Making Surrey a better place

Provider Evidence Template 2012/13

Provider Name	Get Wise
Contact Name & Details (of person submitting evidence)	Vicki Atherton, SDPP
Date Submitted	Oct 2013

Type of Evidence (please tick one box only)							
Case study		Award / nomination		Provider success story			
Press Article		DVD /CD		Other			

What was the situation before / what was the nomination or award for?
Couple, the wife was caring for her son and her husband. The husband had retired from the Post Office due to ill health.
The husband was receiving no benefits because his ESA claim had been refused due to being awarded less than 15 points

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

I made a late ESA appeal giving the reason that the husband's mental health was the reason for the late appeal.

I also completed a DLA claim form for the husband. This was initially refused.

We appealed the DLA decision as well.

The appeals were heard in July 2013 and I attended with the couple.

ESA was awarded in the Support Group. DLA was awarded as Low Rate Mobility and Lower Rate Care. The couple were happy with both outcomes

On my first visit I identified the need for advocacy support with regards to furniture and carpets. This resulted in an advocacy referral.

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

The couple now have an additional £140 a week income. They also received lump sum payments for backdated benefits of around £2,000.

These benefit payments have reduced stress and worry about finances, also the financial strain has been made easier by support from the Besom project, which the advocate helped with. They are also currently raising funding for carpets – although they have a large rug in the meantime

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

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

If Service users, please give client group:

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

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

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 $\sqrt{}$): 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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