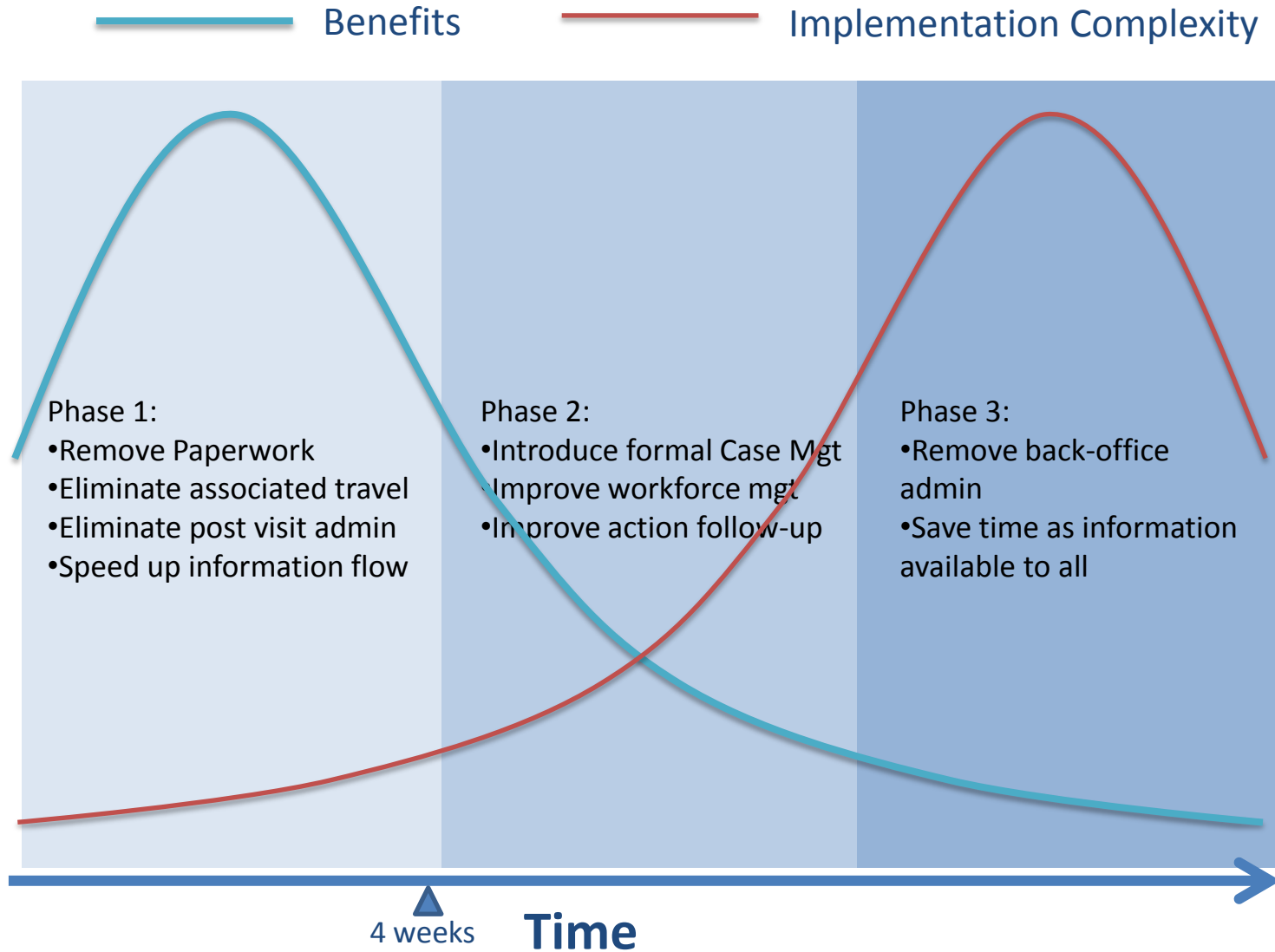


# **Mobile Working Beyond Repairs**

# clouddialogs



## Topics

- **Why is the penetration of mobile working so low?**
- **Common misconceptions**
- **Case study examples**

## Why is the penetration of mobile working so low?

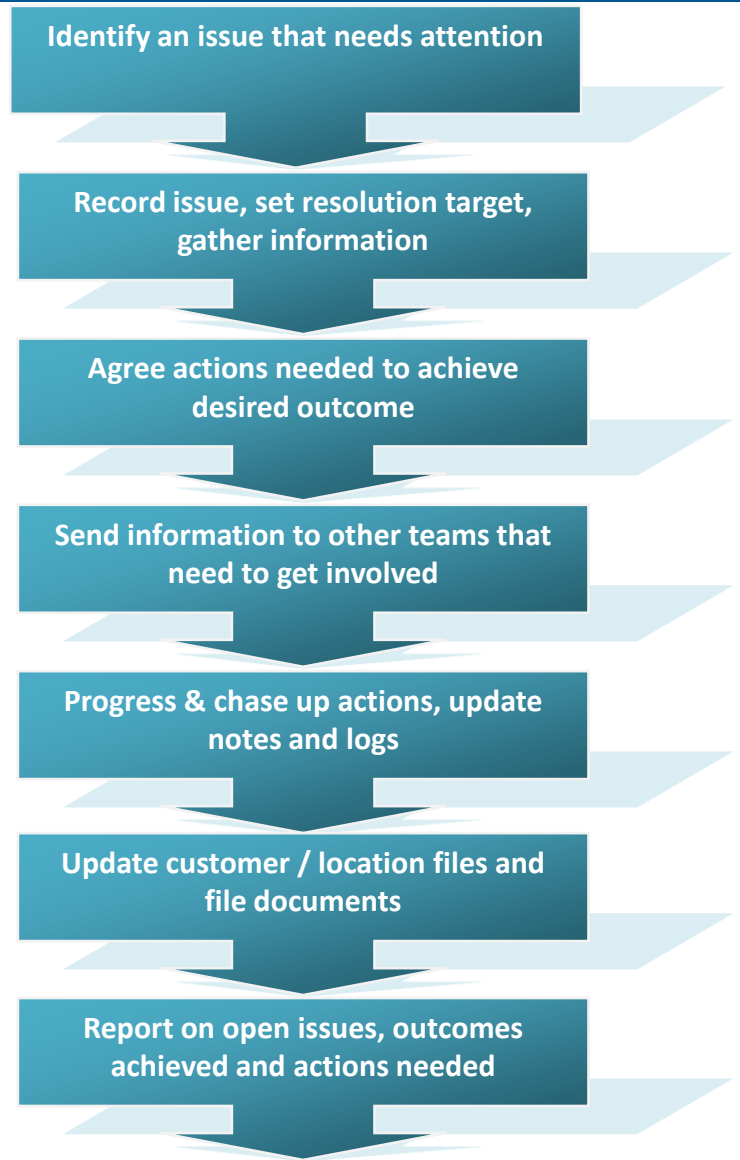
- **Complexity and cost of mobile projects requires big business case**
- **Absence of motivation to reduce headcount**
- **Housing system integration barrier (perception)**
- **Staff are self -managing**
- **IT priorities and IT dominated decision**
- **Misconceptions around solution**

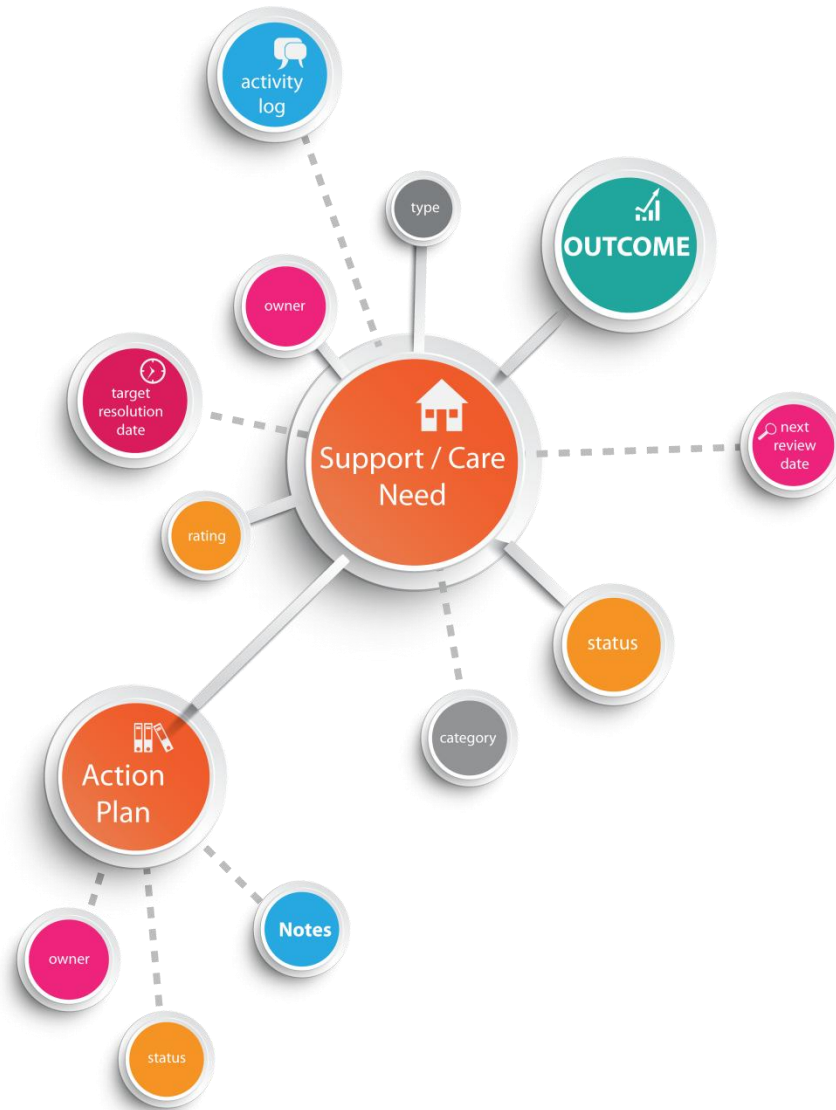
## Misconceptions

- **Dispersal of current 'system'**
- **Scheduling options v self managing**
- **Only mobile sometimes**
- **Case Management**
- **Cost of paper**

## Case study: Housing Support

- Debt problems
- Problem families
- Drug and alcohol issues
- Tenancy sustainment
- Homelessness
- Sheltered care
- Independent living
- Social isolation
- Money management





Data structure for Housing needs



## How can we support you? (Initial Needs and Risk Assessment)

<b>Tenants Initials:</b>	<b>Name of Tenant:</b>
<b>Date referral received:</b>	<b>Address:</b>
<b>Date of Assessment:</b>	
<b>Phone number:</b>	<b>Tenants Date of Birth:</b>
<b>Do you have any specific contact needs?</b> (translation, large print ect)	
<b>Assessment Completed By:</b>	
<b>Referrers Details (name, and contact details):</b>	
<b>National Insurance number:</b>	<b>Please state your Religion:</b>
	<input type="checkbox"/> Christianity (All denominations) <input type="checkbox"/> Islam <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other (please state) .....
<b>Do you have any dependants in your care?</b>	
Children under 16? <input type="checkbox"/> (give details, ages ect) .....	
Children with a disability or special educational need? <input type="checkbox"/> (details) .....	
Lone parent? <input type="checkbox"/> (details) .....	
Carer to other adults in the house? (eg sick, disabled adult or elderly) <input type="checkbox"/>	
Providing outside support or care? <input type="checkbox"/> (details) .....	
<b>Agency Support?</b>	
Name of Agency / Support.....	
Contact details.....	

### A6. Employment / Education and voluntary work

**Points**– Are there any other support needs the applicant would like to include? Is the applicant in work, education or training at present? Would they like to be in the future? What are their other future aspirations, have they made any plans already, what would they like to get out of receiving the support? Use a separate sheet if needed.

	Yes	No	Don't Know
Are you employed?			
If you are of working age, why are not in employment?			
Are you in education?			
Do you take part in any voluntary work? (would you be interested in information for voluntary work?)			

#### Details:

#### What is your employment status?

Yes, Full time

Yes, Parttime

No

If no, for how long? .....

Employment/ Education Risk Assessment	1	2	3	4	5
Risk Assessment, Likelihood of Risk with Employment/Education?					
How confident do you feel with Employment/Education? (self assessment)					



A2. Physical Health							
<b>Points</b> – Are there problems using stairs, any visual or hearing impairment, do you use a wheelchair, are pregnant, any issues attached with the pregnancy, hygiene issues, do you have any eating issues, do you have any issues surrounding your alcohol and smoking intake? Do you feel they need additional support with developing your life skills, e.g. cooking course?							
	Yes	No	Don't Know		Yes	No	Don't Know
Physical mobility problems				Unable or unwilling to access required medical services			
Alcohol/substance misuse				Issues around taking prescribed medication			
Acquired Brain injury (memory loss, seizures, medication, triggers and symptoms' of seizures or any other information required to provide appropriate support)							
Record any specific conditions here:							
<b>Details</b>							

Physical Health Risk Assessment	1	2	3	4	5
Risk Assessment, Likelihood of Risk with Physical Health?					
How confident do you feel with your Physical Health in your home? (self assessment)					
Is there a need to refer to aids and adaptations?					

A3. Mental Wellbeing and / or Learning Disability							
<b>Points</b> – Any problems affecting day to day living, what does this mean for you, who supports with mental health/LD issues, are there any triggers we need to know about, how long is your mental health history? Is self neglecting an issue? Does customer have an insight into their own illness?							
	Yes	No	Don't Know		Yes	No	Don't Know
Mental Health				Learning disability/difficulty			
History of mental health needs and/or current mental health needs/hospital admission				Specific communication needs or difficulties (reading, writing, verbal). Require easy read or user friendly documents			
Lack of contact with MH services (i.e. not established, unwilling or unable to access). Not taking medication.				Unable to cope with day to day tasks (using facilities around home or a pin service at a cash machine for example)			
Feelings of anxiety, depression, generally not coping				Social interaction - how do they make friends, not aware of 'stranger danger'? Lack of understanding of tone and body language			
Previous attempts on life				Short attention span and lack of concentration			
Expressing suicidal feelings				Struggles to process information, finding it overwhelming – requires paperwork to be completed over a number of visits			
History of self harm							
Expressing thoughts of self harm							
Record specific conditions here (i.e. anxiety, depression, schizophrenia, bipolar, autism):							
<b>Details</b>							

Physical Health Risk Assessment	1	2	3	4	5
Risk Assessment, Likelihood of Risk with mental wellbeing and / or learning disability?					
How confident do you feel with your mental wellbeing and / or learning disability in your home? (self assessment)					



## Understanding mobile #1 data access



## Understanding mobile #2 data access



## Understanding mobile #3 visit mgt



## Understanding mobile #4 Case mgt

