

Describe any significant changes to customer's circumstances/needs/views since previous review (or support plan implemented):

1. COMMUNITY LIFE

Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

2. FAMILY AND RELATIONSHIPS

Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

3. MANAGING MONEY

Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

4. HEALTH & WELLBEING						
Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

5. HOME & DOMESTIC ENVIRONMENT						
Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

6. DAILY LIVING AND CARE						
Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

7. LIVING SAFELY						
Agreed Outcomes	Have outcomes been met?			What is Working?	What is not Working?	How should this change?
	Fully	Partially	Not at all			

8. THE VIEWS OF YOUR FAMILY AND THE PEOPLE WHO SUPPORT YOU?					
Who	Do you think that the agreed outcomes have been met?			What is Working?	What is not Working?
	Fully	Partly	Not at all		

9. SUPPORT COSTS		
What is working?	What is not Working?	What Needs to change?

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10. OVERALL SATISFACTION WITH THE SERVICE PROVIDED		Strongly Agree	Agree	Disagree	Strongly disagree	Not Applicable
10.1	I am satisfied with the level of my involvement in the design of my care package					
10.2	I am satisfied with the level of my involvement in the review of my care package					
10.3	I am satisfied with the quality of care provided to me.					
10.4	I am satisfied with my opportunities for social interaction.					
10.5	Carers. I feel supported and capable of continuing my role as a carer?					

SUPPLEMENTARY REVIEW QUESTIONS

Carer Assessments					
Q10.6a	Has the identified carer previously been offered the opportunity to have a separate assessment?	Yes		No	
Q10.6b	If 'Yes' was the assessment carried out?	Yes		No	
Q10.6c	If 'No' is there a need for you to have a separate assessment?	Yes		No	
Comments (please use this box for any comments you wish to make)					
<p>*Carefirst updated (where applicable) Date: Name of Officer:</p>					

Self-Directed Support – Service User					
Q10.7a	Have you been offered self-directed support to meet one or more assessed need?	Yes		No	
Q10.7b	If 'Yes' has this met one or more of your needs?	Yes		No	
Q10.7c	If 'No' has this now been offered?	Yes		No	
Comments (please use this box for any comments you wish to make)					
*Carefirst updated (where applicable) Date: Name of Officer:					

Advocacy – Service User or Carer					
Q10.8a	Has the need for an advocacy worker been considered and offered to you?	Yes		No	
Q10.8b	If 'No' is there a need for an advocacy worker?	Yes		No	
Comments (please use this box for any comments you wish to make)					
*Carefirst updated (where applicable) Date: Name of Officer:					

11. SUMMARY OF OUTCOMES AND ACTIONS

Area of Support	Agreed outcomes to be taken forward (new/changed/continued)	What will happen next?	Who Will do it?	By When?
Community life				
Family relationships				
Managing money				
Health & wellbeing				
Home & domestic environment				
Daily living and care				
Living safely				

Date of next Review:

Date of next meeting with customer:

Signature of customer:
(or proxy)

Date:

Signature of social worker / care manager / case worker:
(where electronic. Type in name)

Designation:

Date:

Signature of Team Manager:

Date:

Note: Support Plan to be updated within 4 weeks of review