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| **Section 1. Referral Form – Please be aware that we cannot accept referrals without a care and support plan and a risk assessment (IF UNDER LMHT REQUIRE AN UP-TO-DATE CPA RISK ASSESSMENT & SOCIAL CARE ASSESSMENT IF AVAILABLE).** | |
| **Personal details of person you are referring** | |
| Name |  |
| Address |  |
| Phone/Email |  |
| DOB |  |
| Emergency contact |  |
| GP |  |
| Medical Conditions |  |
| **Statutory Services details** |  |
| Social care details (Team, worker) |  |
| Health care details (Team, CPN, Psychiatrist) |  |
| **Support package details** |  |
| Start Date (please indicate if there is a start date you would like us to plan for): |  |
| Details of who is funding the package and where to send invoices to: |  |
| Hourly Rate  *£18.93 for city residents*  *£16.98 for county residents* |  |
| Package hours per week: |  |
| Will the client contribute to their package, has a financial assessment taken place? Are they willing to contribute if required? |  |
| Contingency hours and plan: |  |
| Support plan Goals and outcomes: |  |
| Support plan timetable (days and times needed or preferred): |  |
| **Safety Planning (or Risk Assessment)** |  |
| Is it deemed safe to support the client 1:1 at home, and are there any environmental factors we should know about? (excessive smoking, hoarding, access issues, pets, hygiene). |  |
| Physical safety concerns: |  |
| Mental safety concerns: |  |
| Additional information about the individual, their needs and any historical concerns relating to risk or safeguarding or capacity: |  |
| **Activity Planning:** |  |
| Are there any regulated activities required (eg personal care): |  |
| Does the individual have significant problems mobilising around the home and community? |  |
| Any relational aspects we should be aware of that affect the type of worker we may allocate to the package? |  |

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| **Section 2 completed by Real Lives during the initial session and set up period**  **(for office use and recording of initial contact)** | |
| Client ID |  |
| Start Date |  |
| Funding agreed (rate and hours) |  |
| Assessment meeting additional info (what happened) |  |
| Wellness plan meeting additional info (what happened) |  |
| PAL Team Allocated |  |
| Co-ordinator Allocated |  |
| Background information gathered from assessment, client, family and professional input |  |
| Mental Capacity Issues to be aware of:  (Real Lives understand that mental capacity is fluctuating and PALs should be aware of noting signs for mental capacity changes and alerting these to the package co-ordinator for discussion and action planning) |  |
| Terms of Service understood (Date and discussion) |  |
| Welcome Pack provided (Date and discussion) |  |
| Complaints procedure explained and understood (Date and discussion) |  |
| Safeguarding processes at Real Lives explained (Date and discussion) |  |
| Right to Vote discussed (Date and Plan) |  |
| End of Life wishes (if appropriate) |  |

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| **Wellness and Safety Plan** | | | | |
| **Section 3**  **To be completed with the Client and PAL setting up the package** | | | | |
| **How to help me reach my Goals – To be updated every 6 months** | | | | |
| **What would I like to achieve whilst being supported by Real Lives:** | | | | |
| *Your support plan goals will come in handy here, think about where you want to be in the future and the steps you need to take to get there, prioritising these points may be helpful.* | | | | |
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| **How will I know when I have reached my goals:** | | | | |
| *What will you feel like when you have achieved your goals? How will things look differently to you when you are supported to work towards your goals?* | | | | |
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| **Things I would like to be considered when given support by Real Lives:** | | | | |
| *What type of approach do you work best with? What do you expect from your PAL? Do you need practical, social, emotional support? Is there anyone we should contact regularly? Is there a day or time that is better for you? Personal preferences and choices that are important to me generally and in relation to spirituality, religion, culture and likes and dislikes.* | | | | |
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| **How to understand my wellbeing needs:** | | | | |
| **How I would describe myself when I am at my best:** | | | | |
| *How do you behave and look like when you are happy, well, comfortable? What characteristics are linked*  *to you feeling good? Some people may present as quiet on the outside, but are peaceful inside...* | | | | |
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| **What I need to do regularly to stay happy and well, these are my wellness tools:** | | | | |
| *Think about your routine and habits, things you miss if you aren’t doing them regularly, things you do when you feel down that pick you back up again, things that make you smile or feel safe.* | | | | |
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| **When I feel unwell I may behave or present like this:** | | | | |
| *Do you adopt certain habits, avoid situations, stop picking up your phone, what mood will you be in if you are down? How do you behave when things aren’t going well for you?* | | | | |
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| **These are my triggers:** | | | | |
| *Things that could cause me to feel unwell, things that cause stress, things that if left unresolved will impact on you negatively, for example not feeling listened to.* | | | | |
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| **These are my early warning signs:** | | | | |
| *Behaviours and moods to look out for when things aren’t going well for me, how best to support me at these times, how to approach this subject with me.* | | | | |
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| **What support I would like from Real Lives when I am unwell:** | | | | |
| *Who should we contact, would you want an increase or decrease in support, what is the best environment for support taking into account your PALs safety and your mental wellbeing?* | | | | |
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| **Safety Plan (Risk Assessment):**  **This should be completed during the set up period and updated every 6 months.**  **Any concerns that are raised during support with client should also be added to this section and clearly signed and dated.** | | | | |
| ***Environmental safety***  ***This includes home environment and any hazards such as pets, smoking, blocked access etc. Environments the client may not feel safe in.*** | ***Discussion around area of concern and who was involved*** | ***What are the risks that may occur*** | ***Plan to reduce risk*** | ***Date and Signed*** |
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| ***Physical safety***  ***This includes health concerns, appointments*** | ***Discussion around area of concern and who was involved*** | ***What are the risks that may occur*** | ***Plan to reduce risk*** | ***Date and Signed*** |
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| ***Mental Safety***  ***Any concerns when the client is unwell and how these may pose a risk to themselves or others, self neglect, self harm etc.*** | ***Discussion around area of concern and who was involved*** | ***What are the risks that may occur*** | ***Plan to reduce risk*** | ***Date and Signed*** |
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| ***Mental Capacity***  ***Are there any areas of activity where the client struggles with capacity?*** | ***Discussion around area of concern and who was involved*** | ***What are the risks that may occur*** | ***Plan to reduce risk*** | ***Date and Signed*** |
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| ***Safeguarding Issues***  ***Any safeguarding issues relevant to support, or ongoing during support with Real Lives.*** | ***Discussion around area of concern and who was involved*** | ***What are the risks that may occur*** | ***Plan to reduce risk*** | ***Date and Signed*** |
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| **About me and my future, and how I would like to move on:** | | | | |
| **My dreams, interests and things that are special to me:** | | | | |
| *This just lets us know a bit about you, what is your favourite music, drink, film, TV programme, do you have a special family member, pet or place, do you wish to cycle across the isle of man or go whale watching, what did you use to enjoy doing, what are you good at?* | | | | |
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| **In the future I would like to see myself:** | | | | |
| *Where would you like to be, what would you like to achieve, what changes would you like to make?* | | | | |
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| **Moving on from Real Lives** | | | | |
| *Support from Real Lives will be available as long as you need it and your personal budget allows for. However we hope that we can help you move forward in your life, build social networks and community skills and support. What support and preparation would you like from Real Lives if you decide that you are ready to move on from receiving support?* | | | | |
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| Date Paperwork initially completed and by Who | | | | |
| Client signed and dated to say they are happy with paperwork and have received a copy: | | | | |
| Client signed and dated signed to say if they don’t wish to have a copy: | | | | |
| **Real Lives will provide you will a typed up version once the first copy is completed. Please inform us if you make additions or changes.**  *Ask your PAL about further Real Lives resources you can access and complete with us to keep in your recovery toolbox.* | | | | |