

MA - Core Assessment



1. Personal details

Type of Assessment

Date of Assessment

People who contributed to the assessment

Name	Organisation	Telephone Number
Oldxxx1	Customer	As above
	Adult Social Care	

Is a Safeguarding Adult investigation underway?

Yes No

Title Forenames Surname

Known as:

ID SCI No.

NHS No National insurance number

Date of birth (sec - 1) Gender

Your ethnicity (sec - 1)

Current Address

Postcode

Telephone

If ex directory can this be shared?

If you are not currently at your home address please provide us with your temporary address

E-mail Address

Your current or most recent occupation

Do you have any caring responsibilities?

Yes No

Details of referral & first contact information

Date First Contact Made

Contact made with:

Customer Their representative Unable to contact

Details of referral including Customer/their representatives views:

From previous assessment ...'Oldxxx1 has cerebral Palsy and uses a wheelchair to mobilise; Oldxxx1 currently has a care package of 15.5 hrs a week but feels that this is not allowing him to sustain the life that he would like. Oldxxx1 has difficulties with fine motor skills and requires assistance with meeting personal care needs, social inclusion and preparing breakfast and support with shopping tasks.'

Oldxxx1 reporting that his situation remains very much the same though he is more stressed as he feels that none of the problems he identified in his last assessment have been resolved.

What has happened to make you contact us now?

Event or issue triggering the contact?	What kind of support do you need?	[b]What are your preferred solutions or expectations?[/b]
Other	Support to live independently	Wishes to be considered for a Cash IB for part of his care. Has had previous discussions with Self Directed Support, has identified a PA who has been working for him since the beginning of the year but has not been paid and has asked for backdated payments to be organised. Feels that his social & emotional needs have not been addressed

Event or issue triggering the contact?	What kind of support do you need?	[b]What are your preferred solutions or expectations?[/b]
		and wishes a re-assessment to look at these needs.

What are your main presenting and any other important needs?

Area of Support	Severity	Primary Issue
Looking after yourself	Vital support required	Has a virtual care package provided by Premier Care, reporting that they provide 14 hours per week , x3 visits per day. Has not used Premiers contracted hours for shopping/cleaning services and his friend/PA has been providing this service. Continues to need this level of support.
Your emotional wellbeing	Moderate support required	Has previously been assessed as needing assistance from a befriender to help him access the community and reports that this has never happened.

Hospital / Intermediate Care and Care Home Details

Date of Admission

Hospital / Intermediate Care Unit Name of Care Home Ward

Consultant

Section 2 Date

Section 5 Date

CHC Screening Required

Yes No

CHC Screening Completed

Yes No

CHC Screening completed by

Emergency contact details & contact details of other involved agencies

Please provide details of people we may contact in the event of an emergency

1st Emergency contact:

Emergency Contact's Forename

Emergency Contact's Surname

Emergency Contact's full address

Emergency Contact's home phone number

Emergency Contact's mobile phone number

Emergency Contact's email address

Is this Emergency Contact your...

- Next of Kin? Main Carer? Advocate? Key Holder?

2nd Emergency contact:

2nd Emergency Contact's Forename

2nd Emergency Contacts surname

2nd Emergency Contact's full address

2nd Emergency Contact's home phone number

2nd Emergency Contact's mobile phone number

2nd Emergency Contact's e-mail address

Next of Kin? Main Carer? Advocate? Key Holder?

Doctor's Details

Name

Practice

Address

GP Telephone

GP's e-mail address

Details of involved agencies

Name and address of agency	Sector	New/existing	Details of Support	Date commenced / referral made
Premier Home Care - 864 4205	Social Services	Currently provide support	x3 visits per day. - 1 hour mornings, 30 minutes tea time & 30 minutes bedtime.	
	Voluntary/Independent Sector	Currently provide support	Assists with shopping/cleaning/emotional support/paperwork	

Housing and other household members

What best describes your current accommodation?

Household Structure

If you do not live alone, please provide details of all the other people living at your address:

Name:	Relationship:	DOB

Please provide details of all dependants not living at your address.

Name:	Relationship:	DOB

Your Accommodation

Do you have concerns about your home?

Yes
 No

What concerns you about your home?

Area of Concern	Additional Information / Comments
Its suitability to your needs (including access)	Oldxxx1 has an adapted ground floor flat no new needs identified.

Futher information relating to your accommodation, including any differences of opinion regarding your needs

Actions and Recommendations regarding your home

N/A

Your Health Details

Do you have any conditions affecting your health (including skin conditions and allergies)?

Health Condition	Other, Skin Conditions and Allergies/intolerencies	How long for?	Diagnosed	Impact on daily life
Cerebral palsy		10+ years	Yes	Critical - Oldxxx1 is dependant on wheelchair for all mobility needs, this has affected his ability to transfer and weightbear, he

Health Condition	Other, Skin Conditions and Allergies/intolerencies	How long for?	Diagnosed	Impact on daily life
				stated that his fine motor skills are affected and he has difficulty when dealing with dressing ie buttons zips and eating ie cutting up foods, therefore he requires suport to meet his personal care needs and domestic routines
Diabetes		0-6 months	No	Reporting that, at the time of this assessment, he is waiting for the results of a test for diabetes.
Other health condition - please specify	High risk of pressure sores		Yes	Critical - Oldxxx1 feels that his needs around his skin integrity are not being met - he can be sitting in his wheelchair for 15 hours per day and is unable to transfer independently in and out of his chair. Does have a pressure relieving cushion on his chair but feels he would benefit from periods when he is out of his chair during the day.
Incontinence		6-12 months	Yes	Severe - urinary incontinence/bladder infections caused by posture and enforced time in wheelchair.

Health Condition	Other, Skin Conditions and Allergies/intolerencies	How long for?	Diagnosed	Impact on daily life
Other health condition - please specify	Pain			Reporting that he has metal pins holding his foot together and in the cold weather these shrink and cause increased pain which can be severe.

Does anyone else in your family have these?

Yes
 No

If yes, please give details

Reporting family history of diabetes.

Do you have any conditions affecting your Mental health (including phobias)?

Mental Health Condition	How long for?	Diagnosed	Impact on daily life
Depression	1-2 years	Yes	Reporting that he has had CPN and Psychologist input for depression over the last year - had 12 sessions and can approach his GP for additional sessions should he feel that he needs more. Described how he feels that his Mental Health needs have not been taken seriously before and that he has episodes when he is very de-motivated, feels that he can't leave the house or do anything at all.

Do you have any conditions affecting your learning?

Condition affecting learning	How long for?	Diagnosed	Impact on daily life

Do you take any tablets or medicines, prescribed, non-prescribed or recreational?

Tablets or Medicines	Prescribed?	Additional Information
Fluoxetine caps 20mg	Prescribed	Anti - depressant Information from Oldxxx1 and should only be considered correct on day of assessment.
Paracetamol 500mg	Prescribed	Information from Oldxxx1 and should only be considered correct on day of assessment.

Please note that information relating to medication was taken at face value at time of assessment and should not be considered a definitive list of current medication.

Health professional involvement over the last year

Role	Other	Additional Details
GP		
Other (please specify)	CPN	
Other (please specify)	Psychologist	
Other (please specify)	Hospital Consultant	Has fallen out of his chair several times

Some factors add to your health risk. Would you be willing to explore ways of reducing the risks to your health?

Health Risk	Frequency	How does this impact on your life and would you be willing to explore ways of reducing the risks to your health?

Do you have a Health Action Plan?

Yes No

Mental Capacity Act

Is an assessment of capacity required?

Yes No

Is there a lasting power of attorney or existing power of attorney?

Yes No

Have you made an advanced directive under the Mental Capacity Act?

Yes No Not Applicable

Where are these documents held?

Actions and Recommendations regarding your health concerns

Oldxxx1 has reported that he is spending up to 15 hours per day sat in the same position in his wheelchair and that, although he has a pressure relieving cushion, this only has a limited effect in reducing the risk of developing pressure sores. He has advised that his lack of mobility has led to an increase in bladder infections which have caused some continence issues. Has previously tried using a sheath and continence bag to allow him greater access outdoors but reports that this failed because the agency carers were unable to successfully fit it (causing him much stress and embarrassment when it leaked). Has requested additional support to assist him to spend time out of his wheelchair during the day. Possible further continence assessment required.

Communication and working well together

First language

English

Do you speak English?

Yes No

Interpreter required

Do you need some support in communicating?

Support needed, would you like...	Additional Details (who, contact details, requirements)

What is your preferred method of communicating?

Talking

Do you have a Visual Impairment?

Do you have a Hearing Impairment?

Do you have another impairment or disability?

Impairment / Disability	Please Specify

Respect and Dignity

Please tell us about any religious or cultural beliefs and/or practices that are important to you:

Your religion

Your sexuality

Risks and Safety Details

Are there any risks in working with you that we should be aware of?

Please list any other safety issues.

Background Information

Please provide us with some background information about your life

Information from previous assessment...

Oldxxx1 has cerebral palsy and uses a wheel chair to enable mobility. He stated he is able to transfer. He also stated he has difficulty with fine motor skills. Oldxxx1 stated he needs assistance with both his personal care, domestic routines and accessing the community socially

Oldxxx1 had moved to Manchester from xxxxx in 20xx to attend University to studying for a masters. He was funded by xxxxxxx Physical Disability Team via a Direct Payments in relation to his care needs. xxxx ceased funding on xx/xx/xx.

Oldxxx1 states that he used to go swimming once week but without support he is no longer able to do this and he would need assistance identifying a pool with a hoist.

Oldxxx1 stated he is a executive member of xxxxxxxxxxxxxxxxx He also enjoys xxxxx events and would like to access these more however in order for him to do this he would require support with accessing transport, accessing personal care needs and support with meals and toileting when out in the community.

Oldxxx1 stated he feels his basic rights have not been met in relation to the care package being made available to him and had requested Direct Payments.

He feels that his physical needs are barely being met and that his social needs are not and, as a result, he is being treated for depression and feels isolated.

Oldxxx1 stated that he perceives education and social inclusion to be integral to his well being and to enable him to have a good quality of life. He stated he wants a care package which reflects not just his physical needs but his social and educational needs.

Personal Care and Mobility

Do you need support in taking care of yourself? Including getting in and out of bed, personal hygiene, appearance and going to the toilet.

Yes No

Please choose the option that best describes the level of support you require from the following:

- a. I can Manage
 - b. I need prompting a few times a week
 - c. I need assistance with bathing/showering
 - d. I need some assistance daily
 - e. I need a lot of assistance every day from one person
 - f. I need a lot of assistance once or twice every day from two people
 - g. I need a lot of assistance more than twice a day from two people
- e. I need a lot of assistance every day from one person

Please choose the option from **All, Most, Some, None** that best describes the support you currently receive from family and friends with your **personal care**

d. I have no assistance available

Please choose the aspects of **Personal Care** you require support with from the following:

- Personal Appearance
- Dressing
- Washing
- Bathing/Showering
- Toileting (catheter/incontinence)
- Oral Care (teeth and dentures)
- Medication
- Care of feet and hands

I require some support with the following aspects of personal care

Aspect of care	I can manage with	Additional Details
Personal appearance	a lot of assistance	Oldxxx1 stated that he requires assistance with managing his personal appearance on a daily basis, he is supported with areas such as putting toothpaste on the toothbrush, adding soap to the flannel, and this is due to difficulties with fine motor skills.

Aspect of care	I can manage with	Additional Details
		Oldxxx1 also requires support with shaving, and trimming his beard this is because he has a tendency to press too hard on the face irritating the skin he also requires support with hair care. Oldxxx1 reports that he is unable to wash or dress himself without assistance.
Dressing	a lot of assistance	Oldxxx1 states that he requires support with his lower body in particular; however he also needs support at times with dressing his upper half. In the mornings, Oldxxx1 finds these tasks even more difficult because of increased stiffness of his joints, restricting his movements further.
Bathing/showering	a lot of assistance	Oldxxx1 has a wet room in situ and although he can complete some tasks he requires support with hair care and maintaining his safety whilst in the shower and he requires foot care as well as drying and dressing
Toileting, catheter/continence	some assistance	Oldxxx1 has grab rails in place and uses a Sam Hall turner for transfers while at home (though see below). However he stated that when he is out and about this becomes a very different task and lack of assistance limits the places he can go to. Reports multiple falls (and ambulance call outs) when transferring himself from chair to toilet at home.
Medication		Oldxxx1 stated he is taking antidepressant medication
Washing	a lot of assistance	Oldxxx1 reports that he is unable to independently wash himself.
Care of feet and hands	a lot of assistance	

Please choose the aspects of **Mobility** you require support with from the following:

- Stand Up
- Get in/out of bed
- Move from bed to chair
- Use the stairs

- Move around my home
- Move around outdoors

I require some support with the following aspects of mobility

I can manage to	I can manage with	Additional Details
Stand up	some assistance	Oldxxx1 has a Sam Hall turner in place which supports his standing and transferring. Reporting multiple falls when attempting to transfer himself. Weightbearing ability is for periods of one or two seconds at most. Describes his turner as equipment that can only be used by a fully trained carer and 'utterly useless to him if he is on his own'.
Get in/out of bed	some assistance	Oldxxx1 stated that he requires support with getting in and out of bed he has a Sam hall turner in place to do this (see above) however he has difficulty weight bearing for long periods of time. Oldxxx1 stated that he experiences increased pain and stiffness on waking
Move from bed to chair	some assistance	Oldxxx1 has assistance with transfers using the Sam Hall turner (see above). Reports risk of falling.
Use the stairs		Oldxxx1 is currently in a level access property which is accessible to wheelchair users,
Move around outdoors	some assistance	Oldxxx1 has a motorised chair that he is able to manoeuvre with ease and skill. He has stated that he often has difficulty when negotiating kerbs or some paving stones because of concerns re his chair tipping over. Oldxxx1 would also like to access the wider community but is aware of the lack of wheelchair friendly environments.

Falls

I Have concerns about falling and/or steadyness	Have you fallen in the last 6 months?	Additional Details
Yes	Yes	

Futher information relating to personal care and mobility, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Oldxxx1 feels that his basic rights have not been met in relation to his care package not being consistent; he reports that he had asked for part of his package to be provided via a cash IB but that this has not yet been arranged.

Actions and Recommendations regarding Personal Care and Mobility

Oldxxx1 currently has a care package with a locality agency and has a friend who has been acting as his PA who assists with both practical tasks and finance/correspondence. Oldxxx1 believes his PA should have been funded from the beginning of the year and has asked for a decision about this support. Wishes to continue with the support he has and has asked for additional support to allow him to meet his social and emotional needs. Oldxxx1 continues to need support with all aspects of his personal care and his mobility. He requires assistance regularly during the day needing assistance with transfers and all practical daily tasks. Is currently spending at least 15 hours a day in his wheelchair which is causing further deterioration in his health and he has asked for additional support to allow him to be able to sit out of his chair during the day.

Eating and Drinking (Nutritional Needs)

Do you need support to ensure that you are well nourished and hydrated? This may include assistance to prepare drinks, snacks and a main meal each day, and any assistance, prompting and encouragement or supervision you may need to ensure you eat and drink enough

Yes No

Please choose the option that best describes the level of support you require with eating and drinking from the following:

- a. I am able to meet my own nutritional needs
 - b. I can prepare meals and drinks with prompts and encouragement
 - c. I can prepare snacks and drinks but need a main meal to be provided, e.g. home delivery
 - d. I can manage snacks and drinks but need a main meal to be provided. I also require some support/supervision to eat and drink
 - e. I need all my meals/drinks providing or assistance with preparation
 - f. I need all my meals/drinks providing or prepared for me, and support/supervision to eat and drink
 - g. All my meals/drinks need providing. I have reflex/swallowing/memory difficulties requiring assistance/supervision to eat and drink
 - h. I need assistance with feeding using assistive technology (e.g. PEG, NG tube)
- f. I need all my meals/drinks providing or prepared for me, and support/supervision to eat and drink

Please choose the option from **All, Most, Some, None** that best describes the support you currently receive from family and friends with your nutritional needs:

d. I have no assistance available

Please choose the aspects of **Eating and Drinking** you require support with from the following:

- I am concerned about my weight e.g. malnutrition/obesity, Lack of desire to eat

- I need assistance with the preparation of food, snacks or drinks
- I have specific needs relating to drinking/hydration
- I have specific needs related to eating
- I need advice and assistance to eat and drink healthily (e.g. in menu planning, what to eat each day, nutritional guidance)
- Other (e.g. cultural, allergies, reactions)

Please provide specific details of your needs relating to eating and drinking

Specific Issues	Provide details relating to eating and drinking need
I need assistance with the preparation of food, snacks or drinks	Oldxxx1 is supported to make a breakfast in the mornings and is also supported in the evening with making a microwave meal. Has asked for additiopnal support at mid day. Oldxxx1 has described how, without the intervention of carers, he would not be able to eat.
I need advice and assistance to eat and drink healthily, e.g. menu planning, what to eat each day,nutritional guidance	Oldxxx1 has reported that because of the time restraints on the carers with his current package, he has been forced to live on microwave meals which can be high in salt and fat. His lack of mobility means that he is at high risk of putting on weight which would have further serious health complications for him. He has requested additional time to allow those intervening to be able to prepare balanced and nutritious meals.

Futher information relating to eating and drinking, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Actions and Recommendations regarding Eating and Drinking

Oldxxx1 continues to need assistance with the preparation of his meals and sometimes needs assistance cutting up his food. All his meals are microwaved and he does not have fresh food as carers do not have enough time to prepare this sort of meal. Oldxxx1's limited opportunities to exercise and mobilise means that he is at risk of putting on weight which would in turn cause further problems with his skin care and his physical functioning. Has been to see a dietician but has not been able to put their dietary recommendations into practice and needs additional time to allow the preparation of a nutritious and balanced diet.

Practical Aspects of Daily Living

Do you need support in managing the practical aspects of daily living? Things such as shopping, housework, laundry, paying bills, etc.

Yes No

Please choose the option that best describes the level of support you require from the following:

- a. I manage all practical tasks myself

- b. I need monthly assistance
 - c. I need weekly assistance
 - d. I have needs that require daily assistance (please specify below)
- c. I need weekly assistance

Please choose the option from **All, Most, Some, None** that best describes the support you currently receive from family and friends with **practical aspects of daily living**

d. I have no assistance available

Please choose the aspects of **Daily Living** you require support with from the following:

- Planning menus and shopping
- Shopping
- Laundry
- Housework
- Bills and Finance
- Accessing public services
- Managing heating
- Using the telephone
- Safety in using electrical appliances

I require support with the following aspects of daily living:

Support Need	I can manage with	Additional Details
Accessing public services	some assistance	Oldxxx1 requires support to shop on a weekly basis, he stated that he like to make a shopping list to follow and has diifficulty obtaining monies from the ATM Machines .
Housework	some assistance	Oldxxx1 requires support with houshold tasks
Laundry		Oldxxx1 stated that he requires support with laundry tasks.
Bills and Finance	some assistance	Friend assists

Futher information relating to practical aspects of daily living, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Actions and Recommendations regarding Daily Living Needs

Oldxxx1 continues to need support from agency staff and from his friend/PA

Safety and Security

Do you or those around you have concerns about safety and security?

Yes No

If completing the RAS questions relating to risk, please ensure you answer the question below

Please indicate whether you live alone or with others:

c. I live alone

Please choose the option that best describes the level of support you require from the following:

- a. I have no unmanaged risks
- b. My risks could be managed by specialist equipment/technology or if my home was adapted for my needs
- c. I need occasional checks. I would also need to get support quickly (e.g. through a community alarm service)
- d. I need daily visits
- e. I do not need one-to-one support at all times, but I do need constant supervision
- f. I need one-to-one support at all times
- g. I cannot be on my own and sometimes need 2 people with me
- h. I need 2 people to be with me at all times

Risks during the day

b. My risks could be managed by specialist equipment/technology or if my home was adapted for my needs

Please choose the option from **All, Most, Some, None** that best describes the support you currently receive from family and friends in managing your risks

d. I have no assistance available

Risk During the Night. (this may not be applicable to you. It will only apply if you have very high, complex needs and/or a serious medical condition which places you or others at risk during the night.) Please choose the option that best describes the level of support you require from the following:

- a. I have no unmanaged risks during the night
 - b. I require specialist equipment or technology, or adaptations to my home to keep others/myself safe
 - c. I need somebody available to check during the night to keep others/myself safe
 - d. I need somebody to be available sometimes during the night to keep others/myself safe
 - e. I need somebody available at all times during the night to keep others/myself safe
 - f. I need 2 people available at all times during the night to keep others/myself safe
- a. I have no unmanaged risks during the night

Please choose the option from **All, Most, Some, None** that best describes the support you currently receive from family and friends in managing your risks during the night

d. I have no assistance available

Please choose the aspects of **Safety and Security** you require support with from the following:

- I have a history of falls inside the home
- I have a history of falls outdoors

- I feel vulnerable at home
- I feel vulnerable in my neighbourhood
- I have felt threatened or harassed
- I wander
- I need support in keeping the house secure (locking and unlocking doors and windows)
- My safety and security needs are much more complex than this

Please indicate any areas of concern you may have regarding your Safety and Security

Area of Concern	Additional Details
I have a history of falls inside the home	Oldxxx1 has fallen in the home when attempting transfers,

Risk can be managed in different ways. In many situations, risk can be managed by using technology - a community alarm can help you to get assistance quickly, if needed, helping you to keep safe and maintaining your independence in the home. Risks can also be managed if your home is adapted to meet your needs, or if you have technology/specialist equipment available to you.

Please identify any risks that are not being managed and propose how this need could be met.

Please enter the views of 3rd parties (professionals, family, carers) where these differ

Do you have a community alarm or other assistive technology installed? (Equipment these days can ensure that support is provided if issues arise, e.g. alerts for wandering, gas leaks, lack of movement, falls etc)

Yes
 No
 Applied for

Who do you contact in an emergency or if you have a problem? If this person is not in your emergency contact list, please add them now.

Futher information relating to risks, safety and security including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Reporting that he is getting a video intercom installed and that he has had regular meetings with the community police officers re his security.

Actions and Recommendations regarding Safety and Security

A Community Alarm has been offered in the past but declined as Oldxxx1 did not have a landline. Has now stated that he is planning to get a landline fitted - needs referral for a Community Alarm.

Emotional well-being, social and community involvement

Do you need support to access things in your community or pursue a hobby. For example to take part in community activities, such as going to the local shops, library, cinema, community day centre, church or other places of worship, visiting neighbours and friends, or being involved in local organisations.

Yes No

Please choose the option that best describes the level of support you require from the following:

- a. My current level of community involvement meets my needs
 - b. I need assistance once or twice a week
 - c. I need assistance 3 or 4 times a week
 - d. I need daily assistance
- c. I need assistance 3 or 4 times a week

Please choose the option from **All, Most, Some, None** that best describes the support you currently receive from family and friends with your **Community Involvement**

d. I have no assistance available

Please choose the aspects of **Emotional Well-being** causing you concern from the following:

- A loss or bereavement
- Significant changes in circumstances or upsets
- Feelings of depression or hopelessness
- Other

Is there anything significant in your life that may be affecting your well-being?

Event/Circumstance	Additional details
Feelings of depression	Oldxxx1 has a history of depression and describes his current mental state as 'OK but fragile'. Is concerned that he might slip back into a more depressive state if he does not get the support he sees he needs with his emotional and social needs. Feels that he is able to articulate these needs but that the Department does not accept them as serious and that it has not offered enough support.
Other	Has recently declared himself bankrupt and is in the process of re-organising and re-arranging his financial situation - this was a highly stressful process.

What is important to you about your well-being and do you have any concerns or issues?

Oldxxx1 stated that it is important to him to be able to access all areas of his local and wider community, although he is able to travel using his motorised wheelchair the difficulty lies with access to buildings, venues and toileting areas, Without appropriate support in place Oldxxx1 feels that he is unable to access the wider community and feels isolated which he states is causing him to be depressed.

Please provide some additional information about your Emotional Wellbeing.

		Frequency	Further Details
			Oldxxx1 stated that the is very politically minded and enjoys politics he would like to be able to access venues and meetings however the access and toileting access is not always appropriate, Oldxxx1 uses a Sam Hall turner at home however would need the support of one to manage personal care needs when out and about. Oldxxx1 would like to take part in leisure activities and with volunteering.
Do you pursue leisure activities or hobbies?	Rarely		Support requested from a befriender, PA to support him to access the community .

Futher information relating to emotional wellbeing, social and community involvement, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Oldxxx1 reports ..." Despite regularly flagging up mental health issues with workers repeatedly, I do not feel that these issues have been taken seriously - none of my previous social workers have acted upon this information with any sensitivity or effectiveness. I would say, rather than suffering from depression and anxiety for one to two years, I have suffered such symptoms for more like four years. I have received professional intervention for this, and this has had some effect, but I describe my mental health at present as fragile at best. I feel that in addressing this issue, I need to be able to have support to be able to fulfil my voluntary roles reliably and not have to rely on friends for such frequent personal care support, as I feel this undermines relationships as friends. I do have problems getting out of the house on my own, in using public transport, in accessing public toilets and so on. Due these issues and to my strict bedtime routines, I have difficulty in socialising with friends, as many of them work during the day and are only free in the evenings. As a man in my 20s, I feel that I should, on occasion, be allowed to stay out of bed until after 10 o'clock in order to see friends and to undertake my political and other interests. I feel that my friends should not feel obliged to help me with personal care tasks such as undressing and getting into bed. Allowing such activities are crucial in maintaining my mental health."

Actions and Recommendations regarding Emotional well-being, social and community involvement

Cash IB requested to allow Oldxxx1 the opportunity to access social and work opportunities.

Work, Education and Volunteering

Are you currently in paid work or self employed? (sec - 17)

Yes No Assessment terminated

If yes, please indicate the number of hours that you work each week:

Do you currently do any unpaid voluntary work, including unpaid work experience?

Yes No

Do you need support to access learning opportunities or to get or keep a job?

Yes No

Please choose the option that best describes the level of support you require from the following:

- a. Not applicable
 - b. I am busy with a job/learning/volunteering and do not need any additional support
 - c. I am busy and have support from family, friends or workmates
 - d. I am busy with a job/learning/volunteering but need additional support to maintain this (trigger for Access2Work funding stream)
 - e. I need assistance to access learning/work/volunteering opportunities
- e. I need assistance to access learning/work/volunteering opportunities

Please choose the option from **All, Most, Some, None** that best describes support you currently receive from family and friends with accessing learning opportunities

I have no assistance available

Further information relating to work, education and volunteering, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Oldxxx1 stated that is a volunteer advisor at the and that, if he had the support, he would be attending three or four sessions per week instead of just the occasional one he can manage at the moment.

Actions and Recommendations regarding Work, Education and Volunteering

Requesting a Cash IB to allow him to have support to continue with his voluntary work, to continue to attend regular meetings of the xxxx he is involved with and to be able to go to the library.

Your Dependants

Do you have concerns about the care or support you offer to another adult?

Yes No

Do you have concerns about the care or support you offer to children?

Yes No

Please choose the option that best describes the level of support you require Caring for your Children/Dependants from the following:

- a. I do not need any support with caring for my children or other dependants
- b. I already have sufficient assistance in caring for my children/dependants and do not need any more
- c. I need assistance once/twice a day
- d. I need assistance three/four times a day
- e. I need assistance at least five times a day to ensure their safety, meals, personal care
- f. I need assistance, day and night, to ensure their safety, meals, personal care etc

Futher information relating to emotional wellbeing, social and community involvement, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Please ensure that the details of all dependants are complete and accurate in the earl

Futher information relating to your dependants, including any unresolved differences of opinion regarding the level of support you require to meet your needs and action taken to resolve these.

Actions and Recommendations regarding your needs related to your dependants

Carers

Your carers can benefit from a wide range of support and social activities with other c

Would your carers be interested in a carers assessment?

Yes No

Additional Information

Oldxxx1 stated his friend has agreed to support him with housework and shopping but has been doing this on the understanding that she will be paid as a PA. Friend not sure whether to accept a separate carers assessment at the time of this assessment - information re services to be provided and an assessment offered in the future.

Please choose the option that best describes the Natural Care and Support (provided by informal carer's) from the following:

- a. Not applicable
 - b. I am willing and able to continue in my current caring role, but require regular breaks throughout the year
 - c. I am willing and able to continue my current caring role, however it has a big impact on how I organise my life, and additional paid support is required to ensure that care needs continue to be met.
 - d. I am willing and able to continue my current caring role, however it has a substantial impact on my life, and has led to stress and some health problems. Additional paid support is required and I need some short breaks.
 - e. I am unwilling/unable to continue my caring role. It has a substantial impact on my lifestyle, leading to high levels of stress and/or health issues.
-

Actions and Recommendations regarding your informal carers

Carer's information leaflet to be provided

Financial Well-being, Funding and Contributions

Why we are asking you about your finances.We need to ask about your finances so that we can determine what contribution you can afford to pay towards the cost of your care.The information you provide will also help us to identify if you are missing out on any welfare benefits that you may be entitled to and, where requested, we will be able to assist you in making claims. In addition we can provide other information and advice that will help you to enjoy a better quality of life. If you do not provide this financial information, you will be expected to pay the appropriate maximum contribution towards your care, which in some cases is the full cost.

The financial information is needed for the following reasons:

- To support you in maximising your income from a variety of funding streams
- To calculate your contribution towards the cost of any social care (should you be eligible for a social care budget)

We offer all customers a visit from a Financial Assessment Officer who will gather full financial details, which will determine whether your contribution can be reduced, and, assist in maximising the customers income. However, the customer may not want a visit for various reasons.

Does the customer want a visit to be arranged?

Yes/No	If no, please choose the reason below

You can ask for an **ESTIMATE** of the Individual Budget that you may eligible for and an explanation of how your contribution towards this budget is calculated .This will give you a **guideline** as to the amount ASC will fund you and the amount you will be expected to contribute towards your care. It is important that you maintain regular payments to avoid any arrears from accumulating. Should you experience any difficulties in paying, you must notify us as soon as possible. If your contributions remain unpaid, debt recovery action may be taken.

We do recommend that everyone completes the benefits sections, because many people are not receiving all the benefits they are entitled to, and we can support you to achieve greater financial wellbeing by maximizing your income.

1. Do you wish to apply for social care funding towards support?

Yes No

If so, please sign the consent form confirming that we can check financial details that you provide with other agencies.*(this is not necessary if you are subject to Section 117 as you will be exempt from contributing towards the cost of your support)*

3. Are you able to manage your money and financial affairs?

Please choose the option that best fits your circumstances

If someone else manages your finances please provide the following details and we will send financial correspondence to them.

Name

Address

Post Code

Relationship to you

Please tick the appropriate box, this person:

- has my power of attorney
- is my appointee or agent for DWP Benefits
- has 3rd Party mandate
- Other

If other, please specify

Some people take the funding we provide for support as cash and employ their own staff (for example as a personal assistant). If you might choose to do this then please select the statement that best fits your circumstances from the following list:

- a. I could manage my own cash individual budget
- b. I get all the support I need to manage my individual budget from family and friends
- c. I would need some regular support/advice to manage my cash individual budget
- d. I would need somebody else to manage my individual budget I would not be able to get this support from family/friends/others and that person would be
- d. I would need somebody else to manage my individual budget ?? I would not be able to get this support from family/friends/others and that person would be??

Please provide details of the support you feel you would need, and anyone you may have identified to help you

Oldxxx1 has advised that he has had difficulty managing his finances and has declared himself bankrupt. He has previously stated that he feels that he would need assistance/advice to manage his Cash IB.

Do you have a personal bank account?

Yes No

Do you use direct debits or standing orders to pay any of your bills?

Yes No

[b]If you do not have a bank account, would you be willing to set one up or have us help you to set one up?[/b]

Yes No

5. INCOME

5a.What income/benefits do you receive?

(The following information will help us identify any additional benefits that you may be entitled to and enable a provisional assessment to be calculated)

[b] If you are going into[i] Residential or Nursing Care[/i] and your spouse still lives at home, the Local Authority is obliged to ignore 50% of your superannuation/Occupational Pension, if it is given to your spouse. However, you should be aware that this information may then affect your partner's entitlement to benefits. If applicable, do you agree to pay your spouse 50% of your superannuation/Occupational Pension? [/b]

Yes No

If you are unsure of what benefits you receive, please ring the following number:

- If you are under 60 ring **Job Centre on 0800 055 6688**
- If you are over 60 ring **DWP on 0845 606 0265**

My Benefits:

Attendance Allowance:
Y/N N Application Pending _____ Rate _____

Disability Living Allowance (Care)
Y/N Y Application Pending _____ Rate High _____

Disability Living Allowance (Mobility)
Y/N Y Application Pending _____ Rate High _____

Income Support
Y/N Y Application Pending _____ Weekly Amount 90.00

Pension Credit (guaranteed credit)
Y/N N Application Pending _____ Weekly Amount _____

State Retirement Pension
Y/N N Application Pending _____ Weekly Amount _____

Occupational / Private Pension
Y/N N Application Pending _____ Weekly Amount _____

Incapacity Benefit
Y/N N Application Pending _____ Weekly Amount _____

Employment and Support Benefit
Y/N N Application Pending _____ Weekly Amount _____

Industrial Injuries Benefit
Y/N N Application Pending _____ Weekly Amount _____

Job Seekers Allowance
Y/N N Application Pending _____ Weekly Amount _____

Severe Disablement Allowance
Y/N N Application Pending _____ Weekly Amount _____

Do you have any savings? *this information is important as saving affect the assessed contribution and benefit maximisation*

Yes No If yes, state how much. _____

If yes are the customers savings over £22,250? _____

OTHER CONSIDERATIONS

Are you in receipt of Independent Living Fund? No

Are you subject to Section 117 No

Are you a resident in a MH/LD Network Property? No

6a.The following details are used to ensure you receive all of the benefits for which you are eligible. Please provide details on any of the benefits you receive. _____

Do you receive any of the following benefits?

Housing Benefit

Y/N Y Application Pending _____ Weekly Amount _____

Council Tax Benefit

Y/N Y Application Pending _____ Weekly Amount _____

Pension Credit (savings credit)

Y/N N Application Pending _____ Weekly Amount _____

War Pension

Y/N N Application Pending _____ Weekly Amount _____

War Widow's Pension

Y/N N Application Pending _____ Weekly Amount _____

Widow's Pension

Y/N N Application Pending _____ Weekly Amount _____

Carers Allowance

Y/N N Application Pending _____ Weekly Amount _____

Any other financial information:

10. Actions and Recommendations

Oldxxx1 has asked for a joint Cash IB and virtual package of care and has asked for support managing his Cash IB. Has recently declared himself bankrupt.

11. Declaration

I confirm that what I have told you and the information I have provided is correct to the best of my ability and knowledge

Signed _____

dated _____

Reassessment Summary

If this is a reassessment

What worked, what didn't work, and what needs to change?

Did you meet your desired goals/needs?

Did you meet your desired goals/needs?

Objective/Need	What goals/outcomes do I expect?	Goals/Needs Met?
See below	See below	Partially met my goals/needs

Were the services you received to standard?

Service/Item	Quality

Customers/Carers Views:What works, what doesn't, what needs to change, what actions are required?

Oldxxx1 has stated that... "My care package at present only covers some of my most basic needs. It does not meet needs encountered with toileting when carers are not present, preparation of food and so on. Neither does the care package take into consideration my psychological or emotional needs, or indeed, my social needs and roles. In law, there is no hierarchy of needs, and there is case law which cements this." "I think the emphasis needs to be changed in terms of highlighting the importance in my life of adequate support, both for my mental and physical health. For too long, I feel that social services have downplayed my needs and, therefore, I have only been surviving, rather than living. I hope this situation can be improved soon."

Providers Views: What works, what doesn't, what needs to change, what actions are required?

PA - working without formal agreement and not yet being paid - wants this resolving as soon as possible.
Agency - contract on system is for P&D - Premier Care has been supplying service since 20xx. Staff visit x3 per day - 1 hour am, 30mins tea and 30mins bed with an additional 2.5 hours per week for practical tasks - no new needs identified.

Care Managers Views:What works, what doesn't , what needs to change, what actions are required?

Reassessment needs to be completed and new support plan agreed. Agency needs formal contract and decision made re provision of PA. Possible further Health continence assessment required.

Your Involvement?

Were you happy with your level of involvement in deciding what you want; setting goals; planning etc?

Did you feel you were provided with the information you needed to make good choices?

Consent

Declaration and Signature

Confidential

The information you provide may need to be shared with other agencies (including health and voluntary sectors).

Can we approach them if we feel it is necessary to do so?

Yes No

Is there any individual or organisation (including the person cared for) that you prefer us not to share information with? Please let us know. Your wishes will be respected.

Please Specify Individuals / Organisations

Name	Organisation	Telephone Number

Recording With Care: As part of Recording With Care please indicate how you would like to receive a copy of your assessment

Please Select

Standard Print Large Print Braille Computer Disc

Audio Tape Post E Mail Fax

Signatures

FACS Criteria and Summary

Based on this Assessment your overall FACS Rating is:

FACS Rating (sec - 23)

This is based on your needs falling in to the following bandings:

Critical

Criteria
You are unable to carry out either vital or most aspects of your personal care
You are unable to carry out either vital or most aspects of your domestic routines
You are unable to sustain vital involvement in work or education

Substantial

Criteria

Moderate

Criteria

Low

Criteria