

Expression of Interest

Date:	
Your name:	
Relationship to resident:	
Contact details:	

Resident information

Name	
D.O.B	
Current place of residence	
Length of time in residential care	
Name and contact details of Care coordinator/lead professional from SHSC Trust/ASC and/or Keyworker	

Has the person shown interest in living independently within 9 months?

Yes ☐ No ☐ (if no please indicate when the person feels they will be ready to live independently)

Has the person detailed been informed about the Promoting Independence Project?

Yes ☐ No ☐

Please briefly describe reasons for registering this person's interest in the promoting independence project:

What are your/the person's key strengths and abilities? What are your/the person's interests?



Health and housing details

Details of mental health Condition <i>(Please include any MH related hospital stays in the last 2 years)</i>	
Are there any challenges that would impact on the move to independent living? For example, mental health sections/family etc?	
Is the current placement funded for a set time period?	
When was the last CPA/Formal review of placement/care?	

- **Is this person receiving any other non-statutory support, outside of the 24/7 provision?** Yes ☐ No ☐
- **Social Care Funded support outside of 24/7 care?** Yes ☐ No ☐
- **Accessing Non-chargeable support through charity or 3rd party commissioned service?** Yes ☐ No ☐
- **Private purchasing Support** Yes ☐ No ☐
- **Additional 1:1/group support from SCC/SHSC** Yes ☐ No ☐
- **Advocacy** Yes ☐ No ☐
- **Support from relatives/friends/others** Yes ☐ No ☐

In your opinion, how long do you think it would be before the resident is ready to move out?

☐ 0-9 months ☐ 9-24 months ☐ 24 months +



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Scale of independence:

How would you score this person's ability to carry out the following activities? The scoring is scaled from 1 to 10: 1 (unable to carry out the task) and 10 (fully capable of carrying out the task).

Cooking Meals

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleaning their own living space

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travelling using public transport

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing their own finances (budgeting, managing benefits etc)

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing their mental health (taking medication, seeking support etc)

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Socialising with others and engaging in their community

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Making and attending any appointments

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Looking after their personal hygiene (washing, dressing, brushing teeth)

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Promoting Independence - Consent Form

Name of Customer:			
Address:			
<p>In order to fully understand your situation, it will be helpful for us to be able to discuss with some other people what they know about you. We will only ask them about matters that concern your health and care/support needs and It may also be necessary to share with them information that we have about you. Due to contractual obligations, Sheffield City Council (Project Monitoring Team) and Sheffield Commissioner for Mental Health Services might require sight of your customer file and ask for customer case studies for auditing and evaluation purposes.</p> <p>We will respect the confidentiality of any information shared with other Agencies.</p> <p>Below are the agencies and people who are generally able to help (please tick the box of those which you agree we can contact):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Social Services Departments <input type="checkbox"/> Community Mental Health Team <input type="checkbox"/> GP <input type="checkbox"/> Department of Work and Pensions <input type="checkbox"/> Nursing Staff <input type="checkbox"/> Residential home/Keyworker <input type="checkbox"/> Friends/Relatives (please name) <input type="checkbox"/> Promoting Independence Team </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Housing Department/provider <input type="checkbox"/> Community Support Services <input type="checkbox"/> Probation Officer/Police <input type="checkbox"/> Drug and Alcohol Team <input type="checkbox"/> Other (please give details) <input type="checkbox"/> Commissioner for Mental Health Services (Sheffield) <input type="checkbox"/> Sheffield City Council (Contracts Monitoring Team) </td> </tr> </table>		<input type="checkbox"/> Social Services Departments <input type="checkbox"/> Community Mental Health Team <input type="checkbox"/> GP <input type="checkbox"/> Department of Work and Pensions <input type="checkbox"/> Nursing Staff <input type="checkbox"/> Residential home/Keyworker <input type="checkbox"/> Friends/Relatives (please name) <input type="checkbox"/> Promoting Independence Team	<input type="checkbox"/> Housing Department/provider <input type="checkbox"/> Community Support Services <input type="checkbox"/> Probation Officer/Police <input type="checkbox"/> Drug and Alcohol Team <input type="checkbox"/> Other (please give details) <input type="checkbox"/> Commissioner for Mental Health Services (Sheffield) <input type="checkbox"/> Sheffield City Council (Contracts Monitoring Team)
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<p>Relevant Information: if there is someone not named above that you would want us to contact in the case of an emergency or other reason, please specify below who and why:</p> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>			



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By signing this form, I confirm that information sharing, consent and confidentiality have been discussed and understood and I have been informed of the items below.

- I can ask for a review of my support needs at any time
- I give consent for Sheffield City Council (Contracts Monitoring Team) and relevant Commissioner (for mental health services) to audit my customer file.
- I understand that my data will be held for up to 10 years after which time it will be destroyed securely.
- I understand that I have the following rights regarding my information;
 - I have the right to request that my information is no longer processed by the Promoting Independent Project and SYHA.
 - I have the right to have my information transferred to another information holder if I feel the need to do so.
 - I have the right to have any information about me corrected should I discover it is inaccurate.
 - I have the right to request that my information is deleted, where possible due to contract obligations.
 - I have the right to request access to any information held about me by SYHA

NB. If you change your mind and wish to withdraw consent you can do so at any time by contacting promotingindependence@syha.co.uk or call SYHA on 0114 2900200

Confidentiality

Your involvement with the Promoting Independence team is of a confidential nature and information you share with us will normally be kept within the team and only given to others with your signed permission below. However, information may be shared without permission in the following circumstances:

- If we are required to do so by law
- Risk of significant harm to you and/or someone else
- Child/adult protection concerns

Signature (worker)	Date
Signature (customer)	Date
Review Date	Date

Please send your completed form to promotingindependence@syha.co.uk



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