

**Support Assessment**

1. **Referral Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral |  | Date of assessment |  |
| Reason for referral |  | | |

1. **Personal Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | P no. | |  | NHS no. |  |
| Address |  | | | DoB | |  | Age |  |
| Tel. No. |  | | | Type and tenure of property | | |  | |
| Do you live alone? | | Yes / No | Is there a keysafe? | | | | Yes / No | |
| First Language | |  | Ethnicity | |  | | Religion |  |
| GP Practice | | GP Address | | | | | GP tel. no. | |
|  | |  | | | | |  | |

**3. Key Contacts / Next of Kin / Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Address | Tel. No. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Person(s) completing this form**

Please tell us if you are completing this form yourself and/or if somebody is helping you. If so, please list their name and contact details here.

|  |
| --- |
|  |

**5. Communication**

Please tell us about any communication difficulties you may have. For example, you may have a hearing, vision or speech impairment or prefer to use a language other than English (including sign-language or Makaton) or require a specialist interpreter to support you to communicate. If you have a visual ***and*** hearing impairment, please let us know so that we can consider if you need support from a specialist assessor.

|  |
| --- |
|  |

**6. Participation and Decision Making**

Please tell us if you have any difficulty in understanding, retaining, or weighing up information, or with communicating your decisions, views, wishes or feelings. If you do, is there anyone who supports you with this?

|  |
| --- |
| *Note to Assessor: Is a referral to an independent advocate required before this assessment can be completed?* Yes / No *Is there a DoLS authorisation in place?* Yes / No |

**7. Lasting Power of Attorney**

Does anyone hold a Lasting Power of Attorney / Enduring Power of Attorney / Deputyship relating to your financial affairs and/or your welfare? Please give details.

|  |
| --- |
|  |

**8. Involving Others in your Assessment**

Please tell us about anyone you think should be involved with your assessment. This may include unpaid carers (who could be a partner, family member or a friend) and any professional providing care to you, such as your GP, a nurse, housing officer or a support worker.

|  |
| --- |
|  |

**9. About You, Your Family Networks and Community Support**

Please tell us about yourself. This can include your background, work, interests, religious faith, culture and what a meaningful life may look like for you. Do you get any support from unpaid carers (including a child or young person) or from the local community and if there any difficulties with sustaining this support. If you help to care for another adult, please tell us about this.

|  |
| --- |
|  |

***Please note that all unpaid carers have a right to a carer’s assessment. Please tell us if your unpaid carer would like an assessment or a joint assessment with you.***

***Has a carer’s assessment been offered (individually or jointly)?* Y / N**

**10. Your Health**

Please tell us about your health needs. This may include any diagnosis or conditions you have and/or any areas relating to your health where you might be experiencing difficulties. These areas may include taking your medication, ensuring your skin is in good condition, maintaining a healthy weight, or being able to exercise. Do you smoke / drink alcohol / use drugs?

|  |
| --- |
|  |

**11. Your Mental and Emotional Wellbeing**

Please tell us if you have any mental health needs that may be affecting your wellbeing. These may include emotional distress, depression, anxiety, mood swings, feeling suicidal or harming yourself, forgetfulness, hearing voices or behaving in a way that may be aggressive or inappropriate.

|  |
| --- |
|  |

**12. Living Safely**

Please tell us if you ever feel unsafe, mistreated, exploited or if you sometimes neglect yourself in any way.

|  |
| --- |
|  |

**13. Managing Daily Living**

Please read through the ten sections below and tick one box for each of the sections adding your comments where appropriate. It is important that you fill out this section to reflect what you can and can’t do, even if you are already getting support. Please also tell us if your ability to do things can fluctuate (go up and down) over time and how this affects you.

|  |  |  |
| --- | --- | --- |
| **Managing meals, eating and drinking**  This can include being able to obtain food and drink and being able to prepare and consume food and drink. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Maintaining your personal hygiene**  This can include being able to wash yourself, change continence pads and launder your clothes. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Using the toilet**  This can include being able to access a toilet and manage your toilet needs. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Being appropriately clothed**  This can include being able to dress and undress yourself, for instance in relation to the weather to maintain your health**.** | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Moving around your home & using your facilities**  This can include moving around your home safely, getting up steps/stairs, using kitchen facilities, accessing the bathroom or being able to access your property from the outside. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Keeping your home safe and habitable**  This can include keeping your home habitable, safely maintained and having essential amenities. It can also include being able to maintain the ownership or tenancy of your home and being able to use all facilities (e.g. water, electricity and gas). | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Developing & maintaining relationships**  This can include whether you feel lonely or isolated at times and whether your needs are preventing you from maintaining or developing relationships. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Accessing work, training, education or volunteering**  This can include the opportunity to apply for work or education and being able to access and being supported in participating in any relevant activities. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Using local facilities**  This can include being able to engage with your local community by being able to access facilities such as public transport, shops and leisure activities. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

|  |  |  |
| --- | --- | --- |
| **Caring for any child you have responsibility for**  This can include any parenting or other childcare responsibilities you may have. | Independent |  |
| Achieving causes significant pain |  |
| Achieving endangers self or others |  |
| Achieving takes a long time |  |
| Unable to achieve without assistance |  |
| *What is working well / not working well? Is there anything that you want to achieve but currently find difficult?* | | |

**14. Your Wellbeing**

Thinking about any of the difficulties you have identified in Section 13 above, do you feel that any of these are having a significant impact on your wellbeing? (Please see the Guidance at the end of this form for a description of what “wellbeing” can mean.)

|  |
| --- |
|  |

**15. The views of professionals who know you**

This section is to include information as appropriate from those who currently provide you with treatment, care or support. Relevant professionals can fill this section out or provide a report or we can contact them on your behalf to record their views.

|  |
| --- |
|  |

**16. Carer’s Views**

If an unpaid / family carer helps to provide some of your care, they should add their views about your situation in the box below.

|  |
| --- |
|  |

**17. Assessor’s Summary and Eligibility Decision**

***Sections 17-19 are to be completed by the worker responsible for the eligibility decision.***

|  |
| --- |
| Does the person have a physical or mental impairment or illness? Please give details. |
| Does this result in the person having care or support needs? Please give details. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Eligibility Assessment Outcome***  *1. Outcomes should be assessed regardless whether or not the needs*  *are already being met.*  *2. For further information on the interpretation of eligibility outcomes*  *please refer to the Care Act 2014 Guidance page 97 (6.107).* | Independent | Achieving causes significant pain | Achieving endangers self or others | Achieving takes a long time | Unable to achieve without assistance |
| *Maintaining and managing nutrition* |  |  |  |  |  |
| *Maintaining personal hygiene* |  |  |  |  |  |
| *Managing toilet needs* |  |  |  |  |  |
| *Being appropriately clothed* |  |  |  |  |  |
| *Being able to make use of the home safely* |  |  |  |  |  |
| *Maintaining a habitable home environment* |  |  |  |  |  |
| *Developing and maintaining family or other relationships* |  |  |  |  |  |
| *Accessing and engaging in work, training and volunteering* |  |  |  |  |  |
| *Access to local community including transport and recreation* |  |  |  |  |  |
| *Caring responsibility for a child* |  |  |  |  |  |

|  |  |
| --- | --- |
| Have two or more needs been identified? | Y / N |
| If so, is there (likely to be) a significant impact on the person’s wellbeing as a result of these needs? | Y / N |
| Does the person meet the eligibility threshold? Please provide information below. | Y / N |
| Does the person or their advocate agree with the decision made? | Y / N |

**18. Assessor’s Summary**

This section will be completed by the worker responsible for the eligibility decision. It will include a summary of how the eligibility decision was reached, any differences of opinion regarding the eligibility decision and, if so, how these might be resolved.

|  |
| --- |
|  |

**19. Carer’s Support**

If an unpaid carer is providing support, are they able and willing to continue?Please give details.

|  |
| --- |
|  |

**20. Agreed Actions**

This includes agreeing with you how the outcomes you have identified will be met. Some of these outcomes may be met by providing you with information and advice, support that may be available in the local community, or through a referral to other services such as reablement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Outcome to be achieved | How it will be met | Who will do it? | By when? |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**21. Assessor’s Checklist**

|  |  |  |
| --- | --- | --- |
| Have you: | | |
| 19.1 | Told the person that they will receive a written copy of this assessment? |  |
| 19.2 | Explained about the Resource Allocation System (RAS) which will calculate the level of funding the council assesses would meet their needs? Including the difference between the Indicative and Final Budget |  |
| 19.3 | Explained that a financial assessment will be required if the person is to receive a Personal Budget? |  |
| 19.4 | Explained their right to have a Direct Payment rather than a commissioned service if a personal budget is allocated? |  |
| 19.5 | Told the person what will happen next? |  |

**22. Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person assessed |  | | |
| Name of representative  (if applicable) |  | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor’s name |  | | |
| Role |  | Team |  |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Manager’s name |  | | |
| Signature |  | Date |  |

**Support Assessment: Additional Guidance for Service Users, Carers and Assessors**

**1. *When looking at the 10 outcomes, what does ‘unable’ mean****?*

The Care Act Statutory Guidance says:

“Being unable” to achieve an outcome includes any of the following circumstances, where the adult:

* Is unable to achieve the outcome without assistance. This would include where an adult would be unable to do so even when assistance is provided. It also includes where the adult may need prompting. For example, some adults may be physically able to wash but need reminding of the importance of personal hygiene
* Is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety. For example, an older person with severe arthritis may be able to prepare a meal, but doing so will leave them in severe pain and unable to eat the meal
* Is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others – for example, if the health or safety of another member of the family, including any child, could be endangered when an adult attempts to complete a task or an activity without relevant support;

Is able to achieve the outcome without assistance but takes significantly longer than would normally be expected. For example, an adult with a physical disability is able to dress themselves in the morning, but it takes them a long time to do this, leaves them exhausted and prevents them from achieving other outcomes.

***2. What does ‘Wellbeing’ mean?***

The Care Act defines ‘Wellbeing’ in the following way:

As a consequence of the needs identified (ie in section 5 of this Assessment), there is or is likely to be a significant impact on the adult’s wellbeing, including the following:

a) Personal dignity (including treatment of the individual with respect)

b) Physical and mental health and emotional wellbeing

c) Protection from abuse and neglect

d) Control by the individual over day-to-day life (including over care and

support provided and the way it is provided)

e) Participation in work, education, training or recreation

f) Social and economic wellbeing

g) Domestic, family and personal relationships

h) Suitability of living accommodation

i) The individual’s contribution to society

***3. What does ‘significant impact’ mean?***

The Care Act does not define “significant” so this has to be interpreted in the everyday sense of the word.

However the Statutory Guidance says this:

Where the adult is unable to achieve more than one of the 10 outcomes, you do not need to consider the impact of each individually, but should consider whether the **cumulative effect** of being unable to achieve those outcomes is one of a “significant impact on wellbeing”.

In deciding this, you need to consider whether:

* The adult’s inability to achieve the outcomes above impacts on at least one of the areas of wellbeing in a significant way; or
* The effect of the impact on a number of the areas of wellbeing means that there is a significant impact on the adult’s overall wellbeing.