

# FACE Overview Assessment – Aide Memoire v7

## Age band at time of assessment

Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95+
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## Supporting you in your assessment

### Do you have communication difficulties?

No difficulties	<i>Can generally make self understood or understand others.</i>
Mild difficulties understanding/expressing	<i>Mild but definite difficulties in making self understood or understanding others, e.g. can conduct a conversation but has occasional difficulty in finding or understanding words, or making self understood by others.</i>
Consistent difficulties understanding/expressing	<i>Moderate difficulties in communication, e.g. can participate in interchanges but consistent difficulty making self understood by others or understanding others.</i>
Severe difficulties understanding/expressing	<i>Severe difficulties in either/both self-expression or understanding, e.g. self-expression limited to basic needs (e.g. wish for food, drink, toileting). Participates in brief exchanges only, limited understanding or response to others' communication.</i>
Unable to express basic needs/understand others	<i>Very severe difficulties. May not express basic needs in a readily understandable way (e.g. for food, drink, toilet) and/or appears unable to understand or respond to others' communications.</i>

## Your home and living situation

### Your current living situation

Living independently alone	Supported living tenancy (24 hour staff presence)	Other – Rough sleeper/squatting
Living with family/friends (short term)	Living in a registered residential home	Other – Night shelter/hostel
Living with family/friends (long term)	Living in a registered nursing home	Other – Refuge
Living with a live-in care worker	Shared lives/Adult placement	Other – Temporary accommodation (local authority)
Living in sheltered housing or similar	Other – Healthcare residential facility or hospital	Other – Prison/other criminal justice facility
Living in Extracare housing (includes 24/7 on-site care service)	Other – Ex-offender (e.g. probation hostel)	Other permanent living situation
Supported living tenancy (regular staff presence)	Other – Mobile (Gypsy/Traveller/Roma)	Other temporary living situation

### Your current tenure

Owner occupier or shared ownership scheme	Tenant	Tenant (private landlord)
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## Maintaining your home in a sufficiently clean and safe condition

Little or no difficulty/risk (can manage alone)	<i>Can complete task without the need for presence/support of another person with no significant pain/distress/anxiety. No evidence of endangering safety of self or others or task taking significantly longer than average. May use equipment, adaptations, telecare, guide dog, etc.</i>
Significant difficulty/risk (sometimes needs help)	<i>Can SOMETIMES complete task without the need for presence/support of another person with no significant pain/distress/anxiety but NOT at other times (fluctuating need). May be evidence of endangering safety of self or others or task taking significantly longer than average.</i>
Significant difficulty/risk (always needs help)	<i>Task USUALLY or ALWAYS requires the presence/support of another person due to significant pain/distress/anxiety and/or risk to safety of self or others and/or task takes significantly longer than average.</i>
Unable to manage – needs one other to undertake	<i>DOES NOT OR CANNOT undertake activity. Requires activity to be undertaken by ONE other.</i>
Unable to manage – needs two others to undertake	<i>DOES NOT OR CANNOT undertake activity without the assistance of TWO OR MORE people.</i>

## Eating healthily and safely

### Your situation (Shopping for food/essentials; Preparing meals/snacks/drinks; Eating and drinking)

Little or no difficulty/risk (can manage alone)	<i>Can complete task without the need for presence/support of another person with no significant pain/distress/anxiety. No evidence of endangering safety of self or others or task taking significantly longer than average. May use equipment, adaptations, telecare, guide dog, etc.</i>
Significant difficulty/risk (sometimes needs help)	<i>Can SOMETIMES complete task without the need for presence/support of another person with no significant pain/distress/anxiety but NOT at other times (fluctuating need). May be evidence of endangering safety of self or others or task taking significantly longer than average.</i>

Significant difficulty/risk (always needs help)	<i>Task USUALLY or ALWAYS requires the presence/support of another person due to significant pain/distress/anxiety and/or risk to safety of self or others and/or task takes significantly longer than average.</i>	
Unable to manage – needs one other to undertake	<i>DOES NOT OR CANNOT undertake activity. Requires activity to be undertaken by ONE other.</i>	
Unable to manage – needs two others to undertake	<i>DOES NOT OR CANNOT undertake activity without the assistance of TWO OR MORE people.</i>	
<b>Preparing meals/snacks/drinks – How often do you need support?</b>		
None	Twice a day	Every 2-3 hours
Less than daily	Three times a day	Every hour
Once a day	Four times a day	
<b>If you need someone else to feed you, how long does this usually take?</b>		
Up to 30 minutes	More than 30 minutes	Not applicable
<b>Your personal care</b>		
<b>Your situation (Using the toilet/managing continence; Maintaining personal hygiene; Washing whole body; Dressing; Undressing)</b>		
Little or no difficulty/risk (can manage alone)	<i>Can complete task without the need for presence/support of another person with no significant pain/distress/anxiety. No evidence of endangering safety of self or others or task taking significantly longer than average. May use equipment, adaptations, telecare, guide dog, etc.</i>	
Significant difficulty/risk (sometimes needs help)	<i>Can SOMETIMES complete task without the need for presence/support of another person with no significant pain/distress/anxiety but NOT at other times (fluctuating need). May be evidence of endangering safety of self or others or task taking significantly longer than average.</i>	
Significant difficulty/risk (always needs help)	<i>Task USUALLY or ALWAYS requires the presence/support of another person due to significant pain/distress/anxiety and/or risk to safety of self or others and/or task takes significantly longer than average.</i>	
Unable to manage – needs one other to undertake	<i>DOES NOT OR CANNOT undertake activity. Requires activity to be undertaken by ONE other.</i>	
Unable to manage – needs two others to undertake	<i>DOES NOT OR CANNOT undertake activity without the assistance of TWO OR MORE people.</i>	
<b>Using the toilet/managing continence – How often do you need support?</b>		
None	Twice a day	Every 2-3 hours
Less than daily	Three times a day	Every hour
Once a day	Four times a day	
<b>Using the toilet/managing continence – Nature of support</b>		
Routine support only	Monitoring to manage risk from continence care	Skilled support due to problematic continence care
<b>Washing whole body – How often do you need support?</b>		
None	4 times a week	Three times a day
Less than weekly	5 times a week	Four times a day
Weekly	6 times a week	Every 2-3 hours
2 times a week	Once a day	Every hour
3 times a week	Twice a day	
<b>Your mobility</b>		
<b>Your situation (Moving around the home; Transfers; Staying comfortable/repositioning)</b>		
Little or no difficulty/risk (can manage alone)	<i>Can complete task without the need for presence/support of another person with no significant pain/distress/anxiety. No evidence of endangering safety of self or others or task taking significantly longer than average. May use equipment, adaptations, telecare, guide dog, etc.</i>	
Significant difficulty/risk (sometimes needs help)	<i>Can SOMETIMES complete task without the need for presence/support of another person with no significant pain/distress/anxiety but NOT at other times (fluctuating need). May be evidence of endangering safety of self or others or task taking significantly longer than average.</i>	
Significant difficulty/risk (always needs help)	<i>Task USUALLY or ALWAYS requires the presence/support of another person due to significant pain/distress/anxiety and/or risk to safety of self or others and/or task takes significantly longer than average.</i>	
Unable to manage – needs one other to undertake	<i>DOES NOT OR CANNOT undertake activity. Requires activity to be undertaken by ONE other.</i>	
Unable to manage – needs two others to undertake	<i>DOES NOT OR CANNOT undertake activity without the assistance of TWO OR MORE people.</i>	

<b>To what extent does your weight impact on your mobility?</b>		
No impact	Minor impact (getting around takes a bit longer)	Major impact (getting around takes a lot longer)
<b>Do you require regular treatment for a skin condition or to prevent one developing?</b>		
No support required	Support to treat condition (less than daily)	
Support to manage risk (less than daily)	Support to treat condition (daily)	
Support to manage risk (daily)	Support to treat condition (more than daily)	
Support to manage risk (more than daily)		
<b>Do you have any pressure ulcers?</b>		
No current pressure ulcers	Significant pressure ulcer(s) (e.g. grade 2)	
Minor pressure ulcer(s) (e.g. grade 1)	Severe pressure ulcer(s) (e.g. grade 3 or 4)	
<b>Social relationships and activities</b>		
<b>The support you need to stay safe out in the community</b>		
No safety concerns	Supervision of one person	
Safety checks by phone	Supervision of two (or more) people	
<b>The support you need to maintain personal relationships and engage in social activities</b>		
Able to be independent	Background/group support	
Unable to participate	One-to-one support	
Prefer not to participate	Two-to-one support (or more)	
Support to travel only		
<b>How often do you need support?</b>		
No support required	Regular support needed (e.g. 2-3 activities/week)	
Occasional support needed (less than weekly)	Daily support needed (e.g. 5 activities/week)	
Weekly support needed with an activity		
<b>Work, training, education and volunteering</b>		
<b>Current paid employment or voluntary work situation</b>		
Employed or self-employed (16 hours or more/week)	Not working (seeking work)	
Employed or self-employed (5 to 15 hours/week)	Not working (not seeking work)	
Employed or self-employed (up to 4 hours/week)	Retired	
Voluntary work		
<b>Current education/training situation</b>		
Full-time education/training (16 hours/week or more)	Not in education or training	
Part-time education/training (15 hours/week or less)		
<b>The support you need to participate in work, training, education and volunteering</b>		
Able to be independent	Background/group support	
Unable to participate	One-to-one support	
Prefer not to participate	Two-to-one support (or more)	
Support to travel only		
<b>How often do you need support?</b>		
No support required	Regular support needed (e.g. 2-3 activities/week)	
Occasional support needed (less than weekly)	Daily support needed (e.g. 5 activities/week)	
Weekly support needed with an activity		
<b>Staying safe at home</b>		
<b>The support you need to stay safe at home during the day</b>		
No safety concerns	Someone else always present within the home	
Alarm/alert system only (i.e. telecare)	Constant one-to-one supervision	
Occasional visit(s) to check safety	Constant two-to-one supervision (or more)	
Daily visit(s) to check safety		

The support you need to stay safe at home during the night	
No regular night support (safe alone)	Three support visits per night
Alarm/alert system only (i.e. telecare)	Someone else present all night (wake if needed)
One support visit per night	Someone else present all night (awake)
Two support visits per night	Two (or more) people present all night
Risks	
Current risk	
No apparent risk	<i>No history/warning signs indicative of risk.</i>
Low apparent risk	<i>No current indication of risk, but service user's history and/or warning signs indicate the possible presence of risk. Necessary levels of screening/vigilance covered by standard care plan, i.e. no special risk prevention measures or plan required.</i>
Significant risk	<i>Service user's history and condition indicate the presence of risk and this is considered to be a significant issue at present. Requires a contingency risk management plan.</i>
Serious apparent risk	<i>Circumstances are such that a risk management plan should be/has been drawn up and implemented.</i>
Serious and imminent risk	<i>Service user's history and condition indicate the presence of risk and this is considered imminent (e.g. evidence of preparatory acts). Highest priority to be given to risk prevention.</i>
Your mental health and wellbeing	
Emotional wellbeing	
No difficulties	<i>Feels positive and confident about and/or reconciled to the future. May occasionally feel low or anxious but no evidence of significant mood problems.</i>
Low/anxious once or twice a week	<i>Infrequent marked disturbance of mood/anxiety but with minimal impact upon daily activities, e.g. has low/anxious periods once or twice a week. Mostly positive about/reconciled to the future.</i>
Low/anxious most days – impacts behaviour	<i>Marked disturbances of mood/anxiety most days with noticeable impact upon behaviour, activities or interaction, e.g. withdraws from others or needs someone present during periods of anxiety, tension or worry, low mood or negative thoughts.</i>
Daily severe mood disturbance; wide impact	<i>Frequent, severe mood disturbance with widespread impact on activities and interaction, e.g. low mood is continuous, perhaps tearful. Prone to severe fearfulness/worry, difficulty in relaxing/resting. At these times withdraws from others OR very distressed if left alone.</i>
Continuous and severe difficulties; withdrawn	<i>Pervasive and continuous mood disturbance, e.g. ordinary activities/interaction severely curtailed by low mood/intense anxiety, may feel hopeless or be unable to relax/rest. Continuously withdrawn AND/OR may need someone continuously present.</i>
Memory/orientation	
No difficulties	<i>No apparent difficulties. No memory difficulties and well-oriented, e.g. can find way round home and local area.</i>
Mild but definite forgetfulness – e.g. names	<i>Mild but definite forgetfulness (e.g. has consistent difficulty recalling familiar names or events) or occasional difficulty finding way in familiar places.</i>
Marked forgetfulness; some disruption	<i>Marked forgetfulness/lack of orientation disrupting some activities (e.g. cannot find objects or complete plans). Tends to lose way in familiar places.</i>
Disoriented in time/ place/person	<i>Consistent forgetfulness/lack of orientation causing substantial restriction in range of activities and independent functioning (e.g. loses way, forgets plans). Not reliably oriented in at least one of time, place or person.</i>
Severe disorientation	<i>Pervasively forgetful/disoriented. Incapacitating confusion/poor recall of past/recent events/ familiar others, leading to minimal independent functioning, e.g. consistent and severe disorientation in time, place or person.</i>
Planning and decision-making	
No difficulties	<i>No apparent difficulties.</i>
Some difficulty with complex decisions	<i>Some difficulty with complex decisions or long-term plans but can manage day-to-day plans and decision-making. Appreciates everyday risks (e.g. crossing roads, use of appliances, etc.).</i>
Difficulty with decisions regarding activities	<i>Requires daily help and support in planning the day but able to implement plans without support. Appreciates everyday risks (e.g. crossing roads, safe use of household appliances, etc.).</i>
Severe difficulty with decisions even with support	<i>Requires support on several occasions throughout the day in deciding when and what to do next. Able to step through activities making necessary decisions once transition to next activity has been managed. Limited appreciation of everyday risks associated with activities.</i>
Unable to assess/ appreciate basic risks	<i>Requires constant support throughout the day in both determining when and what to do next and in stepping through agreed activities. Little or no appreciation of everyday risks associated with activities.</i>



<b>Behaviour affecting self or others</b>			
No difficulties	<i>No apparent difficulties.</i>		
Occasional behaviour out of the ordinary	<i>Occasional behavioural problems that are out of the ordinary, causing concern to others. May be socially unacceptable or mildly self-harmful, but insufficiently severe or frequent to substantially reduce social acceptance.</i>		
Behaviour of concern; no history of harm	<i>Behaviour(s) sufficiently frequent and severe to cause concern to others and/or reduce level of acceptance in social situations.</i>		
Behaviour of concern; history of harm to self/others	<i>Frequency and/or severity as to be causing serious concern. History of incidents involving actual harm to self or others or property, or serious near misses. Behaviour seriously limits acceptance in ordinary social situations.</i>		
Constant/severe concern of harm to self/others	<i>Constant, severe and prominent concern. History of serious actual harm to self or others or property. Continuous or near-continuous observation required to minimise behaviour or its impact.</i>		
<b>Impact of your mood or wellbeing on your acceptance of support</b>			
Not a problem		Usually a problem (rarely able/willing to engage)	
Sometimes a problem (encouragement often needed)		Always a problem (unable/unwilling to engage)	
Often a problem (often unable/unwilling to engage)			
<b>How effective is the support of others in minimising risks to you or others around you?</b>			
No risks requiring support		Not effective	
Fully effective (all risk is removed)		Not applicable (no support currently in place)	
Partially effective (some risk remains)			
<b>Health conditions and disabilities that impact your wellbeing</b>			
<b>Disabilities, impairments and health conditions</b>			
None known	Depression/anxiety	Severe mental illness	
Acquired physical injury	Epilepsy	Stroke	
Arthritis	Head injury (inc. Acquired brain injury)	Substance misuse	
Asperger's	Hearing impairment	Visual impairment	
Autism	HIV/Aids	Other mental health problem	
Cancer	Learning disability	Other neurological condition	
COPD/Respiratory condition	Motor Neurone Disease	Other physical impairment/illness/injury	
Dementia (inc. Alzheimer's)	Parkinson's disease	Other sensory impairment	
<b>How often do your needs significantly change/vary due to your condition(s)?</b>			
On a daily basis	On a weekly basis	On a monthly basis	Less than monthly/rarely
<b>Impact of sensory impairment</b>			
No real impact (resolved by sight/hearing aids)	<i>No or minimal impact, e.g. difficulties resolved by standard aids such as glasses, contact lenses, hearing aids.</i>		
Mild impact (difficulty with some activities)	<i>Mild restriction on social activity and/or impact on functioning, not fully resolved by standard aids.</i>		
Significant impact (daily living restricted)	<i>Significant impact on social participation and/or activities of daily living. For instance, high functioning but blind.</i>		
Major impact (limited independence/isolation risk)	<i>Major restriction on daily living activities and/or social activities, e.g. social isolation or risk of or actual injury.</i>		
Severe impact (daily living extremely limited)	<i>Daily living activities and/or social interaction are extremely limited by impairment, e.g. deaf and blind.</i>		
<b>Support needed with taking or applying medication</b>			
None (independent/managing with equipment)		Administration by carer/care worker/nurse	
Reminders only (e.g. telephone, telecare)		Specifically-trained carer/care worker/nurse	
Someone present to prompt/supervise			
<b>Taking/applying medication – How often do you need support?</b>			
None	4 times a week	Three times a day	
Less than weekly	5 times a week	Four times a day	
Weekly	6 times a week	Every 2-3 hours	
2 times a week	Once a day	Every hour	
3 times a week	Twice a day		

<b>Does your physical condition or any medication that you are taking cause you distress or pain?</b>	
No significant distress/pain at present	<i>No significant distress or pain at present.</i>
Mild distress/pain arising from certain activities	<i>Mild discomfort, distress, pain or self-consciousness associated with carrying out certain activities only.</i>
Moderate/severe distress/pain (significant impact)	<i>Moderate or severe discomfort, distress, pain or self-consciousness which has a significant impact on activity/functioning.</i>
<b>Do you have any difficulties with breathing?</b>	
No difficulties (except strenuous exercise)	<i>Not troubled by breathlessness except on strenuous exercise.</i>
Some difficulties but no impact on daily life	<i>Some difficulties with shortness of breath at rest or during non-strenuous activities but this does not significantly affect daily life. May require inhaler/nebuliser.</i>
Regular difficulties that limit some activities	<i>Regular difficulties with shortness of breath at rest or during non-strenuous activities which is placing significant limitations on daily life.</i>
Severe difficulties that limit most/all activities	<i>Frequent/severe difficulties with shortness of breath at rest or during non-strenuous activities. Major impact on daily life, e.g. too breathless to leave the house or breathless when dressing or undressing.</i>
<b>Do you need equipment to help you to breathe?</b>	
No equipment needed	Low-level equipment (e.g. oxygen therapy/mask)
Inhaler or nebuliser only	High-level equipment (e.g. tracheotomy/ventilator)
<b>Do you have any difficulties maintaining consciousness?</b>	
No current or previous difficulties	<i>No current or previous difficulties with maintaining consciousness.</i>
History of difficulties but well-managed/low risk	<i>History of difficulties with maintaining consciousness but any current risks are well-managed with minimal immediate impact on daily activities.</i>
Occasional episodes – carer supervision needed	<i>Difficulties with maintaining consciousness are of sufficient frequency or severity to produce a significant immediate impact on daily activities but able to resume activities after a few hours/next day. Assistance of carer/care worker required to minimise harm.</i>
Occasional episodes – skilled support needed	<i>Difficulties with maintaining consciousness are of sufficient frequency or severity to produce a significant immediate impact on daily activities but able to resume activities after a few hours/next day. Skilled intervention required to minimise harm.</i>
Frequent episodes – carer supervision needed	<i>Difficulties with maintaining consciousness are of sufficient frequency or severity to produce a severe impact on daily activities – unable to resume activities for extended period or limits ability to engage in activities. Assistance of carer/care worker required to manage effects/injuries.</i>
Frequent episodes – skilled support needed	<i>Difficulties with maintaining consciousness are of sufficient frequency or severity to produce a severe impact on daily activities – unable to resume activities for extended period or limits ability to engage in activities. Requires assistance of carer/care worker to manage effects/injuries. Skilled intervention required to manage effects/injuries.</i>
<b>Support you will receive on an ongoing basis from family/friends/volunteers</b>	
<b>Ongoing support</b> <i>(Keeping your home clean and safe; Managing your paperwork and finances; Shopping for your food/essential items)</i>	
No identified need	Some support provided by family/friends/volunteers
All support provided by family/friends/volunteers	No support provided by family/friends/volunteers
<b>Ongoing support</b> <i>(Preparing your meals/snacks/drinks and helping you to eat and drink; Managing your personal care tasks; Supporting your medication; Ensuring you stay safe during the day; Supporting you during the night)</i>	
No identified need	Family/friends/volunteers support 3 mornings/daytimes/evenings/nights per week
Family/friends/volunteers support 7 mornings/daytimes/evenings/nights per week	Family/friends/volunteers support 2 mornings/daytimes/evenings/nights per week
Family/friends/volunteers support 6 mornings/daytimes/evenings/nights per week	Family/friends/volunteers support 1 morning/daytime/evening/night per week
Family/friends/volunteers support 5 mornings/daytimes/evenings/nights per week	Relative/friend is 2nd carer where 2 carers needed
Family/friends/volunteers support 4 mornings/daytimes/evenings/nights per week	No support provided by family/friends/volunteers

<b>Ongoing support</b> (Social, leisure, cultural and spiritual activities; Work, training, education or volunteering)		
No identified need	Family/friends/volunteers support 2-3 times a week	Family/friends/volunteers support less than weekly
Family/friends/volunteers provide daily support	Family/friends/volunteers support once a week	No support provided by family/friends/volunteers
<b>Impact of caring on your main carer's independence</b>		
Little/no restriction on activities	<i>Carer able to live daily life as prefers with no or minimal restrictions on activity.</i>	
Minor restriction on activities	<i>Usually has time to do things alone but minor restrictions on activity (e.g. worried about leaving person for long period).</i>	
Significant restriction on activities	<i>Often has time to do things alone but also experiences significant restrictions in activity and/or stress arising from caring.</i>	
Many activities dropped due to caring role	<i>Sometimes has time to do things alone but more often has to remain with person; has dropped many activities due to caring role; and/or substantial impact upon or risk to health or wellbeing.</i>	
Independence severely restricted	<i>Rarely or never has time to do things alone. Independence severely restricted by caring role; and/or major risk to or impact upon health and wellbeing.</i>	
<b>Primary support reason</b>		
Physical Support – Access and mobility only	Sensory Support – Support for hearing impairment	Social Support – Support to carer
Physical Support – Personal care support	Sensory Support – Support for dual impairment	Social Support – Substance misuse support
Support with memory and cognition	Learning Disability Support	Social Support – Asylum seeker support
Sensory Support – Support for visual impairment	Mental Health Support	Social Support – Social isolation/other support
<b>Anticipated living situation</b> – <i>The person's living situation for purposes of calculation of an indicative budget. This will often be the same as the current living situation but may differ if their preference or circumstances dictate an alternative.</i>		
Living independently alone	Supported living tenancy (24 hour staff presence)	Other – Rough sleeper/squatting
Living with family/friends (short term)	Living in a registered residential home	Other – Night shelter/hostel
Living with family/friends (long term)	Living in a registered nursing home	Other – Refuge
Living with a live-in care worker	Shared lives/Adult placement	Other – Temporary accommodation (local authority)
Living in sheltered housing or similar	Other – Healthcare residential facility or hospital	Other – Prison/other criminal justice facility
Living in Extracare housing (includes 24/7 on-site care service)	Other – Ex-offender (e.g. probation hostel)	Other permanent living situation
Supported living tenancy (regular staff presence)	Other – Mobile (Gypsy/Traveller/Roma)	Other temporary living situation
<b>Number sharing support in anticipated living situation</b>		
Not applicable (i.e. independent living setting)	Supported living – 4 sharing	Registered home – between 5 and 9 residents
Supported living – living alone	Supported living – 5 sharing	Registered home – more than 9 residents
Supported living – 2 sharing	Supported living – 6 or more sharing	
Supported living – 3 sharing	Registered home – less than 5 residents	