

Individual Support Planning

A Resource Guide to Assist with
Developing, Implementing and Monitoring
an Individual Supports Plan

Community and Social Services
Disabilities, Inclusion and Accessi-
bility Division
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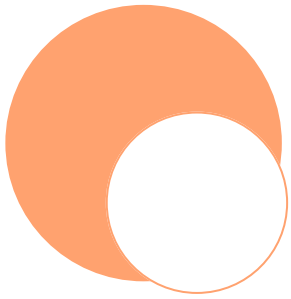
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Introduction

What is this Resource Guide?

The purpose of this guide is to help a Support Team prepare an Individual Support Plan (ISP). It offers suggestions on how to implement and monitor the ISP once it has been created.

This resource guide was created collaboratively by community service providers and Persons with Developmental Disabilities (PDD) in consultation with Dr. Robert Schalock and incorporates concepts from the Council on Quality and Leadership (CQL)¹. The guide can be used as a step-by-step framework to follow, or simply to help focus the conversations of a Support Team.

Vision

Alberta Community and Social Services vision identifies the overall direction for the Ministry. The Ministry's vision is: ***The ministry strives to ensure that Albertans are supported—that they have the resources and skills to optimize their quality of life, that they are protected and safe in their homes and communities, and that they are enabled and empowered to be successful.***

¹ CQL, an organization based in the United States, works with human service organizations and systems to continuously define, measure and improve the quality of life of all people.



The Persons with Developmental Disabilities (PDD) mission statement identifies the strategic direction: ***The PDD program works with others to support adults with developmental disabilities to be included in community life and to be as independent as possible.***

Anticipated Long-Term Outcomes

Albertans are:

- ⇒ *Included—Feel welcomed in the communities where they live, learn and work.*
- ⇒ *Safe — Live free from fear of abuse and violence.*
- ⇒ *Healthy — Achieve the highest attainable standards of health and well-being.*
- ⇒ *Supported—Provided resources and skills to optimize their quality of life.*
- ⇒ *Enabled—Empowered to be successful.*
- ⇒ *Lifelong Learners — Develop the knowledge, skills, and commitment to learning needed to participate in society and reach potential.*
- ⇒ *Active & Engaged — Explore opportunities to participate in recreational activities and cultural experiences, and to engage in Albertan society.*



An Individual Support Plan is a written tool that describes an Individual's desired personal outcomes and how these outcomes will be achieved.



What is an Individual Support Plan (ISP)?

An Individual Support Plan is a written tool that describes an Individual's desired personal outcomes and how these outcomes will be achieved through the involvement of a variety of people, services and supports. It outlines goals and the steps to follow in order to meet those goals. It actively involves the Individual throughout the process and builds upon his or her strengths and natural supports. The ISP can be used to help motivate and inspire an Individual and his or her Support Team.

The ISP identifies:

- ⇒ Specific goals that are tied to the Quality of Life domains;
- ⇒ The actions, steps or objectives needed to meet those goals;
- ⇒ The support strategies or resources required for the goals;
- ⇒ The outcomes and indicators that assist the support team in determining when the goals have been met.

An ISP should be based on a set of principles that reflects what is important to and for the Individual.

The terms goals, objectives, support strategies and outcomes are used throughout this guide. Definitions are available in the Glossary (Appendix 1) so that there is some consistent understanding of their usage in the guide.

An ISP should be based on a set of principles that reflects what is important to and for the Individual. The ISP should contain easy to understand support objectives (steps, actions and outputs) that facilitate the plan's successful implementation and monitoring.

Individual Support Plan Development Principles

1. The Individual and the Individual's natural supports (including but not limited to family members) are actively involved in the plan's development and implementation.
2. The support team that develops the ISP includes people who know the Individual well and will be involved in the plan's implementation.
3. Priority is given to those outcome areas that reflect the person's goals, relevant major life activity areas, and critical support needs.
4. A quality of life framework is used to show how focusing on what is important to an individual (outcomes) can guide the types of strategies,



supports, steps and actions required.

5. Support objectives (steps and actions) are connected to specific support strategies and how they are carried out.
6. The ISP is implemented by the Individual and his or her support team.



Once the ISP is created, the Support Team is responsible for both implementing and monitoring it.



The ISP format should be user friendly and easy to communicate so everyone understands what is expected.

What is a Support Team?

A Support Team is a group of people who work together to create, implement and monitor the ISP.

The Support Team is composed of the Individual receiving supports and services, his/her parents or family members, the guardian when applicable, friends, direct service staff who work with the Individual, Disability S staff, other professionals and people who may be involved in planning with the Individual.

When creating an ISP, the responsibilities of the Support Team typically involve:

- ⇒ Identifying what is important to and for an Individual
- ⇒ Identifying what fits with the Individual's strengths
- ⇒ Ensuring that the ISP is meaningful to the Individual and his/her natural supports, such as family members or friends
- ⇒ Ensuring that the ISP provides clear goals, objectives, support strategies and outcomes all based on the Quality of Life domains and fits with the Individual's strengths and desired life
- ⇒ Identifying which team member is responsible for implementing each support strategy and support objective

- ⇒ Identify when the ISP will be reviewed, updated and/or revised if needed.

Once the ISP is created, the Support Team is responsible for both implementing and monitoring it. The goals and outcomes identified in the ISP reflect specific Quality of Life domains.

What are the Quality of Life Domains?

Quality of Life domains are a way of measuring the degree to which a person enjoys the possibilities of his/her life given the person's unique opportunities and limitations. The domains describe personal and environmental factors that influence quality of life. This guide describes eight Quality of Life domains. The full descriptions and examples of each domain can be found in Appendix 2 of this guide.

Quality of Life domains are a way of measuring the degree to which a person enjoys the possibilities of his/her life given the person's unique opportunities and limitations.

What will you find in this guide?

Eight best practice guidelines form the basis of this resource guide. These are:

1. Use a Support Team to develop the Individual Support Plan (ISP)
2. Identify the Individual's goals and strengths
3. Select support needs that are important to and for the Individual
4. Align support needs to outcome categories
5. Align support needs to specific support strategies
6. Identify a specific support objective for each support strategy
7. Implement the Individual Support Plan using Support Team members
8. Monitor the status of support objectives and achievement of goals and outcomes

The guide can help the Support Team identify goals, objectives and strategies and link the goals to Quality of Life domain(s).

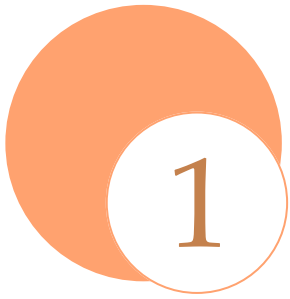


This allows for the ISP to be continuously monitored and outcomes evaluated. Through this process, the Support Team will identify what an Individual can do and what the person is passionate about. From there, the Individual and the team will identify flexible, responsive supports the Individual needs to lead a good life in the community.



Quality of Life domains are a way of measuring the degree to which a person enjoys the possibilities of his/her life given the person's unique opportunities and limitations.





Guideline # 1

Use a Support Team to Develop the Individual Support Plan (ISP)

The development of an ISP brings all of the planning steps together:

1. Identify the Individual's support needs based on what is important to the Individual (his or her goals and preferences) and what is important for the Individual (other needs identified by the team, including professional recommendations). (Guideline #3)
2. Organize these support needs into the Quality of Life domains. (Guideline #4)
3. Align the needs with specific support strategies. (Guideline #5)
4. Specify a support objective for each support strategy. (Guideline #6)
5. Identify who is responsible for implementing each objective. (Guideline #8)

The Support Team should develop an ISP that has the following qualities:

- ⇒ Uses a person-centered philosophy and approach⁴;
- ⇒ Follows a logical and realistic sequence;
- ⇒ Aligns the outcome, goals, support needs, the specific objectives, and the support strategies.

⁴ The CQL website has excellent information about the person-centered approach. To learn more, go to <http://www.thecouncil.org/pceguidedisability.aspx> (Also see the glossary in Appendix 1)



The Support Team needs to:

- ⇒ Understand strengths, abilities and support needs of the individual
- ⇒ Understand the Individual's personal outcomes, goals and assets
- ⇒ Apply ISP development principles
- ⇒ Use an ISP template that is relevant, functional, and outcome oriented

The Support Team needs to understand the individual's desired outcomes, strengths, support needs.

Understand the Individual's Personal Goals and Assets

The most effective way to discover the strengths and desires of an Individual is in natural, informal conversations and interactions with the person and/or a trusted advocate for the person. It is helpful to remember that the Individual is the expert on his/her own life and whatever the person communicates is important and deserves attention. Try to notice all the ways that a person provides information. (Guideline 1)

Apply ISP Development Principles

An ISP should be developed based on a set of principles that reflects what is important to and for the Individual. The ISP should contain easy-to-understand support objectives that facilitate the plan's successful implementation and monitoring.

Write the ISP (three examples of a template can be found in Appendix 4)

This *Resource Guide* does not prescribe a specific ISP format. However, the format used must include:

- ⇒ Individual's desired vision and outcomes
- ⇒ Individual's and program's outcomes and goals
- ⇒ Important or relevant support needs
- ⇒ Specific support strategies

- ⇒ Measurable support objectives
- ⇒ A responsible person/entity to implement the support strategies
- ⇒ Timelines for review



The Individual is the expert on his/her own life and whatever the person communicates is important and deserves attention.





Guideline #2

Identify the Individual's Goals and Strengths for the Individual Supports Plan

It is essential for the Support Team to fully understand the Individual's personal outcomes, goals, and what is important to them. Identifying and understanding outcomes and goals is the most important step in the process since the value of the ISP will depend on the quality of the information gathered here. Outcomes identified in the Outcome Plan should be reviewed to confirm they are still important to the individual.

In order to accurately identify the Individual's outcomes and goals, he or she must be central in the planning and included throughout the ISP process. Some strategies the Support Team can use to ensure the Individual is fully engaged in the discussion are:

- ⇒ Capability should always be assumed. Start with the knowledge that this person makes decisions every single day. Assess how he or she makes those decisions, and how he or she communicates those preferences. Let this knowledge guide you in providing the appropriate resources and experiences to aid in decision-making.³
- ⇒ Be actively involved in the interaction and discussion and pay close attention to the Individual's responses.

It is important to focus on the Individual's personal strengths or assets, which include his or her attitudes, interests, skills, and natural supports

- ⇒ Listen to what the Individual is saying and look for body language that may indicate whether her or she is engaged.
- ⇒ Observe how the Individual is communicating and include their responses in the discussion.
- ⇒ Be aware of your own personal judgments and opinions and do not let them influence the outcome of the discussion; what matters are the outcomes and goals of the Individual.
- ⇒ Whenever possible, keep questions open-ended [questions that need more than one or two words as an answer and cannot be answered with "yes" or "no" alone]. Open-ended questions elicit more information, which can lead to a greater understanding of what the Individual is explaining.
- ⇒ Do not rush the conversation; make sure that the Individual has enough time to respond and to finish his/her thoughts.
- ⇒ Spend time learning about how the Individual prefers to communicate.

In order to identify goals that reflect a person's interests, some questions that can be asked are:

- ⇒ How do you want to spend your day?
- ⇒ What do you want to learn?
- ⇒ Where do you want to live and work?
- ⇒ Who do you want to spend time with?
- ⇒ What would make you feel more safe and secure?

It is important to focus on the Individual's personal strengths or assets, which includes his or her attitudes, interests, skills, and natural supports.

An Individual's strengths can fall in the areas of:

- ⇒ Conceptual skills such as language, reading and writing, self-motivation, time awareness, and problem solving
- ⇒ Social skills such as gets along well with others, friendly, responsible, confident, citizenship, manners, wariness, and social problem solving



- ⇒ Practical skills such as activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/ transportation, schedules/ routines, reading, and use of telephone

The Individual's natural supports are those opportunities and support strategies provided by family members, friends, colleagues, peers, other members of a social network, and self-help groups.



Remember that since the ISP is based on the Individual's personal outcomes, goals and strengths, each ISP will look different.



Questions that help draw out these strengths and assets can include:

- ⇒ What do you want to do?
- ⇒ What do you want life to be like in the future?
- ⇒ How do you want to live?
- ⇒ How do you want to spend your time (work, school, recreation)?
- ⇒ What supports do you already have (family, friends, other service organizations)?

Sometimes an Individual may not know how to describe his or her skills/strengths, so it can be useful to ask more focused questions such as:

- ⇒ Do you enjoy reading and writing?
- ⇒ Do you like to meet new people?
- ⇒ What are your hobbies and activities you do for fun?
- ⇒ What do other people like about you /tell you that you are good at?

It may also be important to talk to people outside of the Support Team who know the Individual well. The Support Team may not be made up of all of the people the Individual feels are important in his/her life, so having these additional conversations may increase the team's knowledge and understanding of the Individual.

It is important to remember that since the ISP is based on the Individual's personal goals and strengths, each ISP will look

Throughout this guide, two examples will be used at the end of each Guideline section to help clarify how these guidelines can be put into action.

These examples will follow two goals, recognizing that this is only one part of a bigger conversation and a bigger plan.

different. Like anyone's goals, the Individual's goals, objectives and outcomes will also change over time, so it is important to have ongoing conversations with the Individual to ensure that he or she has the opportunity to identify and explore new goals or move on from old goals.

GUIDELINE #2 Example: Identify David's Goals



David

"David" and his Support Team, which consists of David, agency staff, and his parents, have been talking about what is important to David. David tells everyone he wants to be like his brother and sister. He wants to take care of his home, his money and have staff around less. The Support Team members ask David questions to help them better understand what David wants.

Team: "David what things would you do to take care of your home?"

David responds he would keep it clean, cook, buy groceries, do his laundry.

Team: "Why do you want staff around less?"

David says he would like staff to come when he needs them and he would decide when they are needed. He believes he can do some of the things staff do now.

Some of these strategies are adapted from the CQL website: <http://www.thecouncil.org/base.aspx?id=1458>



David’s Individual Support Plan—outcome, quality of life domain and goal identified based on David’s desires.



Outcomes	Goals	Identified Support Needs	Support Strategies (How to achieve Goal)	Support Objectives (steps/actions)	Who is responsible	Progress Review Time-lines Comments
Self-determination Personal development David has greater control over his life, he maintains his apartment and finances and decides when staff supports are needed.	David will keep his home clean and tidy.					



Jane

GUIDELINE # 2 Example 2: Identify Jane’s Outcomes, Quality of Life Domains & Goals

“Jane” and her Support Team have been talking about what is important to Jane. Jane requires high levels of support in all areas of her life as a result Jane’s parents are speaking on Jane’s behalf. Her parents tell everyone they want Jane to be happy.

Team: “What does ‘happy’ mean to you?”

Jane’s parents respond with comments about her spending time doing things she enjoys and with people she likes.

Team: “What things, activities does Jane enjoy?”

Jane’s parents tell the support team that Jane likes music and being around young children.

Jane’s Individual Support Plan



Outcomes	Goals	Identified Support Needs	Support Strategies	Support Objectives	Who is responsible	Progress Review Time-lines Comments
Interpersonal Relations Jane spends time doing things she enjoys and with people she likes.	Jane will try 10 new things/ events/ opportunities .					
Emotional well-being	To be safe while participating in activities					



Guideline #3


Select Support Needs that are Important to and for the Individual

It is crucial that an ISP includes details about what the Individual considers important to him or her. For instance, what does the Individual want to work on and achieve? These wishes need to be central to the plan so that the Individual clearly sees the ISP as his or her plan and is thus more motivated and committed to making the plan successful.

Sometimes the needs identified by an Individual are different from the needs seen by caregivers, families, friends or other professionals. For example, if a goal is to find employment, a discussion could take place about how important it is to improve personal hygiene in order to find work. If the Individual agrees that this is important and that he or she needs support in this regard, the next step is identifying what that support will look like.

Example: With reminders, the Individual will begin a daily hygiene routine.

This is a way of incorporating what is important for the Individual and to the Individual. The person wants a job, and the support team clearly identifies that the Individual requires support in the area of personal



 If one looks only

 at what the

 individual wants,

 then the holistic

 aspect of an

 Individual is not

 being

 considered.

hygiene to increase their potential to find a job.

If one looks only at what the individual wants, then the holistic aspect of an Individual is not being considered. A strong ISP emerges from collective wisdom of the individual and the Support Team.

Important to the Individual may relate to (based on personal goals and preferences):

- ⇒ “ How do I want to spend the day?”
- ⇒ “ What do I want to learn?”
- ⇒ “Where do I want to live?”
- ⇒ “Where do I want to work?”
- ⇒ “Who do I want to spend time with?”

Important for the Individual examples may be:

- ⇒ Taking care of personal hygiene and grooming needs
- ⇒ Accessing work related supports
- ⇒ Taking medications
- ⇒ Protecting self from exploitation
- ⇒ *Maintaining good health*

Guideline 3 Example: Needed Supports Based on What Is Important To and For the Individual

David gradually identifies other elements to the primary goal of keeping his home clean and tidy.

The team asks for more details about what he could do to keep his home clean, if he is able and willing to pay for cleaning. All of this is important to David.



The team recognizes that it is important for David to know how he will manage money he receives and money he earns in order to make his goal come true.

As well, the Support Team, notes that David will need to become more aware of the need to do regular cleaning and time management. The team recognizes that it must be aware of situations where David's health could be at risk (old food, tripping hazards) without letting this interfere with his eagerness to increase his skills and abilities to achieve his goal. (This does not appear to be important to David, but it is clear that managing money will be important for David, so that he can reach the goals that he values.)

Some examples of what is important to David:

- ⇒ Keeping his home clean and tidy
- ⇒ Managing his money
- ⇒ Identifying when staff are needed

Some examples of what is important for David (as identified by David's Support Team):

- ⇒ Need to maintain regular cleaning schedule
- ⇒ Food handling and safety awareness
- ⇒ Potential tripping hazards

Guideline #3 Example 1: David's Individual Support Plan



Outcomes	Goals	Identified Support Needs	Support Strategies	Support Objectives	Who is responsible	Progress Review Timelines Comments
<p>Self-determination</p> <p>Personal development</p> <p>David has greater control over his life, he maintains his apartment and finances and decides when staff supports are needed.</p>	<p>David will keep his home clean and tidy.</p> <p>On a weekly basis David will check his food in the refrigerator and throw out outdated, unsafe food.</p>					

Goals that are important to David

Goals that are important for David



Guideline 3 Example2: Needed Supports Based on What Is Important To and For the Individual

Jane’s parents gradually identifies other elements to the primary goals of being happy.

The team asks for more details about what activities or events does Jane enjoy. How does Jane communicate and show she is enjoying something or not enjoying something. They also ask for names of people Jane enjoys being with or who would have valuable information about Jane’s likes/dislikes, etc.

Discussion about Jane’s support needs reveals she will need help to ensure she is safe.

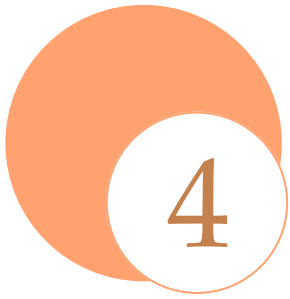
Some examples of what is important to Jane and her parents:

- ⇒ Find activities she enjoys
- ⇒ Spend time with people she likes

Some examples of what is important for Jane and her parents:

Keep Jane safe

Outcomes	Goals	Identified Support Needs	Support Strategies	Support Objectives	Who is responsible	Progress Review Time-lines Comments
Interpersonal Relations Jane spends time doing things she enjoys and with people she likes.	Jane will try 10 new things/ events/ opportunities					
Emotional well-being	To be safe while participating in activities					



Guideline #4

Align Support Needs to Outcome Categories

The Support Team needs to integrate all the information into an ISP that is relevant to the Individual, outcome-oriented and practical.

This information will include the following

- ⇒ The Individual's vision and outcomes
- ⇒ The individual's goals
- ⇒ Important/relevant support needs
- ⇒ Support strategies
- ⇒ Measureable support objectives
- ⇒ The person(s) responsible for implementing the support strategies
- ⇒ Timelines for review

Definitions of the terms “objectives”, “goals”, “support strategies” and “outcomes” can be found in the Glossary in Appendix 1 at the end of this document.

The development of an ISP may involve professional terminology and concepts. These need to be included in a way that is meaningful to the individual and easily understood by the Support Team. It is very important that the professional information does not remove the Individual from the center of the planning process.



Support teams need to use a framework that aligns these seven components listed on the prior page, as they develop an individualized plan. Although there are optional formats that can be used to align these seven components, the outcome framework used in this Guideline is based on the eight Quality of Life domains found in Appendix 2.

Support teams need to understand how each Individual defines the result or benefit of supports for her/himself (what does success look like to the individual). Understanding the Individual's point of view will help support teams align the support strategies and support objectives with the identified goals and measure if the personal outcome has been achieved.

An Individual may say he/she wants to move from where they currently live. Asking 'why' questions reveals that the Individual wants to move closer to a specific church or community activity they want to attend regularly. During further conversation the Support Team finds out the Individual wants to attend church without staff.

Asking open ended questions will help the individual and the Support Team identify meaningful goals, support strategies and support objectives (steps and actions) and get a clearer understanding of what success looks like for the individual.

Guideline 4 Example 1: Aligning support needs to outcomes and goals



The Support Team meets with David and other people he wants to have at the meeting. They discuss his goals, which include keeping his home clean, tidy and managing his money.

Before the meeting is over, the team reviews the discussion and the identified goals to ensure the goals align with the outcomes and quality of life domains

identified in David’s Outcome Plan and that the goals, if achieved, move David closure to achieving his identified outcome.

Guideline 4 Example 1: David’s Individual Support Plan

Outcomes/ Domains	Goals	Identified Support Needs	Support Strat- egies	Support Ob- jectives	Who is re- sponsible	Progress Re- view Time- lines Com- ments
Self-determina- tion Personal de- velopment David has greater control over his life, he main- tains his apartment and finances and decides when staff supports are needed.	David will keep his home clean and tidy. On a weekly basis David will check his food in the refrigerator and throw out outdated, unsafe food.	David will need assis- tance to en- sure regular cleaning is completed. Assistance to explore op- tions that will help him reach his goals.				



Guideline 4 Example 2: Aligning support needs to outcome categories



The support teams meets to identify things Jane likes to do and people she likes to be with. Jane’s parents gave two examples, other support team members were unsure what Jane liked. There was further uncertainty on how Jane communicated her feelings.

Team: How would people in her life know Jane was enjoying something?

Jane’s parents said: She smiles and is quiet, calm.

They all agree Jane’s safety is a top priority in everything she does.

Outcomes	Goals	Identified support needs	Support Strategies	Support Objectives	Who is responsible	Progress Review Time-lines Comments
Interpersonal Relations Jane spends time doing things she enjoys and with people she likes.	Jane will try 10 new things/ events/ opportunities	Maintaining emotional well-being and making choices and decisions.				
Emotional well-being	To reduce the risks to Jane while participating in activities	Protection from being manipulated or harmed				





Guideline #5

Align Support Needs to Specific Support Strategies

One of the most significant developments over the last decade has been the emergence of the concept of a “system of supports”. A system of supports is an approach to providing individualized supports. The system is based on having a method to understand individual support needs and the implementation of individualized support strategies (see Appendix 3 for examples of support strategies). Support strategies may be the use of technology (self-propelled vacuum to help with housecleaning), setting up a reminder schedule to assist the individual to complete tasks, accessing generic supports or teaching new skills. Through the development of an Individual Support Plan, the supports provided to an Individual are matched to the person’s support needs, and this provides a structure for service providers to support individuals.

When a Support Team starts to develop an ISP, it is helpful to think about supports as a system or a collection of members, activities, options and programs working together towards the achievement of a common goal or result. Every member of the team is working together towards the achievement of goals and outcomes that the Individual considers important. This approach to supporting individuals will be better equipped to successfully help individuals to achieve their



outcomes because members are working as a team and looking at natural, generic, paid/unpaid support and technology options that will meet the individuals support needs and achievement of goals and outcomes.

Support strategies are organized so that each team member's input affects the system of supports and its outcomes. Support strategies make effective use of various resources (natural supports, skills and knowledge, environmental accommodation, incentives, etc.) that assist in addressing the needs of an Individual and enhance his or her functioning. This is the "how" of the ISP.

Ideally, an ISP aligns specific support strategies to support needs by:

- ⇒ Organizing potential support strategies to specific goals and outcomes
- ⇒ Providing a framework for obtaining and applying individualized supports and sources of support to specific goals and outcomes
- ⇒ Providing a framework for evaluating the impact of individualized supports on the Individual's abilities , have they achieved greater independence, skills and knowledge and achievement of personal outcomes.

Please note that action verbs are used in specifying a support strategy. Action verbs identify how specific support strategies are implemented through actions that involve using, providing, implementing, procuring, advocating for, developing, networking, expanding, encouraging, and accessing.

For more information on the elements and components of a System of Supports, please refer to Appendix 3.



Guideline 5 Example 1: Align David's Support Needs to Specific Strategies

Each support strategy on this page affects, and is affected by, the other support strategies. The system of support will also keep in mind other needs, including David's expressed need to say when he needs staff.

David's Individual Support Plan

Outcomes/ Domains	Goals	Identified support needs	Support Strategies (How)	Support Objectives (steps/ actions)	Who is responsible	Progress Review Time- lines Comments
<p>Self-determination</p> <p>Personal development</p> <p>David has greater control over his life, he maintains his apartment and finances and decides when staff supports are needed.</p>	<p>David will keep his home clean and tidy.</p> <p>On a weekly basis David will check his food in the refrigerator and throw out outdated, unsafe food.</p>	<p>David will need assistance to ensure regular cleaning is completed.</p> <p>Assistance to explore options.</p>	<p>Explore technology options</p> <p>Explore generic services i.e. cleaning services</p> <p>Teach David</p> <p>Develop incentives to encourage David to clean his home.</p> <p>Explore options for reminders and/or schedule tasks.</p>			



Guideline 5 Example 2: Align Jane’s Support Needs to Specific Strategies

Jane’s Individual Support Plan

Outcomes	Goals	Identified support needs	Support Strategies (How)	Support Objectives (steps/ actions)	Who is responsible	Progress Review Time-lines Comments
Interpersonal Relations Jane spends time doing things she enjoys and with people she likes.	Jane will try 10 new things/ events/ opportunities	Maintaining emotional well-being and making choices and decisions.	Build on expand natural supports Explore generic resources, events			
Emotional well-being (indicators safety, life satisfaction)	To be safe while participating in activities	Protection from being manipulated or harmed	Develop risk assessment plan.			



Guideline #6

Identify a Specific Support Objective for each Support Strategy

Once a system of supports is implemented, best practices regarding the provision of supports requires the specification of support objectives, the steps and actions to be undertaken, for each selected support strategy. This is one of the ways to make it easier to measure progress.

If the support objectives are clearly stated and linked to the support strategy and the specific goal, it will increase the Support Teams ability to determine if the support strategy and support objectives implemented and were effective, did they result in the individual achieving the identified goal. This is designed to eliminate the traditional habit of establishing behavioural objectives, which put the responsibility for success on the individual (e.g. “David will clean his home 80% of the time”).

Using support strategies and support objectives as identified in this guide shares the responsibility for success across the Support Team, the people who are responsible to implement the support objective and



the individual.

Support Objectives are defined as: The desired result of specific support strategies. They are concrete, tangible and can be measured or validated. These are tied to an Individual's goals and are often steps along the way to reaching a goal.

In David's example, exploring technology and generic services are steps and actions tied to his goal of cleaning his apartment and identifying when staff are needed.



Guideline 6 Example 1: Develop a Specific Support Objective for each Support Strategy for David’s ISP

David’s Individual Support Plan



Outcomes/ Domains	Goals	Identified support needs	Support Strat- egies	Support Ob- jectives	Who is re- sponsible	Progress Re- view Time- lines Com- ments
<p>Self-determina- tion</p> <p>Personal de- velopment</p> <p>David has greater con- trol over his life, he main- tains his apartment and finances and decides when staff supports are needed.</p>	<p>David will keep his home clean and tidy.</p>	<p>David will need assis- tance to en- sure regular cleaning is completed.</p> <p>Assistance to explore op- tions.</p>	<p>Explore tech- nology op- tions</p> <p>Explore ge- neric services i.e. cleaning services</p> <p>Teach David</p> <p>Develop in- centives to encourage David to clean his home</p>	<p>Explore what technology is available e.g. robot vacu- ums</p> <p>Assist David to learn how to operate the vacuum.</p> <p>Monitor to ensure this strategy works for Da- vid.</p>		
<p>Same as above</p>	<p>On a weekly basis David will check his food in the refrigerator and throw out outdated,</p>	<p>Assistance to explore op- tions.</p>	<p>Explore op- tions for re- minders and/ or schedule tasks.</p>	<p>Work with David to ex- plore technol- ogy options, visual cues, reminder techniques.</p> <p>Educate David on food safe- ty.</p>		



Guideline 6 Example2: Develop a Specific Support Objective for each Support Strategy for David’s ISP

Jane’s Individual Support Plan



Outcomes/ Domains	Goals	Identified support needs	Support Strategies (How)	Support Objectives (steps/ actions)	Who is responsible	Progress Review Timelines Comments
Interpersonal Relations Jane spends time doing things she enjoys and with people she likes.	Jane will try 10 new things/ events/ opportunities	Maintaining emotional well-being and making choices and decisions.	Build on expand natural supports Explore generic resources, events	Identify usual activities that people engage in i.e. birthday celebrations as opportunities to interact with people Hold birthday party for Jane. Identify 10 areas of interest. Find options in Jane’s community.		
Emotional well-being (indicators safety, life satisfaction)	To be safe while participating in activities	Protection from being manipulated or harmed	Develop risk assessment plan.	Engage others to develop risk plan. Implement migration		



Guideline #7

Implement the ISP Using Support Team Members

Once a plan is established it is very important that the versions are user-friendly.

- ⇒ *My Support Plan*: a 1-2 page ISP that lists the person's goals, objectives, and support strategies and can be kept with the Individual.
- ⇒ *Family Role in the Support Plan*: a 1-2 page summary that provides parents/family members with a picture of the Individual's goals and preferences and the specific support objectives for which they are responsible, if indicated.
- ⇒ *Support Team Action Plan*: a 1-2 page summary that gives the Support Team and direct support staff a description of the Individual's goals and the support objectives for which they are responsible.
- ⇒ *Disability Services Staff*: Are responsible for the monitoring of the ISP.
- ⇒ *Agency Staff*: Are responsible for the coordination and monitoring of the ISP.

The actual implementation of any ISP will look differently for each individual. The first step for any implementation should be for members of the Support Team to commit to following up on their responsibilities and to ensure that they continue to connect with each other in keeping with the system of supports concept.



Guideline 7 Example 1: Implement David’s ISP Using Support Team Members

David will be given a one page ISP that would include his outcome and goals. The plan might look like this (plus other goals, objectives and strategies determined during the planning process):

David’s Individual Support Plan

Outcomes/ Domains	Goals	Identified support needs	Support Strat- egies	Support Ob- jectives	Who is re- sponsible	Progress Re- view Time- lines Com- ments
Self-determina- tion Personal de- velopment David has greater con- trol over his life, he main- tains his apartment and finances and decides when staff supports are needed.	David will keep his home clean and tidy	David will need assis- tance to en- sure regular cleaning is completed. Assistance to explore op- tions.	Explore tech- nology op- tions Explore ge- neric services i.e. cleaning services Teach David Develop in- centives to encourage David to clean his home	Explore what technology is available e.g. robot vacu- ums Assist David to learn how to operate the vacuum. Monitor to ensure this strategy works for Da- vid.	David, David’s parents Agency staff Agency staff	Monthly re- view to iden- tify if support objectives, strategies & goal has been: 1 Fully imple- mented 2 Partially implemented 3 Not imple- mented Date:
Same as above	On a weekly basis David will check his food in the refrigerator and throw out outdated,	Assistance to explore op- tions.	Explore op- tions for re- minders and/ or schedule tasks. Explore ge- neric food safety cours- es.	Work with David to ex- plore technol- ogy options, visual cues, reminder techniques. Find courses, David en- rolled and attend	Agency staff and David Agency staff	Monthly re- view to iden- tify if goal has been: 1 Fully imple- mented 2 Partially implemented 3 Not imple- mented Date:

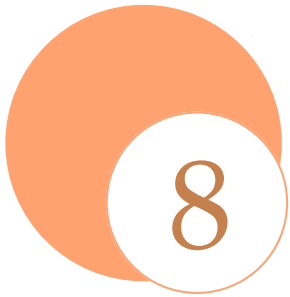


Guideline 7 Example: Implement Jane's ISP Using Support Team Members

Jane will be given a one page ISP that would include her outcome and goals. The plan might look like this (plus other goals, objectives and strategies determined during the planning process):

Jane's Individual Support Plan

Outcomes/ Domains	Goals	Identified support needs	Support Strat- egies	Support Ob- jectives	Who is re- sponsible	Progress Re- view Time- lines Com- ments
Emotional well-being and Self-determination (indicators positive experiences, life satisfaction, choices, personal control, decision making)	To do things and be with people that make me happy	Maintaining emotional well-being and making choices and decisions.	Build on expand natural supports Explore generic resources, events	Identify usual activities that people engage in i.e. birthday celebrations as opportunities to interact with people Hold birthday party for Jane. Identify 10 areas of interest. Find options in Jane's community.	Agency staff and family Family Family Agency staff	Monthly review Achieved <input type="checkbox"/> In progress <input type="checkbox"/> Not achieved <input type="checkbox"/> Date
Emotional well-being (indicators safety, life satisfaction)	To be safe while participating in activities	Protection from being manipulated or harmed	Develop risk assessment plan.	Engage others to develop risk plan. Implement migration strategies.	Agency staff	Monthly review



Guideline #8

Monitor the Status of Support Objectives

The most effective ISPs recognize that everyone's needs change over time and support strategies often need to respond to changes in resources and the person's own capabilities. It is important to frequently monitor progress towards support objectives so that the ISP continues to hold the interest of the person and the Support Team.

Monitoring the ISP involves determining the status of the support objectives, were steps and actions implemented. Monitoring the ISP is a collective effort by the Support Team, including the Individual receiving the supports, and it involves assessing the impact of supports on the Individual's personal outcomes.

This process will vary from person to person and Support Team to Support Team. Therefore, each team must identify how this will be accomplished (e.g., meetings, frequency of reviews, and how they will identify the status of each support objective).

The Monitoring Process

It is best practice to require that an ISP includes support objectives since the focus of an ISP is on the provision of individualized supports. Therefore, monitoring an ISP involves:

- ⇒ Listing each support objective;

The post-monitoring process is an opportunity to celebrate success and to ask the person, “How’s this working for you? Have your personal goals been achieved?”

- ⇒ Listing the person responsible for implementing the support objective;
- ⇒ Evaluating the status of each support objective. One of the approaches to evaluating the status of each support objective could be to apply a 3-point scale such as fully implemented (1), partially implemented (2), or not implemented (3).

The Post-Monitoring Process

This is an opportunity to celebrate success and to ask the person, “How’s this working for you? Have your personal goals been achieved?” The post-monitoring process is an opportunity to reinforce the contribution of Support Team members. The team can also determine whether changes are necessary in any part of the ISP, including new support objectives and support strategies.

The Support Team’s role is to look for continuous quality improvement. Questions the team might ask include:

- ⇒ If the objective has been fully implemented, does it need to remain and if so, at the same duration and intensity?
- ⇒ If the objective has been partially implemented, what is the reason for the partial implementation? Is the objective not clear, is the strategy/ equipment not in place or inconsistently used/ applied, are new strategies needed, or is staff training needed for full implementation?
- ⇒ If the objective has not been implemented, why? Is there confusion or lack of knowledge about what the objectives and strategies really entail, or is there confusion about who is really responsible for its implementation?
- ⇒ Is the Individual’s goal still relevant to the person? If not, what changes need to be made to the ISP to keep it current and meaningful?



Guideline 8 Example: Monitor the Status of Support Objectives

The team members stay in touch with each other on a regular basis. Monitoring timelines are determined based on individual situations; therefore, one person's support plan may be monitored monthly while another person's support plan is monitored quarterly.

The Support Team monitors the progress being made on David's ISP support strategies and support objectives and identifies any unintended effects of the plan (e.g., David met a woman online but the relationship is causing him some stress) or any unexpected opportunities that have arisen (e.g., there is a new social support group meeting close to where David lives). David and his team discuss whether current support objectives and strategies need to be revised, and if support objectives and strategies are needed to assist him with his new relationship or to assist him joining the social group if this is what he wants to do.

The team ensures that David is part of these discussions. They could use a three-point scale (i.e. achieved, in progress, not achieved) to roughly measure the progress towards the goals and the success of the support objectives, including the team members' self-evaluations of their respective contributions. The team highlights every step along the way.

APPENDICES

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1 Glossary of Terms

Goals: Personal goals reflect how the Individual wants to spend the day, what he or she wants to learn, where to live and work, and with whom to spend time.

Outcomes are benefits for participants during or after their involvement with a program. They are influenced by a program's outputs. Outcomes may relate to *knowledge, skills, attitudes, values, behaviour, condition, or status*. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, more effective responses to conflict, getting a job and having greater financial stability.

Person-centered philosophy: This is an approach that keeps the focus on each person as the key decision-maker in his or her own life. As a person's interests and priorities change, the planning process is revisited to ensure that both major and day-to-day decisions also change in response. Planning and funding are connected to outcomes and supports, not programs. For more information, refer to the CQL website:

<http://www.thecouncil.org/pceguidedisability.aspx>

Natural Supports: Those opportunities and supports provided by family members, friends, colleagues, peers, other members of a social network, self-help groups.

Support Strategies: The effective use of various resources that assist in addressing the needs of an Individual and enhance his or her functioning. This is the "how" of the ISP.

Support Objectives: The desired result of specific support strategies. They are concrete, tangible and can be measured or validated. These are tied to the goals of an Individual and are often steps along the way to reaching a goal. In David's example, finding a suitable bank in his community is an objective tied to his goal of purchasing a computer with his own money and the Support Team's goal of improving David's ability to manage money.

System of supports: An approach to providing individualized supports. The system is based on identifying individual support needs and involves the implementation of individualized support strategies (see Appendix 4 for examples of support strategies). Through the development of an ISP, the supports provided to an Individual are matched to the person's support needs and this provides a structure for service providers to increase an individual's quality of life.

2 Quality of Life Framework

The domains are grouped into three factors:

- ⇒ **Well-Being:** emotional, material, physical
- ⇒ **Independence:** personal development, self-determination
- ⇒ **Social Participation:** interpersonal relations, social inclusion, rights

FACTORS and DOMAINS

Emotional Well-Being	Material Well-Being	Physical Well-Being	Personal Development
<ul style="list-style-type: none"> • Contentment • Self-Concept 	<ul style="list-style-type: none"> • Financial Status • Housing • Employment 	<ul style="list-style-type: none"> • Health • Activities of Daily Living • Leisure 	<ul style="list-style-type: none"> • Education • Personal Skill • Competence • Performance
Self-Determination	Interpersonal Relations	Social Inclusion	Rights
<ul style="list-style-type: none"> • Autonomy & Personal Control • Goals & Personal Values • Choice 	<ul style="list-style-type: none"> • Interactions • Relationships • Supports 	<ul style="list-style-type: none"> • Community • Integration & Participation • Community Roles • Social Supports 	<ul style="list-style-type: none"> • Human • Legal

Schalock, R.L. & Verdugo, M.A., 2002

DOMAIN descriptions

Emotional well being: happiness and safety, and how individuals feel about their lives

Interpersonal relations: type of support and help individuals get, relationships with family and friends, and the types of activities that individuals do with people in their life

Social inclusion: the activities and things individuals do and would like to do in the community, the people they do things with and places they go in their community

Personal development: the things that individuals are interested in learning



and things that they enjoy and are important to them

Self-determination: the choices and decisions individuals make about areas that matter to them in their life

Physical well-being: energy levels, being able to get medical help, health and lifestyle

Material well-being: personal possessions that are important to individuals, how much individuals can use money for things they want or need



3 System of Support Elements and

Element	Exemplary Support Strategies
Natural Supports	Support networks (e.g. family, friends, colleagues, generic agencies), advocacy, befriending, community involvement, social engagement, and interactions
Cognitive	Assistive and information technology (e.g. communication devices, cell phones, iPads, medication dispensing devices, med alert monitors, speech recognition devices)
Prosthetics	Sensory aides and mobility assistance devices
Skills and Knowledge	Task analysis (i.e. step-by-step guide to learning) applied behaviour analysis, information availability, situational learning opportunities, education and training strategies such as Universal Design for Learning
Environmental Accommodation	Ramps, Braille, push buttons, modified counters and work spaces, modified transportation, secure and predictable environments, adapted texts and signs, environments that are conducive to learning, matching tasks to an individual's relative strengths and interests
Incentives	Role status involvement, recognition, appreciation, money, personal goal setting, empowerment, self-directed ISP, community participation
Personal Assets	Attitudes, interests, adaptive strengths (conceptual, social, practical), and natural supports
Professional Services	Physical Therapy, Occupational Therapy, Speech Therapy, Medical, Psychological, Psychiatric, Nursing
Positive Behaviour Supports	Functional assessment of problem behaviour and focusing on altering the environment before a problem behaviour occurs and teaching appropriate behaviours



Element	Exemplary Support Strategies
Policies and Practices (Organizational)	Aligning staff and professionals' work, increasing staff involvement, providing needed transportation, reducing turnover and continual change of direct support staff, establishing a reference person for each client, partnering with universities and other research and training centers
Policies and Practices (Societal)	Resource allocation patterns, interagency networks, public relations campaigns, information services

Examples of Support Needs Aligned to Specific Support Strategies

Support Need	Specific Support Strategy
Bathing-personal hygiene	Incentive program
Learning functional skills	Universal design for learning
Learning self-determination skills	Opportunities for choice-decision making
Shopping and purchasing goods	Pictorial shopping guide
Making and keeping friends	Support network
Socializing within the household	Incentive program
Transportation	Modified transportation
Participation in recreation/leisure activities	Interests and motivation
Protecting self from exploitation	Cell phone app
Obtaining legal services	Transportation to access Legal Aid office
Learning self management strategies	Self management program
Prevention of non-aggressive but inappropriate sexual behaviour	Applied behaviour analysis
Taking medication	Medication dispensing device
Seizure management	Med alert device
Learning and using specific job skills	Supported employment
Completing work-related tasks with acceptable speed	Supported employment

4 Support Plan Templates

My Support Plan

Name: _____

Signature Individual/Guardian: _____

Date: _____

PDD Client ID #: _____

Outcomes/ Domains	Goals	Support needs	Support Strategies	Support Objectives	Who is responsible	Progress Review Timelines Comments

Quality of Life domains: Personal Development; Self-Determination; Interpersonal Relations; Social Inclusion; Rights; Emotional Well-Being; Physical Well-Being; Material Well-Being.

Progress Review: (1) Fully Implemented; (2) Partially Implemented; (3) Not Implemented

Notes:



Tom Smith's SUPPORT PLAN
PDD ID#: 0123-456

It is important to me to:

1. Keep my job ■
2. Improve my physical fitness ■
3. Improve telling others about my needs or concerns ■

What are my 'Support Needs'?	What 'Support Strategies' will Staff use to assist me?	How will this impact my Quality of Life?
Learning health and physical education skills ■	Your Facilitators will: <ul style="list-style-type: none"> o Provide information and insight into exercise options at Prospect and the YMCA o Prompt Tom to identify what he'd like to learn, and physical activities he enjoys 	Learning health and physical education skills will increase my Self-Determination
Maintaining physical health and fitness ■ ■	Your Facilitators will: <ul style="list-style-type: none"> o Provide Tom Outdoor Pursuits options to participate in o Provide Tom advice around healthy diet choices when applicable o Provide Tom with activities at Prospect and in the community that focus on physical fitness 	Maintaining my physical health and fitness will increase my Physical Well-Being
Communicating with others about personal needs ■ ■ ■	Your Facilitators, Job Coach, and Case Manager will: <ul style="list-style-type: none"> o Ask Tom consistently if there are concerns in the workplace o Ask Tom to identify accomplishments in the workplace and community access o Prompt Tom to talk about his likes and dislikes and what programs he'd like to see and participate in o Encourage Tom to journal any concerns and show this to staff if he doesn't feel comfortable talking about it o Keep in contact with your supportive roommate to talk about any concerns or accomplishments 	Communicating with others about personal needs will improve my Interpersonal Relations
Making choices and decisions ■ ■	Your Facilitators, Job Coach, and Case Manager will: <ul style="list-style-type: none"> o Provide Tom with choices to help him make decisions. (Schedules, Diet/Food options, Exercise routines, etc.) o Help Tom make choices by explaining benefits to different options. 	Making choices and decisions will enforce my Self-Determination

Tom and his supports have identified that he would like to work on improving his physical well being, as well as communicating with others more effectively. Tom is enjoying his part time employment with Home Depot and would like to continue his employment there. Tom and his supportive roommate also noted that he would like become more independent in making decisions.

My Support Plan

I am Ard and this is My Support Plan. In this is written down how I am doing, what my Wishes and Goals are, what is important for me in my life and what supports I need. Every three months we will take a look at how all this is doing. We means the support worker and I, together with my Personal Assistant. If you have a question, ask me or my Personal Assistant. The name of my Personal Assistant is:

Date: January 2, 2011

These are my Wishes and Goals

1. I wish to have more friends.
2. I want to be a member of the local Football Club.
3. I wish to be taken seriously. Therefore I want to be more able to express myself.
4. I wish to live on my own.
5. I wish to have a paid job.

Is this improving?

YES—NO

Date 1: _____

YES—NO

Date 2: _____

This is important for my life

Personal Development—Learning new things

Doing continuously courses like writing, accounting, cooking and drawing is important for me. I also like to experience all daily activities. Music making, especially drums, is what I like most!

Self-determination— Make my own choices

I want to be the one who makes decisions about my own life. Support me in doing that and be patient.

Interpersonal Relations—Family and friends

I love my family and want to be part of them in every occasion. I have less friends and find it difficult to create new friendships. Support me in creating friendships. I like the people I meet at the music group.

Social Inclusion—Be part of the community

For me it is important to know my neighbors and that they know me. I also want to do my shopping as much as possible in my own neighborhood. I like to be a volunteer (I am pretty good in music).

Rights—What I am allowed to do

I want to know more about my rights. I want to spend my own money.

Emotional Well-Being—How I feel

I can worry quickly and can feel unsure about myself.

Physical Well-Being—Being healthy

I like food but do not always know what is best for me. My favorite sport is Football. I do not like exercising on my own.

Material Well-Being—Have money and goods

I am proud to work five days a week as a shop-assistant but wish it to be a paid job. Going to the beach during the summer holiday is important for me. I like buying presents for my family.

These are the supports that I need

Personal Development—Learning new things

- Give me an overview of available courses about writing, accounting, drawing, cooking. Let me choose the course I like.
- Ask me to assist you in housekeeping, cooking, gardening and so on...
- While assisting, explain to me what you do and tell me how I am doing. Be an example for me!

Self-determination—Make my own choices

- When a choice is needed, ask me. First let me try on my own. If it is to difficult for me, then explain to me what possible options there are to choose. Be patient and only decide for me when I ask you to do so.

Interpersonal Relations—Family and friends

- Create a birthday calendar for me.
- Support me in sending cards for special moments.
- Support me to invite people at home.

Social Inclusion—Be part of the community

- Support me in becoming a member of the local Football Club. Introduce me there, Especially in the beginning it is important for me that you also come to the training and the first matches.
- Take me out. Teach me what shops there are in my village and how I get there.

Rights—What I am allowed to do

- Support me in getting an overview of my money.
- Tell me, explain to me, what my rights are.

Emotional Well-Being—How I feel

- Talk with me about my day in the morning and evening.
- Tell me what I am good at.

Physical Well-Being—Being healthy

- Support me in preparing healthy meals.
- Let us eat together.
- Support me in exercising (e.g. cycling, walking to the shops).

Material Well-Being—Have money and goods

- Support me in getting a paid job. (Especially getting paid for the job I have now).

Is support given?

PD YES NO
SD YES NO
IR YES NO
SI YES NO
R YES NO
EWB YES NO
PWB YES NO
MWB YES NO

Date 1: _____

Is Support Given

PD YES NO
SD YES NO
IR YES NO
SI YES NO
R YES NO
EWB YES NO
PWB YES NO
MWB YES NO

Date 2: _____



5 Why Measure Outcomes?

In growing numbers, service providers, governments, other funders, and the public are calling for clearer evidence that the resources they expend actually produce benefits for people. Consumers of services and volunteers who provide services want to know that programs to which they devote their time really make a difference. That is, that they want better accountability for the use of resources. Once clear and compelling answer to the question of “Why measure outcomes?” is:

To see if programs really make a difference in the lives of people

Although improved accountability has been a major driver behind the move to outcome measurement, there is an even more important reason: **To help programs improve services.**

Outcome measurement provides a learning loop that feeds information back into programs on how well they are doing. It offers findings they can use to adapt, improve, and become more effective.

The dividend doesn’t take years to occur. It often starts appearing early in the process of setting up an outcome measurement system. Just the process of focusing on outcomes-on why the program is doing what it’s doing and how it thinks participants will be better off - gives program managers and staff a clearer picture of the purpose of their efforts. That clarification alone frequently leads to more focused and productive service delivery.

Results of outcome measurement show not only where services are being effective for participants, but also where outcomes are not as expected. Program managers can use outcome data to:

- Strengthen existing services.
- Target effective services for expansion.
- Identify staff and volunteer training needs.
- Develop and justify budgets.
- Prepare long-range plans.
- Focus board members’ attention on programmatic issues.

To increase its internal efficiency, a program needs to track its **inputs and outputs**. To assess compliance with service delivery standards, a program needs to monitor **activities and outputs**. But to improve its effectiveness in helping participants, to assure potential participants and funders that its programs produce results, and to show the general public that its programs produce results, and to show the general public that it produces benefits that merit support, an agency needs to measure its **outcomes**.

Glossary of Selected Outcome Measurement Terms

Inputs are resources a program uses to achieve program objectives. Examples are staff, volunteers, facilities, equipment, curricula, and money. A program uses *inputs* to support *activities*.

Activities are what a program does with its inputs – the services it provides – to fulfill its mission. Activities include the strategies, techniques, and types of treatment that comprise the program’s service methodology. For instance, sheltering homeless families, educating the public about signs of child abuse are program activities, as are training and counseling homeless adults to help them prepare for and find jobs. Program *activities* result in *outputs*.

Outputs are the direct products of program activities and usually are measured in terms of the volume of work accomplished – for example, the numbers of classes taught, counseling sessions conducted, educational materials distributed, and participants served. Outputs have little inherent value in themselves. They are important because they are intended to lead to a desired benefit for participants or target populations.

Outcomes are benefits for participants during or after their involvement with a program. They are influenced by a program’s outputs. Outcomes may relate *to knowledge, skills, attitudes, values, behaviour, condition, or status*. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, more effective responses to conflict, getting a job and having greater financial stability.

Outcome indicators are the specific items of information that track a program’s success on outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome. For example, a program whose desired outcome is that participants pursue a healthy lifestyle could define “healthy lifestyle” as not smoking; maintaining a recommended weight, blood pressure, and cholesterol level; getting at least two hours of exercise each week; and wearing seat belts consistently. The number and percent of program participants who demonstrate these behaviours then in an *indicator* of how well the program is doing with respect to the outcome.

Outcome targets are numerical objectives for a program’s level of achievement on its outcomes. After a program has had experience with measuring outcomes, it can use its findings to set targets for the number and percent of participants expected to achieve desired outcomes in the next reporting period. It also can set targets for the amount of change it expects participants to experience.

Benchmarks are performance data that are used for comparative purposes. A program can use its own data as a baseline benchmark against which to compare future performance. It also can use data from another program as a benchmark. In the latter case, the other program often is chosen because it is exemplary and its data are used as a target to strive for, rather than as a baseline.