

**RIVERVIEW**

**LIFE SKILLS PACKAGE**

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- **LIFE SKILLS ASSESSMENT SECTION** – to be completed prior to placement cessation
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  - SO YOU WANT YOUR OWN PLACE?

## **PLACEMENT CHECKLIST**

***To be completed within initial week***

<b><i>Household</i></b>	<b><i>Date Shown</i></b>	<b><i>Reviewed</i></b>
1. She knows how to use a washing machine / programmes / hand wash		
2. She knows how to use a drier / programmes		
3. She knows how to use a cooker		
4. She knows how to use dishwasher		
5. She knows how to use other kitchen appliances		
6. She is aware of computer availability		
7. She is aware that a complaints procedure exists and how to use it.		
8. She is aware that she can have access to her file.		
9. She is aware that a disciplinary procedure exists and understands how it operates.		
<b><i>Food Hygiene</i></b>		
1. She is aware of correct term to cook / defrost food		
2. She knows how to store food correctly i.e. where and when makes best use of food i.e. freezing, storing, etc.		
3. She is aware of risks associated with poor food hygiene and storage – prevention of food poisoning and related illnesses		
4. She has offered assistance with food / preparing food / reheating		
5. She is aware of the different chopping boards and their functions		
<b><i>Cleaning</i></b>		
1. She knows how to clean bedrooms, i.e. change bed sheets, clean wardrobes, etc.		
2. She knows how to clean dining areas and other areas of house		
3. She knows how to use cleaners correctly.		
<b><i>Nutrition</i></b>		
1. She got advice and she got assistance on foods to eat for balanced diet		
2. She got assistance with cooking food		
3. She is aware and comprehends nutritional information in the kitchen		
<b><i>Health &amp; Safety</i></b>		
1. She is aware of safety issues when living in a Riverview/flat / house i.e. turning of switches, locking doors, locking windows, etc		
2. She knows how to report faults		
3. She has participated in fire drill and knows procedures to follow		
<b><i>Work / Leisure</i></b>		
1. She knows how to enquire about entitlements and where		
2. She knows where to enquire about flat / hunting		
3. She knows how to look for a flat		

Signed:

Signed:

Date:

# NIGHTLY SAFETY CHECKLIST

- PLUG OUT ALL APPLIANCES WHERE APPLICABLE ( EG NOT THE FRIDGE / FREEZER)
- TURN OFF ALL SOCKETS WHERE APPLICABLE
- ENSURE THAT COOKER SWITCHES ARE OFF
- CLOSE WINDOWS
- CHECK ASHTRAYS0- ENSURE THAT THERE ARE NO SMOULDERING MATCHES ETC
- LOCK FRONT AND BACK DOOR
- PUT AWAY FOOD APPROPRIATELY(SEE INFORMATION REGARDING FOOD STORAGE)
- TURN OFF LIGHTS/ LAMPS ETC
- ENSURE THAT ALL TAPS ARE TURNED OFF
- CLOSE ALL DOORS
- SET ALARM ( WHERE APPLICABLE)

**CONSTANTLY MONITOR THE FOLLOWING –  
SMOKE ALARMS, APPLIANCES AND PLUGS/  
SOCKETS FOR FAULTS**

**REPORT ALL FAULTS TO STAFF/LANDLORD**

Signed :

Signed :

Date :

## RIVERVIEW

### COMPULSARY CONTENTS FOR PLACEMENT PLANS

- That the young person is aware that she is permitted two overnights at the weekend with her family Friday and Saturday only, provided that is it approved by parents/guardian and/or social worker.
- That the young person is aware that they can have one overnight at the weekend either Friday or Saturday night at an approved address with a friend.
- That the young person understands that parents/guardians have to give written consent to any overnight stays. Also staff have to be informed of plans for overnight stays a day in advance.
- That the young person is aware that she needs to attend all meetings and reviews which are arranged for her.
- That the young person has family contact (where possible) one or two evenings a week.
- That the young person is aware that food money given to them from the health board will only be given for shopping. While staying in Riverview receipts for shopping must be handed in to staff and the receiving of this money will discontinue when they reach 18yrs.
- That the young person is aware that staff have access to all rooms at all times while respecting the privacy of others.
- That the young person is aware that staff have access to their rooms to carry out daily safety and maintenance checks.
- That the young person is aware that they must carry out compulsory household duties in accordance with a household rota. Also that they are responsible to clean their rooms on a weekly basis.
- That the young person is aware that a disciplinary procedure exists for breach of rules.
- That the young person must participate in a sexual health programme.
- That the young person is aware that they have to follow all health and safety procedures.

## **PLACEMENT PLAN**

<b>NAME</b>	_____
<b>PREVIOUS ADDRESS</b>	_____
<b>DATE OF BIRTH</b>	_____
<b>DATE OF ADMISSION</b>	_____
<b>SOCIAL WORKER</b>	_____
<b>ADDRESS</b>	_____
<b>TELEPHONE</b>	_____
<b>KEY-WORKER</b>	_____
<b>EXPECTED LENGTH OF STAY</b>	_____

**THE FOLLOWING SECTIONS SHOULD INCLUDE RELEVANT AIMS AND OBJECTIVES. THEY SHOULD BE DEvised IN CONSULTATION WITH AND AGREED UPON BY STAFF, SOCIAL WORKER, YOUNG PERSON AND YOUNG PERSON'S PARENT OR GUARDIAN, WHERE APPROPRIATE.**

### **ACCOMMODATION**

(THIS SECTION SHOULD INCLUDE DETAILS OF FUTURE PLANS CONCERNING ACCOMMODATION FOR THE YOUNG PERSON AND OUTLINE HOW THIS WILL BE ACHIEVED)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### **HEALTH**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**EDUCATION/TRAINING**

(THIS SECTION SHOULD DETAIL WHERE THE YOUNG PERSON IS IN EDUCATION/TRAINING AND WHAT THEY HOPE TO ACHIEVE WHILE ATTENDING THIS PROGRAMME).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**FAMILY CONTACT**

(THIS SECTION SHOULD INCLUDE BRIEF INFORMATION ON RELATIONSHIP YOUNG PERSON HAS WITH HER FAMILY E.G. DOES SHE VISIT HER MOTHER/FATHER/SIBLILNGS/ETC. IF THE PLAN IS FOR THE YOUNG PERSON TO RETURN HOME, GIVE DETAILS ON HOW THIS IS GOING TO BE ACHIEVED).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**SOCIAL WORK CONTACT**

(THIS SECTION SHOULD INCLUDE THE TYPE OF AND FREQUENCY OF CONTACT THE YOUNG PERSON WILL HAVE WITH HER SOCIAL WORKER)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**LEISURE/RECREATION**

(THIS SECTION SHOULD INCLUDE THE TYPE OF LEISURE/RECREATIONAL ACTIVITIES WHICH THE YOUNG PERSON ENJOYS AND THAT MAY BE FACILITATED WHERE POSSIBLE BY STAFF WHILE THE YOUNG PERSON RESIDES IN RIVERVIEW)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**RELATIONSHIP WITH PEERS**

(THIS SECTION SHOULD INCLUDE INFORMATION ON HOW STAFF AT RIVERVIEW ENCOURAGE, SUPPORT AND WHERE POSSIBLE FACILITATE YOUNG PEOPLE BOTH IN MAKING AND MAINTAINING FRIENDSHIPS WITH PEERS)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**SKILLS NEEDED FOR INDEPENDENT LIVING**

(THIS SECTION SHOULD INCLUDE INFORMATION ON SKILLS THAT ARE NECESSARY FOR THE YOUNG PERSON TO LEARN PRIOR TO LIVING INDEPENDENTLY, SUCH AS COOKING, SHOPPING, BUDGETING, SAVING AND LAUNDRY AND DETAIL ON HOW THIS IS GOING TO BE ACHIEVED)

**THIS SECTION WILL BE EXPLORED THOROUGHLY IN KEYWORK SESSIONS**

**PLEASE REFER TO COMPLETED CHECKLIST AND THE GUIDELINES FOR KEYWORK SESSIONS**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RIVERVIEW**

**KEYWORD SESSIONS**

## Self- Care Skills Assessment

To be completed by young person at end of Keywork course

Young Person's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Placement: \_\_\_\_\_

Date Assessment Completed: \_\_\_\_\_

Do You Know How to?

- Cook a meal: \_\_\_\_\_
- Shop for food: \_\_\_\_\_
- Name essential items on your shopping list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Store food correctly i.e. where and when to freeze/ store:  
\_\_\_\_\_
- Clean your room: \_\_\_\_\_
- Wash up: \_\_\_\_\_
- Sew buttons/ mend your clothes: \_\_\_\_\_
- Use the launderette or washing machine where you live:  
\_\_\_\_\_

- Take reasonable precautions against attack ( i.e. never walk home alone at night and always keep to well lighted areas):  
\_\_\_\_\_

Contact your Doctor: \_\_\_\_\_

Contact your Dentist: \_\_\_\_\_

Apply for a passport: \_\_\_\_\_

Use a Dryer programme: \_\_\_\_\_

Use a cooker \_\_\_\_\_

Use a dishwasher: \_\_\_\_\_

Use Kitchen appliances: \_\_\_\_\_

Use a microwave: \_\_\_\_\_

Read sell by dates on food: \_\_\_\_\_

Which cleaner do you use for

- Washing dishes: \_\_\_\_\_

- Cleaning bins: \_\_\_\_\_

- Cleaning the cooker: \_\_\_\_\_

- Wash the floors: \_\_\_\_\_

Which programme to use in the washing machine for

- White clothes: \_\_\_\_\_

- Coloured clothes: \_\_\_\_\_

- Wool Jumpers: \_\_\_\_\_

Save up for something which you cannot afford right away:

\_\_\_\_\_

Where to go to get information about your welfare rights:

\_\_\_\_\_

Where to go for contraceptive advice, help and supplies:

\_\_\_\_\_

Where your birth certificate is kept: \_\_\_\_\_

How to open a bank account: \_\_\_\_\_

How to open a credit union account: \_\_\_\_\_

Where to go for stamps: \_\_\_\_\_

Where to pay your ESB bill: \_\_\_\_\_

Where to pay your gas bill: \_\_\_\_\_

Where to pay your telecom bill: \_\_\_\_\_

Where to get credit for your mobile phone: \_\_\_\_\_

How to use the yellow pages: \_\_\_\_\_

How to report faults: \_\_\_\_\_

Which of the following can you do??

Change a plug: \_\_\_\_\_

**Signed:**

**Signed:**

**Date:**

***SO YOU WANT YOUR***

***OWN PLACE?***

***(ARE YOU AS WELL PREPARED AS YOU THINK?)***

***FIRST STEP ASSESSMENT TOWARD  
INDEPENDENT LIVING-***

## ***INTRODUCTION***

The assessment procedure you are about to undertake is not set up to catch you out. It is simply one aspect of your preparation for independent living. There are no right or wrong answers, just your answer.

***What is the aim of this exercise?***

- A. To assess your level of understanding of what it is like to live independently of everybody where you will have to rely totally on yourself for all your day to day needs.
- B. To determine if there are any areas where you may need to improve on some skills, which are necessary for independent living.
- C. To highlight the areas of independent living which you may not have considered in the past.

Remember nobody is perfect and nobody will live their lives without making mistakes or dealing with issues inappropriately. We hope that highlighting the main issues for independent living will help you to make the successful transition to independence and when you will fall on hard times or make mistakes on your budget you may remember discussing these issues as part of this assessment and find a way around your problem.

## ***BUDGETING***

Weekly

Prepare a one week budget that you consider would be the norm while living in a flat/bedsit/house share.

NOTE: This should include rent, food, E.S.B, etc.

(Add any additional items you feel you would need every week)

RENT: -----

FOOD: -----

E.S.B: -----

-----:

-----:

-----:

-----:

-----:

TOTAL:





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- Clothes do not last forever and styles seem to change like the weather. With this in mind consider how often you feel you will have to buy new clothes? How much will clothes cost you over a 6 month period?

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- TV addict or not we all like to watch on occasion. Therefore you may need to rent a TV, video, or CD player. How much per month will this cost?

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- After you have all your bills paid, brought your shopping and saved for clothes, etc, you will want to go out to meet your friends. How much per week will you need for entertainment?

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- Now that you are totally depressed at the cost of living, discuss your findings with your Social Worker/Key Worker. You may be surprised that you have over estimated on some items or may have not have consider some items which you will need. Either way it is best to know what is ahead before you move to your own place.

## ***HEALTH***

- Please write your medical card number in the space provided

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- When did you last visit your:

G.P: -----

Dentist: -----

Optician: -----

Accident and emergency: -----

Other health professionals: -----

- What course of action was recommended at this time?

-----  
-----  
-----

- Did you follow this up?

Yes \_\_\_\_ No \_\_\_\_ Don't know \_\_\_\_

- Have you been prescribed medication in the last 6 months?

Yes \_\_\_\_ No \_\_\_\_

- Where is this medication now?

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- What type of ailment do you feel you would need to visit your G.P for?

-----  
-----  
-----  
-----

***HYGIENE***

- How often do you shower/bath? -----
- How often do you wash your clothes? -----
- How often do you brush your teeth? -----
- Imagine you are living in flat/bedsit. Set out what your daily and weekly cleaning tasks would be.

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