

STEPS	ACTION P / PT	<p align="center">SUPPORTED LIVING PLACEMENT PROCESS</p> <p align="center">YOUNGER PERSONS</p> <p align="center">NB: Not to be used for emergency out of hospital support. Supported Living is a tenancy and should not be treated as a care-home placement.</p>
1	P	Practitioner (P) identifies need for Supported Living referral and you have confirmed this with your line manager.
2	P	Access the 'Decision making panel referral form' on LAS, complete and send to BST via email on supporttoadtskc@kent.gov.uk cc'ing your line manager. Prepare documents to be considered for practice assurance to be ready no later than 3 working days prior to the panel date. (see below for more details on required documents)
3	P	Practitioner is notified by email to attend Practice Assurance Panel. Feedback and decision notified on Mosaic including actions, queries, updating C&S plan/ matrix information / hour adjustments etc. Meetings are held every week.
4	P	Once all Panel actions are completed, access the 'Supported Living Referral Form' (Making sure to attach up to date associated documentation) - Supported Living Referral (office.com)
5	PT	Referral process now begins by the Placements Team (PT) including matching the referral to suitable vacancies.
6	P&PT	Regular liaison with practitioner on the status of the referral, any potentials & recommendations for potential suitable assessments. Placements team will give contact details for those where contact can be made. (Contact should only be made to potential providers via this route)
7	P	Following assessments - if the provider accepts & they can meet needs - & is a suitable placement, the practitioner will update placements team.
8	P	Practitioner fills out placement confirmation form for formal costings to be generated. – see graphic below, file available on Sharepoint
9	PT	Placements team complete formal costings which practitioner will need to take to funding panel for approval.
10	P	Practitioner attends funding panel
11	P	Confirmation provided by practitioner to placements of outcome from panel, planned moving date etc.
12	PT	Placements will send placement confirmation form to Arranging Support placements team (formally APT), cc'ing in provider + inform of need to re ratio property if required to alter baseline provision and/or night provision for all other tenants in the property / practitioner will follow through arranging services on Mosaic to enable provision to be updated & purchase orders to be generated.
13	PT	Referral is then closed.

Supported Living Referral

Please ensure that all boxes are completed fully and the Matrix and Panel Approval have been attached.

Important:
Please ensure that you have completed the Practice Assurance Countywide Panel SL Virtual Worker step on Mosaic and you have received approval before submitting this referral.

If this referral is urgent please contact arrangingupport@placementteam@kent.gov.uk to discuss opportunities for Residential / Respite placements while we conduct our search for the Supported Living placement.

Hi, Michael. When you submit this form, the owner will see your name and email address.

* Required

1. Have you been to Practice Assurance Countywide Panel? *

Please upload the panel approval in question 50.

Yes

No

Send me an email receipt of my responses

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Supported Living Placement - Confirmation of placement (Costings)

Details of Person to be Placed		Practitioner's Details	
Full Name:		Practitioner's Name:	
MOSAIC/AS ID:		Practitioner's Email:	
Age:		Team Name:	
Date of Birth:			
Gender:			
Placement Details			
Start Date (if known):		Name of Provider:	
Full Property Name and Address:		Is the Property Baseline? (if known):	
Will this placement be split funded with the CCG (please give the split details if required):			
Person's Package of Care			
Night Support:		Night Support Share ratio (1:1, 1:2, 1:3 etc):	
Background Hours:	if Adhoc, please specify number of hours:	Share ratio (1:1, 1:2, 1:3 etc):	
Number of 1:1 Daytime Support Hours required per week:		Standard or Complex support required:	
Number of 2:1 Daytime Support Hours required per week:			
Number of 3:1 Daytime Support Hours required per week:			
Accommodation Information			
Self Contained (Y/N):		Type of Property (Male only, Female only, Mixed):	Type of Property (LD, MH, PD, Autism, LD, Forensic, Sensory):
Shared (Y/N):		Maximum Capacity of New Property:	

PRACTICE ASSURANCE DOCUMENTS

Practitioners must provide documents to be considered for practice assurance no later than 3 working days prior to the panel date.

The following documents, if relevant, must be submitted to the Supported Living Practice Assurance Panel and have been quality assured by the supervising manager –

- Recent strengths-based assessment or reassessment of need
- Strengths based and co-produced care and support plan to include clear contingency plans
- Positive risk assessment where appropriate
- Practice assurance document
- S117 After-care multi-agency forms for eligibility or review
- Any other relevant supporting documents

NB: The responsibility to provide the above as supporting documentation is the responsibility of the practitioner and supervising Community Team Manager. If thresholds aren't met or documentation is incomplete the application will not be successful.