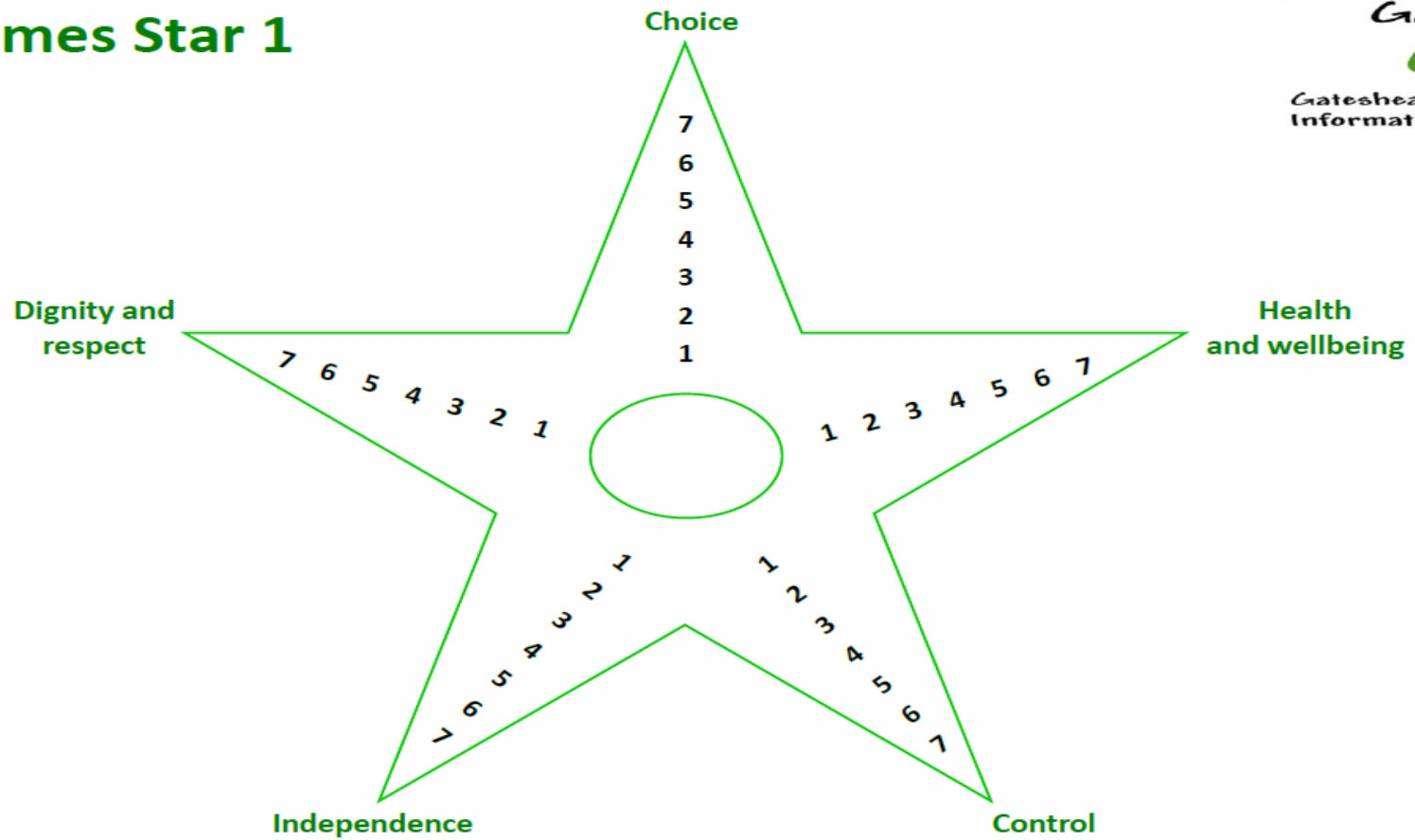


<b>Outcomes Star 1 (to be completed at first meeting with client)</b>		
<b>Advocate name:</b>		
<b>Project name:</b>		
<b>Client ID number:</b>		
<b>Date case opened (DD/DD/YY):</b>		
<b>Date Star 1 completed:</b>		
<b>Outcomes Star 1 completed by:</b>	<input type="checkbox"/> Service user <input type="checkbox"/> Advocate <input type="checkbox"/> Service user and advocate <input type="checkbox"/> Carer/other	
<b>Client group:</b>	<input type="checkbox"/> Carer <input type="checkbox"/> Dementia <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health <input type="checkbox"/> Older people <input type="checkbox"/> Physical disability <input type="checkbox"/> Visual impairment	
<b>Referred by:</b>	<input type="checkbox"/> Self-referral <input type="checkbox"/> Carer <input type="checkbox"/> Social care worker <input type="checkbox"/> Health worker <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other voluntary organisations <input type="checkbox"/> Other advocacy projects <input type="checkbox"/> Other	
<b>Issue at referral:</b>	<b>Key issue:</b>	<b>Any other issues:</b>
<input type="checkbox"/> Housing <input type="checkbox"/> Family/Carer <input type="checkbox"/> Benefits <input type="checkbox"/> Safeguarding <input type="checkbox"/> Social Care <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Human rights <input type="checkbox"/> Employment <input type="checkbox"/> Leisure <input type="checkbox"/> Community <input type="checkbox"/> Personalisation - assessment <input type="checkbox"/> Personalisation - care plan <input type="checkbox"/> Personalisation – care brokerage <input type="checkbox"/> Personalisation - review <input type="checkbox"/> Other	<input type="checkbox"/> Housing <input type="checkbox"/> Family/Carer <input type="checkbox"/> Benefits <input type="checkbox"/> Safeguarding <input type="checkbox"/> Social Care <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Human rights <input type="checkbox"/> Employment <input type="checkbox"/> Leisure <input type="checkbox"/> Community <input type="checkbox"/> Personalisation - assessment <input type="checkbox"/> Personalisation - care plan <input type="checkbox"/> Personalisation – care brokerage <input type="checkbox"/> Personalisation - review <input type="checkbox"/> Other	<input type="checkbox"/> Housing <input type="checkbox"/> Family/Carer <input type="checkbox"/> Benefits <input type="checkbox"/> Safeguarding <input type="checkbox"/> Social Care <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Human rights <input type="checkbox"/> Employment <input type="checkbox"/> Leisure <input type="checkbox"/> Community <input type="checkbox"/> Personalisation - assessment <input type="checkbox"/> Personalisation - care plan <input type="checkbox"/> Personalisation – care brokerage <input type="checkbox"/> Personalisation - review <input type="checkbox"/> Other

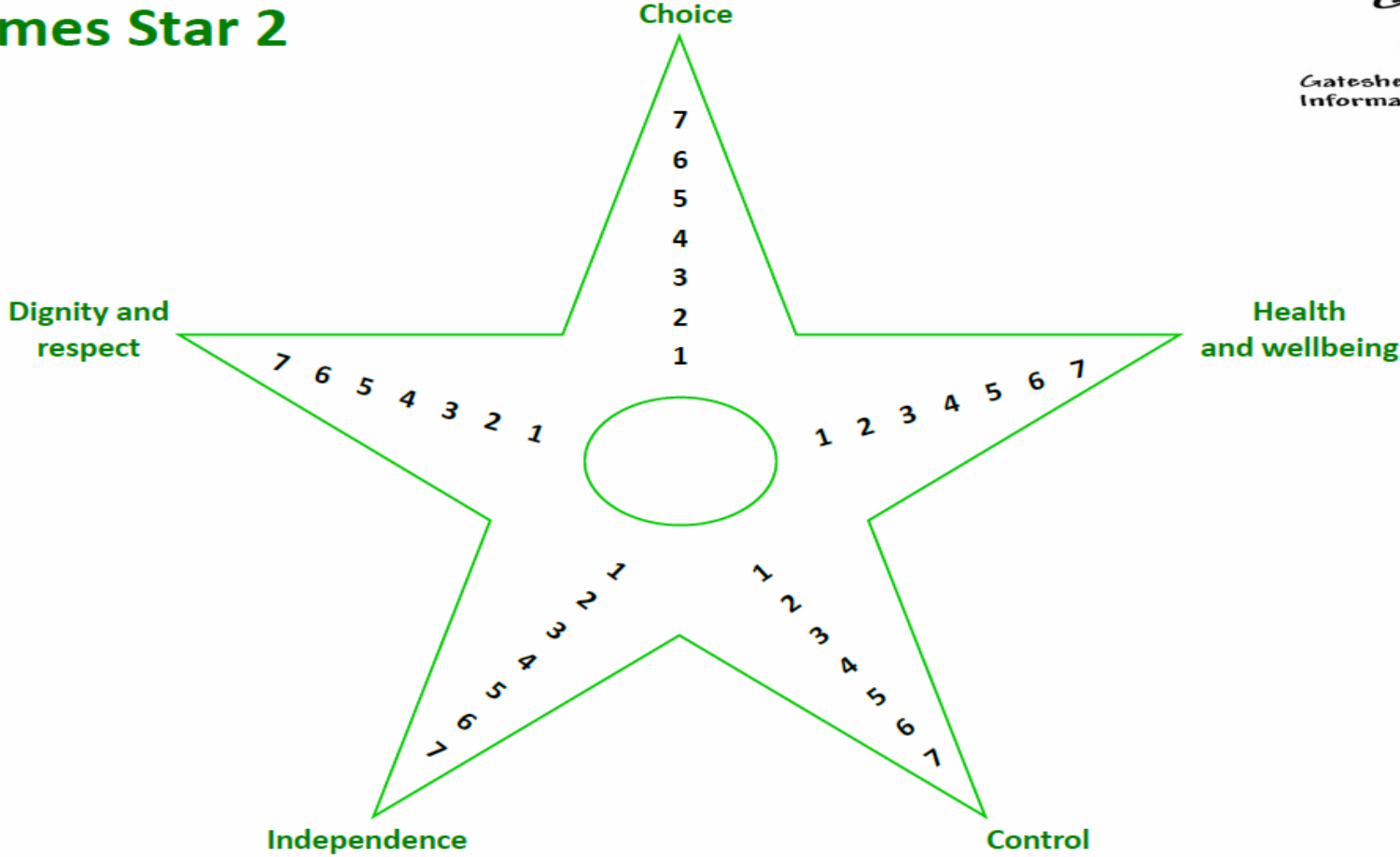
# Outcomes Star 1



- 1 Not at all
- 2 Mostly not
- 3 Rarely
- 4 Not sure
- 5 Some
- 6 Mostly
- 7 Fully

<b>Outcomes Star 2</b> <i>(to be completed at the end of advocacy support)</i>			
<b>Advocate Name:</b>		<b>Face-to-face time with client (00:00):</b>	
		<b>Other meeting time (00:00):</b>	
<b>Client ID number:</b>		<b>Preparation time (00:00):</b>	
<b>Date case opened (DD/DD/YY):</b>		<b>Travel time (00:00):</b>	
<b>Date case closed (DD/DD/YY):</b>		<b>Total time (00:00):</b>	
<b>Date Star 2 completed:</b>			
<b>Client group:</b>	<input type="checkbox"/> Carer <input type="checkbox"/> Dementia <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health <input type="checkbox"/> Older people <input type="checkbox"/> Physical disability <input type="checkbox"/> Visual impairment	
<b>Outcomes</b>	<b>Initial score Outcomes Star 1 (1-7)</b>	<b>End score Outcomes Star 2 (1-7)</b>	
Choice			
Health and wellbeing			
Control			
Independence			
Dignity and respect			
<b>Total</b>			
<b>Star completed by:</b>	<input type="checkbox"/> Service user <input type="checkbox"/> Advocate <input type="checkbox"/> Service user and advocate <input type="checkbox"/> Carer/other	<input type="checkbox"/> Service user <input type="checkbox"/> Advocate <input type="checkbox"/> Service user and advocate <input type="checkbox"/> Carer/other	
<b>Issue at referral:</b>	<b>Key issue:</b>	<b>Any other issues:</b>	
<input type="checkbox"/> Housing <input type="checkbox"/> Family/Carer <input type="checkbox"/> Benefits <input type="checkbox"/> Safeguarding <input type="checkbox"/> Social Care <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Human rights <input type="checkbox"/> Employment <input type="checkbox"/> Leisure <input type="checkbox"/> Community <input type="checkbox"/> Personalisation - assessment <input type="checkbox"/> Personalisation - care plan <input type="checkbox"/> Personalisation – care brokerage <input type="checkbox"/> Personalisation - review <input type="checkbox"/> Other	<input type="checkbox"/> Housing <input type="checkbox"/> Family/Carer <input type="checkbox"/> Benefits <input type="checkbox"/> Safeguarding <input type="checkbox"/> Social Care <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Human rights <input type="checkbox"/> Employment <input type="checkbox"/> Leisure <input type="checkbox"/> Community <input type="checkbox"/> Personalisation - assessment <input type="checkbox"/> Personalisation - care plan <input type="checkbox"/> Personalisation – care brokerage <input type="checkbox"/> Personalisation - review <input type="checkbox"/> Other	<input type="checkbox"/> Housing <input type="checkbox"/> Family/Carer <input type="checkbox"/> Benefits <input type="checkbox"/> Safeguarding <input type="checkbox"/> Social Care <input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Human rights <input type="checkbox"/> Employment <input type="checkbox"/> Leisure <input type="checkbox"/> Community <input type="checkbox"/> Personalisation - assessment <input type="checkbox"/> Personalisation - care plan <input type="checkbox"/> Personalisation – care brokerage <input type="checkbox"/> Personalisation - review <input type="checkbox"/> Other	
<b>Notes</b>			
To what extent was the client's issue resolved in his/her opinion?	<input type="checkbox"/> Fully <input type="checkbox"/> To a large extent <input type="checkbox"/> To some extent <input type="checkbox"/> Not at all		

# Outcomes Star 2



- 1 Not at all
- 2 Mostly not
- 3 Rarely
- 4 Not sure
- 5 Some
- 6 Mostly
- 7 Fully

For further information about any aspect of this Monitoring and Evaluation Framework, please contact GAIN (Gateshead Advocacy Information Network):

Tel: 0191 478 3130

E-mail: [gain@gain.org.uk](mailto:gain@gain.org.uk)

Web: [www.gain.org.uk](http://www.gain.org.uk)

Gateshead Advocacy Information Network  
John Haswell House  
8/9 Gladstone Terrace  
Gateshead  
Tyne and Wear  
NE8 4DY