cleaning etc)							
<b>R</b>	Has improved social networking							
<b>S</b>	Other ( <i>please state</i> )							
	<b>Time allocated</b> (hours per week)							
		Initial Assessment		Review 1 Date		Review 2 Date		
	<i>Support to:</i>	Tick	Time scale	Code	Time scale	Code	Time scale	
	<b>Promoting Economic Progress &amp; Financial Control</b>							
<b>6</b>	<b>Managing Money</b>							
	<i>Needs</i>							
<b>A</b>	Claim housing benefit							
<b>B</b>	Ensure all relevant welfare benefits are being accessed							
<b>C</b>	Access benefits check/advice							
<b>D</b>	Enable service user to understand entitlements							
<b>E</b>	Establish regular rent & service charges payments							
<b>F</b>	Establish bill payment mechanisms							
<b>G</b>	Establish rent and service charge arrears agreement							
<b>H</b>	Access advice regarding benefits and financial implications							
<b>I</b>	Establish realistic budget							
<b>J</b>	Establish debt agreement with creditors							
<b>K</b>	Develop ability to live within budget							
<b>L</b>	Reduce debt to manageable levels							
<b>M</b>	Enable user to avoid accumulation of debt							
<b>N</b>	Deal immediately with official correspondence							

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<b>O</b>	Increase ability of user to deal with routine administration							Actions/Comments
<b>P</b>	Enable user to seek help in dealing with administration							
<b>Q</b>	Other ( <i>please state</i> )							
	<i>Outcomes</i>							
<b>R</b>	Has accessed correct benefit entitlements							
<b>S</b>	Prevent further debt accumulation							
<b>T</b>	Able to meet their mortgage/rent obligations independently							
<b>U</b>	Maintaining payments to creditors							
<b>V</b>	Able to manage personal finances, bills and budgeting							
<b>W</b>	Able to manage own administration							
<b>X</b>	Other ( <i>please state</i> )							
	<b>Time allocated</b> (hours per week)							
		Initial Assessment		Review 1 Date		Review 2 Date		
	<i>Support to:</i>	Tick	Time scale	Code	Time scale	Code	Time scale	
<b>7</b>	<b>Engaging in education/learning</b>							
	<i>Needs</i>							
<b>A</b>	Enable user to identify and select lifelong learning opportunities and aspirations							
<b>B</b>	Establish access to learning							
<b>C</b>	Improve self-confidence by accessing services							
<b>D</b>	Access skills training on literacy and numeracy							
<b>E</b>	Access educational opportunities							
<b>F</b>	Access specialist services e.g. peer mentoring/skills training							
<b>G</b>	Other ( <i>please state</i> )							
	<i>Outcomes</i>							
<b>H</b>	Has accessed education							
<b>I</b>	Has accessed skills training on literacy and numeracy							

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<b>J</b>	Confidence improved through engagement in services						
<b>K</b>	Other ( <i>please state</i> )						
<b>Time allocated</b> (hours per week)							
<b>8</b>	<b>Engaging in employment/voluntary work</b>						
	<i>Needs</i>						
<b>A</b>	Establish employment opportunities						
<b>B</b>	Establish volunteering work opportunities						
<b>C</b>	Establish access to training opportunities						
<b>D</b>	Access volunteering work						
<b>E</b>	Access training						
<b>F</b>	Access volunteering work						
<b>G</b>	Access child care						
<b>H</b>	Support in CV development, making job applications etc						
<b>I</b>	Access financial advice regarding change in circumstances						
<b>J</b>	Other ( <i>please state</i> )						
	<i>Outcomes</i>						
<b>K</b>	Employed						
<b>L</b>	Accessed volunteering opportunities						
<b>M</b>	Accessed training						
<b>N</b>	Other ( <i>please state</i> )						
<b>Time allocated</b> (hours per week)							
		Initial Assessment		Review 1 Date		Review 2 Date	
	<i>Support to:</i>	Tick	Time scale	Code	Time scale	Code	Time scale
	<b>Promoting Health and Wellbeing</b>						
<b>9</b>	<b>Physically healthy</b>						
	<i>Needs</i>						

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<b>A</b>	Support access to required physical health service (e.g. registration with doctor's surgery, dentist, optician)							Actions/Comments
<b>B</b>	Support to ensure continued engagement with health service (e.g. prompts to attend appointments)							
<b>C</b>	Access physical health advice from relevant professionals							
<b>D</b>	Support to ensure physical health is being maintained							
<b>E</b>	Access information and advice relating to physical health							
<b>F</b>	Access support groups/organisations e.g. drop-in centres							
<b>G</b>	Other ( <i>please state</i> )							
	<i>Outcomes</i>							
<b>H</b>	Accessed health services needed independently							
<b>I</b>	Reduced incidence or likelihood of hospital admission							
<b>J</b>	Reduced need for Social Services assistance							
<b>K</b>	Maintaining engagement with service independently							
<b>L</b>	Improved health							
<b>M</b>	Other ( <i>please state</i> )							
	<b>Time allocated</b> (hours per week)							
<b>10</b>	<b>Mentally healthy</b>							
	<i>Needs</i>							
<b>A</b>	Establish access to mental health service							
<b>B</b>	Support to ensure continued engagement with health service (e.g. prompts to attend appointments)							
<b>C</b>	Support to ensure that mental health is being maintained							
<b>D</b>	Access information and advice relating to mental health							
<b>E</b>	Access support groups/organisations e.g. drop-in centres							
<b>F</b>								
<b>G</b>								

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H							
I							
J							
K							
L	Other (please state)						
	<i>Outcomes:</i>						
M	Has reduced their incidence or likelihood of hospital admission						
N	Has accessed the health services needed						
O							
P	Has reduced need for Social Services assistance						
Q	Engage with services independently						
R	Improved health						
	Other (please state)						
	<b>Time allocated</b> (hours per week)						
11	<b>Leading a healthy and active lifestyle</b>						
A	Access additional facilities or equipment to aid mobility and increase independence						
B	Establish the importance of self-care						
C	Ensure services are accessed to enable user to self-care						
D	Support to maintain hygiene of home						
E	Develop ability to maintain home independently						
F	Develop ability to shop independently						
G	Develop ability to plan and prepare meals independently						
H	Support to access services required (e.g. cleaners, shopping, delivery services)						
I	Establish contact with external groups/services						
J	Support to develop alternative lifestyle activities						
K	Other (please state)						
	<i>Outcomes:</i>						
L	Personal self-care managed independently						
M	Home hygiene environment maintained independently						

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<b>N</b>	Service user able to shop independently							
<b>O</b>	Healthy lifestyle optimised							
<b>P</b>	Services accessed independently							
<b>Q</b>	Other ( <i>please state</i> )							
	<b>Time allocated</b> (hours per week)							
	<b>Grand total hours</b>							
		Initial Assessment	Review 1 Date	Review 2 Date				
	Has a risk assessment been completed? <i>N.B: This must be completed for all service users</i>							
	Is a new risk assessment required? (For reviews)		Yes/No	Yes/No				
	<b>Level of engagement with support service</b> (Please tick where relevant)							
	Active engagement							
	Partial engagement							
	Non-engagement							

Approximate frequency of support sessions agreed with service user: \_\_\_\_\_ (E.g. Once a week/ fortnight/month)

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Does the service meet the needs of the user?

Yes

☐

No

☐

If 'no,' please specify the reason for failing:

If 'no,' has the applicant been advised of alternative service providers?

Yes

☐

No

☐

Does the service user agree with the actions and outcomes of the support plan?

Yes

☐

No

☐

Does the service user agree to the sharing of this information with relevant providers of support?

Yes

☐

No

☐

Has the service user been provided with information concerning complaints procedures?

Yes

☐

No

☐

Signed: \_\_\_\_\_

(Service User)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Assessor)

Date: \_\_\_\_\_

Copies sent to:

Service User

☐

Referrer

☐

Supporting People

☐

Projected start date of support: \_\_\_\_\_

Date of next review(s):    Review 1: \_\_\_\_\_    Review 2: \_\_\_\_\_    Review 3: \_\_\_\_\_

Code:    A- Achieved    P- Partially achieved    S – Still outstanding    N- Need identified after initial assessment

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### 3. OTHER SERVICES REQUIRED AND RECEIVED

*Please list all the services that are received. Please list all other services that have been identified as required as the result of an assessment.*

Service	Tick if currently engaged / referred	Tick if req'd	Name/Service required	Contact Phone No.	Address	Comments/notes

Code: A- Achieved P- Partially achieved S – Still outstanding N- Need identified after initial assessment