Shared Lives Guidance

Service User Plan Form

This Service User Plan is part of your Shared Lives (Adult Placement) arrangement agreement. It gives your Shared Lives carer(s) the information they will need to support you effectively, tells them about the things that are important to you, and also tells them about who else supports you and how.

Your name

What do you like to be called?

Address

Home Phone No.

Work Phone No

Mobile Phone No

Who is your nearest relative? …………………………………

How is this person related to you?

If there is an emergency and we need to contact someone about you, who would you like us to contact?

Name

Contact details

**(A) Contact with your family and friends**

Which members of your family or friends do you want to stay in touch with or to see regularly?

Name Name

Address Address

Tel. No Tel. No.

Name Name

Address Address

Tel. No Tel. No.

Is there anyone you do not wish to have contact with?

How do you want to keep in contact with your family and friends? (this could include how often and information about phoning/visiting)

Would you like your Shared Lives carer to help with this, and if so, how?

Who else can help with this, and how?

**(B) Your religion and culture**

What is your religion?

Are there things about your religion or culture that it would help your Shared Lives carer to know about so you can be supported in the ways you want?

………………………………………………………

Who else can help with this, and how?

**(C) Eating and drinking**

What do you like to eat?

What do you not like to eat?

What do you like to drink?

What do you not like to drink?

Is there any food or drink that you should not have?

Please explain why?

Would you like to lose weight? Yes No

Would you like to put on weight? Yes No

Do you need any help with this? Yes No

If yes, who can help, and how?

Would you like help at meal times? Yes No

What help do you need?

Do you use any aids or special equipment at meal times?

Yes No

What are they?

Who is responsible for getting these for you?

Name

Job

Do you like to have meals with other people in the house?

Yes No

If not, please can you explain why?

**(D) Talking with your Shared Lives carer and others**

People talk to each other in different ways. For example, you may talk using words, you may use your hands to sign or to point, you may say what you mean with pictures, or you may use a communicator machine.

How do you talk?

How do you want other people to talk with you?

**(E) Making your decisions**

Do you need any support to speak up for yourself? Yes No

If yes, how can your Shared Lives carer support you in this?

Who else can support you, and how?

Do you need any support with making decisions and being in control of your life? Yes No

If yes, how would you like your Shared Lives carer to support you?

Who else can support you, and how?

**(F) Help with money**

In a Shared Lives arrangement you can look after your own money or you can have help with this.

Are you able to manage your own money? Yes No

If no, what kind of help would you like from your Shared Lives carer?

Who else can help, and how?

**(G) Moving and getting about**

It will help your Shared Lives carer(s) to know if you have any difficulties with getting about. Can you describe any difficulties you have with things like getting out of a chair or bed / walking / using stairs / using escalators?

Do you use a wheelchair? Yes No

Manual? Electric?

Inside the house? Outside the house?

Do you use any aids or special equipment for moving or getting about?

 Yes No

If so, what are they?

Who gets these things for you?

**Name**

**Job**

Can you describe any assistance you need from another person to help you get about?

Has a risk assessment for moving and handling been completed?

(see Section K) Yes No

**(H) Things you like to do regularly**

|  |  |  |  |
| --- | --- | --- | --- |
| Day and time | What you do (and contact details if your Shared Lives carer needs these) | What support, if any, would you like, and from whom? | What do you need with you? |
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**(I) Other activities, interests and hobbies**

What other things do you like to do?

What support, if any, would you like from your Shared Lives carer for these activities and interests?

Who else can support you, and how?

**(J) Holidays/Short Breaks**

People in long-term Shared Lives arrangements will sometimes have holidays / short breaks away from their Shared Lives carer(s) so that you and your Shared Lives carer(s) can enjoy a change. Sometimes people go to stay with another Shared Lives carer, or visit their families, or enjoy some other kind of break. What kind of short breaks or holidays would you like, if you are in a long-term arrangement?

Do you need help to arrange this? Yes No

Who will help you with this?

Do you need help to arrange other kinds of holidays or breaks?

 Yes No

Who will help you with this?

**(K) Keeping Safe**

Your Shared Lives carer will support you to have the kind of life that you want, doing the things that are important to you and enabling you to take risks.

Is there anything your Shared Lives carer should know to help you stay safe, and to avoid unnecessary harm to yourself or other people?

 Yes No

If yes, what are the risks, and how can these be reduced?

|  |  |
| --- | --- |
| **Risk** | How to reduce this |
|  |  |
|  |  |

Do you have a written risk assessment and guidelines on how to manage the risks? Yes No

If no, is a written risk assessment required? Yes No

Who will complete the risk assessment, if required? ……………..

Who will provide your Shared Lives carer with a copy of your risk assessment and guidelines for managing risks?

Have any restrictions been agreed with you for your own safety, or the safety of others? Yes No

If yes, please explain what these are:

**(L) Getting upset or angry**

Everyone is upset or angry sometimes.

Do you know anything that makes you angry? Yes No

What can make you angry?

How do you show you are angry? .................................

 ................

Do you know anything that makes you upset? Yes No

What can make you upset?

How do you show that you are upset?

What will help if you get very upset or angry?

**(M) The future**

Are there any new things you would like in your life in the future – things like new friends, a relationship, something different to do during the day, or to live in your own flat?

Is there anything you need to learn or do before these things can happen? Yes No

| **Things to learn or do** | **Who will help?** |
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**(N) Your health**

GP at home New GP (if changed for the

Shared Lives arrangement)

Name Name ...........................................

Address

.

Tel. No

Do you have any health problems your Shared Lives carer(s) needs to know about?

Do you require any support from your Shared Lives carer in staying well or managing your health? Yes No

If yes, please explain more, and/or attach a written health plan

Do you have a written health plan? Yes No

*(eg for diabetes / epilepsy / etc)*

If yes, will your Shared Lives carer have a copy? Yes No

Who else helps you with your health? ***(****g. consultants, psychiatrist, psychologist, CPN, community nurse, diabetic nurse, dentist, optician occupational therapist, physiotherapist, chiropodist)*

| **Name**  | **Job** | **How does this person help you?** |
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Do you take prescribed medication? Yes No

**Shared Lives – Medicine Administration Record 1 To be completed in every case**

**Name:**

**Allergies/Hypersensitivity:**

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| --- | --- | --- | --- |
| Medication (other names) | When to takeAm/lunch/eve/bedtime | Why Prescribed | Special Instructions/Date Commenced/Ceased |
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**Additional Information**

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**Taking your medication**

Will you take your own medication and look after it safely without help? Yes No

OR

Will you take your own medication and look after it safely but need to be reminded by your Shared Lives carer? Yes No

OR

Do you want your Shared Lives carer to look after your medication and give it to you? Yes No

Is there anything you are allergic to? Yes No

If yes, please give details:

What should be done to prevent or deal with the allergy?

**(O) Personal care (looking and feeling good)**

It is helpful for your Shared Lives carer(s) to know whether you require support with your personal care.

Do you like to have a bath or a shower?

How often?

In the morning or in the evening?

Do you need help with having a wash or a bath or a shower? Yes No

What help do you need?

Do you need help if you want to go to the toilet? Yes No

What help do you need when you want to go to the toilet?

Do you need help with any of these things?

|  | **yes/no** | **The help you need** |
| --- | --- | --- |
| **Shaving** |  |  |
| **Cleaning your teeth** |  |  |
| **Looking after your nails** |  |  |
| **Care of your ears** |  |  |
| **Getting dressed** |  |  |
| **Coping with periods** |  |  |
| **Doing your hair** |  |  |
| **Make-up** |  |  |
| ***Other things******(could include care of glasses contact lenses, hearing aids)*** |  |  |

(P) Your post

Do you need help with reading letters or cards you receive?

 Yes No

What help would you like from your Shared Lives carer?

Who else can help with this?

Do you need help with replying to your mail? Yes No

What help would you like from your Shared Lives carer?

Who else can help with this?

(Q) Keys

You will be given a key to the Shared Lives carer’s house Yes No

If you will not be given a key, the reason is

**(R) Anything else**

Is there anything else you would like your Shared Lives carer to know about you, or to support you with?

**(S) Important contacts**

| **Role or Job** | **Name** | **Address** | **Tel No** |
| --- | --- | --- | --- |
| **Employer**  |  |  |  |
| **College tutor** |  |  |  |
| **Day service keyworker** |  |  |  |
| **GP** |  |  |  |
| **Consultant** |  |  |  |
| **Consultant** |  |  |  |
| **Dentist** |  |  |  |
| **Optician** |  |  |  |
| **Chiropodist** |  |  |  |
| **Occupational therapist** |  |  |  |
| **Physio-therapist** |  |  |  |
| **CPN** |  |  |  |
| **Community nurse** |  |  |  |
| **Diabetic nurse** |  |  |  |
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**(T) Signatures**

I have completed this Service User Plan with my Shared Lives worker. I agree that the information is about my wishes and needs in a Shared Lives arrangement, and that it can be given to my Shared Lives carer(s)

Signed

***(Person using or living in the Shared Lives arrangement. or their representative.***

***If signing as representative, please state relationship too)***

Date

Signed

**(Shared Lives worker)**

Date

**(U) Independent contact**

Here is the name and telephone number of a person / organisation you can contact if you would like to discuss your Shared Lives arrangement with someone who is not part of the PSS Shared Lives Service. This person / organisation will also help you make a complaint or raise a concern about your Shared Lives arrangement if you wish.

 If you’re aged over 18 and live in England you can talk to **CQC.**

![classic-telephone-silhouette[1]]() **03000 616161 ![CQC_328x212[1]]()**

 If you’re aged under 18 and live in England you can talk to **OFSTED.**

![classic-telephone-silhouette[1]]() **0300 123 1231 ![ofsted[1]]()**

 If you live in Wales you can speak to **CSSIW**

![classic-telephone-silhouette[1]]() **0300 7900 126** 



  If you want to speak to someone then call **Shared Lives Plus.**

![classic-telephone-silhouette[1]]() **0151 227 3499**

  If you want to speak to someone not involved with Shared Lives then please call your local **Advocacy.**

**(V) Reviews of your Service User Plan**

Your Service User Plan will be reviewed at least once a year, or sooner if your needs or circumstances change, or if you request a review.

These are the people who should be included in reviews of your Service User Plan:

#### Reviews and Changes to your Service User Plan

| **Date of review** | Change | **Reason for change** |
| --- | --- | --- |
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