This document has been drawn up and agreed between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**the Service User)** and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**the Project Worker)** of YMCA Cardiff HA and represents the desired goals and planned actions to be taken in order to achieve those goals within the specified time frame.

Logo

Description automatically generated

Note for Service providers: Please retain this support plan on file for validation of the outcomes purposes by the Local Authority.

**SUPPORT & REVIEW PLAN**

***I confirm that I have been fully involved in developing this Support & Review Plan, I agree to its contents and to co-operate fully in achieving my aims.***

Service Users Signature:

Project Worker’s signature:

Date:

***I confirm that I have been fully involved in reviewing this Support & Review Plan and I agree with the outcomes recorded.***

Service Users Signature:

Project Workers’ signature:

Date:

**Service Users Details**

Name:

DOB:

**Support Plan Details**

Project Worker:

Support Level:

Support Plan Number:

Reviewed? Y N (circle) Date:

Is support to continue? Y N

This Support Plan must be completed as a **‘SMART’** document.

**S –** Specific

**M –** Meaningful and measurable

**A –** Achievable and agreed

**R –** Realistic and relevant

**T –** Time based

**Indicate all support relevant outcome areas and write 1, 2, 3, etc in order of their priority below**

|  |  |
| --- | --- |
| **Healthy Relationships** |  |
| **Feeling Safe** |  |
| **Independence** |  |
| **Engaged in Activity** |  |
| **Physical Health** |  |
| **Managing Addiction** |  |
| **Managing Health and Wellbeing** |  |

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| 1. **Healthy Relationships –**   **People have positive and healthy relationships with people in their life (tick scale)** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I have positive and/or healthy relationships with my friends, family and/or peers** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I don’t feel isolated (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |

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| **2. Feeling Safe -**   * **People feel safe in their home/accommodation from either physical or emotional harm** * **People are contributing to the safety and wellbeing of themselves and others** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I feel safe in my accommodation from any physical harm (tick scale)** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I feel safe in my accommodation from any emotional harm (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I am not causing emotional or physical harm to others (tick scale** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |

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| 1. **Independence**   **People have independence and control of their day to day lives** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I am positively engaging with support (tick scale)** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I feel in control of my daily life (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I am able to manage my money (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I have the practical skills to live independently (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |

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| 1. **Engaged in Activity**   **People are engaged in something meaningful to them** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I am engaged in an activity that is meaningful to me and has contributed to my wellbeing (tick scale)** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I am able to do the things that matter to me (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |

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| 1. **Physical Health**   **People’s physical health is good** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I feel that my physical health is good (tick scale)** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I can access the health services I need for my physical health (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I am actively trying to manage or improve my physical health (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |

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| 1. **Managing impact of dependency**   **People are managing the impact of their dependency** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I feel that I can manage my addiction (tick scale)** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I am reducing the harms associated with my addiction (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I can access the support I need to help me to manage my addiction (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
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| **7. Mental Health & Wellbeing**  **People’s mental health and wellbeing is good** | | **0 - N/A** | **1 - None of the time** | **2 - Rarely** | | **3 - Some of the time** | **4 - Often** | **5 - All of the time** |
| **I feel that my mental health, health and/or wellbeing is good (tick scale)** | |  |  |  | |  |  |  |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I can access the mental health services I need (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I am actively trying to manage or improve my mental health (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I feel optimistic about the future (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |
| **I feel resilient and can cope with day-to day worries, stresses, and uncertainty (tick scale)** | | **0** | **1** | **2** | | **3** | **4** | **5** |
| **Desired Outcome / Goal**  ***(overall goal)*** | **How are we going to achieve the goal?**  ***(Action points)******(specific actions to achieve the goal)*** | **By Whom?**  ***(who is responsible for the action)*** | | | **By When?**  ***(specific date)*** | | **Outcome / Review Date** | | |
|  |  |  | | |  | | **Review Date:**  **Review scaling response (number):** | | |

**Comments**

Please provide any additional comments or information about what has happened since the last review or about what is planned going forward. This can be completed by the service user or support worker – if by a Project Worker please make this clear.

|  |
| --- |
|  |
| Comments from: Service user / Project Worker / Other – please specify |