

Provider Evidence Template 2012/13

Provider Name	Age UK Surrey
Contact Name & Details (of person submitting evidence)	Vee de Boer, I&A Manager, Age UK Surrey vee.deboer@ageuksurrey.org.uk
Date Submitted	

What was the situation before / what was the reason for referral?

Client broke his hip in 2010 and has lost the use of his left foot/leg, so having mobility problems. He lives with his wife who suffered a stroke last year and his widowed sister in law who is bedridden with arthritis and very frail. They both receive Attendance Allowance. He has been their main carer with some family support. Their bathroom is unusable because of their disabilities and they have been unable to wash themselves properly for over 2 years. They have no savings between them to afford any aids or adaptations.

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What did you do or change that made a difference? (what was your input into the situation)

A home visit was made to assess the client's situation and Attendance Allowance form was completed with the client. A referral was made to Social Services requesting OT to re-visit this family to assess them for support both financially and for an appropriate bathroom/shower.

What difference has been made? (what outcomes were achieved as a result of your input)

Client has been awarded Attendance Allowance for himself at the lower rate which was backdated to the application date. Client able to afford carers and a home help as now receiving this benefit.

Social Services have contacted the client and have arranged a visit to assist with adaptations to the home.

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Who did this affect? Eg: an individual, a family, a community, other?

Service user	x	Family	x	Carers		Community		Other	
Professional (Health)		Professional (Social Care)		Professional (Other)		Provider Organisation			

If Service users, please give client group:

PSD		MH		PLD		OP / Frail	x	Dementia	
Drugs / Alcohol		Other							

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Did you get any feedback? If so, what was it?

Client reported to the visiting (volunteer) officer that he was delighted with the outcome.

Notable Quote(s) in relation to evidence submitted

Information we collect could be used for the purpose of surveys or feedback primarily within the service. Any case studies published will be anonymised.

Consent to share information (please obtain this where possible from any individual/representative):
I am happy for this information and any quotes to be shared for the purpose of surveys and feedback on my opinions on how Adult Social Care Services has made a difference to me.

Date consent given: Name:

I am willing to be contacted for further feedback / Interviews in the future (Please tick ✓): YES NO

Please email your completed form along with your performance forms to: sccmonitoring@surreycc.gov.uk

Office Use Only

Unique ID (allocated from Case Studies Database):

Input onto Case Studies Database: Yes No Date input onto Database:

Case Study turned into a story: Yes No File Name:

Category Allocation: Prevention Personalisation Plurality & Partnership
Protection Productivity People

Service Areas covered by case study

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