RR 22/8

Dundee Sheriff Court

Dundee City SWD
Criminal Justice Service
Friarfield House
Barrack Street
Dundee
DD1 3BY

CRIMINAL JUSTICE SERVICE
23 AUG 2016
DUNDEE

SHERIFF COURT HOUSE
6 WEST BELL STREET
DUNDEE
DD1 9AD
DX No: DD33
LP No: LP21

Date: 22nd August 2016

Dear Sir/Madam

SHARON ELIZABETH ANDREWS, appearance of 22nd August 2016

I am writing to request the report(s) detailed below for the above named accused. The details of the case and continuation are as follows:

Accused Name & SCRO No:	SHARON ELIZABETH ANDREWS , S48923/04C
Date of Birth:	10/07/1969
Address:	61, LAUDERDALE AVENUE, DUNDEE, DD3 9AS
Accused Status Pending Next Appearance:	Ordained
Date of Next Court Appearance:	15th September 2016 at 09:30AM in DUNDEE SC, Sheriff Court House, 6 West Bell Street, Dundee, DD1 9AD
Reports Requested:	Criminal Justice Social Work Report

SCS Ref: SCS/2015-071151 Local Ref: DUN/2015-002213
PF Ref: DN15002411-001 Police Ref: PTP9076660115

Offence Details

Verdict: Electricity Fraud.

I should be obliged if you would supply the court with the report(s) at least 24 hours before the next hearing.

Yours faithfully

Elaine Ferguson
Sheriff Clerk Depute
Telephone: 01382 229961
Fax: 01382 318222
Email: dundee@scotcourts.gov.uk

Enc. Copy Indictment/Complaint, Previous Convictions.
PLEASE SEE OVER

DY/2015-071151

DUN2015-002215

F.1

C

Names of Accused	Date of Disposal	Sentence (if any)
	PO Hamilton	£450 £10 p/f. £10 p/f. FEO.
	11/4/16	213 NG Accepted by PF

DN15002411

PTP9076660115

Under the Criminal Procedure (Scotland) Act, 1995

IN THE SHERIFF COURT OF TAYSIDE CENTRAL AND FIFE AT DUNDEE

The COMPLAINT of the PROCURATOR FISCAL against

SHARON ELIZABETH ANDREWS,
61,
LAUDERDALE AVENUE,
DUNDEE,
DD3 9AS

Date of Birth: 10.07.1969

The charge(s) against you is/are that

(001) Between 24th October ~~2012~~ 2013 and 24th November 2014 at 61 Lauderdale Avenue, Dundee you SHARON ELIZABETH ANDREWS did steal electricity

(002) Between 24th October 2012 and 24th November 2014 in the premises at 61 Lauderdale Avenue, Dundee you SHARON ELIZABETH ANDREWS did intentionally prevent a meter used for measuring the quantity of electricity supplied to said premises by an electricity supplier from duly registering the quantity of electricity supplied and did insert a wire loop between terminals 1 and 4;
CONTRARY to the Electricity Act 1989 Section 31 and Paragraph 11(1) of Schedule 7

(003) Between 24th October 2012 and 24th November 2014 at 61 Lauderdale Avenue, Dundee you SHARON ELIZABETH ANDREWS did maliciously damage the electrcity meter by inserting a piece of metal or similar between terminals 1 and 4

Procurator Fiscal Depute

Apprehension and Search

20 . – The Court grants Warrant to apprehend the said Accused and grants warrant to search the person, dwellinghouse, and repositories of said Accused and any place where they may be found and to take possession of the property mentioned or referred to in the Complaint and all articles and documents likely to afford evidence of guilt or of guilty participation

Sheriff

Diet

20 .-The Court Assigns
20 , at .m., within the SHERIFF Court-House, as a Diet in this case

Clerk of Court

REPORT ALLOCATION INFORMATION

CLIENTS NAME	SHARON ELIZABETH ANDREWS

	Tick
NOT PREVIOUSLY KNOWN TO SOCIAL WORK	
NOT PREVIOUSLY KNOWN TO CJS	✓

	Tick
SCHEDULE 1 OFFENDER	
ALERT DETAILS ON K2	
ETHNICITY/RELIGION FORM ENCLOSED	
SCRO (Police URN) Requested	✓
SCRO available within last 3 months	
LSCMI	

K2 Notepad attached for information — Tick

SCRO No: 548923/04C

URN	86CCC0167
SWSG	ECEOT13/1 (CJSNR
SWSG	(

DATE OF COURT APPEARANCE: 15TH SEPTEMBER 2016

Name of Court: DUNDEE SC.

Outcome:

LAST REPORT DETAILS, IF ANY

Type of Report	Completed/Nil/Pending	Date
SOCIAL WORKER		
SOCIAL WORKER		

OTHER RELEVANT INFORMATION

State client age on K2: 47.

PREVIOUSLY LOCKED AFTER.

Date and Time for arranged interview: 6/09/16 @ 3pm am/pm

Past papers (Please tick box) Yes ☐ No ☐

	Day	Date
Report should be submitted to WP staff by	MONDAY	12TH SEPT
Report should be submitted to Admin by	TUESDAY	13TH SEPT

Earlier deadlines due to time needed for posting — Tick ☐

CJS STATUTES

TY	WORKER	ACTIVE	OTHER*	DATE

* Other = Breached, Reviewed, Transferred

Date 23/8/16 — K2 ENTRY BY: KT

Date 23.8.16 — ALLOCATED TO: Donna Joiner

Date 23.8.16 — INPUT TO CJSwork FOLDER BY: Reid

Tear of slip----------

FILE DETAILS

[redacted] FILE LOCATED OUTWITH [redacted]

[redacted] CLIENTS NAME [redacted]

[redacted] PAPERS MAY ALREADY BE WITH ACTIVE SOCIAL WORKER [redacted]

[redacted] PAPERS ALREADY REQUESTED FROM OUTWITH THIS AREA [redacted]

Date requested: ☐ Await file ☐

Part below to be filled in by social worker

[redacted] Tick ☐

[redacted] Tick ☐

[redacted]

Please return to admin prior to 11.00am each day. It is intended only 1 visit will be made to basement each day

Dundee City Council
www.dundeecity.gov.uk
CHANGING FOR THE FUTURE

Ms Sharon Andrews
61 Lauderdale Avenue
DUNDEE
DD3 9AS

Jane Martin – Head of Integrated Children's Services and Criminal Justice/Chief Social Work Officer

Friarfield House, Barrack Street,
Dundee DD1 1PQ

Tel 01382 435000
Fax 01382 435073

If calling please ask for
Ms Donna Joiner - 01382 435102
E-mail – donna.joiner@dundeecity.gov.uk
Our Ref DJ/ER
Your Ref
Date 29 August 2016

Dear Ms Andrews

Dundee Sheriff Court has asked this Department to prepare a Criminal Justice Social Work Report on you for your next Court appearance on 15 September 2016.

I have been asked to prepare this report and would therefore like to see you at this office on **Tuesday 6 September 2016 at 3pm**.

You must keep this appointment or contact me at this office beforehand to arrange a more suitable time.

I enclose a leaflet that I hope you will find helpful.

Yours sincerely

Ms D Joiner
Social Worker
Criminal Justice Services, Dundee

Enc

Please bring this letter with you to your appointment.

DJ.

Dundee City Council
www.dundeecity.gov.uk
CHANGING FOR THE FUTURE

CRIMINAL JUSTICE SOCIAL WORK REPORT				
1. Personal Details				
POLICE URN: S48923/04C	SW URN: 86000167		SWSG:	606073/1
Name	**Sharon Elizabeth Andrews**		Gender	**Female**
D.O.B	**10.07.69**		Age	**47**
Address	**38A G/L Finavon Street** **Dundee** **DD4 9EA**			
Post code	**DD3 9AS**			
Court status	Bailed ☐	Remanded in custody ☐	Ordained ☒	
Current court order/Licence:				

2. Court details	
Court	**Dundee Sheriff Court**
Date of Court	**15 September 2016**

3(a) Current Offence Details	
Offence(s) (DUN/2015-002215) Electricity Fraud	**Date offences committed** Between 24 October 2013 & 24 November 2014

3(b) Outstanding Matters
According to the SCRO dated 24 August 2016, there are no outstanding matters.

4 (a) Basis of Report/Verification of Information

This report is based on the following:

- One interview with Ms Andrews
- One home visit to Ms Andrew's tenancy
- Access to Social Work Departmental records
- Discussion with Donna Burns CJS Support Worker in relation to Unpaid Work
- Reference to the SCRO date 24 August 2016

4(b) Verified Sources of Information	Check as appropriate
Complaint/Indictment	☒
Departmental information/service records	☒
Medical Information	☐
Criminal History Check	☒
Summary of Evidence	☐

Risk Assessment Tool(s)
The LSCMI Risk Assessment Tool was used in preparation for this report.

5(a) Offending analysis – current

Analysis of current offence(s)

Context:
At interview, Ms Andrews presented as emotional. Ms Andrews advised that the index offence took place when her oldest daughter and her boyfriend were staying in her tenancy with her and her younger daughter. She stated that at this time, she was struggling with her

own health issues and was in a lot of pain and was confined to the upstairs of her tenancy due to her pain/mobility issues. She advised that she had been given her daughter money for electric and placed trust in her to keep the electricity meter topped up. Ms Andrews advised that she had no idea that the daughter's boyfriend had been tampering with the meter.

She stated that at the time of the discovery of the electricity meter being tampered, her daughter and the daughter's boyfriend moved out. Ms Andrews advised that she had been given her daughter the money to pay for the fine weekly and that her daughter was not paying this. In hindsight, Ms Andrews advised that she should have asked her daughter for prove of payment but did not think about this at the time. She advised that since she has known this, she no longer speaks to her oldest daughter.

Does the individual accept responsibility for the offence?

Yes ☐	No ☐	Partially ☐

Provide detail:
Ms Andrews accepts that it was her tenancy and as such she is responsible for the meter and payments.

What is the level of planning?
Ms Andrews advised that she did not plan the index offence. She advised that she was not expecting her daughter/ the daughter's boyfriend's would tamper with the meter/not pay fine. She advised that she has been so upset about what they have done and as a result she has stopped all contact with them. Ms Andrews presented as worried about the Court appearance.

What is the individual's attitude and insight into the offence(s)?

Ms Andrews advised that she should have been more vigilant. However she did state, due to her health conditions, she was restricted to the upstairs of her tenancy and therefore she put her trust in her daughter and this trust was broken because of the actions of the daughter not paying the fine and the actions of the daughter's boyfriend tampering with the meter.

Does the individual recognise the impact/consequences of the offence(s) on the victim/community?

Yes ☐	No ☐	Partially ☒

Comments:
Ms Andrews advised that she understands the impact the index offence has on the electric company. She advised that there was no impact the index offence had on the wider community.

5(b) Offending Analysis – Previous offending

Is there a pattern/history of previous offending?

Yes ☐	No ☒

Provide Detail:
According to the SCRO, this is Ms Andrews first offence.

6. Personal and Social Circumstances Relevant to Offending Behaviour and Sentencing

Accommodation
Ms Andrews advised that she lives in a three bedroom semi-detached tenancy which she rents from the local authority. Ms Andrew's youngest daughter resides with her. Ms Andrew's has been assessed by occupational health and her tenancy has been adapted to suit her individual health needs.

Significant Relationships/Background
Ms Andrews was born and raised in a children's home in Dundee. She is the youngest sibling of 3 and has a brother and a sister. She advised that she does not have contact with

her siblings.

Ms Andrews advised that she has had two relationships which featured physical violence with two separate men and had one daughter to each. She stated her daughters are now 25 years old and 15 years old. Ms Andrews advised that her most recent relationship ended 15 years ago.

Ms Andrews advised that she has some close friends who provide support to her.

Training/Education/Employment

Ms Andrews attended Glebelands Primary School and continued her secondary education at Morgan Academy. She left school at 16 years of age with no qualifications. Ms Andrews advised that she worked in the care sector when she left school.

Currently Ms Andrews is unable to work due to her deteriorating health needs.

Financial Circumstances

Ms Andrews advised that she is in receipt of Income Support Allowance, Family Support Allowance, Personal Independence Plan and Child Tax Credits which equates to £680 every month.

Ms Andrews advised that she had paid £80 of the £425 fine that was imposed at Ms Andrew's last Court appearance. She advised that she had given her daughter the money to go to Dundee Sheriff Clerk office to pay. Ms Andrews advised that she has witnesses to prove that this arrangement was in in place given that she was housebound.

Health

At interview Ms Andrews advised that she was to be getting an Occupational Health assessment on 7 September 2016. Ms Andrews described her health as "deteriorating" and "getting worse" because she is losing her independence. She stated that she has rheumatoid arthritis osteoporosis, fibromyalgia, epilepsy and asthma. She advised that she attends the arthritis clinic every 6 weeks. She advised that she has "good days and flare ups". Ms Andrews walks with a walking aid.

Drugs/Alcohol use

Ms Andrews advised that she does not consume alcohol. She advised that she used to enjoy alcohol, however, does not consume alcohol anymore due to the high level of prescribed medication she takes. Ms Andrews advised that she only takes prescribed medication.

Leisure/Recreation

Ms Andrews does not have any hobbies. She advised that she used to spend a lot of time doing arts and crafts but she cannot enjoy this activity now due to her illnesses.

7. Risk Assessment

Risk factors

Specific risk factors identified by risk assessment present for the offender are as follows:-

- Currently unemployed
- Attitudes/ Orientation: Supportive of Crime

Protective factors

Protective factors are as follows:

- No previous offences

Analysis from risk assessment

Pattern

This is Ms Andrews' first offence.

Nature
Theft – electricity fraud

Seriousness:
Ms Andrews has not perpetrated physical harm and thus. Ms Andrews is considered to be in the medium risk as per the Risk/Need profile.

Likelihood:
This is Ms Andrews first offence. Ms Andrews is considered to be in the medium risk as per the Risk/Need profile.

Serious Harm/Imminence
There appears to be no evidence to suggest that Ms Andrews represents a risk of serious harm as defined by this risk assessment.

Suitability for community disposal/public protection issues
Ms Andrews is assessed as suitable for a community based disposal. There are no public protection concerns.

8. Review of Relevant Sentencing Options.

Absolute Discharge/Admonition/Referral to Children's Hearing/CRASBO
The Court may not view this as a suitable option

Deferred Sentence
Should the Court view this appropriate, the Court may wish to consider to defer sentence for good behaviour

Deferred Sentence for Specialist Reports
Not applicable

Fine/Compensation Order
On 22 August 2016 Sheriff Brown decided to revoke Ms Andrews previous order which was a fine and a report was requested to look at other sentencing options. With this in mind, Ms Andrews is assessed as unsuitable for a fine/compensation Order at this time.

Restriction of Liberty Order Assessment
Ms Andrews advised that she would comply if the Court was considering an alternative to custody. A home visit to Ms Andrew's tenancy was undertaken on 7 September 2016 and the strict terms and conditions were discussed with her in full. Ms Andrews is assessed as suitable for a Restriction of Liberty Order if the Court is consider an alternative to custody.

Drug Treatment and Testing Order
Not applicable

Dundee Intensive Support Services
Not applicable

Community Payback Order (requirements)
Supervision
This is Ms Andrews' first offence therefore there is limited focus for supervision. Attending appointments may become problematic for Ms Andrews due to her mobility issues.

Unpaid Work or other activity
Ms Andrews did not given consent to unpaid due to her limited mobility/movement of her hands therefore Ms Andrews is assessed as unsuitable for this disposal.

Custody
Should Ms Andrews be given a custodial sentence, she may be vulnerable in this setting due to her emotional instability. Any host establishment would be aware of this.

9. Conclusion

Whilst this is a serious matter to the Courts, this is Ms Andrews first offence and she complied with the compilation of this report. Ms Andrews became emotional during the interview and she advised that at the time of the index offence, she was in a lot of pain and was housebound upstairs due to her health ailments.

In this case, she tells me she was unaware that her daughter's boyfriend had tampered with her electricity meter. She also advised that she had placed her trust in her daughter to the pay the original fine, despite Ms Andrews handing over the money for these payments. Ms Andrews is engaging with occupational health and health services in relation to her significant health problems.

There are a number of community based disposals available to the Court. If the Court is considering an alternative to custody, Ms Andrews is assessed as suitable for a Restriction of Liberty Order.

10. Report writer details:

Name: DONNA JOINER

Position: SOCIAL WORKER

Office Address: FRIARFIELD HOUSE, BARRACK STREET, DUNDEE DD1 1PQ

Office telephone/Fax: 01382 435102/01382 435032

Signed: Donna Joiner

Date: 13/9/16

DJ/PB – 13 September 2016
ANDREWSS (1509)

Sharon Elizabeth Andrews

Dundee City Council CHANGING FOR THE FUTURE

CJSW Reports - Annex F

- You appeared in court today and were made subject to a Community Disposal:

  (Community Payback; DTTO; Probation; Community Service; SAO)

- You must attend immediately at **Friarfield House**, Barrack Street, Dundee (Directions below)

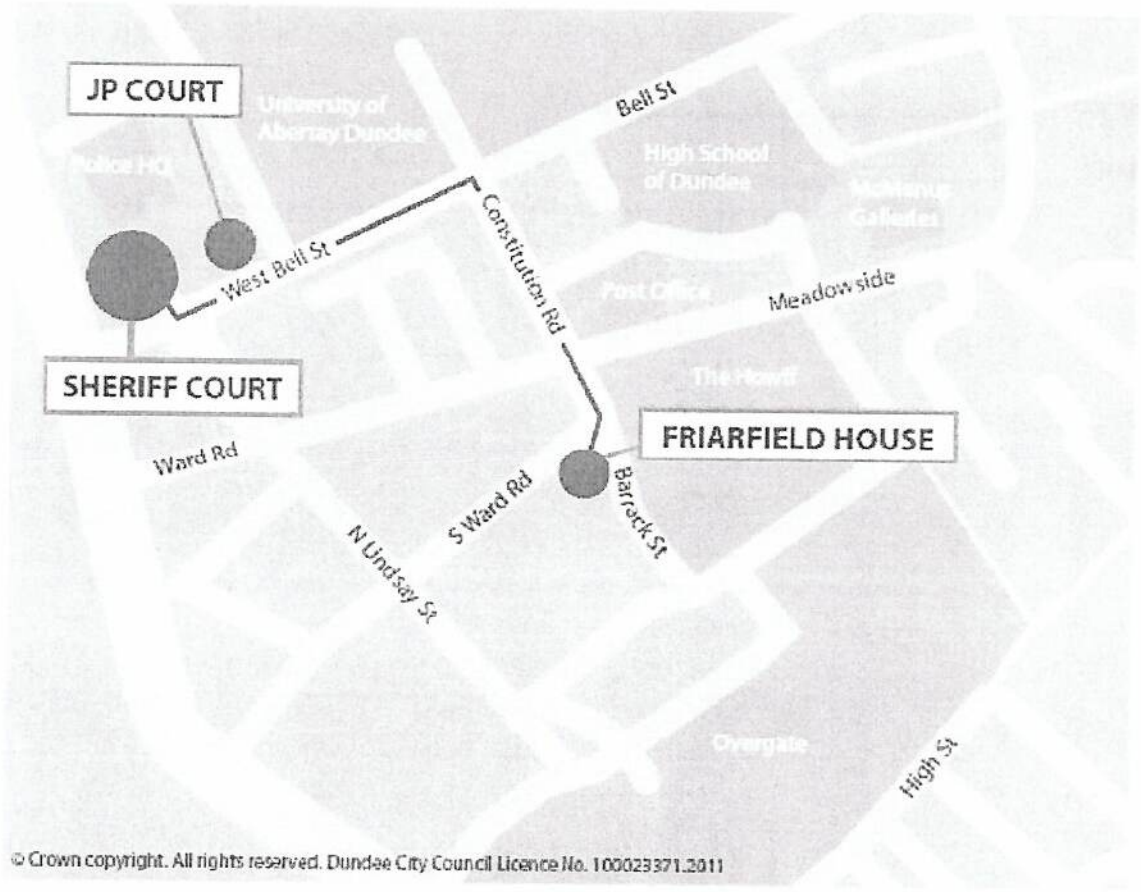
- If you have appeared at a **Court outside Dundee** then you must attend at Friarfield House, Dundee **within 24 Hours** of your court appearance

- Contact details are **01382 435001**

- When calling you must ask to speak with the **Duty Worker**

Court Worker: _____ Date: _____

Client: _____ Date: _____



Should you fail to attend as directed then you will be issued a warning and risk a return to court.

CRIMINAL JUSTICE SOCIAL WORK REPORT

1. Personal Details				
URN: S048923/04C		SW Ref: 86000167		
Name	Sharon Andrews		Gender: Female	
D.O.B	10 July 1969		Age	47
Address				
Post code				
Court status	Bailed ☐	Remanded in custody ☐	Ordained ☐	
Comments				
Current court order/Licence:				

2. Court details	
Court	
Date of Court	
Comments	

3(a) Current Offence Details	
Offence(s) Crimes of Dishonesty: Theft/ Reset/ Forgery/ Fraud Between 24 October 2012 and 24 November 2014 Ms Andrews was charged with electricity fraud.	Date offences committed

Dundee CHANGING FUTURE

3(b) Outstanding Matters

4(a) Basis of Report/Verification of Information

Document Review: Previous Convictions List/SCRO

Document Review: Social Work records

Document Review: Procurator Fiscal

Interviews: Offender

4(b) Verified Sources of Information

	Tick as appropriate
Complaint/Indictment	☐
Departmental information/service records	☐
Medical Information	☐
Criminal History Check	☐
Summary of Evidence	☐

Risk Assessment Tool(s)

LSI-R:SV

Comments:

5(a) Offending analysis - current

Analysis of current offence(s)

Context:

What is the level of responsibility for the offence?

What is the level of planning?

What is the individual's attitude and insight into the offence(s)?
What is the level of recognition by the offender on the impact/consequences of the offence(s) on the victim/community?

5(b) Offending Analysis – Previous offending

What is the pattern/history of previous offending?

Crimes of Dishonesty: Theft/ Reset/ Forgery/ Fraud
On 11 April 2016, Ms Andrews was charged with a theft offence which resulted in Ms Andrews receiving a Â£450 fine.

6. Personal and Social Circumstances Relevant to Offending Behaviour and Sentencing

Accommodation

Significant Relationships/Background

Training/Education/Employment

Financial Circumstances

Health

Leisure/Recreation

Drugs/Alcohol use

7. Risk Assessment

Risk factors
Specific Risk Factors Identified by Risk Assessment present for the offender are as follows:

- Currently unemployed
- Attitudes/orientation: Supportive of crime

Protective factors

Analysis from risk assessment

Pattern:
This is Ms Andrews first offence.

Nature:
Theft - electricity fraud.

Seriousness:
Ms Andrews has not perpetrated physical harm and thus, using accepted definitions Ms Andrews is considered low risk of serious harm.

Likelihood:
This is Ms Andrews first offence. Ms Andrews is considered to be low risk of re-offending.

Serious Harm/Imminence

Suitability for community disposal/public protection issues

8. Review of Relevant Sentencing Options

Community Payback Order

Restriction of Liberty Order

DTTO – suitable/unsuitable(only where DTTO criteria applies)

9. Conclusion

Whilst this is a serious matter to the Courts, this is Ms Andrews first offence and she complied with the compilation of this report. Ms Andrew was emotional during interview and advised that at the time of the index offence she was in a lot of pain and was housebound upstairs due to her health ailments. In this case, she tells me that she was unaware that her daughter's boyfriend had tampered with the electricity meter. She also advised she had placed her trust with her daughter to pay the fine and despite given her the money for this, this wasn't done.There are a number of community based disposals available to the Court. However, if the Court is considering an alternative to custody, Ms Andrews is assessed as suitable for a

Dundee CHANGING FUTURE

Restriction of Liberty Order. (Recommended Disposal: Community Service)

10. Report writer details:

Name: Donna Joiner

Position:

Office Address:

Office telephone/Fax:

Signed:

Date:

MEDICAL ENQUIRY CONSENT

I SHARON ANDREWS give my permission to allow Criminal Justice Services to make whatever enquiries are necessary to assess my fitness to undertake a Court Order and to make any other medical inquiries which inquiries which may be relevant to the supervision of the Order.

Signed: S Andrews

Date: _____

Supervising Officer/Social Worker/Support Worker: _____

Date: 6/9/16

CRIMINAL JUSTICE WOMEN OFFENDERS TEAM

Simply complete this form and initial risk checklist :
Leslie Paterson, Criminal Justice Women Offenders Team

Personal Details

Name: | **Date** | **DOB**

Address:

Tel. No.: 01382 784290 07547802670

Children Yes
No
Residing with client - Yes
No -
Where if not residing with client-

G.P. Downfield Medical Centre- Dr Hood

Reason for Referral :

Known health problems:

Any cause for concern:

Agencies currently involved:

Additional information:

Referred by:	**Signed:**
Organisation:	**Tel. Contact:**

Client Aware of referral:	**YES**	**NO**

Nurse Only:	**Date Assessed :**
Routine/Urgent:	**Seen By:**
Action:	

Adult Support & Protection Concern

Details of Adult at Risk

Title	Name	Also known as
	Sharon Andrews	Sharon Elizabeth Andrews

Address	Telephone
38a Finavon Street Dundee DD4 9EA	Home 01382 784290 Mobile 07795166367

Gender	Date of birth	Ethnicity
Female	10/07/1969	Not Stated

First language

☐ Interpreter required

Communication needs

Primary support reason group

Community Justice Service

Primary support reason subgroup

GP

Name

Address	Telephone

Has GP been informed of the concerns?

○ Yes ○ No ○ Not known

Is Adult at Risk person a carer for another adult / child?

○ Yes ○ No ○ Not known

Adult at Risk main carer

Name	Email

Address

Telephone

Welfare Power Of Attorney

Name

Contact details

Relationship

Financial Power of Attorney

Name

Contact details

Relationship

Welfare Guardian

Name

Contact details

Relationship

Financial Guardian

Name

Contact details

Relationship

Referrer Details

Date of referral

16/06/2017

Source of referral

Other organisation

Secondary source of referral

Other organisation

Name	Organisation
Gaynor Arcari	Abertay Housing Association
Telephone	E-mail

Relationship to subject of this concern

☐ Is a member of staff

Sharing details with third parties

☐ Referrer wishes to remain anonymous

Details of Suspected Harm

Details of suspected or witnessed principle harm

Type of principle harm	Welfare Concerns - Adults
Location	Own home
Date	16/06/2017
Brief factual details of the incident	See Attached Concern from Abertay Housing
If injuries are present please give a brief / accurate	

Details of suspected or witnessed harm - 0

Type of harm	Location	Date

Brief factual details of the incident

If injuries are present please give a brief / accurate description

Current situation and details of the incident / concern(s) being raised

Does the person continue to be at risk of harm?

O Yes O No O Not known

Are there other adults who may be at risk of harm?

O Yes O No O Not known

Are there any children who may be at risk of harm?

O Yes O No

Adult at Risk main carer

The main carer should only be informed where appropriate to do so.

Is the carer aware of this Concern?

O Yes O No O Not known

Alleged Perpetrator

Is there an alleged perpetrator?

O Yes O No

Is the adult at risk due to their own actions

O Yes O No

Professionals Involved

Initial inquiry details

O Council officer conducted initial inquiry O Early screening group conducted initial inquiry

Other professionals aware of this concern

Name	Organisation	Role	Email

Members of the early screening group

Name	Organisation	Role	Email

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Adult Support and Protection Duty to Inquire	Wendy Campbell	

ASP Referral and Duty to Inquire Record

Details of Adult at Risk

Title	Name	Also known as
	Sharon Andrews	Sharon Elizabeth Andrews

Address
38a Finavon Street
Dundee
DD4 9EA

Telephone
Home 01382 784290
Mobile 07795166367

Gender	Date of birth	Ethnicity
Female	10/07/1969	Not Stated

First language

☐ Interpreter required

Communication needs

Primary support reason group
Community Justice Service

Primary support reason subgroup

GP

Name

Address

Telephone

Has GP been informed of the concerns?

○ Yes ○ No ○ Not known

Is Adult at Risk person a carer for another adult / child?

○ Yes ○ No ○ Not known

Adult at Risk main carer

Name

Email

Address

Telephone

Welfare Power Of Attorney

Name

Contact details

Relationship

Financial Power of Attorney

Name

Contact details

Relationship

Welfare Guardian

Name

Contact details

Relationship

Financial Guardian

Name

Contact details

Relationship

Referrer Details

Date of referral

21/06/2017

Source of referral

Other organisation

Secondary source of referral

Other organisation

Name	Organisation
Gaynor Arcari	Abertay Housing Association
Telephone	E-mail
Relationship to subject of this concern	☐ Is a member of staff

Sharing details with third parties

☐ Referrer wishes to remain anonymous

Details of Suspected Harm

Details of suspected or witnessed principle harm

Type of principle harm	Welfare Concern - Adults
Location	Own home
Date	16/06/2017
Brief factual details of the incident	See Attached Concern from Abertay Housing
If injuries are present please give a brief / accurate	

Details of suspected or witnessed harm - 0

Type of harm	Location	Date

Brief factual details of the incident

If injuries are present please give a brief / accurate description

Current situation and details of the incident / concern(s) being raised

Does the person continue to be at risk of harm?

○ Yes ○ No ○ Not known

Are there other adults who may be at risk of harm?

○ Yes ○ No ○ Not known

Are there any children who may be at risk of harm?

◉ Yes ○ No

Children at risk or harm - 1

Name

Relationship

URN number

If yes - have children services been informed?

◉ Yes ○ No

If no give details

Have children's services confirmed receipt of concern?

○ Yes ○ No

Adult at Risk main carer

The main carer should only be informed where appropriate to do so.

Is the carer aware of this Concern?

○ Yes ○ No ○ Not known

Alleged Perpetrator

Is there an alleged perpetrator?

○ Yes ○ No

Is the adult at risk due to their own actions

○ Yes ○ No

Professionals Involved

Initial inquiry details

○ Council officer conducted initial inquiry

◉ Early screening group conducted initial inquiry

Other professionals aware of this concern

Name	Organisation	Role	Email

Members of the early screening group

Name	Organisation	Role	Email
Wendy Campbell	First Contact Team		wendy.campbell@dundeecity.gcsx.gov.uk
Pauline Day	Adult Support & Protection Team		pauline.day@dundeecity.gcsx.gov.uk
Jill Dakers	CPO Team 4		jill.dakers@dundeecity.gov.uk
DC Gordon Reid	Police Scotland		
PC Louise Cook	Police Scotland		
Rona Bissell	NHS		
Iona McIntyre	NHS		

Duty to Inquire Record

Date duty to inquire started

15/06/2017

Date of early screening group

23/06/2017

Actions taken to date to safeguard the individual

To be discussed at ESG

Person contacted - 0

Name

Relationship to Adult at Risk

Record of conversation

Details of inquiry

Summary and conclusion

Council Officers details

Name	Job title
Wendy Campbell	Social Worker

Does the adult meet the criteria as an Adult at Risk

Is the adult at risk?

○ Yes ○ No

Is the adult unable to safeguard their own well-being, property, rights or other interests?

○ Yes ◉ No ○ Not clear

Is the Adult at Risk of harm?

◉ Yes ○ No ○ Not clear

Is the adult, because they are affected by disability, mental disorder, illness or physical or mental infirmity, more Adult at Risk to being harmed than adults who are not so affected

○ Yes ○ No ◉ Not clear

Comments

Point 2: at risk from not taking meds

Point 3: unclear if diagnosis

Housing referral - Housing feel client is vulnerable

Using illegal highs / selling own prescribed medication

Repeat caller in 2013

Recent fire and decanted to Finavon St

FCT to visit plus GP to get a copy of the concern

☑ It has been agreed that an Initial Referral Discussion (IRD) is not required

Reason's why IRD is not required: Concern passed onto GP for information and support

Name: Wendy Campbell

Job title: Intake Services Worker

Date Inquiry Ended: 23/06/2017

Additional actions required

- ☐ Scottish fire and rescue service to conduct a home fire safety visit
- ☐ The FCT to arrange a multi-agency risk management meeting
- ☐ Other action

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
No Further Action		

From: Gaynor Arcari <Gaynor.Arcari@abertayha.co.uk>
To: "adultsupport.protectionteam@dundeecity.gsx.gov.uk" <adultsupport.protectionteam@dundeecity.gsx.gov.uk>

Date: 15 June, 2017 03:58PM
Subject: Adult Concern

Please see below information regarding my tenant Sharon Andrews.

Sharon Andrews

DOB: 10/7/1969

38 G/L Finavon Street

Fintry

Sharon is very vulnerable and lives at the property above with her daughter Kaitlyn Andrews (child protection referral has been sent to DCC).

As Sharon's Housing Officer I am concerned that Sharon is being preyed on by her daughter Danielle Andrews (address unknown).

I have been advised that Sharon was allowing adults and kids into her property willingly. Sharon takes a high number of prescribed tablets which when talking to her, her speech is slurred/sounds under the influence etc. She also suffers from Epilepsy. There was also reports that she was selling Gabapentin tablets from her property for £5 a tablet (she was in turn contacting the doctor or chemist to report that her medication had been stolen to allow her to get a prescription for more). It has been suggested that Danielle and her ex-boyfriend were taking the medication to sell it on. It has also been suggested that Sharon is using Illegal Highs.

Sharon does not know where Danielle is currently living but visits the family home frequently although Sharon insists she does not allow her in the property. [redacted] have reported that there is shouting and screaming coming from the property especially when Danielle is visiting. Danielle's ex-boyfriend recently smashed 4 of Sharon's windows (which are currently boarded up as new windows are on order). Kaitlyn's bedroom windows were smashed with a brick that contained a note insinuating there is more trouble to come. Sharon advised me that the windows were smashed as a result of Dani owing a large amount of money to her ex boyfriend. I have received anti social reports that Sharon is running up and down the close late at night (11.30pm – 00.30am) and knocking on a neighbour's door under the influence of either prescribed/un prescribed medication (I have asked Sharon about this but she has denied it).

There was a fire recently in the property (fault with tumble dryer) which was contained within the kitchen area. The family were decanted by DCC to a property in the Hilltown. While Sharon and Kaitlyn were living elsewhere it has been reported to me that the close was 'nice and quiet'. Sharon was visiting the property while being decanted to meet me to pick up clothes etc. On one occasion Sharon had heard that her property had been broken into in Finavon Street (by Danielle' ex) and travelled to the house with a neighbour (Dean) she had only met a couple of weeks earlier at her decant accommodation. While at the property a neighbour thought Dean was trying to break into the property at the veranda and when the neighbour approached him, Dean assaulted him by hitting him across the face with a brick (Police were called and Dean was charged).

Due to Danielle not having a bank/post office account, her money is paid directly into Sharon's account. In the past Danielle has stolen Sharon's bank card. I have advised her on numerous occasions to tell Dani to open her own account but this has never happened.

I am concerned for Sharon due to the chaotic lifestyle she is living also she has no recollection of events that different neighbours are reporting. In the past she Kaitlyn had to go to a neighbour and ask for help as Sharon had passed out [redacted]

Thanks

Gaynor

Gaynor Arcari

Housing Officer

Abertay Housing Association

147 Fintry Drive

Dundee

DD4 9HE

Direct Dial: 01382 513808

Switchboard: 01382 903545

Fax: 01382 903578

EMail: Gaynor.Arcari@abertayha.co.uk

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The Positive Steps Partnership (Positive Steps) is a registered Scottish Charity No SCO 28252

APPLICATION FOR HOUSING SUPPORT

☐ **Support Only** ☐ **Accommodation with Support**

Data Protection Act 1988 – your personal data – any information in this application form will be used for assessment purposes and making enquiries with relevant agencies including – housing, social work department, GP etc.

Application details

Name	Sharon Andrews	D.O.B	10/07/1969
NI Number		Contact Number	07795166367
Address	38a Finavon Street Fintry Dundee	Next of kin (Name/contact details)	Kaitlyn Leigh Andrews Age 16, Daughter.
Landlord name	Abertay Housing Assoc	Landlords contact details	903545

Housing History

Address	Date from	Date To	Landlords name and contact details
61 Lauderdale Avenue	01/02/2004	22/12/2015	
3e Carnegie Tower	05/11/2001	31/01/2004	

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Debt History

Type of Debt	Debt Outstanding	Is Repayment Plan in Place? Specify

Do you feel there are any risks for staff?	Yes – from associates		Comment – I would visit in pairs as daughter Danielle Andrews is a drug user who has had violent partners. Sharon recently had her windows smashed by him.
Do you think there is a need for 2 staff for the assessment?	Yes		Comment- As above

Offending behaviour – please provide details

Details of offence	Disposal of sentence	Date

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Health Issues

Are there any medical/ health issues that we need to be aware of?	Epilepsy, Fibromyalgia, asthma and arthritis.		Comments- Appointment at Neurology in October.

Agencies Involved

Organisation	Contact Person	Contact Number	Details of support
Abertay	Gaynor Arcari	903545	Problems with tenancy.

Housing Support Needs

REQUIRES HELP WITH	YES	NO	UNSURE	COMMENTS
Making the transition into own tenancy				
Money management and dealing with debt problems			unsure	
Claiming benefits and dealing with official letters	yes			Some people may be offended by the language that Sharon uses especially when she is angry. This causes difficulty in her being understood

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				when dealing with agencies.
Maintain an healthy diet through food shopping				Unknown
Advice on food hygiene, safe storage and basic cooking				
Building self confidence and self esteem to socialise	Yes			Sharon is suspicious of people as she has been in care when she was a child and has had a challenging life, she doesn't trust that people will help her or see the good in her.
Developing good housekeeping skills and routine				House is in great condition.
Developing ability to deal with outside agencies	Yes			Sharon would benefit from support to deal with other agencies.
Support to attend appointments	yes			Sharon doesn't retain what she has been told and misunderstands information.
Encouragement with cleanliness of self				
Safe use of appliances and domestic equipment				
Support in dealing with neighbourhood disputes	Yes			If Sharon feels that she is backed into a corner she will come out quite forcefully. This can work against her as she may be viewed as the aggressor.

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Referral Agent's Details

Name	Wendy Campbell	Organisation	First Contact team
Contact Number	434019	E-mail Address	wendy.campbell@dundeecity.gov.uk

I confirm that the information provided is an accurate reflection of the individual's circumstances.

Signed (Referring Agent).....W Campbell.....
Date13/07/2017.....

The information I have provided is correct and I understand that, any false information that I gave could jeopardise my application for housing support with Positive Steps.

Signed (Applicant).....S Andrews..... Date..13/07/2017.....

Please return to –

Positive Steps – Housing Support Service
East Wing
Swan House
2 Explorer Road
Dundee
DD2 1DX

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The Positive Steps Partnership (Positive Steps) is a registered Scottish Charity No SCO 28252

Telephone- 01382 561822
Fax- 01382 562488

Please Provide Any Further Useful/Background Information/Reports

Occupational Therapy & Manual Handling Referral

Dundee City Council CHANGING FOR THE FUTURE

Personal details

Title

Name
Sharon Andrews

Address
38a Finavon Street
Dundee
DD4 9EA

Household structure

Is there a key safe in place?

○ Yes ○ No

Telephone numbers
Home 01382 803197
Mobile 07795166367

Date of birth
10/07/1969

Age
48

Email

Gender
Female

Religion

☐ Practising

Ethnicity
Not Stated

Sub ethnicity
Information not yet obtained - not refused

NHS ID

System ID
86000167

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

● Yes ○ Yes with limitations ○ No

Date consent obtained

Current situation

Reason for referral

Reason for referral	Wellbeing area	Impact	What do you think could help?
OT Referral received from client for bed assess and perch stool	Personal Dignity		

Referral Method

Do you any reason to doubt the person's capacity to agree to this referral being raised?

O Yes O No O Don't know

Does the person require an assessment for a shower?

O Yes O No

Please provide further information/ reasoning.

Has anything happened recently that has affected the situation?

Do you / the person receive any other services? If yes, what are they?

Are there any family, friends or carers who give support on a regular basis? If yes, what support do they provide?

Do they require a carer's assessment?

O Yes O No

Do you / the person provide support to anyone else? If yes, what support do you provide?

Brief Description of relevant medical history

not disclosed

Brief Description of any previous support / care received

What does a good life look like for you and your family and how can we work together to achieve it?

Do you consider that you would benefit from preventative or reablement services

Hospital admissions

Hospital admissions

Date of admission	Hospital / Ward / Contact details	Reason for admission	Planned Date of Discharge	Date of discharge / end of involvement

Presenting needs / diagnosis and medication

Presenting issues

Difficulty with bed transfers

What does the person / referrer think will help them?

provision of bed equipment and perch stool

Summary of current support

Summary of other involved workers' input

Diagnosis

not disclosed

Current primary service user group

Community Justice Service

Current primary service user subgroup

Medication and current treatments

Compliance with taking medication. Are there any known risks?

Cognition / sensory / psychological state

Environmental details

Tenure type

Accommodation type

Floor level

Housing association or landlord details

Housing permanent or temporary?

Applied for a housing transfer?

Access: front and rear

Front

Ability

Description of access

Rear

Ability

Description of access

Description of layout

Ground floor / basement

First floor / upper levels

Information and advice provided

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

Information provided with

Date	Information provided	Specific details provided

Advice provided with

Date	Advice provided	Specific details provided

Completion details

Name and designation	Team	Date completed
Shannen Howcroft Admin Officer	Equipment Centre	16/08/2017

This Assessment was conducted

O By Phone O Face to Face O Online

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Occupational Therapy/ Manual Handling Assessment	Justine Johnstone	

Sharon phoned to request reassessment, she is needing help from her daughter to get out of bed.

Attends Rheumatology, has epilepsy Abortary ground floor flat, KCC has ordered replacement perch stool as original one lost in house fire earlier this year.

K. Messruther

16/8/17

Community Alarm Referral

Person Details

Name

Sharon Andrews

Address

38a Finavon Street
Dundee
DD4 9EA

Telephone

Home 01382 803197
Mobile 07795166367

Tenure Type

Date of birth

10/07/1969

Gender

Female

GP Name

GP Address

GP Telephone Number

Reason for referral

- ○ To enable an individual to remain at/return home
- ◉ To improve safety/reduce risk of harm
- ○ Carer support
- ○ To enable independence
- ○ Other

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

- ◉ Yes
- ○ Yes, with limitations
- ○ No
- ○ Not discussed

Date consent obtained

Accommodation

Provider

O AngOsMuirOadisOsVale O HomeBlackWoodCommunityPrivateDCC ● AberdayOwnerGowrieSanctuaryHillcrestBield O Servite
Housing of Scotland LivingRental Housing Housing
Duntrune

Other Occupants

Name

How many rooms are in the property?

Is there a key safe in place?

O Yes O No

O Don't know

Medical Details

Please include details of medical notes, critical medication and any supporting information

fibromyalgia

asthma

epilepsy

rheumatoid/osteoarthritis

Additional Information

Please provide any additional information

Contact Details

Contact Details

Name	Address	Telephone	Mobile	Relationship	Keyholder	Next of kin	Willing to be contacted at anytime day or night	If not, when?

Technical Detail

Is there an active phone line?

◉ Yes ○ No

Is there an electrical socket next to the telephone socket?

◉ Yes ○ No

Is there any Telecare / Health equipment?

○ Yes ◉ No

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Community Alarm Assessment and Installation	Telecare Assessment	

Community Alarm Installation Form

Dundee City Council www.dundeecity.gov.uk CHANGING FOR THE FUTURE

Person Details

Name

Sharon Andrews

Address

38a Finavon Street
Dundee
DD4 9EA

Telephone

01382 803197

Tenure Type

Emergency Contact Details

Name	Address	Telephone

Accommodation

Provider

O Angus Housing | O Caledonia Housing | O Dundee City Council | O Hillcrest Housing | O Kingdom Housing | O Muirhouse Housing | O Private Rental | O Sanctuary | O Tayside Housing | O Vale of Dunrune | ● Abertay Housing | O Bield | O Home Scotland | O Owner | O Servite | O Blackwood

Other Occupants

Name

How many rooms are in the property?

3

Is there a key safe in place?

O Yes O No O Don't know

Note

Medical Details

Please include details of medical notes, critical medication and any supporting information

fibromyalgia

asthma

epilepsy

rheumatoid/osteoarthritis

Contact Details

Contact Details

Name	Address	Telephone	Mobile	Relationship	Keyholder	Next of kin	Willing to be contacted at anytime day or night	If not, when can they be contacted

Product Details

Product Information

Date Of Installation	Product Type	Serial Number	Location Of Equipment	Date Withdrawn	Withdrawal Reason
15/08/2017	Lifeline Vi+	2416/00567	Lounge		
	Falls pendants	3017/008456	Other		
15/08/2017	Epilepsy sensors	0214/170452	Bedroom		
15/08/2017	Smoke detectors	2617/028241	Hall		

Completion Details

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Community Alarm Review	Telecare Assessment	

Community Alarm Review

Person Details

Name

Sharon Andrews

Address

38a Finavon Street
Dundee
DD4 9EA

Telephone

01382 782042 07856 154951

Tenure Type

Emergency Contact Details

Name	Address	Telephone

Person Assessment & Needs

Have the needs of the person changed since the assessment and last review

○ Yes ◉ No

Please detail the persons change in needs

Sharon had telecare equipment installed in her old property to support her should she suffer a seizure at home, As Sharon had disconnected her telephone line this equipment was of no use, had tried contacting Sharon numerous times also a letter was sent out for the return of the equipment.

Sharon did however give me the contact details for her support worker Pam from Positive steps to liaise with her, review held today at Sharon's new address re-connected the community alarm with falls sensor only, I removed the epilepsy sensor as Sharon has lost the electric socket when moving home also the smoke detector has been left in her old property.

Sharon lives at home with her daughter who is there most of the time, no key safe installed in this property, Pam support worker to look into this, as the paramedics may require access if no key holders available.

Does the current care and support plan meet the persons needs?

● Yes ○ No

Are there any Adult Protection Concerns identified?

○ Yes ● No

Accommodation

Provider

○ AngusCommunityGowrieMuirCarimsPrivateSanctuaryCaringDCC ○ HillcrestVale ○ AbertayBield ○ HomesOwnerServiceBlackwood
HousingLivingHousing Rental of Duntrune HousingScotland

Other Occupants

Name

How many rooms are in the property?

3

Is there a key safe in place?

○ Yes ● No ○ Don't know

Note

Please ensure the key safe has been recorded as required

Medical Details

Please include details of medical notes, critical medication and any supporting information

fibromyalgia

asthma

epilepsy

rheumatoid/osteoarthritis

Contact Details

Contact Details

Name	Address	Telephone	Mobile	Relationship	Keyholder	Next of kin	Willing to be contacted at anytime day or night	If not, when can they be contacted

Product Details

Product Information

Date Of Installation	Product Type	Serial Number	Location Of Equipment	Date Withdrawn	Withdrawal Reason
15/08/2017	Lifeline Vi+	2416/00567	Lounge		
	Falls pendants	3017/008456	Other		
15/08/2017	Epilepsy sensors	0214/170452	Bedroom	28/05/2019	Other
15/08/2017	Smoke detectors	2617/028241	Hall		Other

Completion Details

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Community Alarm Review	Telecare Assessment	

INSTALLATION OF DISPERSED ALARM STOCK CONTROL SHEET

URN: 86000167

TENURE:

NAME: Sharon Andrews

ADDRESS: 38A Finavon Street
DUNDEE
DD4 9EA

UNIT: 2472

Office Use Only:
S/Scheduler
S/Sheet
Mosaic

Ref :
Install

1. Product serial number of Unit

LL Connect _____

Lifeline VI+ 3416-00567

VIBBY Pendant 3017/008456

EPILEPSY SENSOR - 0216/170452

SMOKE - 2617/028241

Date of installation: 15.08.17

By: D. Cameron
(Signature)

Number of Pendants Issued 1

Unit Battery Renewal Date:
.....

Unit Warranty Date:
.....

2. Location of Equipment

☑ Lounge ☐ Hall ☑ Bedroom ☐ Other (Specify)

3. Does Service User Live in Sheltered Accommodation? Yes/No
If YES Contact Type should read Sheltered Keys.

4. Next Six Monthly Review Date __/__/__
(Installer to Inform Service User of Date)

5. Emergency Contact (Specify on CAS2A)

6. State allocated owner I.e. ESD, Combined Care, Joint Partnership _____

Part 2

7. Date Stock Control Entered on System 17.8.17

By: (Block Capitals) JS

Community Alarm Referral

Dundee Health & Social Care Partnership

Person Details

Name
Sharon Andrews

Address
38a Finavon Street
Dundee
DD4 9EA

Telephone
Home 01382 803197
Mobile ~~07795166367~~ 07856 154951

Tenure Type
Agency

Date of birth
10/07/1969

Gender
Female

GP Name

GP Address
Downfield Surgery

GP Telephone Number

Reason for referral

- ○ To enable an individual to remain at/return home
- ◉ To improve safety/reduce risk of harm
- ○ Carer support
- ○ To enable independence
- ○ Other

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

- ◉ Yes
- ○ Yes, with limitations
- ○ No
- ○ Not discussed

Date consent obtained

Accommodation

TM PM

Provider

O AngOsMuirCadinsVale O HomeBlackwoodPrivate DCC Abertay Gowrie Sanctuary Hillcrest Bield O Servite
Housing of Duntrune Scotland LivingRental Housing Housing

How many rooms are in the property?

Is there a key safe in place?

O Yes O No

O Don't know

Medical Details

Please include details of medical notes, critical medication and any supporting information

fibromyalgia

asthma

epilepsy

rheumatoid/osteoarthritis

Additional Information

Please provide any additional information

Contact Details

Technical Detail

Is there an active phone line?

● Yes O No

Is there an electrical socket next to the telephone socket?

● Yes O No

Is there any Telecare / Health equipment?

O Yes ● No

DAVID ANDREWS BROTHER 07238465994

6A CUNNINGHAM STREET

What care can be offered?
As the focus of the Social Care Response Service is to provide care and support on a short notice immediate needs basis, it is not possible to be specific about the care tasks which may be undertaken by Social Care Response Service staff when they call at your home. The care provided might include a range of personal care tasks, particularly related to continence care and assisting people who have fallen or have injured themselves, or responding to those who have become ill. In discussion with the service user, care tasks will be undertaken in the basis of assessed need and safe methods of working.

As appropriate, your care plan may contain specific details of what actions would be taken in particular circumstances, and the overall care plan will be reviewed on an annual basis at the time of the dispersed alarm equipment check. A review can be arranged at any other time at the request of the service user, carer/relative, care manager or other professional staff. The Social Care Response Service may also identify the need for a review from the experience of providing a care response.

The team prioritises its responses on the need to make sure that a person is safe in their situation. Priority will be given to someone who has fallen, is seriously ill, whose fire alarm has been activated, or those who may at risk in some way.

Dundee City Council is committed to providing high-quality customer services.

We value complaints and use information from them to help us improve our services.

If something goes wrong or you are dissatisfied with our services, please tell us. This leaflet contained within the pack describes our complaints procedure and how to make a complaint. It also tells you about our service standards and what you can expect from us.

David Martin – Chief Executive

www.dundeecity.gov.uk

Equipment use and care
Currently there is a charge of £3.10 per week for the use of the dispersed alarm equipment. You should take care of the dispersed alarm equipment and use it appropriately. If it is damaged, there may be a charge for undertaking repairs or providing a replacement. Please ensure that equipment, which is no longer required, is returned to Social Care Response Service. Arrangements can be made to uplift the equipment from your home.

If it is felt that the dispersed alarm equipment is being used inappropriately, there will be a discussion with you about making suitable use of the equipment. Inappropriate use may include over-frequent use of the equipment, requests for service response not provided by the Social Care Response Service or persistent use by someone else in the household who has not been assessed as needing the service. If absolutely necessary, the alarm equipment may be withdrawn or disconnected, after discussion with you.

No Smoking policy
In accordance with Dundee City Council's non-smoking policy, we ask that you and any visitors to your home refrain from smoking while an employee of Dundee City Council is present.

Monitoring standards
Please note that in the interest of standards, best service practice and monitoring our practice all the calls to the control centre are recorded. This letter supplements the general information sheet and any other information given to you during your assessment.

Should you require any further information please call 01382 435555 / 435547 during office hours or directly to the control centre on 01382 432260 outwith these times.

Lindsey Gibson
Team Manager
Social Care Response Service
353 Clepington Rd
Dundee
DD3 8PL
01382-435579

Individual Moving and Handling Risk Assessment Form

WEIGHT	<7 STONE < 44.5KGS	7-12 STONE 44.5 - 76.2 KG	12 - 14 STONE 76.2 - 88.7 KGS	14 - 16 STONE 88.8 - 101.6 KGS	> 16 STONE > 101.6KGS
SCORE	1	(3)	5	6	8
MEDICAL HISTORY	History of falls	Balance Problems	Low Haemoglobin/Anaemia	*Spasm*	*Other*
SCORE	(5)	5	3	7	5
MOBILITY/ DISABILITY	Independent	Needs Minimal Assistance	Needs Moderate Assistance	Needs Maximum assistance	Totally Dependent
SCORE	0	2	(4)	7	10
MENTAL STATE	Fully Co-operative	Comatosed	Confused/Unable to Understand	Agitated	Aggressive
SCORE	(0)	2	3	4	5
CLIENT'S ENVIRONMENT	No attachments	Attachments e.g. catheter /PEG feed	Environmental Space constraints	Other	
SCORE	(0)	One point per attachment	3	3	

- RISKS
- Low Risk 0 - 8 Requires the assistance of one staff member (Coded Green)
- Moderate Risk 9 - 15 Requires assistance from 2 staff members according to the task or use of mechanical aids (Coded Amber) - Discuss with Moving and Handling Co-ordinator
- High Risk 16 + Requires assistance from 2 or more staff members/ and or mechanical aids according to tasks (Coded Red) Specialist Assessment Required - Moving and Handling Co-ordinator

*Whenever possible use appropriate manual handling aids to assist with the minimal handling of service users following risk assessment

*The fallen service user must be reassessed prior to manual handling

Service Users Name: Sharon Andrews
DOB: 10/07/1969

Date of Assessment 15 08 17

Risk (Using Traffic Lights System)

Red ☐
Amber ☑
Green ☐

HOME FIRE SAFETY VISIT RISK RATING FORM

SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

The information provided in this form will be confidential to the Scottish Fire and Rescue Service and will be used for risk rating purposes only. All information contained will be held securely in accordance with current Data Protection legislation.

Name:	Sharon Andrews	Date of Birth:	10/07/1969
Address:	38A Finavon Street	Postcode:	DD4 9EA
		Contact Number:	01382 803197

Property Ownership: Owner Occupied ☐ Local Authority ☐ Details
Private Let ☐ Housing Association ☑ Details

How did you hear about HFSV? SCRT

ALL QUESTIONS MUST BE COMPLETED - Please tick the appropriate box

1	Do you have a 'WORKING' smoke alarm?	☑ Yes	☐ No	
2	What age category are the members of your household?	☐ Over 65	☐ 51-64	☑ Under 50
3	Is anyone regularly at home during the day?	☑ Yes	☐ No	☐ Sometimes
4	How many adults are in the home?	☑ 1	☐ More than 1	
5	Are there any children under 16 in the house?	☐ 1 to 2	☐ More than 2	☑ None
6	Does anyone smoke inside the house?	☑ Yes	☐ No	
7	How often in a week do people within the household consume alcohol?	☑ 0	☐ 1-2 times	☐ More than twice
8	Does anyone in the house have a fascination with fire?	☐ Yes	☑ No	
9	Have you ever had a fire in the home?	☑ Yes 1	☐ Yes more than 1	☐ None
10	Do you use a traditional chip pan or other deep fat cooking method e.g. Wok, Karahi etc?	☐ Yes	☑ No	
11	Does anyone in the household cook late at night? (after 9pm)	☐ Yes	☑ No	
12	Do you use candles, tea-light candles or scented oil burners?	☑ Yes	☐ No	
13	Do you use adapters/extension cables on electrical sockets?	☑ Yes	☐ No	
14	Does anyone in the household have any long-term health or mobility issues?	☑ Yes	☐ No	
15	Is there medical oxygen used or stored in the home?	☐ Yes	☑ No	
16	Does your household have a plan of what to do in the event of a fire?	☐ Yes	☑ No	
17	Is everyone in the household aware of this plan?	☐ Yes	☑ No	☐ N/A

Referrers Details - MUST BE COMPLETED PRE-VISIT

Partner Referral ☑ Self Referral ☐ PDIR ☐ Incident Number (If PDIR):

Organisation Name: SCRS Contact Name: Derek Kennedy/Pam M Tel. No: 01382 435578

Any other relevant Risk Information: *Disabilities, visual or hearing impairment, joint visit required etc.*

This form should be returned to your local Community Fire Station. Or, for further information, call 0800 0731 999.

Should you wish to contact the Care Inspectorate for any reason their contact details are;

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 0845 600 9527
Email: enquiries@careinspectorate.com

The information you have provided on this form will be used by Dundee City Council (the 'data controller' for the purposes of the Data Protection Act 1998) in order to provide you with the most appropriate help. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

In order to improve service delivery, we routinely exchange information with NHS Tayside, The Police and The Fire Service these organisations will use your information for the same purposes as the Council.

Declaration

I confirm that the information that I have provided is correct to the best of my knowledge and authorise Dundee City Council to use my information for the above purposes.

SIGNED BY AN AUTHORISED PERSON ON BEHALF OF THE PROVIDER

NAME: Derek Kennedy/~~Pam Mitchell~~

SIGNATURE: D. Kennedy

POSITION: Assistive Technology Assistant

DATE: 15.03.17

SIGNED BY THE * SERVICE USER OR * DESIGNATED SIGNATORY
(* PLEASE DELETE AS APPROPRIATE)

NAME:

SIGNATURE: S Andrews

POSITION:

DATE: 15.03.17

COMMUNITY ALARM SERVICE – INSTALLATION CHECKLIST

(REFER TO INSTALLATION GUIDELINES)

Name: Sharon Andrews
ID: 86000167

PLEASE TICK WHEN COMPLETED

1.Introduction to client – show ID	✓
2.Check details on referral form are correct	✓
3.Explain use of equipment – note any difficulty regarding this for passing on to control	✓
4.Ensure DCC sticker is on base/back of unit and fuse board	✓
5.Give details of control centre, response team and kinds of help which can be provided	✓
6.Test call done Aided/Unaided	✓
7.Ensure client carries pendant at all times	✓
8.Where to store pendant at night	✓
9.What to do in the event of a power cut. Telephone line fault	✓
10.Advise client to keep electricity on, unit plugged into socket and the switch at 'on' position	✓
11.Assure client that accidental call will be treated as a test call	✓
12.Encourage client to make a test call monthly	✓
13.Explain responsibility in event of forced entry	✓
14.Advise about review procedure	✓
15.Give explanatory leaflet to client and control room number	✓
16.Discuss clients concerns (if any)	✓
17.Ask Service User to sign installation checklist	✓
18.Complete installation of dispersed unit stock control sheet Part 1	✓
19. Calls will be charged at a standard rate according to your telephone provider	✓

Signature of Installer..... Date.....15-05-17.....

Signature of Service User...S. Andrews.....

DUNDEE CITY COUNCIL - SOCIAL WORK DEPARTMENT
SERVICE PROVISION AGREEMENT
FOR MEALS/HANDYPERSON/SOCIAL CARE RESPONSE SERVICE

Please tick the service(s) being received

Meals Service (£3.30 per meal)	☐	**N.B.**
Handyperson Service (£3.95 per 15 mins)	☐	**All charges are subject to review**
Social Care Response Service (£3.10 per week)	☒	

I/We*

(URN)	**86000167 Unit 2472**	**(URN)**	
(NAME)	**Sharon Andrews**	**(NAME)**	
(ADDRESS)	**38A Finavon Street DUNDEE DD4 9EA**		

(Please tick one of the statements as appropriate)

...	**Financial Information/Income Maximisation Form has already been completed (open NOCI)**	☐ **(a benefits check has already been carried out)**
...	**would like a Financial Information/ Income Maximisation Form completed**	**Contact the Duty Advice Line on: 431167**
...	**would not like a Financial Information/Income Maximisation Form completed**	☐ **(a benefits check cannot be carried out)**

(Please tick as appropriate)

I/We* are in receipt of Council Tax benefit

Yes ☐ **No** ☑

If you are in receipt of Council Tax benefit and fail to disclose this information, you will automatically be charged for the Social Care Response Service Service

I/We* understand that there is a charge for the service(s) indicated above and that I/we* are liable to pay the charge. I/We* are aware that bills for this service will be sent at regular intervals.

Signed	S Andrews	**Date**	15.08.17
Signed		**Date**	

*(please delete as appropriate) **Please sign/date & return in pre-paid envelope provided**

CONTACTS

SUMMARY AND ACTION

Date, Type, Name of Contact and Reason for Contact	Client's Name	Sharon Andrews
	D.O.B.	10/07/1969
	URN	86000167

Caroline 09/08/2017	Community Alarm referral received from Pamela Moir FCT Install arranged for Thursday 10/08/2017 PM Passed to Derek
9/8/17 Janette	Unit Tested.
10/8/17 Derek	NEW APPOINTMENT MADE FOR TUE 15/08/17 PM
15.08.17 Derek	ASSESSMENT COMPLETED ON MOSAIC.

Declined.

NHS Tayside

Dundee City Council Social Work

Dundee City Council – Health and Social Care Partnership

Financial Information / Income Maximisation

NAME Mr/Mrs/Miss/Ms Sharon Andrews

ADDRESS 38A Finavon Street
Fintry
Dundee

POSTCODE DD4 9EA. **TEL NO.** 803197.

MARITAL STATUS Single **DOB** 10/07/1969. **AGE** 48.

CHI No.										
URN No.	8	6	0	0	0	1	6	7		
NI No.	N	W	9	0	3	0	5	3	B	

Professional Worker	Wendy Campbell.
Base Address	Dundee House First Contact Team
Tel No.	434019.

If finances / bills are to be dealt with by someone else, please complete below. Is this agreement formal or informal? *Please tick:*

Formal ☐ (If formal please complete the mandate on the following page)

Informal ☐ (applicable to non- residential care only)

Name _____

Address _____

_____

Post Code _____ **Tel No.** _____

Relationship to Service User _____

Signature _____ **Date** _____

DUNDEE CITY COUNCIL – HEALTH AND SOCIAL CARE PARTNERSHIP
PAYMENT OF RESIDENTIAL & NON-RESIDENTIAL CARE/HOUSING SUPPORT COSTS

I .....(NAME)

.....(ADDRESS)

.....

.....

..... (POST CODE)

Hereby agree that as of ..... (DATE) I will be responsible for the payment of the assessed contribution of

.... (NAME) ..... (DOB)

If resident in a care home please provide the name and address of the care home:

.....(NAME)

.....(ADDRESS)

.....

who will be receiving either residential or non-residential care/housing support from Dundee City Council or any other contracted provider.

I agree to pay Dundee City Council* the assessed contribution that will be requested on an invoice I will receive every 4 weeks.

I understand that failure to pay may result in court action being raised against me.

I hereby agree that I will notify Dundee City Council if I cease to be the responsible person for payment and will provide the name and address of any other person who is to be appointed to take on the responsibility.

Signed ..... Date .....

Witnessed by ..... Date .....

Full name .....

Address .....

.....

..... (POSTCODE)

*If residential care net contract, payment will be made to the care home

---

For office use only

<u>This section must be completed for all service users</u>.

Tick one box only.

Recovery status: NORMAL ☐ EXCEPTION ☐

Delete as appropriate: -

I/We understand that the financial information I/We provide will be used to calculate any possible charges for care/ housing support services and for maximising my/our income.

AND

If I/We receive a chargeable service(s) I/We understand that I/We may have to pay. I/We also understand that the amount I/We pay will be worked out according to the information given in this form about my/our income, savings and capital assets. **This information will be reviewed annually.**

AND

I/We undertake to inform the Social Work Department of any changes in my/our circumstances. I/We authorise the Social Work Department to approach my/our legal or financial advisor, appointee, Building Society(s) or Bank(s), Department of Work & Pensions, other departments within Dundee City Council and any other relevant agencies for clarification or confirmation of the information I/We have provided.

AND

I/We agree that in the event of the financial information I/We have provided being incorrect, incomplete or inaccurate in any way, I/We am bound to repay Dundee City Council the amount that would have been charged if the full details had been disclosed.

AND

I/We agree to a Benefit Check to ensure my/our income is maximised

OR (for non-residential care services/housing support only)

I/we understand that if I/We **decline** to give any financial information I/We will have to have to pay the full economic cost of any non-residential care/housing support services provided/commissioned by Dundee City Council.

OR

I/We decline to give any financial information but I/We am/are **willing to pay** the full economic cost of any non-residential care/housing support services provided/commissioned by Dundee City Council.

AND

I understand that if my partner refuses to provide the financial information required, I will have to pay the full economic cost of any non-residential care/housing support services provided/commissioned by Dundee City Council.

Dont agree. Decline'

Signature (service user) B Andrews **Date** 2/10/17.

Signature (spouse/partner) _____ **Date** _____

PART A - INCOME/BENEFITS

If the service user or partner receive any of the following benefits, please enter the amount.

WEEKLY INCOME	Service User £	Per	Partner £	Per
Retirement Pension				
Guaranteed Credit				
Savings Credit				
Income Support				
Incapacity Benefit				
Severe Disablement Allow.				
Job Seekers Allowance				
Reduced Earnings Allowance				
Industrial Injuries Benefit				
Care Allowance				
DLA Mobility Component				
DLA Care Component				
Attendance Allowance				
Working Tax Credit				
Child Tax Credit				
Child Benefit				
Widows Benefit				
War Widows Pension				
War Disablement Pension				
Wages (Net)				
Maintenance/ Child Support				
Occupational Pension				
Superannuation				
Any Other Income (Please give Details)				

declined

Does the Service User / Partner have any deductions from their Income Support YES/NO

If YES, please say how much. £ _____ per _____

Is anyone receiving Carers Allowance for looking after the Service User? YES/NO

Is Partner at home working 16 hours or more per week? YES/NO

Is Service User registered blind? YES/NO

PART B - PARTNER'S DETAILS

Name _____ **DOB** _____ **Age** _____

CHI No.										
URN No.										
NI No.										

Does your Partner live at home YES/NO

Is anyone receiving Carers Allowance for looking after your Partner YES/NO

Is your Partner registered blind? YES/NO

YES/NO

PART C - WHO ELSE LIVES WITH THE SERVICE USER (OTHER THAN THEIR PARTNER)

How many children does the Service User / Partner receive Child Benefit for?

Please Tick Box

Names (of Children)	DOB	Registered Blind	DLA
Kaitlyn Andrews	10/02/2001		

How many other people live in the household? ☐

Please complete details for these other people below.

Please Tick Box					Please Enter Amount			
Age	JSA	IS	Student	Reg. Blind	DLA / AA	per	Gross Earnings	per

PART D - PROPERTY DETAILS

Do you or your partner own or part own your home? YES/(NO)

Is a mortgage or loan outstanding on your home? YES/NO

If YES what is the outstanding amount? £ _____

How much is your monthly payment (excluding insurance / endowment payments)? £ _____

How much are your monthly insurance payments eg buildings insurance endowment payments etc. £ _____

Do you or your partner own or part own any other accommodation, property or land? YES/(NO)

If YES give address/es and current value _____ £ _____

_____ £ _____

(Continue on an additional sheet if required)

PART E - RENT

Does the service user / partner pay rent to a local council? YES/NO

Does the service user / partner pay rent to a private landlord or anyone else? YES/NO

Name and Address of Landlord Abertay H/A. Forthy Drive.

If NO to both questions go to PART F

Is the service user / partner a joint tenant? YES/NO
(Do not count partners as joint tenants)

	Amount	per
How much is the full rent for the property?	£	
Does the full rent include amounts for services?	YES/NO	

If YES, please say how much and for what.

Amount	Service/other costs
£	
£	
£	
£	

Does the service user/partner get Housing Benefit? YES/NO

If YES, please say how much rent they **actually pay.**	£

Does the landlord operate any 'rent free' weeks? YES/NO

If YES, please state the number of weeks free per year

PART F - COUNCIL TAX

Is the service user/partner liable for Council Tax? YES/NO

If YES, what is the full tax for the property? £ ..... per year

If known, what is the Council Tax band? .....

What is the service user/partner's full water/sewerage charge? £ ..... per year

Does the service user/partner receive 25% discount? YES/NO

Does the service user/partner receive Council Tax benefit? YES/NO

If YES, please say how much benefit they get £ ..... per year

How much Council Tax is actually paid? £ ..... per month/year

What is the service user/partner's Council Tax A/C number?

PART G - CAPITAL / SAVINGS

List below all Bank, Building Society & Post Office A/C's held (including TESSAS / Cash, ISA)

Institution	Address	Sort Code	A/C No	Service User (£)	Dependant/ Child (£)	Partner (£)	Joint Holding (£)

Declined

List below National Savings Certificates or Premium Bonds held

	Service User (£)	Dependent Child (£)	Partner (£)	Joint Holding (£)
National Saving Cert. No & Issue				
Premium Bonds				

List below any stocks, shares, investments, unit trusts or savings, ISAs held etc.

Company	No Held	Unit Value	Service User (£)	Dependent Child (£)	Partner (£)	Joint Holding (£)

TOTAL: £ .....

This section to be completed for Residential placements only.

Have you disposed of any capital, savings, property or land in the past. ☐ Yes
(if yes, we will contact you for more details)
☐ No

PART H

Please detail if any member of the household has mobility difficulties, care needs, illnesses or other health problems. If none please state 'NONE'. Please provide any other information that you feel may be relevant.

Sharon has SCRS, no other service is required at the moment.

Sharon declined to share he financial information as she has Finance Adviser from Abertay assisting her. Sharons daughte has recently left school so he benefits have changed.

Sharon declined to share any of he information but understands that she will have to pay for SCRS.

PART I - DETAILS OF CLAIMS MADE

	Service User Please Tick	Partner Please Tick	Date of Claim
AA / DLA			
DLA MOBILITY			
INCOME SUPPORT			
HOUSING BENEFIT			
COUNCIL TAX BENEFIT			
OTHER (please state)			

TO BE COMPLETED FOR RESIDENTIAL/NURSING CARE RESIDENTS ONLY

Respite / Permanent Care Accommodation Charges

Does anyone live in the previously mentioned property or land? YES / NO

If yes who _____

Relationship _____

Age _____

Is a mortgage or loan outstanding on the property? YES / NO

If YES how much £ _____

If YES name and address of lender _____

_____

Have you disposed of any capital or savings? YES / NO

If YES how much? £ _____

When? _____

To Whom? _____

_____

Have you disposed of any property or land? Yes / No

If Yes when _____

Please give value and a brief description of property

_____

_____

For Hospital Inpatients

This service user will be admitted into Residential Nursing Home Care direct from Hospital.

Ward No _____

Consultant _____

Date admitted to Hospital? _____

RESIDENTIAL PLACEMENT DATES

NAME		URN	
NAME OF HOME		Single/Shared/Ensuite	
REGISTRATION TYPE AND CATEGORY			
1 ACTUAL COST OF CARE		(£)	
2 AMOUNT REGARDED BY SWD AS REASONABLE		(£)	

Category Perm or Respite	Date of Admission	Date of Departure / Period	Number of Overnight Stays	Cumulative Number of Overnight Stays

DIRECT Debit

Dundee City Council

Instruction to your bank or building society to pay by Direct Debit

Service user number

8	0	7	4	7	4

Dundee City Council
Sales Ledger Manager
Corporate Services Department
50 North Lindsay Street
Dundee
DD1 1NZ

FOR DUNDEE CITY COUNCIL OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society

Customer name:

Address:

Postcode:

Telephone:

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Reference

Instruction to your bank or building society
Please pay Dundee City Council Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Dundee City Council and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI1

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

DIRECT Debit

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Dundee City Council will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Dundee City Council to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Dundee City Council or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Dundee City Council asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.