

Better Futures

Providers point of view

#BetterFutures2018

 Like us on Facebook

 Follow us on Twitter @aspireincuk

FOLLOW US ON  @HSEU1

How we use BF to develop staff

- All staff have their own log ins
- Keyworkers are the case and placement owner
- All staff have their own email address

Example

Log Off | Contact Us | Privacy Notice

housing support enabling unit

The Scottish Government

CAPITA Support

MichelleReilly1

Home | Clients | Providers | Reporting | Guidance Documents

Recent Items

Quick Search

Home > Users

User: MichelleReilly1

General | Open Clients | Placements | Searches | **Time** | Offline Form Loads

Contracted Hours Per Week:
Staff Type: -----Select-----
Staff Terms: -----Select-----
Filter: Accounting Week: - Refresh

Accounting Week 2018/34: 19/11/2018-25/11/2018	Hours Recorded	Versus Contracted	Utilisation
Billable Hours	0.50	0.0	
Non-Billable Hours	0.00	0.0	
Total Hours	0.50	0.0	

Date ↑↑↑	On	For	Billable Time	Non-Billable Time
21/11/2018	Support Plan Meeting	Jennifer Smith	0:30	0:00
Total Hours:			0:30	0:00

Save Close

Copyright © CDPSoft Limited 2007-2018. All rights reserved. v4.1.9a

16:27 21/11/2018

Tailoring the system to suit the service

Emergency Services

Developmental Support Assessment and Review

Element of Support	Level of Support				
	High				Low
	4	3	2	1	0
Section 1 Accommodation					
1.1 - Suitability of Property					
1.2 – Security of Tenure					
1.3 - Skills to access Tenancy					
Section 2 - Health					
	4	3	2	1	0
2.1 – Physical Health					
2.2 – Mental Health					
2.3 - Addictions					
2.4 – Recovery involvement					
Section 3 – Safety and Security					
	4	3	2	1	0
3.1- Domestic Abuse					
3.2 – Legal Issues					
3.3 – Safety from Harassment and Abuse					
3.4 – Safety risks and emergency procedures					
3.5 – Use of Technology					
3.6 - Trauma					
Section 4 – Social and Economic Wellbeing					
	4	3	2	1	0
4.1 – Life Skills					
4.2 – Money Matters and Personal Administration					
4.3 – Leisure					
4.4 – Social Networks					
4.5 – Self Esteem					
Section 5 – Employment and Meaningful Activity					
	4	3	2	1	0
5.1 – Core Skills					
5.2 – Into training or education					
5.3 – Looking for work or work placement					
5.4 – Sustainability					
5.5 – Meaningful Activity					
5.6 - Asset					



Health

2.4- Recovery

DESCRIPTION	LEVEL OF SUPPORT REQUIRED
I am actively developing my recovery plan stabilizing on my substitute prescription medication.	4
I am actively reducing my substance use with support from addictions services, have my detox/reduction plan in place and starting to develop/engage with my recovery plan.	
I have recently stopped using illicit substance/became stable on my substitute prescription.	3
I am in my 7 days, free of substance use.	2
I am maintaining my substance use, stable on my substitute prescription.	
I am in my first 30 days, free of substances use.	1
I am active in my recovery pathway.	
I am actively linking in with and working with recovery services to maintain my recovery.	0
I am detoxing from my substitute prescription with a view to becoming substance free.	
I am free of substances, in my first 90 days	0
I am substance use free and I am actively maintaining my recovery pathway.	

5.6 Asset Skills

3.6 Trauma

DESCRIPTION	LEVEL OF SUPPORT REQUIRED
<p>I feel I do not have any skills but would like to find out what I would/could be good at.</p> <p>I would like support to learn new skills that will help me to build my self esteem and confidence.</p>	4
<p>I have some interest in and would like to learn about certain skills.</p>	3
<p>I have skills from when I was younger but need support and encouragement to put these skills back into practice.</p> <p>I have not used my skills for a number of years and would like support to build my confidence and opportunities to use these skills again.</p>	2
<p>I would like some support to start/lead a voluntary workshop/group based on the skills I have.</p>	1
<p>I feel confident within myself to start and lead a voluntary group.</p> <p>I am confident with my skills and would like to continue to run groups/workshops to support other individuals who lack these skills or would like to learn these skills when I move on.</p>	0

DESCRIPTION	LEVEL OF SUPPORT REQUIRED
<p>I do not wish to speak or address about my traumatic experience.</p> <p>I am ready at this time to discuss my past trauma.</p> <p>I am ready to speak to a professional regarding my past trauma.</p>	4
<p>I have been linked in with Trauma services and waiting on an appointment.</p> <p>I am meeting with my keyworker on a regular basis whilst waiting on specialist support.</p>	3
<p>I am attending regular appointments with Trauma services.</p> <p>I am currently attending CBT/Counselling services.</p>	2
<p>I am currently receiving support and medication from specialist trauma services.</p> <p>I have been discharged from Trauma services but still receiving medication and complying with this.</p>	1
<p>I have had no traumatic experiences.</p> <p>I have addressed all traumatic experiences and coping well</p>	0

Tailoring the system to suit the service

SDS

And

Personalisation services

Developmental Assessment and Review



Element of Developmental Support	Level of Developmental Support				
	4	3	2	1	0
Section 1 – Change/Impact Outcomes	4	3	2	1	0
1.1– Improve my skills and/or learn new ones					
1.2– Be able to get around my home/community					
1.3– Other					
Section 2 – Process Outcomes	4	3	2	1	0
2.1 – Have my care needs been met in an acceptable way that promotes my independence					
2.2 – I have control over my daily life and routines					
2.3 – Money Matters					
2.4 – Other					
Section 3 – Quality of Life Outcomes	4	3	2	1	0
3.1 – Feeling safe					
3.2 – Have enjoyable things to do, good social contacts and relationships					
3.3 – Stay as healthy as I can/have reduced symptoms					
3.4 – Deal with discrimination					
3.5 – Other					
Section 4 –	4	3	2	1	0
4.1 –					
4.2 –					
4.3 –					
4.4 –					
4.5 –					
Section 5 –	4	3	2	1	0
5.1 –					
5.2 –					
5.3 –					
5.4 –					
5.5 –					

Section 1. Change/ Impact Outcomes

1.1 Improve my skills and/or learn new ones

Description	Level of Support Required
I would benefit from learning new life skills so I can carry out daily living tasks myself or I have lost many life skills due to illness (physical or mental health). (e.g. shopping, cooking, cleaning, laundry and personal care tasks). I have chosen not to address my life skills or I have no support with these.	4
I need assistance with a large number of life skills (e.g. shopping, cooking, cleaning, laundry and personal care tasks).	3
I receive support with some of my life skills or I would benefit from learning to undertake some more life skills myself. (e.g. shopping, cooking, cleaning, laundry and personal care tasks).	2
Although I have some life skills, I need to be informed and learn more minor life skills (e.g. shopping/ laundry). My support gives me advice and or prompting to help me with life skills (e.g. shopping and laundry) rather than assistance.	1
I am able to carry out daily living tasks independently.	0

1.2 Be able to get around my home/community

Description	Level of Support Required
I cannot get into and out of the house due to my mobility issues I have no support to mobilise myself within my home and I have limited access to rooms. I am isolated due to my support needs/mobility issues.	4
I cannot get into certain rooms in my home without support. (e.g. upstairs, bathroom, bedroom) Technology/aids support me to access rooms within my home but I am not sure how to use them and therefore need support from carer/support worker. I have some support to get around within the community, this is limited (e.g. I cannot take part in activities I enjoy).	3
Support assists me to access my home/community which meets most of my needs.	2
My support allows me to access my home/community which meets my needs.	1
I can get around my home and access my community independently.	0

Section 2. Process Outcomes

2.1 Have my care needs been met in an acceptable way that promotes my independence

Description	Level of Support Required
<p>I cannot meet my care needs and I do not receive support regarding this. (e.g. personal care, household tasks etc).</p> <p>My needs mean that I cannot see my family/ friends/other social networks or take part in activities I enjoy and I do not have support regarding this.</p> <p>I need aids (technology, support) to meet my needs but I do not have these in place at present.</p> <p>My accommodation is unsuitable- either I am in hospital and cannot be discharged until suitable accommodation is found for me or my home does not currently meet my needs (even with adaptations).</p>	4
<p>I am receiving some support with my physical care needs but this is not adequate/ is not at times which suit me/does not occur in a way I feel comfortable with.</p> <p>I have aids to meet my needs but I do not have confidence/do not know how to use or they are not sufficient, so I cannot look after my needs independently.</p> <p>I have support in place which allows me to see my friends/family or take part in activities I enjoy but I do not feel that it is enough or at the times I would choose (e.g. it is only within my care home, nursing home or supported accommodation).</p> <p>I need to move house as my needs are increasing and my home will not be suitable.</p>	3
<p>My care needs are being met but only when support is available.</p> <p>I need reminded/prompted/encouraged to meet my care needs (use technology or aids/ take medication) by support staff or my carer.</p> <p>I need a number of adaptations to my home as it is not suitable for my needs or adaptations are being carried out to my home which will enable me to return home and remain as independent as possible.</p>	2
<p>The support I receive meets my care needs.</p> <p>I am independent in my life with the help of the support I have in place (support package/carers).</p>	1
<p>I do not need support to meet my needs.</p> <p>I am in good quality permanent housing and I happy with where I stay. I have no plans to move/do not feel that I will need to move house in the future</p>	0

2.2 I have control over my daily life and routines.

Description	Level of Support Required
<p>I feel that because of my physical/mental health needs I cannot make decisions over my life/ have limited control over my life and I have no support in place.</p> <p>I feel decisions I make are based on what is suitable for my carer/support services.</p> <p>I feel that my condition/physical or mental health mean I have no control over my life and I have no support in place to help me with this.</p>	4
<p>I have an active power of attorney/guardianship order and I feel that I cannot make a lot of decisions in my life.</p> <p>I feel that my day-to-days choices are limited due my support needs.</p>	3
<p>I have support in place which helps me make some choices in my life but I would like more say in certain areas.</p>	2
<p>I am looking into my rights regarding decision making in the future</p> <p>(e.g. Looking into/considering Power of Attorney/Advance statements).</p>	1
<p>I live my life with complete freedom to make the decisions I want.</p>	0

2.3 Money Matters

Description	Level of Support Required
<p>I have no benefits/income</p> <p>Rent arrears/debts are putting my accommodation at risk (or other areas of my life).</p> <p>I am not dealing with my finances and or my correspondence</p> <p>I have no literacy skills/am registered blind and I have no support to deal with my correspondence/ money matters.</p>	4
<p>I have difficulty managing money which is impacting on other areas of my life</p> <p>(e.g. rent/mortgage etc)</p> <p>I do not have a bank account and I wish/need to get one</p> <p>I have no literacy skills/am registered blind but I have some support (carer, support agency) which helps me to manage my money/correspondence.</p>	3
<p>I am receiving support to help me deal with financial matters/correspondence</p> <p>I have a bank account but I need assistance in accessing money.</p> <p>I have a budget plan in place and I am receiving support to stick with the plan.</p>	2
<p>I have a budgeting plan set up; I only require some assistance with this.</p> <p>I have a bank account but sometimes need help in accessing money.</p>	1
<p>I am independent when it comes to money matters and personal administration.</p>	0

Section 3. Quality of life outcomes

3.1 Feeling safe

Description	Level of Support Required
<p>I have major/ immediate concerns about my safety because I am experiencing harm caused by myself or others (staff/carers/ family/ friends/ neighbours) and I feel unsupported to address this.</p> <p>I have major/ immediate concerns about my safety as I do not feel I am always able to manage safety and security (e.g. Keeping front door locked, turning off cooker, taps, iron).</p> <p>I would not know what to do in case of a fire or other emergency.</p> <p>I am unable to control/ maintain front door access to maintain my safety.</p>	4
<p>I am experiencing harm but I know where to access support if I need it and I am aware of my rights.</p> <p>I have significant security concerns: I do not feel able to manage/or I feel that harm caused by others/self is impacting on other areas of my life (e.g. accommodation, ability to meet family friends/to make decisions on my behalf).</p> <p>I am uncertain of what to do in case of a fire or other emergency.</p>	3
<p>I feel I am vulnerable to harm (because of mental health, homelessness, physical health, communication difficulties, learning disability, situational e.g. recently threatened or lack of support network etc).</p> <p>My support is helping me to deal with the impact of harm or assisting me in recognising potential sources of harm to ensure I can remain safe in the future.</p> <p>I have regular support in place to help me manage safety and security.</p> <p>I need regular reminders of the safety procedures in my accommodation (e.g. fire safety, emergency response equipment).</p> <p>I have special procedures in place to maintain my safety e.g. fire brigade- egress plan/ police/aids and technology.</p>	2
<p>I am concerned about harm and I am unclear about my rights/protective measures which I could use now or in the future to protect against harm.</p> <p>I am able to deal with issues surrounding harm by myself but I have access to support if I need it (e.g. developing support network in the community; friends, neighbours, attending community groups).</p> <p>I am able to manage safety and security with reminding and/or prompting/ encouragement and advice. (e.g. reminding about safety procedures in flat; fire safety, emergency response equipment, CASS alarms).</p>	1
<p>I feel more protected from harm/ I am not facing any harassment, harm or abuse</p> <p>I am able to manage my security independently and I do not need any aids/ technology to keep me safe.</p>	0

3.2 Have enjoyable things to do and good social contacts and relationships

Description	Level of Support Required
<p>I wish to take part in activities I enjoy but I am unable to. I have a learning/physical disability; mental health issue or health issues which mean the activities I enjoy are not accessible for me e.g. difficulty getting out of house, activities have no wheelchair access, no transport due to mobility issues. I do not have any family/friends or I am not able/not allowed to see my friends or family. I am unhappy with my current relationships with friends or family, neighbours (e.g. they are abusive, harmful, not adequate).</p>	4
<p>I wish to take part in activities I enjoy but I am rarely able to or there is a lack of activities available to me. (E.g. rely on carer, do not always have transport; bus stop too far away, cannot take equipment on bus or can only take part in activities which are on the premises (care home, nursing home, supported accommodation)). I take part in activities but when my condition deteriorates it is difficult for me to maintain the activities I enjoy. I am having difficulty sustaining relationships and or I cannot meet with people I would like to spend time or I am unable to access my local community (e.g. same interests, similar age, gender- if preferred, understanding of my situation)</p> <p>I wish to address my problems with my family or neighbours (e.g. report behaviours/manage own problem behaviours)</p>	3
<p>I attend/ take part in enjoyable activities with support (from staff or carer). My friends and family provide me with support therefore I cannot spend quality time with them. (e.g. friends/family; washing, toileting, preparing meals and therefore having limited time).</p> <p>Support is assisting me to address issues with my neighbours or maintain social networks.</p>	2
<p>I am encouraged/ prompted/reminded to take part in activities which I might enjoy or to maintain social networks (can be within and out-with accommodation).</p>	1
<p>I am able to take part in activities I enjoy independently and I have good social work.</p>	0

3.3 Stay as healthy as I can/ have reduced symptoms.

Description	Level of Support Required
<p>I have a learning/physical disability; mental health issue or health issues but do not have a GP in place/ other required services in place.</p> <p>I have chosen not to deal with my learning/physical disability; mental health issue or health issues or I have been prescribed medication/ recommended a course of treatment but I have not been complying.</p> <p>I have had repeat emergency admissions to mental health services/ psychiatric services on an involuntary basis or have had repeat emergency admissions to hospital.</p> <p>I have an alcohol/substance use problem which is putting my health at risk but I do not wish to address this at present or I wish to receive support but struggle to do so.</p>	4
<p>I do not have any health problems I am aware of but I do not have a GP.</p> <p>I have health problems and have support in place so can begin to address this. <i>(e.g. support to encourage/motivate/get me to my appointments as I cannot do this on my own.</i></p> <p>My mental health needs are managed with regular support from mental health services or I have had voluntary admissions (one or more) to mental health services/ psychiatric services to manage my mental health.</p> <p>My alcohol/substance use problem is putting my current situation at risk and I wish to receive support to address this/do not want to address this.</p>	3
<p>My support helps me to set up/reminds me about or accompanies me to health appointments.</p> <p>Support is assisting me to register with GP/other health services.</p> <p>I am attending/receiving support from at least on service to manage my health <i>(e.g. counselling, detox, addiction worker, rehabilitation, OT support, Physiotherapy, Chiropody, Dietician).</i></p> <p>I have concerns about my mental health or physical health but I have not discussed these with GP/support network.</p> <p>I feel my health is stable and I am receiving medication /treatment which is managed by my support worker.</p>	2
<p>My support worker sometimes reminds me to make and /or attend health appointments</p> <p>I have some health problems but with support in place this is currently managed/ I feel stable in my treatment and or medication.</p> <p>I am successfully managing my alcohol /substance use problem and I sometimes access support if I need to.</p>	1
<p>I am able to manage my health needs independently</p>	0

3.4 Deal with discrimination

Description	Level of Support Required
I feel disempowered / unsupported and I am facing discrimination.	4
I feel that because of my (age, disability etc) I am at risk of being discriminated against or I have been told I am being discriminated against. I feel that my rights/values are not respected within the services I receive (e.g. NHS, care provider, social worker, carer etc).	3
I am gaining support to find out rights regarding discrimination. I am aware of my rights to challenge discrimination if it occurs.	2
I feel that discrimination is not currently a problem. I feel that my rights and choices are respected.	1
I do not feel discriminated against.	0