



Independent Living Advice Service



Support plan

Service user name: _____

VPRS/VCR case number: _____

ILAS Advice Worker: _____

Telephone number: _____

Referred to ILA by (previous project worker): _____

Date support plan started: _____

1st month review: _____

3rd month review: _____

6th month review (support end date): _____

Background summary of case

Has this case previously received 6 months support from ILA? *Please provide information as to why there is a need for continued support.*

Details of workers that have been or are currently involved with any of the family members

Agency	Worker	Contact Details	Family member being supported	Brief detail of support provided including other assessments used

Needs identified from the exit interview

Only complete relevant field/s below that relate to needs identified in 12 month exit interview

Housing	Details
Any concerns around housing	
<i>Aspirations / Action</i>	
Any anti social behaviour concerns	
<i>Aspirations / Action</i>	
Able to contact landlord if needed	
<i>Aspirations / Action</i>	
Understanding of taking metre readings and bills	
<i>Aspirations / Action</i>	
1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/changes to report	

Money	Details
Are all the benefits in place	
<i>Aspirations / Action</i>	
Are they on Universal Credit	
<i>Aspirations / Action</i>	
Are they affected by the benefit cap	
<i>Aspirations / Action</i>	
1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	
Education and Training	Details
Level of English	
<i>Aspirations / Action</i>	
Are they regularly attending ESOL classes, how many classes attending at present	

<i>Aspirations / Action</i>	
1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	
Health	Details
Registered with G.P, Opticians and Dentist	
<i>Aspirations / Action</i>	
Any complex health needs in the family	
<i>Aspirations / Action</i>	
Linked to a social worker or any other service/worker	
<i>Aspirations / Action</i>	
Any mental health concerns	
<i>Aspirations / Action</i>	

1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	
Social	Details
Linked into the local community	
<i>Aspirations / Action</i>	
Accessing leisure and social activities	
<i>Aspirations / Action</i>	
Attending a church/mosque	
<i>Aspirations / Action</i>	
Attending any group activities	
<i>Aspirations / Action</i>	
1 month review – progress/changes to report	
3 month review – progress/ changes to report	

6 month review – progress/ changes to report	
Employment and Volunteering	Details
Working / employment	
<i>Aspirations / Action</i>	
Volunteering	
<i>Aspirations / Action</i>	
Attending any further education courses	
<i>Aspirations / Action</i>	
1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	
Parenting	Details
Are there any parenting concerns	
<i>Aspirations / Action</i>	

1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	
Schooling	Details
Children attending school and settling in well	
<i>Aspirations / Action</i>	
1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	
Other	Details
Isolation/ Do they or have they ever had a Refugee Council Befriender	
<i>Aspirations / Action</i>	
Level of confidence in accessing agencies	

<i>Aspirations / Action</i>	
1 month review – progress/ changes to report	
3 month review – progress/ changes to report	
6 month review – progress/ changes to report	

6 month support plan agreed and signed by:

Client name _____ Signature _____

Adviser name _____ Signature _____



Independent Living Advice Service Support Plan – Summary Action Sheet

Client Name:

Adviser Name:

Date:

Adviser Tel:

Tick all relevant areas: Housing Benefits and Finance Health and Wellbeing Education and Training

Employment and Volunteering Social and Leisure Legal Children

What action do we need to take?	Who is responsible for this action?	What information do we need?	When will this happen?	When will this action be reviewed?

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