

I would like to raise a Freedom of Information request. Please complete the questions below.

- 1) Please provide a list of the adult social care services you provide – eg residential care homes, home care etc  
Residential Care Home  
Supporting Living Services  
Reablement Service
- 2) Does the council provide the staff for home care services or is this outsourced?  
Outsourced
- 3) Does the council have a digital solution to manage home care services and client care records? If yes, please provide the name of the software deployed  
No
- 4) If the home care services are outsourced, who provides the staff for home care services on behalf of the council? If this is not all one provider please state the names of all organisations that are used.  
The providers themselves recruit the care staff  
**The contracted providers are:**  
Ashwood Care Agency  
Care Choice North West  
Caring Connections  
Cherish Uk Limited  
Elite Care (NW) Limited  
Excel Care Management  
Harmony Home Care  
Personal Care Services  
**Framework Spot**  
Ella Uk  
Rightcare NW  
  
**Spot**  
Alcedo  
Belong  
Combined Care  
HomeInstead
- 5) Please provide an electronic copy of the assessment forms you use to determine what the home care package/ services will be.  
See following pages

## Personal Details

- Living Well at Home Trail Blazer Pilot

Reason

**Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.**

System ID	<input type="text"/>	NHS Number	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Household Structure	<input type="text"/>	Tenure Type	<input type="text"/>
Gender	<input type="text"/>	Ethnicity	<input type="text"/>
Employment status	<input type="text"/>		
Primary Service User Group	<input type="text"/>	Sub Group	<input type="text"/>

Please tell us about any communication needs you have?

Legal status

### Details of this review

#### Is this review

Planned

Planned - Covid Funding Scheme Review

Requested

Unplanned

If an unplanned review, please select the significant event that triggered this review

If a requested review, please state reason

#### Consent obtained for information to be shared as needed with other Agencies involved in care

Yes

Yes, with limitations

No

Date consent obtained

Details of requested limitations

Date consent obtained

Date dissent obtained

**Do you have any reason to doubt the person's capacity in being able to participate fully in this process?**

Yes  No  Don't know

**Does the person have an advocate who is able to assist them with the social care process?**

Yes  No  Don't know

If Yes, please provide the advocate's details

**Your GP Details**

Surgery Address

Surgery Telephone Number

**Carers, Health and Professional Details**

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

Are there any family, friends or carers who give support on a regular basis?

Yes

No

If yes, what support do they provide?

### Carer Details - 0

System ID

Name

Date of Birth

Address

Telephone

Gender

Relationship to client

Religion

Ethnicity

Have you discussed support available to them as an informal carer?

Yes

No

If no, why not?

**Are you completing a referral on the carer's record to the Carers Centre? (Answering 'Yes' will generate a workstep to act as a reminder to complete this action).**

Yes

No

If no, why not?

**Is there a Young Carer providing support?**

Yes

No

Brief details

[Click here to access the Young Carers Referral Form](#)  
Once completed please email securely to [info@walyc.org.uk](mailto:info@walyc.org.uk)

**Reported Health Conditions**

Condition	Age diagnosed

**Do you take any medication regularly?**

Yes  No

If yes, please tell us what

**Do you need any support with taking your medication?**

Yes  No

**PROFESSIONAL RELATIONSHIPS**

Name	Organisation	Relationship

## Armed Forces

**Are you a serving member, ex serving member of the Armed Forces, or immediate family member?**

- Serving member       Ex serving member       family member       Not applicable

**Are you a reservist?**

- Yes       No

What is your Service number?

## About me

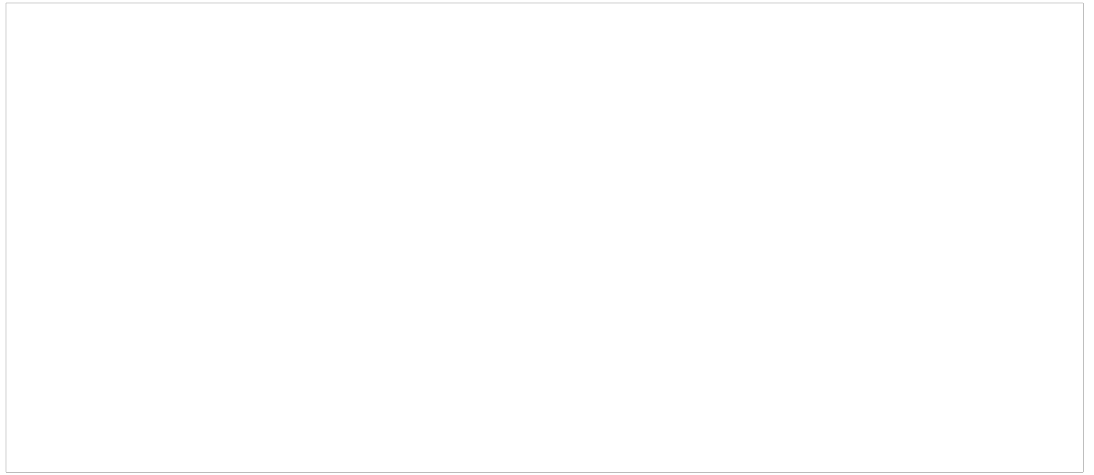
**Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.**

A typical day for me is....

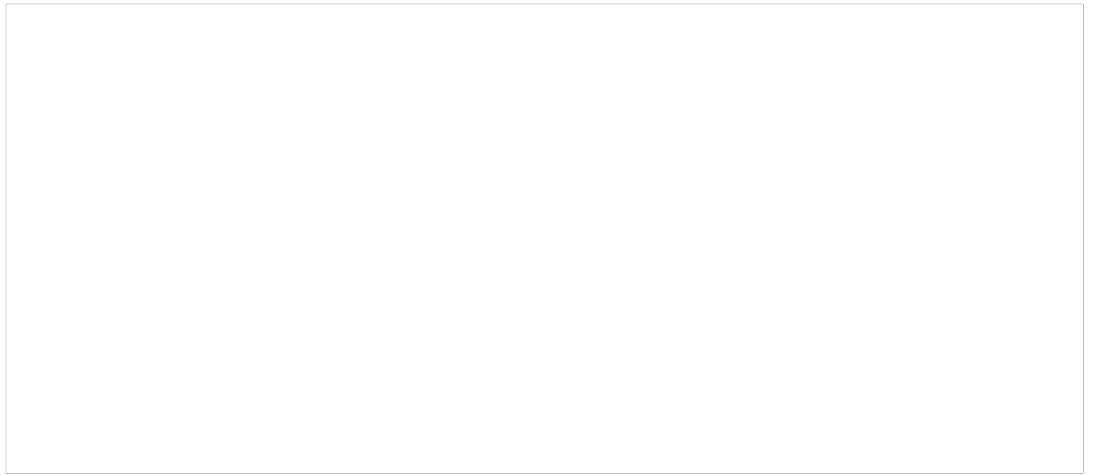
The things I like doing, am good at or would like to do are...



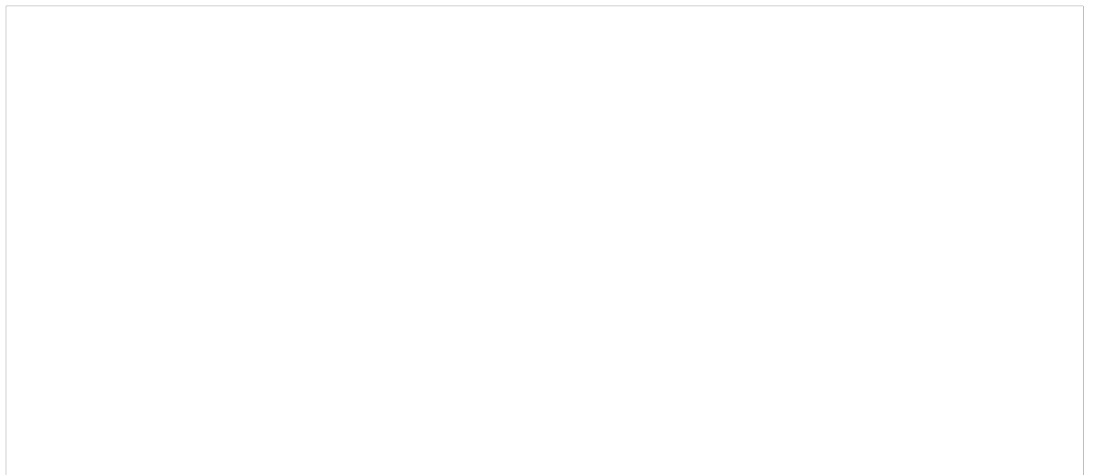
The people that are important to me and who I need around me are...



If I could I would like to change....



What I would want to happen in my life.....



## All About Me

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For example:

- My typical day
- My past, present and future
- What I enjoy
- What I am good at
- Who is important to me

### **What Would Make the Biggest Difference to My Day to Day Life?**

For example, around:

- Wellbeing and happiness
- Maintaining relationships
- Community access
- Mobility and independence
- Making food and drinks

### **My Views**

**Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.**

**Have your circumstances changed or needs changed?**

Yes

No

If yes tell us what has changed

**Are there any changes in your informal / community support networks which might impact upon your plan?**

Yes

No

Tell us what has changed

**Do you feel you have the right amount of control over your daily life?**

Yes

No

How do you think this could be improved?

**Is the current method of managing your plan still the best one for what you want to achieve?**

Yes

No

**Please rate**

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

**Do you feel we have considered your strengths when completing the About Me section?**

Yes

No

Tell us more

**Do you feel we considered local community options to support you?**

Yes

No

Tell us more

Did you take up any community options if so what?

**Do you feel you have enough social contact with people you like?**

Yes

No

How can we support you to increase this?

**Are you able to access the information and advice you need around support, services or benefits?**

Yes

No

What difficulties have you had?

Would you like to be more independent can we support you with this?

Yes

No

How satisfied are you with the assessment and support planning process? Please rate

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

## Reviewing My Plan

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

### 1. Making Decisions and having control over my day to day life

#### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

#### Information Recorded at My Support Plan

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

## 2. Maintaining Personal Hygiene

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### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### Information Recorded at My Support Plan

Desired outcome



What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

### 3. Toileting Needs

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#### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

#### Information Recorded at My Support Plan

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

#### 4. Being appropriately clothed

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##### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

##### Information Recorded at My Support Plan

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

## 5. Managing and Maintaining Nutrition

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### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### Information Recorded at My Support Plan

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

## 6. Making use of my home safely

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### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### Information Recorded at My Support Plan

Desired outcome



What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

## 7. Maintaining a habitable home environment

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### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### Information Recorded at My Support Plan

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

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## 8. Keeping Those Around Me Safe

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### Information Recorded at My Assessment

Identified Need

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Ability to achieve outcome

--

What support I need or I am getting

--

### Information Recorded at My Support Plan

Desired outcome

Significant Impact on Wellbeing?

Tell us how this is impacting now on your wellbeing?

What is working in the plan

What is not working in the plan

What might need to change

## **9. Developing and maintaining family or other personal relationships**

### **Information Recorded at My Assessment**

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### **Information Recorded at My Support Plan**

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

## **10. Making use of necessary facilities or services in the local community**

### **Information Recorded at My Assessment**

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### **Information Recorded at My Support Plan**

Desired outcome



What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?

What is working in the  
plan

What is not working in  
the plan

What might need to change

## **11. Accessing and Engaging in work, training, education or volunteering**

### **Information Recorded at My Assessment**

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### **Information Recorded at My Support Plan**

Desired outcome

My Future Aspirations

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?  
How am I working  
towards my  
aspirations

What is not working in the plan

What might need to change

## 12. Family Responsibilities

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### Information Recorded at My Assessment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

### Information Recorded at My Support Plan

Desired outcome

What support I need  
or I am getting

Tell us how this is  
impacting now on  
your wellbeing?  
What is working in the  
plan

What is not working in the plan

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What might need to change

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## Funded Support Package

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

This is the current package of support, to make any changes select Revise Support Plan as next action.

### DETAILS OF SUPPORT

Support	Provider	Proposed start	Units	Unit Cost	Total	Delivery	Other	Delivery Method	Further Details

### DETAIL & COST OF SERVICES

Support	Provider	Start Date	Unit	Unit Cost	Units	Occurences	Annual Cost	Commission or DP	Occurrence Type	Other Detail

### TIMETABLE OF SUPPORT TO BE PROVIDED

Type of Support	Time	Time Req	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Further Details

**LIVING WELL AT HOME TRAILBLAZER SERVICES**

Provider	Start date	Total Hours Homecare	Over Initial Homecare Period of (Weeks)	Total annual cost	Average weekly hours	Average Weekly Cost

**DESIRED OUTCOMES P-P**

Identified date	Need	Outcome	Who has supported the client to identify this outcome?	Expected achieve date	Update	Achieved date

**DESIRED OUTCOMES - IDENTIFIED WITH SUPPORT FROM SOCIAL CARE**

Identified date	Need Category	Identified Need	Outcome	What support I need or am getting	Who has supported the client to identify this outcome?	Expected achieve date	Update	Achieved date



**DESIRED OUTCOMES - IDENTIFIED WITH SUPPORT FROM PROVIDER**

Identified date	Outcome	Who has supported the client to identify this outcome?	Expected achieve date	Update	Achieved date

Current contingency arrangements in case of Carer/PA absence or other emergency

Current contingency arrangements for fluctuating need

Please ensure if the person does not get funding from elsewhere that this is considered again at review.

**NHS Continuing Health Care Funding**

**Is this person eligible for NHS Continuing Health Care Funding? Please complete CHC Checklist to clarify**

Yes  No

Don't know

Date of decision

Name of CCG

Date CHC eligibility checklist submitted  
Please provide further information

### NHS Funding Nursing Care Contribution Funding

Is this person eligible for Funded Nursing Care Contributions?

- Yes  No  Don't know

Date Nursing Needs Assessment Requested

Name of CCG

Please provide further information

### Other Funding - Joint with Social Care

Is this person eligible for other funding i.e. health, education?

- Yes  No  Don't know

Date of decision  
Please state who

## Information, advice provided

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

Please provide details of all Information, advice provided

Information, advice and signposting provided with/to

Date	Information provided	Specific details provided	Follow up required

Has the assessor considered a referral to GMFRS for the adult?

Yes

No

Why not? (for example, no current safeguarding concerns regarding fire or recent referral already been made)

Please click the link below

[GMFRS Fire Safety Assessment / Referral](#)

## Financial Assessment Referral

### Financial Assessment Referral Form - Guidance Notes

Please read the guidance below for the type of support you are putting in place to decide if a referral for a Financial Assessment is required. Please see radio button at the bottom of the guidance to clarify Yes or No.

### Non Residential Financial Assessments (Day Care, Home Care, Community Care, etc.)

A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have not been financially assessed within the last 12 months
- For existing clients who have advised of a change of financial circumstances (e.g. if a client has advised their/income/benefits have changed)

FA Referral Form not required for existing clients who have been financially assessed within the last 12 months for non-residential care services.

Please Note we still require a Financial Assessment Referral Form to be submitted for clients who are receiving a commissioned care service and have over the Local Authority funding threshold of £23,250, as a Full Cost Financial Assessment needs to be entered on Mosaic.

## **Short Term Residential Care**

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A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have never previously had short term residential care
- For existing clients who have not been financially assessed for short term residential care in the current Financial year (April to March)

FA Referral form not required for existing clients who have been financially assessed in the current financial year.

FA Referral form not required for client's who have had a short term residential stay that has been extended, and a Financial Assessment Referral Form has already been submitted when client was initially placed.

## **Permanent Residential Care**

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A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have never been in permanent residential care
- For existing clients who have been made permanent after a short term residential stay

FA Referral Form not required for existing clients in permanent residential care who have already previously been assessed for permanent care (e.g. if there is a change in banding for a client's stay, if a client moves care homes).

## **Multiple Financial Assessment Referrals**

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Please Note if a client's care package is initially put in place with multiple service (e.g. home care and short term residential care), the information can be detailed on the initial Financial Assessment Referral Form. If the client's care package changes at any point after the initial service is put in place, we would need a new Financial Assessment Referral Form. See below examples:

If a client has short term residential care, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then moves into permanent residential care at a later date, we would need a second Financial Assessment Referral Form.

If a client has short term residential care, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then moves into permanent residential care at a later date, we would need a second Financial Assessment Referral Form.

If a client has a home care package put in place, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then has a short term residential care stay, we would need a second Financial Assessment Referral Form. If the client's short term stay is made permanent or they move into permanent residential care at a later date, we would need a third Financial Assessment Referral Form.

## Section 117

Please Note we still require a Financial Assessment Referral Form to be submitted for clients subject to Section 117 after Care, following the rules set out above, as a Nil Cost Financial Assessment needs to be entered on Mosaic.

### Financial Assessment Team Contact Details

Telephone Number: 489565 (Ext. 89565)

Internal Email: DutySW, FAT

External Email: D.FAT@wigan.gov.uk

**Do you need to make a referral for a Financial Assessment?**

Yes

No

**Please Note you still need to send a Financial Assessment Referral Form for clients who are receiving a commissioned Non-Residential care service and who have over the Local Authority funding threshold of £23,250 as a Full Cost Financial Assessment needs to be entered on Mosaic.**

Reason not required

### Financial Health Check

**Have you Received your yellow bill?**

Yes

No

**Have you got a payment method set up?**

Yes

No

Further Details

**Do you want help from Wigan Council to set up a Direct Debit?**

Yes

No



Details why not?

SW/SCO to contact Income Group regarding Direct Debit setup:  
incomegroup@wigan.gov.uk

**Have you been contacted by the Financial Assessment Team regarding the outcome of your Financial Assessment?**

Yes

No

Check FA Referral has been sent, Case Note alert to FA Team to request contact is made with client

## Completion Details

Name

Job title

Team

Signed

Date

**This plan was compiled**

By Phone

Face to Face

Your Summary/  
Comments from this  
review

--

**Any Actions required as a result of this review**

Action	By who	When

**Details of all parties involved in compiling this plan - 0**

Name

--

Relationship to Adult

--

Please detail

--

Your Summary/  
Comments from this  
review

--

## Signatures

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I confirm I have participated in this Review and agree this is an accurate record.

Yes

No

Signed

Date

# My Support Plan

## Personal Details

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

Living Well at Home Trail Blazer Pilot

System ID	<input type="text"/>	NHS Number	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Household Structure	<input type="text"/>	Tenure Type	<input type="text"/>
Employment Status	<input type="text"/>		
Gender	<input type="text"/>	Ethnicity	<input type="text"/>
Primary Service User Group	<input type="text"/>	Sub Group	<input type="text"/>
Please tell us about any communication needs you have	<input type="text"/>		

**Consent obtained for information to be shared as needed with other Agencies involved in care**

- Yes  Yes, with limitations  No

Date consent obtained

Details of requested limitations

Date consent obtained

Date dissent obtained

**Do you have any reason to doubt the person's capacity in being able to participate fully in this process?**

- Yes  No  Don't know

**Does the person have an advocate who is able to assist them with the social care process?**

- Yes  No  Don't know

If Yes, please provide the advocate's details

**Your GP Details**

Surgery Address

Surgery Telephone Number

**Carers, Health and Professional Details**

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

**Are there any family, friends or carers who give support on a regular basis?**

- Yes  No

If yes, what support do they provide?

**Carer Details - 0**

System ID

Name  Date of Birth

Address

Telephone

Gender

Relationship to client

Religion

Ethnicity

**Have you discussed support available to them as an informal carer?**

Yes

No

If no, why not?

**Are you completing a referral on the carers record to the Carers Centre?**

Yes

No

If no, why not?

### Carer Referrals Required

System ID	Name	Date of birth

Is there a Young Carer providing support?

Yes

No

Brief details

[Click here to access the Young Carers Referral Form](#)

Once completed please email securely to [info@walyc.org.uk](mailto:info@walyc.org.uk)

### Reported Health Conditions

Condition	Age diagnosed

Do you take any medication regularly?

Yes

No



If yes, please tell us what

**Do you need any support with taking your medication?**

Yes

No

### PROFESSIONAL RELATIONSHIPS

Name	Organisation	Relationship

### Armed Forces

**Are you a serving member, ex serving member of the Armed Forces, or immediate family member?**

Serving member

Ex serving member

Family member

Not applicable

**Are you a reservist?**

Yes

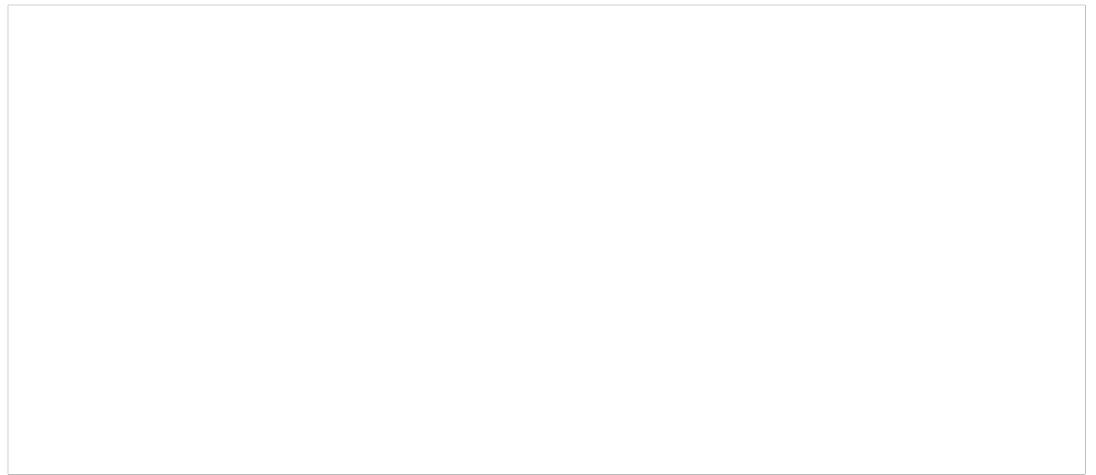
No

What is your Service number?

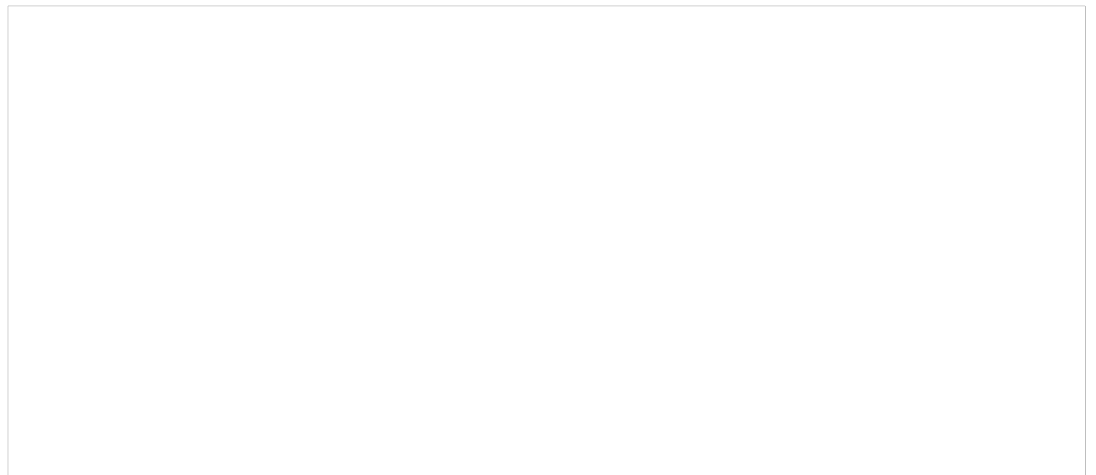
### About me

**Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.**

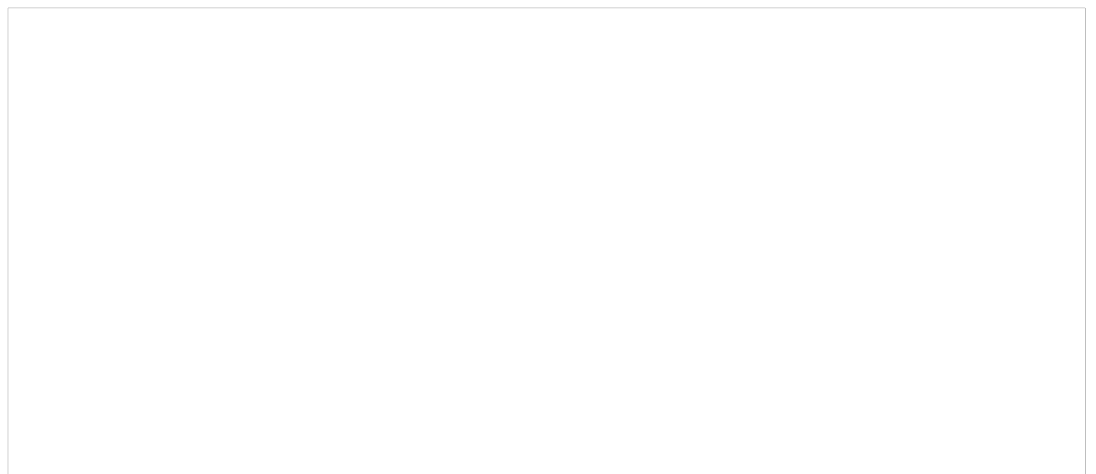
A typical day for me  
is....



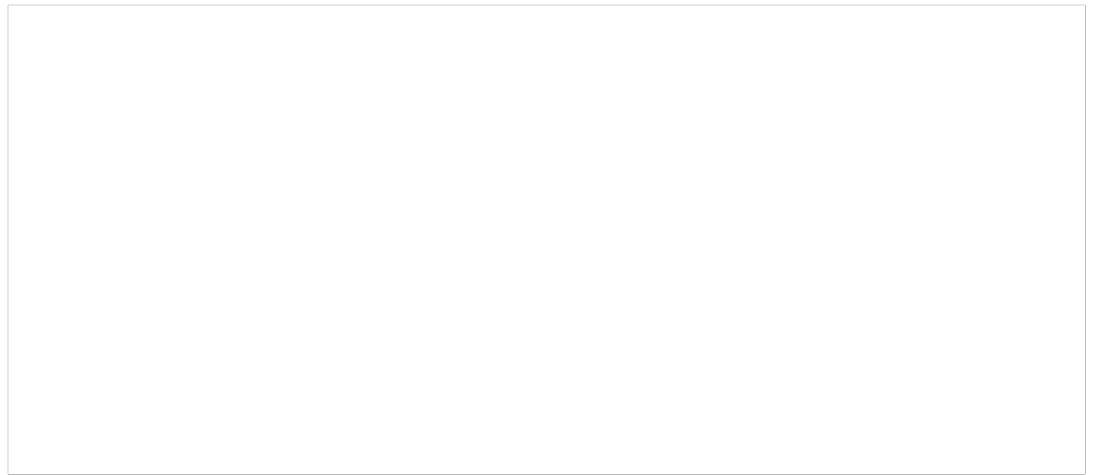
The things I like doing,  
am good at or would  
like to do are...



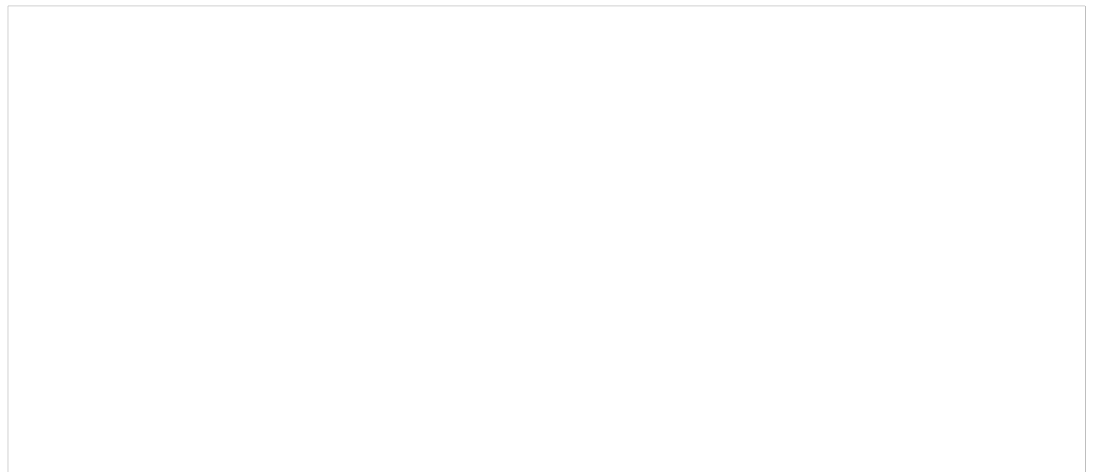
The people that are  
important to me and  
who I need around me  
are...



If I could I would like to change....



What I would want to happen in my life.....

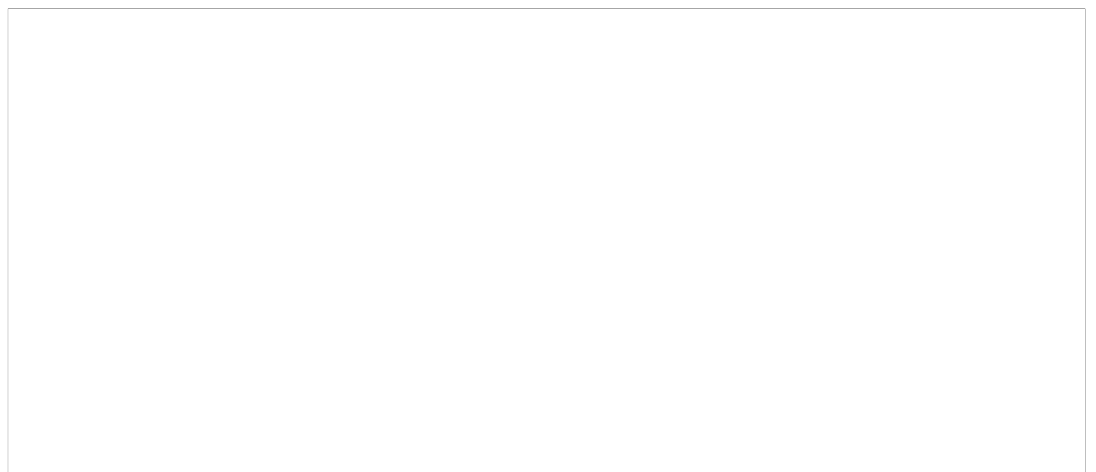


## All About Me

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For example:

- My typical day
- My past, present and future
- What I enjoy
- What I am good at
- Who is important to me



## What Would Make the Biggest Differences to Me in My Day to Day Life?

For example, around:

- Wellbeing and happiness
- Maintaining relationships
- Community access
- Mobility and independence
- Making food and drinks

## Funding Arrangements

**Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.**

Please ensure you have considered all funding options outside of social care.

### NHS Continuing Health Care Funding

**Is this person eligible for NHS Continuing Health Care Funding? Please complete CHC Checklist to clarify**

Yes

No

Don't know

Better at Home Use Only - Without Prejudice  
Fast-Track CHC

Date of decision

Name of CCG

Date CHC eligibility checklist submitted

Please provide further information

### NHS Funding Nursing Care Contribution Funding

**Is this person eligible for Funded Nursing Care Contributions?**

Yes

No

Don't know

Date Nursing Needs Assessment Requested

Name of CCG

Please provide further information

### Other Funding - Joint with Social Care

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**Is this person eligible for other funding i.e. health, education?**

Yes

No

Don't know

Date of decision

Please state the exact cost/contribution per week by the organisation?

Please state who

Please provide further information

## Needs Information Identified at Assessment and Achieving My Outcomes

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

Have you considered Equipment and Technology to meet needs?

Why not?

### 1. Making Decisions and having control over my day to day life

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- Social Care funded
- Outside of Social Care funded package
- No need
- Joint funded with other organisation
- Identified unmet need

What support I need or I am getting

## 2. Maintaining personal hygiene

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Identified Need



Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Social Care funded                    | <input type="checkbox"/> Joint funded with other organisation |
| <input type="checkbox"/> Outside of Social Care funded package | <input type="checkbox"/> Identified unmet need                |
| <input type="checkbox"/> No need                               |   |

What support I need or I am getting

### 3. Toileting needs

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Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- Social Care funded
- Outside of Social Care funded package
- No need
- Joint funded with other organisation
- Identified unmet need

What support I need or I am getting

**4. Being appropriately clothed**

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- Social Care funded
- Outside of Social Care funded package
- No need
- Joint funded with other organisation
- Identified unmet need

What support I need or I am getting

**5. Managing and maintaining nutrition**

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Social Care funded                    | <input type="checkbox"/> Joint funded with other organisation |
| <input type="checkbox"/> Outside of Social Care funded package | <input type="checkbox"/> Identified unmet need                |
| <input type="checkbox"/> No need                               |   |

What support I need or I am getting

## 6. Making use of my home safely

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### Identified Need

Significant Impact on Wellbeing?

Eligible Need?

### Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- Social Care funded
- Outside of Social Care funded package
- No needs
- Joint funded with other organisation
- Identified unmet need

What support I need or I am getting

**7. Maintaining a habitable home environment**

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- Social Care funded
- Joint funded with other organisation
- Outside of Social Care funded package
- Identified unmet need
- No need

What support I need or I am getting

**8. Keeping those around me safe**

Identified Need



Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Social Care funded                    | <input type="checkbox"/> Joint funded with other organisation |
| <input type="checkbox"/> Outside of Social Care funded package | <input type="checkbox"/> Identified unmet need                |
| <input type="checkbox"/> No need                               |   |

What support I need or I am getting

**9. Developing and maintaining family or other personal relationships**

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- Social Care funded
- Outside of Social Care funded package
- No need
- Joint funded with other organisation
- Identified unmet need

What support I need or I am getting

**10. Making use of necessary facilities or services in the local community**

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Social Care funded                    | <input type="checkbox"/> Joint funded with other organisation |
| <input type="checkbox"/> Outside of Social Care funded package | <input type="checkbox"/> Identified unmet need                |
| <input type="checkbox"/> No need                               |   |

What support I need or I am getting

**11. Accessing and Engaging in work, training, education or volunteering**

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

My Future Aspirations

**Please select how the need will be met (you can select more than one)**

Social Care funded

Joint funded with other organisation

Outside of Social Care funded package

Identified unmet need

No need

What support I need or I am getting

## 12. Family responsibilities

Identified Need

Significant Impact on Wellbeing?

Eligible Need?

Desired outcome

Expected outcome  
achieve date

**Please select how the need will be met (you can select more than one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Social Care funded                    | <input type="checkbox"/> Joint funded with other organisation |
| <input type="checkbox"/> Outside of Social Care funded package | <input type="checkbox"/> Identified unmet need                |
| <input type="checkbox"/> No need                               |   |

What support I need or I am getting

---

Where the adult does not have eligible needs include explanation for this decision  
Further Information Relating to our Eligibility Decision





## Funded Support Package

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

### Budget Monitoring and Funding Arrangements

Indicative budget allocation per week £

Indicative budget per year £

Personal budget allocation per week £

Personal budget per year £

For Finance - Actual PB Annual  
Cost

Likely client contribution per week £

Agreed for a period of		To be reviewed by	
------------------------	--	-------------------	--

**Is this support plan part of a hospital discharge?**

Yes  No

**Is the support being arranged funded under Fast Track CHC Without Prejudice?**

Yes  No

**Is this a nursing placement?**

Yes  No

Please ensure that the provision of Direct Payments is fully explained to the service user/their representative.

**Has Direct Payments been offered?**

Yes

No

Please state the reason

**Has a Direct Payment been accepted by the service user / their representative?**

Yes

No

Reason why direct payments  
have not been accepted?

Costings checked by DP Team

Checked by

## Contact details

---

### Details of who will manage DP Payment

---

**Please indicate if this is a nominated or authorised person**

Nominated person (client has requested that someone else take responsibility)

Authorised person (if client does not have capacity/ability to manage the Direct Payment)

### Please tell us about your Support Plan - what services are included and what changes have been made

---

Who has requested the change to this person's support ?

Other - Please describe

**Does your Support Plan table include a Residential Placement ?**

Yes

No

**Is it a new Residential Placement - Service user wasn't currently in Residential ?**

Yes

No

Where did placement originate?

**Have you made a change to an existing Residential Placement ?**

Yes

No

What was the change ?

**Does your Support Plan table Include a Nursing Placement ?**

Yes

No

**Is it a new Nursing Placement - Service user wasn't currently in Nursing ?**

Yes

No

Where did placement originate?

**Have you made a change to an existing Nursing Placement ?**

Yes

No

What was the change ?

**Is there a third party paying a topup?**

Yes

No

I have read the Third Party topup guidance

**Does your Support Plan table Include Community Services ( any Non Residential/Nursing service) ?**

Yes

No

**Does your Support Plan table Include Home Care Services ?**

Yes

No

What is the change to clients  
Home Care service ?

**Is it a new Community Services provision - client not receiving any other community service provision at the time ?**

Yes

No

Where did Community Service  
originate from ?

**Have you made a change to existing Community Services provision ?**

Yes

No

What was the change ?

You have said that no services are included in your Support Plan - Briefly explain the reason for your choices

**Does the proposed package of support constitute a deprivation of this client's liberty?**

Yes

No

**If so, has the appropriate authorisation been sought?**

Yes

No

Please seek advice from your manager before putting this support plan forward for authorisation

**Is any of the proposed support below specifically in response to a fall?**

Yes

No



**DETAIL & COST FOR ALL SERVICES**

Support	Provider	Start Date	Unit	Unit Cost	Units Per Week	Occurences	Annual Cost	Commissione Or DP	Occurence Type	Other Detail

WARNING :

0
---

**TIMETABLE OF SUPPORT TO BE PROVIDED**

Type of Support	Time	Time Req	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Further Details

**LIVING WELL AT HOME TRAILBLAZER SERVICES**

Provider	Start date	Total Hours Homecare	Period of Homecare (Weeks)	Total annual cost	Average weekly hours	Average Weekly Cost

**TRAIL BLAZER DESIRED OUTCOMES**

Identified date	Need Category	Identified Need	Desired Outcome	What support I need or am getting	Who has supported the client to identify this outcome?	Expected achieve date

**DESIRED OUTCOMES - IDENTIFIED WITH SUPPORT FROM PROVIDER**

Identified date	Outcome	Who has supported the client to identify this outcome?	Expected achieve date	Update	Achieved date

**TOTAL COSTS OF SERVICES**

Total Cost Of Support Plan (Annual)

0.00

Total Weekly Cost of Support Plan (pro-rata)

0.00

**LIVING WELL AT HOME TRAILBLAZER SERVICES - TOTAL COSTS**

Total Cost (Annual)

0.00

Total Average Weekly Cost

0.00

## Contingency Plan

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

Contingency arrangements in case of Carer/PA absence or other emergency

Contingency arrangements for fluctuating need

## Information, Advice and Signposting Provided

Answers already shown in this section have been entered in previous worksteps - you should check that this information remains accurate.

Please provide details of all Information and Advice provided to the service user

Information, advice and signposting provided with/to

Date	What was provided	Specific details provided	Follow up required

**Has the assessor considered a referral to GMFRS for the adult?**

Yes

No

Why not? (for example, no current safeguarding concerns regarding fire or recent referral already been made)

**Please click the link below**

[GMFRS Fire Safety Assessment / Referral](#)

### Property advice

**Is the individual entering permanent care?**

Yes

No

Already in permanent care

**Does the individual own their property?**

Yes

No

Not Sure

**Will it be unoccupied on entering permanent care?**

Yes

No

If it is a local authority house please let the lettings team know

Please contact [emptyhomes@wigan.gov.uk](mailto:emptyhomes@wigan.gov.uk) with the following info:

- Does the person have MCA to deal with the maintenance and/or sale of home?
- Does the person have family and/or LPA for finances?
- Any information about the house

## Financial Assessment Referral

## **Financial Assessment Referral Form - Guidance Notes**

---

**Please read the guidance below for the type of support you are putting in place to decide if a referral for a Financial Assessment is required. Please see radio button at the bottom of the guidance to clarify Yes or No.**

### **Non Residential Financial Assessments (Day Care, Home Care, Community Care, etc.)**

---

A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have not been financially assessed within the last 12 months
- For existing clients who have advised of a change of financial circumstances (e.g. if a client has advised their/income/benefits have changed)

FA Referral Form not required for existing clients who have been financially assessed within the last 12 months for non-residential care services.

Please Note we still require a Financial Assessment Referral Form to be submitted for clients who are receiving a commissioned care service and have over the Local Authority funding threshold of £23,250, as a Full Cost Financial Assessment needs to be entered on Mosaic

### **Short Term Residential Care**

---

A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have never previously had short term residential care
- For existing clients who have not been financially assessed for short term residential care in the current Financial year (April to March)

FA Referral form not required for existing clients who have been financially assessed in the current financial year.

FA Referral form not required for client's who have had a short term residential stay that has been extended, and a Financial Assessment Referral Form has already been submitted when client was initially placed.

### **Permanent Residential Care**

---

A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have never been in permanent residential care

- For existing clients who have been made permanent after a short term residential stay

FA Referral Form not required for existing clients in permanent residential care who have already previously been assessed for permanent care (e.g. if there is a change in banding for a client's stay, if a client moves care homes).

## Multiple Financial Assessment Referrals

---

Please Note if a client's care package is initially put in place with multiple service (e.g. home care and short term residential care), the information can be detailed on the initial Financial Assessment Referral Form. If the client's care package changes at any point after the initial service is put in place, we would need a new Financial Assessment Referral Form. See below examples:

If a client has short term residential care, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then moves into permanent residential care at a later date, we would need a second Financial Assessment Referral Form.

If a client has a home care package put in place, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then has a short term residential care stay, we would need a second Financial Assessment Referral Form. If the client's short term stay is made permanent or they move into permanent residential care at a later date, we would need a third Financial Assessment Referral Form.

## Section 117

---

Please Note we still require a Financial Assessment Referral Form to be submitted for clients subject to Section 117 after Care, following the rules set out above, as a Nil Cost Financial Assessment needs to be entered on Mosaic.

## Financial Assessment Team Contact Details

---

Telephone Number: 489565 (Ext. 89565)

Internal Email: DutySW, FAT

External Email: D.FAT@wigan.gov.uk

**Do you need to make a referral for a Financial Assessment?**

Yes

No

---

**Please Note you still need to send a Financial Assessment Referral Form for clients who are receiving a commissioned Non-Residential care service and who have over the Local**

**Authority funding threshold of £23,250 as a Full Cost Financial Assessment needs to be entered on Mosaic.**

Reason not required

## Completion Details

### Financial Statement

- Following completion of this Assessment it has been explained to me that I may need to pay in full, or contribute towards the cost of any services being offered to me.
- I will be contacted by a Financial Assessment Officer who will assess my financial circumstances and inform me of the amount I need to pay for my social care services.
- I have been informed that if I have over £23,250 in savings then I will pay the full cost of any services provided to me or the full cost of a residential care home.
- I am aware that my charges for residential/community services will be adjusted once my financial assessment has been completed.
- I understand I will be paying a standard charge towards the cost of my Residential Care until such time that a Financial Assessment has been completed.
- I understand that if I do not wish to complete a Financial Assessment then I will pay the full cost of any services provided to me.
- I have received a Factsheet that explains the councils Charging Policy.

Yes

Name

Job title

Team

Signature		Date	
-----------	--	------	--

**This plan was compiled**

By Phone  Face to Face

**Have you implemented or changed a residential care package in this support plan?**

Yes  No

**Have you implemented or changed a non-residential care package in this support plan? (Please Note: Excludes DP & CHC)**

Yes  No

**Have you implemented or changed a DP care package in this support plan?**

Yes  No

**Have you implemented or changed a CHC care package in this support plan?**

Yes  No

**Have you completed the following? Please add, if required?**

- Letter of Intent
- Shared Lives Referral

**Details of all parties involved in completing this plan - 0**

Name



Relationship to Adult

Please detail

### Signature

I agree to the contents of the Support Plan. I am aware that my provider(s) may be asked to provide details of the support they provide for the purpose of contract and quality monitoring.

Yes

No

Yes- Signature attached

Signed

Date

### FIELDS NO LONGER IN USE

#### Temporary Funding - Covid19 Rapid Discharge or Admission Avoidance

**Scheme 2 should be used only for new services or any increase in existing packages starting on or after the 1st September 2020 and only for support required on discharge or to help prevent hospital admission. From 1st July 2021, funding support on Scheme 2 will apply for a period of up to 4 weeks.**

<?xml version="1.0" encoding="UTF-8" standalone="yes"?><FormattedText xmlns="http://corelogic.co.uk/mosaic/dto/form/jaxb/moform/view/common">Note that funding arrangements for the support of individuals discharged from hospital or who otherwise would have been admitted, change(d) on the 1st September 2020:</FormattedText><?xml version="1.0" encoding="UTF-8"

standalone="yes"?><FormattedText xmlns="http://corelogic.co.uk/mosaic/dto/form/jaxb/moform/view/common">Note that funding arrangements for the support of individuals discharged from hospital or who otherwise would have been admitted, change(d) on the 1st September 2020:</FormattedText>

- Scheme 1 - covered new or increased packages of care starting between the 19th March 2020 and 31st August 2020 and as of 1st September 2020 can no longer be implemented
- Scheme 2 - covers new support or any increase in existing support from the 1st September 2020

Temporary funding arrangements do not apply to resumptions of existing packages of care following admission to hospital

**Is this support required as part of the Covid19 rapid discharge or admission prevention pathway?**

Yes

No

Date of discharge or start of support

**Is this support required as part of the Covid19 SCHEME 2 FROM SEPTEMBER 2020 rapid discharge or admission prevention pathway?**

Yes

No

Date of discharge or start of support

**Is it a new Residential Placement?**

Yes

No

**Is it a new Nursing Placement?**

Yes

No

Please state the reason

# Supported Self Assessment



## Personal Details

**Please ensure you have completed any blank fields in the personal details section before finalising this form.**

System ID	<input type="text"/>	NHS ID	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
Household Structure	<input type="text"/>	Tenure Type	<input type="text"/>
Employment Status	<input type="text"/>		
Primary Service User Group	<input type="text"/>		
Primary Service User Sub-Group	<input type="text"/>		

Please tell us about any communication needs you have?

Age	<input type="text"/>	Marital status	<input type="text"/>
Gender	<input type="text"/>	Religion	<input type="text"/>
Ethnicity	<input type="text"/>	Sub ethnicity	<input type="text"/>

### Registers for Disability

Register	Date From
<input type="text"/>	<input type="text"/>

**The following information is optional, but by answering these questions, you will help us to ensure that we are not discriminating against you or anyone else.**

Gender reassignment	<input type="text"/>	Sexual orientation	<input type="text"/>
Are you pregnant?	<input type="text"/>		

**Consent obtained for information to be shared as needed with other Agencies involved in care**

Yes                       Yes, with limitations                       No

Date consent obtained

Details of requested limitations

Date consent obtained

Date dissent obtained

**Do you have any reason to doubt the person's capacity in being able to participate fully in this process?**

Yes

No

Don't know

**Does the person have an advocate who is able to assist them with the social care process?**

Yes

No

Don't know

If Yes, please provide the advocate's details

**I give consent to access my health and social care shared record**

Yes

No

Date obtained

If no, please state  
reason why

**Your GP Details**

Surgery address

Surgery telephone  
number

**Carers, Health and Professional Details**

**Are there any family, friends or carers who give support on a regular basis?**

Yes

No

If yes, what support do they provide?

**Carer Details. - 0**

System ID

Name

Date of birth

Address

Telephone

Gender

Relationship to Client

Religion

Ethnicity

**Have you discussed support available to them as an informal carer?**

Yes

No

Details

**Are you completing a referral on the carers record to the Carers Centre?**

Yes

No

**Does the carer agree to be registered with the Carers Centre?**

Yes

No

Details

**Is there a Young Carer providing support?**

Yes

No



Brief details

[Click here to access the Young Carers Referral Form](#)

Once completed please email securely to [info@walyc.org.uk](mailto:info@walyc.org.uk)

### Reported Health Conditions

Condition	Age diagnosed

**Do you take any medication regularly?**

Yes

No

If yes, please tell us what

**Do you need any support with taking your medication?**

Yes

No

### Professional Relationships

Name	Organisation	Relationship

## Armed Forces

Are you a serving member, ex serving member of the Armed Forces, or immediate family member?

- Serving member       Ex serving member       Family member       Not applicable

Are you a reservist?

- Yes       No

What is your Service number?

## About me

A typical day for me is....

The things I like doing, am good at or would like to do are...

The people that are important to me and who I need around me are...

If I could I would like to change....

What I would want to happen in my life.....

## Your Needs Assessment

### 1. Making Decisions and having control over my day to day life

**In relation to the outcome 'I am able to make decisions and organise my life', please select the answer below that best describes your situation.**

The options are:

- A) I can make important decisions and organise my life without support
- B) I sometimes need support to make decisions and organise my life

C) I always need support to make decisions and organise my life

My view

Assessor's view

If either option B or C is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

### **Informal/Other Support outside Social Care Package**

The options are:

- ) I do not have a need and so do not need Informal/Other Support outside Social Care Package
- A) All the support I need for making important decisions and organising my life is met by Informal/Other Support outside Social Care Package
- B) Most the support I need for making important decisions and organising my life is met by Informal/Other Support outside Social Care Package
- C) Some the support I need for making important decisions and organising my life is met by Informal/Other Support outside Social Care Package
- D) None the support I need for making important decisions and organising my life is met by Informal/Other Support outside Social Care Package

My view

Assessor's view

## 2. Maintaining personal hygiene

**In relation to the outcome 'I am able to maintain my personal hygiene', please select the answer below that best describes your situation.**

The options are:

- A) I do not need any support to maintain my personal hygiene
- B) I need occasional support / encouragement to maintain my personal hygiene (several times a week)
- C) I need some support / encouragement to maintain my personal hygiene (once a day)
- D) I need regular support / encouragement to maintain my personal hygiene (twice a day)
- E) I need frequent support / encouragement to maintain my personal hygiene (more than twice a day)

My view

Assessor's view

If one of options B, C, D or E is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

### **Carer/Other Support**

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need for Maintaining personal hygiene is met by Carer/Other Support

- B) Most of the support I need for Maintaining personal hygiene is met by Carer/Other Support
- C) Some of the support I need for Maintaining personal hygiene is met by Carer/Other Support
- D) None of the support I need for Maintaining personal hygiene is met by Carer/Other Support

My view

Assessor's view

### 3. Toileting needs

**In relation to the outcome 'I am able to do my toileting needs', please select the answer below that best describes your situation.**

- A) I do not need any support with my toileting needs
- B) I need some support with my toileting needs (once a day)
- C) I need frequent support with my toileting needs (multiple times a day)

My view

Assessor's view

If one of options B or C is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

### Carer/Other Support

The options are:

- ) I do not have a need and so do not need Carers/Other support

- A) All the support I need for toileting needs is met by Carer/Other Support
- B) Most of the support I need for toileting needs is met by Carer/Other Support
- C) Some of the support I need for toileting needs is met by Carer/Other Support
- D) None of the support I need for toileting needs is met by Carer/Other Support

My view

Assessor's view

#### 4. Being appropriately clothed

**In relation to the outcome 'I am able to be clothed appropriately', please select the answer below that best describes your situation.**

- A) I do not need any support with being appropriately clothed
- B) I need some support with being appropriately clothed

My view

Assessor's view

If option B is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

#### Carer/Other Support

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need for being appropriately clothed is met by Carer/Other Support

- B) Most of the support I need for being appropriately clothed is met by Carer/Other Support
- C) Some of the support I need for being appropriately clothed is met by Carer/Other Support
- D) None of the support I need for being appropriately clothed is met by Carer/Other Support

My view

Assessor's view

## 5. Managing and maintaining nutrition

**In relation to the outcome 'I am able to manage and maintain nutrition', please select the answer below that best describes your situation.**

The options are:

- A) I am able to manage and maintain my nutrition without support
- B) I sometimes need support to manage and maintain my nutrition (once a day)
- C) I frequently need support to manage and maintain my nutrition (more than once a day)

My view

Assessor's view

If either option B or C is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

## Carer/Other Support

The options are:

- ) I do not have a need and so do not need Carers/Other support



- A) All the support I need for managing and maintaining my nutrition is met by Carer/Other Support
- B) Most of the support I need for managing and maintaining my nutrition is met by Carer/Other Support
- C) Some of the support I need for managing and maintaining my nutrition is met by Carer/Other Support
- D) None of the support I need for managing and maintaining my nutrition is met by Carer/Other Support

My view

Assessor's view

## 6. Making use of my home safely

**In relation to the outcome 'I am able to make use of my home safely', please select the answer below that best describes your situation.**

The options are:

- A) I am able to make use of my home safely at all times
- B) I sometimes need support to make use of my home safely
- C) I always need support to make use of my home safely

My view

Assessor's view

If either option B or C is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

**Carer/Other Support**

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need for making use of my home safely is met by Carer/Other Support
- B) Most of the support I need for making use of my home safely is met by Carer/Other Support
- C) Some of the support I need for making use of my home safely is met by Carer/Other Support
- D) None of the support I need for making use of my home safely is met by Carer/Other Support

My view

Assessor's view

**7. Maintaining a habitable home environment**

**In relation to the outcome 'I am able to maintain a habitable home environment, please select the answer below that best describes your situation.'**

The options are:

- A) I am not responsible for running and maintaining the home I live in
- B) I am able to maintain a habitable home environment without support
- C) I need occasional support to maintain a habitable home environment (once a week)
- D) I need some support to maintain a habitable home environment (two to five times a week)
- E) I frequently need support in all aspects to do with maintaining a habitable home environment (six or seven times a week)

My view

Assessor's view

If any one of options C, D or E is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

### **Carer/Other Support**

The options are:

-) I do not have a need and so do not need Carers/Other support

A) All the support I need for maintaining a habitable home environment is met by Carer/Other Support

B) Most the support I need for maintaining a habitable home environment is met by Carer/Other Support

C) Some the support I need for maintaining a habitable home environment is met by Carer/Other Support

D) None the support I need for maintaining a habitable home environment is met by Carer/Other Support

My view

Assessor's view

### **8. Keeping those around me safe**

**In relation to the outcome 'I am able to manage my actions', please select the answer below that best describes your situation.**

The options are:

A) I do not need any support with this

B) I sometimes need support to help me manage my actions

C) I always need support to help me manage my actions

My view

Assessor's view

If either option B or C is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

### **Carer/Other Support**

The options are:

-) I do not have a need and so do not need Carers/Other support

A) All the support I need for keeping those around me safe is met by Carer/Other Support

B) Most the support I need for keeping those around me safe is met by Carer/Other Support

C) Some the support I need for keeping those around me safe is met by Carer/Other Support

D) None the support I need for keeping those around me safe is met by Carer/Other Support

My view

Assessor's view

## **9. Developing and maintaining family or other personal relationships**

**In relation to the outcome 'I am able to develop and maintain family or other personal relationships I want to without any support', please select the answer below that best describes your situation.**

- A) I am able to develop and maintain family or other personal relationships I want to without any support
- B) I need occasional support to develop and maintain family or other personal relationships I want to (once or twice a week)
- C) I need frequent support to develop and maintain family or other personal relationships I want to (three to five times a week)

My view

Assessor's view

If either option B or C is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

### **Carer/Other Support**

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need to develop and maintain family or other personal relationships I want is met by Carer/Other Support
- B) Most the support I need to develop and maintain family or other personal relationships I want is met by Carer/Other Support
- C) Some the support I need to develop and maintain family or other personal relationships I want is met by Carer/Other Support

D) None the support I need to develop and maintain family or other personal relationships I want is met by Carer/Other Support

My view

Assessor's view

## 10. Making use of necessary facilities or services in the local community

**In relation to the outcome 'I am able to make use of necessary facilities or services in the local community, please select the answer below that best describes your situation.**

The options are:

- A) I do not want/need to make use of facilities/services in the local community
- B) I am able to take part in my local community as much as I want to without any support
- C) I need occasional support to take part in my local community (once or twice a week)
- D) I need some support to take part in my local community (three to five times a week)
- E) I frequently need support to take part in my local community (six to seven times a week)

My view

Assessor's view

If any one of options C, D or E is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

## Carer/Other Support

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need to take part in my local community is met by Carer/Other Support
- B) Most the support I need to take part in my local community is met by Carer/Other Support
- C) Some the support I need to take part in my local community is met by Carer/Other Support
- D) None the support I need to take part in my local community is met by Carer/Other Support

My view

Assessor's view

## 11. Accessing and engaging in work, training, education or volunteering

**In relation to the outcome 'I am able to access and engage in work, training, education or volunteering if I choose', please select the answer below that best describes your situation.**

The options are:

- A) I do not want/need to access and engage in work, training, education or volunteering
- B) I do not require any support with accessing and engaging in work, training, education or volunteering
- C) I need occasional support to access and engage in work, training, education or volunteering (once a week)
- D) I often need support to access and engage in work, training, education or volunteering (two to three times a week)
- E) I frequently need support to access and engage in work, training, education or volunteering (four to five times a week)

My view

Assessor's view

If any one of options C, D or E is selected in the 'My view', then please say why and what help is needed

Assessor's notes including risks and details of fluctuating need

**Carer/Other Support**

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need to access and engage in work, training, education or volunteering is met by Carer/Other Support
- B) Most the support I need to access and engage in work, training, education or volunteering is met by Carer/Other Support
- C) Some the support I need to access and engage in work, training, education or volunteering is met by Carer/Other Support
- D) None the support I need to access and engage in work, training, education or volunteering is met by Carer/Other Support

My view

Assessor's view

**12. Family responsibilities**

**In relation to the outcome 'I am able to play my full role as a parent or carer', please select the answer below that best describes your situation.**

The options are:

- A) I am not a parent / carer or I am able to fulfil my family / caring role without support
- B) I need occasional support with my parenting / caring role (once or twice a week)
- C) I need some support with my parenting / caring role (three to four times)
- D) I regularly need support with week my parenting / caring role (five to six times a week)
- E) I frequently need support with my parenting / caring role (every day)

My view

Assessor's view

If any one of options B, C, D or E is selected in the 'My view', then please say why and what help is needed



Assessor's notes including risks and details of fluctuating need

### Carer/Other Support

The options are:

- ) I do not have a need and so do not need Carers/Other support
- A) All the support I need for with my parenting/caring role is met by Carer/Other Support
- B) Most support I need for with my parenting/caring role is met by Carer/Other Support
- C) Some support I need for with my parenting/caring role is met by Carer/Other Support
- D) None support I need for with my parenting/caring role is met by Carer/Other Support

My view

Assessor's view

### Mental capacity / legal requirements

**Do you have an appointee?**

Yes

No

If yes, please give appointee name and relationship to yourself

**Does someone have a registered Lasting / Enduring Power of Attorney?**

Yes

No

If yes, please give type (welfare or finance) name and relationship to yourself

**Is someone a Deputy under the Court of Protection?**

Yes

No

If yes, please give name and relationship to yourself

## Eligibility Decision

In considering whether a person's needs are eligible for care and support, local authorities must consider whether:

- (a) The adult's needs are due to a physical or mental impairment or illness. This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses and brain injuries.
- (b) The effect of the adult's needs is that the adult is unable to achieve two or more of the outcomes set out in regulations.
- (c) Local authorities must consider whether the adult's needs and their inability to achieve the outcomes cause or risk causing a significant impact on their wellbeing. The meaning of "wellbeing" is set out in Section 1 of the Care Act. Local authorities must determine how the adult's inability to achieve the outcomes above impacts on their wellbeing. Where the adult is unable to achieve more than one of the outcomes, the local authority does not need to consider the impact of each individually, but should consider whether the cumulative effect of being unable to achieve those outcomes is one of a "significant impact on wellbeing". In doing so, local authorities should also consider whether:
  - the adult's inability to achieve the outcomes above impacts on at least one of the areas of wellbeing in a significant way; or, or,
  - the effect of the impact on a number of the areas of wellbeing mean that there is a significant impact on the adult's overall wellbeing.

An Adult's needs are only eligible where they meet all three of these conditions. In considering the type of needs an adult may have, the local authority should note that there is no hierarchy of needs or of the constituent parts of wellbeing.

**Are you ordinarily resident within this local authority area?**

Yes

No

If No please provide details of funding authority

**Are your needs due to a physical or mental impairment or illness?**

Yes

No

Previous Medical History

**Please consider using technology to meet needs. For guidance on choosing Assistive Technology and to read case studies, visit the Equipment and Technology area of Mosaic SharePoint or use the following links:**

[Case Study Brochure AT Training](#)

[Case Studies Manual](#)

## **1. Making decisions and having control over my day to day life**

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

## Assistive Technology to Support Making Decisions and Having Control Over My Day to Day Life

Please note - brands listed are for illustrative purposes.

### Use the links to view further information, where available

#### [Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now, and others. Request via People Powered Technology Assessment (PPT) next action.

#### [Brain in Hand](#)

Brain in Hand is an on demand support system that gives people access to detailed personalised support from their smartphone, putting the individual more in control of their own support. Request via People Powered Technology Assessment (PPT) next action.

#### [Chubb Unity](#)

Chubb Community Care home units are designed for people across every part of the care spectrum from those requiring basic safety monitoring to those with more complex needs such as dementia or falls. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

#### [Grandcare](#)

Combines activity monitoring, telehealth, medication management and social connection into one comprehensive caregiving technology. Request via People Powered Technology Assessment (PPT) next action.

#### [My Home Helper](#)

Our simple to use tablet computer doesn't need any interaction from your loved one. SU can purchase this equipment.

#### [My Qual](#)

A tablet application around person centred planning. Request via People Powered Technology Assessment (PPT) next action.

#### [Pivotell Medication Dispenser](#)

Pill dispenser which automatically dispenses medication at pre-set times, providing an audible alert to the user. Request via Eldercare. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

#### [Smart Phone](#)

A mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, Internet access,

[Tynetec Reach Plus](#)

and an operating system capable of running downloaded apps. Request via People Powered Technology Assessment (PPT) next action. The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

## 2. Maintaining personal hygiene

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

### Assistive Technology to Support Maintaining Personal Hygiene

Please note - brands listed are for illustrative purposes.

**Use the links to view further information, where available**

[Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now, and others. Request via People Powered Technology Assessment (PPT) next action.

[Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

[Android Tablet](#)

An Android tablet is a tablet-sized PC that runs on Google's Android operating system. Request

<a href="#"><u>Chubb Unity</u></a>	via People Powered Technology Assessment (PPT) next action. Chubb Community Care home units are designed for people across every part of the care spectrum from those requiring basic safety monitoring to those with more complex needs such as dementia or falls. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.
<a href="#"><u>Enuresis Sensor</u></a>	This sensor provides immediate warning on detection of moisture, allowing effective action to be taken. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.
<a href="#"><u>Flood detectors</u></a>	Wireless sensor providing an early warning of potential flood situations. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.
<a href="#"><u>Magiplug</u></a>	Is a bath plug which opens when the head of the water reaches a certain level. SU can purchase this equipment.
<a href="#"><u>My Homehelper</u></a>	Our simple to use tablet computer doesn't need any interaction from your loved one. SU can purchase this equipment.
<a href="#"><u>Smart Scales</u></a>	Digital smart scales let you wirelessly monitor your weight, BMI, body fat percentage and other metrics. SU can purchase this equipment.
<a href="#"><u>Tynetec Reach Plus</u></a>	The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### 3. Toileting needs

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

**Assistive Technology to Support Toileting Needs**

Please note - brands listed are for illustrative purposes.

**Use the links to view further information, where available**

[Enuresis Sensor](#)

This sensor provides immediate warning on detection of moisture, allowing effective action to be taken. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Light Bowl](#)

Illumibowl Motion-Activated Toilet Light Night. A unique and illuminating addition to your bathroom. Requested via Self Serve

**4. Being appropriately clothed**

Identified Need



Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

- Tick to display Assistive Technology Equipment which may support this need.

### Assistive Technology to Support Being Appropriately Clothed

Please note - brands listed are for illustrative purposes.

#### Use the links to view further information, where available

[Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and others. Request via People Powered Technology Assessment (PPT) next action.

[Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

## 5. Managing and maintaining nutrition

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

- Tick to display Assistive Technology Equipment which may support this need.

## Assistive Technology to Support Managing and Maintaining Nutrition

Please note - brands listed are for illustrative purposes.

### Use the links to view further information, where available

#### [Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and others. Request via People Powered Technology Assessment (PPT) next action.

#### [Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

#### [Chubb Unity](#)

Chubb Community Care home units are designed for people across every part of the care spectrum from those requiring basic safety monitoring to those with more complex needs such as dementia or falls. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

#### [Egg minder](#)

There is a sensor in the bottom of each of its 14 egg cups that can tell whether there's an egg present. SU can purchase this equipment. HAPIfork records when you touch your fork to your mouth, and can tell how long the interval is between each fork serving. Request via People Powered Technology Assessment (PPT) next action.

#### [Hapi Fork](#)

#### [I Kettle](#)

A smart kettle is a device, that boils whenever you tell it to - or whenever a certain chain of events trigger. Request via People Powered Technology Assessment (PPT) next action.

#### [Penfriend](#)

Easy-to-use and can store up to 250 hours of recordings. When you need to identify the item, simply place the PenFriend on to the label and it will play back your recording! Request via People Powered Technology Assessment (PPT) next action.

#### [Smart Phone Apps](#)

A mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, Internet access, and an operating system capable of running

[Talking Scales](#)

[Tynetec Reach Plus](#)

[Ulla](#)

downloaded apps. Request via People Powered Technology Assessment (PPT) next action. Weigh your ingredients in either Metric or Imperial measures with this easy-to-use talking kitchen scale with large mixing bowl and tare function. SU can purchase this equipment. The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action. To help remind you to hydrate. Small device that fits around a bottle or glass. SU can purchase this equipment.

## 6. Making use of my home safely

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

### Assistive Technology to Support Making Use of My Home Safely

Please note - brands listed are for illustrative purposes.

**Use the links to view further information, where available**

[Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and others. Request via People Powered Technology Assessment (PPT) next action.

[Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

[Chubb Unity](#)

Chubb Community Care home units are designed for people across every part of the care spectrum from those requiring basic safety monitoring to those with more complex needs such as dementia or falls. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[CO2 detector](#)

Tynetec Wireless Carbon Monoxide Detector identifies whether there are dangerous levels of carbon monoxide. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Door Contacts](#)

Door Contacts can be used to monitor any controlled door. If the door is opened an alarm call will be transmitted immediately. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Doro Phone](#)

Mobile phones with emergency buttons. Included in this section are mobile phones with an emergency button that will dial and/or text preset number/s when you press it. Request via People Powered Technology Assessment (PPT) next action.

[Flood detectors](#)

Wireless sensor providing an early warning of potential flood situations. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Gas detector](#)

A dangerous level of gas is detected an alarm will sound and an alarm call will be transmitted to the local manager or monitoring centre. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Heat detector](#)

Will automatically raise an alarm if the temperature reaches a level that suggests a fire has started. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### Motion Sensor

Motion sensor is a device that detects physical movement on a device or within an environment. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### Ring Doorbell

Ring Video Doorbell blends convenience, monitoring, and security all into one sleek, simple to use smart doorbell. Request via People Powered Technology Assessment (PPT) next action.

### Samsung Smart Hub

SmartThings Hub is the heart of your connected home and it syncs wirelessly with hundreds of compatible smart devices. Request via People Powered Technology Assessment (PPT) next action.

### Smart Blind Controller

Allowing you to control your blinds from anywhere. Request via People Powered Technology Assessment (PPT) next action.

### Smart Bulbs

Smart bulb is an internet-capable LED light bulb that allows lighting to be customized, scheduled and controlled remotely. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

### Smart Lock

A smart lock is an electromechanical lock which is designed to perform locking and unlocking operations on a door when it receives such instructions from an authorized device. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

### Smart Plug

A smart plug is a device that plugs right into an ordinary outlet. You will then be able to control whatever device you plugged in even when you're not in the room or even the house. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

### Smoke detector

When activated a local alarm will sound and an alarm call will be transmitted to a control centre or local support. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Temperature Sensor](#)

It is designed to monitor extreme variations in temperature within a building. It provides an early warning to someone off site. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Tynetec Reach Plus](#)

The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

## 7. Maintaining a habitable home environment

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

- Tick to display Assistive Technology Equipment which may support this need.

### Assistive Technology to Support Maintaining a Habitable Home Environment

Please note - brands listed are for illustrative purposes.

**Use the links to view further information, where available**

[Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and others. Request via People Powered Technology Assessment (PPT) next action.

[Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

[Chubb Unity](#)

Chubb Community Care home units are designed for people across every part of the care spectrum from those requiring basic safety monitoring to those with more complex needs such as dementia or falls. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Robot Hoover](#)

With a programmable timer, you can set your robot hoover to clean while you're away, so you always come home to spotless floors. Request via People Powered Technology Assessment (PPT) next action.

[Smart Bulbs](#)

Smart bulb is an internet-capable LED light bulb that allows lighting to be customized, scheduled and controlled remotely. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

[Smart Plug](#)

A smart plug is a device that plugs right into an ordinary outlet. You will then be able to control whatever device you plugged in even when you're not in the room or even the house. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

[Tynetec Reach Plus](#)

The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Zeeq Pillow](#)

Smart pillow wireless music streaming, sleep tracking and analysis, snore detection and prevention, partner-friendly alarm clock. Request via People Powered Technology Assessment (PPT) next action.

## **8. Keeping those around me safe**

### Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

**Assistive Technology to Support Keeping Those Around Me Safe**

Please note - brands listed are for illustrative purposes.

**Use the links to view further information, where available**

[Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

[Bed Sensor](#)

If the person gets into bed, then gets out again and does not return within the preset time an alarm call will be transmitted. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Buddi Tracking Device](#)

Buddi is a discreet GPS tracking service that can be used to accurately pinpoint an individual's whereabouts.

[CO2 detector](#)

Tynetec Wireless Carbon Monoxide Detector identifies whether there are dangerous levels of carbon monoxide. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Door Contacts](#)

Door Contacts can be used to monitor any controlled door. If the door is opened an alarm call will be transmitted immediately. Request



via Equipment and Adaptation Request (Assign to Self for Completion) next action.

Identifies convulsive seizures and sends alerts to family and friends. Request via People Powered Technology Assessment (PPT) next action.

Falls Detector is a pendant worn discreetly around your neck or wrist and is designed specifically for individuals prone to falls. SU presses pendant to alert support required. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

Falls Detector is a pendant worn discreetly around your neck or wrist and is designed specifically for individuals prone to falls. SU presses pendant to alert support required. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

Automatic falls detector is a pendant worn discreetly around your wrist and is designed specifically for individuals prone to falls. Pendant automatically triggered or SU can press to alert support required. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

Wireless sensor providing an early warning of potential flood situations. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

A dangerous level of gas is detected an alarm will sound and an alarm call will be transmitted to the local manager or monitoring centre. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

Will automatically raise an alarm if the temperature reaches a level that suggests a fire has started. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Embrace](#)

[Basic careline pendant \(family respondent\)](#)

[Basic careline pendant \(mobile respondent\)](#)

[Falls pendant \(auto falls\)](#)

[Flood detector](#)

[Gas detector](#)

[Heat detector](#)

### [Motion Sensor](#)

Motion sensor is a device that detects physical movement on a device or within an environment. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### [Nest Camera](#)

The Nest Cam Indoor security camera is designed to help you look after your home and family - even when you're away.

### [Own Fone](#)

OwnFone is the little personalised phone that connects you directly to the most important people in your life. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### [Ring Doorbell](#)

Ring Video Doorbell blends convenience, monitoring, and security all into one sleek, simple to use smart doorbell. Request via People Powered Technology Assessment (PPT) next action.

### [Smart Soles](#)

GPS SmartSole is a smartphone hidden and sealed in a trim-able shoe insole. It uses GPS and cellular technology to find a person. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### [Smoke Detector](#)

When activated a local alarm will sound and an alarm call will be transmitted to a control centre or local support. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### [The Muse](#)

The Muse Brain Sensing Headband is an innovative well designed device that can really get you in the mood to meditate. Request via People Powered Technology Assessment (PPT) next action.

### [Epilepsy Sensor](#)

To detect tonic clonic seizures in bed. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

### [Bogus Caller Button](#)

Reassurance and peace of mind for anyone who is concerned about the potential risks of unwanted callers. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

## 9. Developing and maintaining family or other personal relationships

### Identified Need

### Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

- Tick to display Assistive Technology Equipment which may support this need.

### Assistive Technology to Support Developing and Maintaining Family or Other Personal Relationships

Please note - brands listed are for illustrative purposes.

#### Use the links to view further information, where available

[Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and others. Request via People Powered Technology Assessment (PPT) next action.

[Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

[Android Tablet](#)

An Android tablet is a tablet-sized PC that runs on Google's Android operating system. Request via People Powered Technology Assessment (PPT) next action.

[Eye Gaze](#)

Eye Gaze is an access method that someone would use when they have consistent control over their eyes. Request via People Powered

[Grandcare](#)

Technology Assessment (PPT) next action or SU can purchase equipment.

Combines activity monitoring, telehealth, medication management and social connection into one comprehensive caregiving technology. Request via People Powered Technology Assessment (PPT) next action.

[Illumy Sleep Mask](#)

Smart technology to cater to people who struggle with getting a good night's sleep. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

[My Qual](#)

A tablet application around person centred planning. Request via People Powered Technology Assessment (PPT) next action.

[Smart Phone](#)

A mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, internet access and an operating system capable of running downloadable apps. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

## 10. Making use of necessary facilities or services in the local community

Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

## Assistive Technology to Support Making Use of Necessary Facilities or Services in the Local Community

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Please note - brands listed are for illustrative purposes.

### Use the links to view further information, where available

#### [A.I. Microsoft Application](#)

Designed for the blind and low vision community, this ongoing research project harnesses the power of AI to open up the visual. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

#### [Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and others. Request via People Powered Technology Assessment (PPT) next action.

#### [Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

#### [Brain in Hand](#)

Brain In Hand is an on demand support system that gives people access to detailed personalised support from their smartphone, putting the individual more in control of their own support. Request via People Powered Technology Assessment (PPT) next action.

#### [Orcam](#)

Technology to help empower blind and partially sighted people live their lives with a high degree of independence. Request via People Powered Technology Assessment (PPT).

## 11. Accessing and engaging in work, training, education or volunteering

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Identified Need

Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

Tick to display Assistive Technology Equipment which may support this need.

**Assistive Technology to Support Accessing and Engaging in Work, Training, Education or Volunteering**

Please note - brands listed are for illustrative purposes.

**Use the links to view further information, where available**

[Amazon Alexa](#)

Alexa is a virtual personal assistant designed to compete with the likes of Apple's Siri, Google Now and Others. Request via People Powered Technology Assessment (PPT) next action.

[Android Tablet](#)

An Android tablet is a tablet-sized PC that runs on Google's Android operating system. Request via People Powered Technology Assessment (PPT) next action.

[Audible Book Apps](#)

Mobile Applications that will read aloud your favourite books. SU can purchase this equipment.

[Eye Gaze](#)

Eye Gaze is an access method that someone would use when they have consistent control over their eyes. Request via People Powered Technology Assessment (PPT) next action or SU can purchase equipment.

[My Qual](#)

A tablet application around person centred planning. Request via People Powered Technology Assessment (PPT) next action.

## 12. Family responsibilities

### Identified Need

### Ability to achieve outcome

Significant Impact on Wellbeing?

Eligible Need?

- Tick to display Assistive Technology Equipment which may support this need.

## Assistive Technology to Support Family Responsibilities

Please note - brands listed are for illustrative purposes.

### Use the links to view further information, where available

#### [Amazon Echo Show](#)

Echo Show brings you everything you love about Alexa, and now she can show you things. Watch video flash briefings. Request via People Powered Technology Assessment (PPT) next action.

#### [Brain in Hand](#)

Brain in Hand is an on demand support system that gives people access to detailed personalised support from their smartphone, putting the individual more in control of their own support. Request via People Powered Technology Assessment (PPT) next action.

#### [Buddi Tracking Device](#)

Buddi is a discreet GPS tracking service that can be used to accurately pinpoint an individual's whereabouts.

#### [Buzzz](#)

The Buzzz Pager is a lightweight and portable device that allows you to receive Telecare alerts from a number of devices. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Canary](#)

The Canary Care system helps families make decisions about support at home.

[Chubb Unity](#)

Chubb Community Care home units are designed for people across every part of the care spectrum from those requiring basic safety monitoring to those with more complex needs such as dementia or falls. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Embrace](#)

Identifies Convulsive Seizures and Sends Alerts to family and friends. Request via People Powered Technology Assessment (PPT) next action.

[Grandcare](#)

Combines activity monitoring, telehealth, medication management and social connection into one comprehensive caregiving technology. Request via People Powered Technology Assessment (PPT) next action.

[Joy for All Companion Pets](#)

Robot cats and dogs, animal therapy has been shown time and again to be beneficial, It monitors the movement of a person in their home and generates a chart of activity, on-line.

[Just Checking](#)

The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

[Tynetec Reach Plus](#)

The Reach Plus At-Home Alarm is a comprehensive alarm unit. Request via Equipment and Adaptation Request (Assign to Self for Completion) next action.

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## Eligible Needs

Non - Eligible Need



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Where the adult does not have eligible needs include explanation for this decision  
Further Information Relating to our Eligibility Decision

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Have you considered  
Equipment &  
Technology to meet  
needs at this stage?

## Equipment and technology to meet needs

What equipment/technology have you considered?

### What is the outcome?

- Service user/family to purchase own equipment/technology
- Refer for PPT Assessment
- Complete Equipment and Adaptation Request
- Not progressing with equipment/technology

Why not?

Why not?

## Information, Advice and Signposting Provided

Please provide details of all Information and Advice provided to the service user

Information, advice and signposting provided with/to

Date	What was provided	Specific details provided

Has the assessor considered a referral to GMFRS for the adult?

Yes

No

Why not? (for example, no current safeguarding concerns regarding fire or recent referral already been made)

Please click the link below

[GMFRS Fire Safety Assessment](#)

Assessor to ask the following to the adult as appropriate:

In the last 12 months have you gambled in a casino, bookmaker, online, at a sports venue, by buying scratchcards, visiting arcades or bingo halls or other similar activities?

Yes

No

N/A

Please consider completing the [Gamble Aware Screening Tool](#) and handing out information on [The Beacon Counselling Trust](#)

[Please click here for Gamble Aware Screening Tool](#)

## Financial Assessment Referral

## **Financial Assessment Referral Form - Guidance Notes**

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**Please read the guidance below for the type of support you are putting in place to decide if a referral for a Financial Assessment is required. Please see radio button at the bottom of the guidance to clarify Yes or No.**

### **Non Residential Financial Assessments (Day Care, Home Care, Community Care, etc.)**

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A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have not been financially assessed within the last 12 months
- For existing clients who have advised of a change of financial circumstances (e.g. if a client has advised their/income/benefits have changed)

FA Referral Form not required for existing clients who have been financially assessed within the last 12 months for non-residential care services.

Please Note we still require a Financial Assessment Referral Form to be submitted for clients who are receiving a commissioned care service and have over the Local Authority funding threshold of £23,250, as a Full Cost Financial Assessment needs to be entered on Mosaic.

### **Short Term Residential Care**

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A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have never previously had short term residential care
- For existing clients who have not been financially assessed for short term residential care in the current Financial year (April to March)

FA Referral form not required for existing clients who have been financially assessed in the current financial year.

FA Referral form not required for client's who have had a short term residential stay that has been extended, and a Financial Assessment Referral Form has already been submitted when client was initially placed.

### **Permanent Residential Care**

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A Financial Assessment Referral Form needs to be submitted:

- For all new clients (who have previously never received services)
- For existing clients who have never been in permanent residential care

- For existing clients who have been made permanent after a short term residential stay

FA Referral Form not required for existing clients in permanent residential care who have already previously been assessed for permanent care (e.g. if there is a change in banding for a client's stay, if a client moves care homes).

## Multiple Financial Assessment Referrals

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Please Note if a client's care package is initially put in place with multiple service (e.g. home care and short term residential care), the information can be detailed on the initial Financial Assessment Referral Form. If the client's care package changes at any point after the initial service is put in place, we would need a new Financial Assessment Referral Form. See below examples:

If a client has short term residential care, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then moves into permanent residential care at a later date, we would need a second Financial Assessment Referral Form.

If a client has a home care package put in place, we would need a Financial Assessment Referral Form to assess the client for their contribution towards this service. If the client then has a short term residential care stay, we would need a second Financial Assessment Referral Form. If the client's short term stay is made permanent or they move into permanent residential care at a later date, we would need a third Financial Assessment Referral Form.

## Section 117

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Please Note we still require a Financial Assessment Referral Form to be submitted for clients subject to Section 117 after Care, following the rules set out above, as a Nil Cost Financial Assessment needs to be entered on Mosaic.

## Financial Assessment Team Contact Details

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Telephone Number: 489565 (Ext. 89565)

Internal Email: DutySW, FAT

External Email: D.FAT@wigan.gov.uk

**Do you need to make a referral for a Financial Assessment?**

Yes

No

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**Please Note you still need to send a Financial Assessment Referral Form for clients who are receiving a commissioned Non-Residential care service and who have over the Local**

**Authority funding threshold of £23,250 as a Full Cost Financial Assessment needs to be entered on Mosaic.**

Reason not required

## Completion Details

**I have had the assessment process explained to me and consent to this assessment**

Yes

No

The Assessor has not discussed financial implications

Reason

## Financial Statement

- Following completion of this Assessment it has been explained to me that I may need to pay in full, or contribute towards the cost of any services being offered to me.
- I will be contacted by a Financial Assessment Officer who will assess my financial circumstances and inform me of the amount I need to pay for my social care services.
- I have been informed that if I have over £23,250 in savings then I will pay the full cost of any services provided to me or the full cost of a residential care home.
- I am aware that my charges for residential/community services will be adjusted once my financial assessment has been completed.
- I understand I will be paying a standard charge towards the cost of my Residential Care until such time that a Financial Assessment has been completed.
- I understand that if I do not wish to complete a Financial Assessment then I will pay the full cost of any services provided to me.
- I have received a Factsheet that explains the councils Charging Policy.

Yes

Signed

If not signed, please state reason why

Date

**Details of all parties involved in completing this assessment - 0**

Name

Relationship to adult

Please detail

**This Assessment was conducted**

By Phone

Face to Face

Online

Name

Job title

Team

Date

Signed

**Result**

This section is used to calculate the RAQ. Please ignore this section. The Indicative Budget amount will show within the Support Plan Section 6.

**Making Decisions and having control over my day to day life**

**Maintaining Personal Hygiene**

**Toileting Needs**

**Being appropriately clothed**

**Managing and Maintaining Nutrition**

**Making use of my home safely**

**Maintaining a habitable home environment**

**Keeping those around me safe**

**Developing and maintaining family or other personal relationships**

**Making use of necessary facilities or services in the local community**

**Accessing and Engaging in work, training, education or volunteering**

**Family responsibilities**