

## Introduction

This document is a copy of the FACE Overview Assessment V7 (designed to be fully compliant with the Care Act 2014) together with back-to-back guidance notes and prompts to help you become familiar with both the underlying principles of the tool and the detail within it. The Care Act's guidance states that the assessment process **must be person-centered throughout** and so the FACE V7 Overview has been designed for completion in collaboration with the person being assessed. An assessment should be carried out as a conversation following the person's own narrative about their needs and outcomes rather than mechanically working through the tool in sequence. It is important to explain to the person that the assessment will involve asking about many different areas of their life and will include positive aspects as well as areas of difficulty or concern that impact on their wellbeing. A copy of the assessment can be sent to the individual in advance of the assessment visit so that they can start to familiarise themselves with the questions.

## Consent and information sharing

Before beginning the assessment the assessor should explain:

- The principles of confidentiality and situations where these may be overridden – e.g. considerations of personal or public safety.
- The reasons for and benefits of information sharing.
- That information sharing need not be all or nothing – the person may request that certain information only is shared and may request confidentiality regarding a certain item of information at any time.
- That the person need not make a decision regarding information sharing until the end of the assessment.

## Considerations

The following points should also be taken into account throughout the assessment:

- Does the person know who to contact if they would like further advice?
- How will you know that the person has understood any information that you have provided?
- Have you provided information in a way that the person can understand? Appropriate to age, culture, etc.
- Does the person believe that they have a need or difficulty in each domain under consideration?

As much support as possible should be given to the person to ensure they can be involved in the assessment. If there are communication difficulties or concerns about mental capacity, there are a number of things that can help them with the process:

- Be aware of potential barriers to communication – e.g. age, gender, culture.
- Talk about the most important things first.
- Take into account significant life changes as these can affect the way people take on board information and express their needs and outcomes – e.g. after a bereavement.
- Use short sentences and repeat information given where necessary to confirm it has been understood.
- Allow people the opportunity to ask questions about what might happen after the assessment.
- When required, give the person appropriate information – e.g. large print, language appropriate, Braille, etc.

## Who should be involved in the assessment?

It will often be very helpful for a family member or other person with a caring role to be present during the assessment. However, there will be cases where this may not be preferred. If a family member/carer is available it is important to check whether the individual is happy for them to be present during the assessment and/or happy for them to be kept informed during the process. It should not be assumed that the individual wants family members present at the assessment. If they don't want the carer to be involved in the assessment, it is still important to discuss the impact of the caring role and to offer a Carer's Assessment. It is important to ensure that no assumptions are made about the carer's willingness and ability to continue to provide support. The use of independent advocacy must also be considered, as well as mental capacity or deprivation of liberty, throughout the assessment.

## Proportionality

The FACE V7 Overview is designed to provide a holistic view of a person's life, but the assessment form should be completed in a manner that is proportionate to the individual's need. If core areas of need become clear at the outset and it is apparent that other areas/domains are of no/less concern, then it is perfectly appropriate for a basic level of screening only to be undertaken in those areas. Equally, if needs do appear to be more complex, there are prompts throughout the assessment to complete other more specialist assessments so that you can explore specific areas of need in more detail.

## Whose views should be recorded?

The spaces/boxes available for free text throughout the assessment should be used to record details of needs and outcomes, and should provide justification/reasoning for the corresponding scored items. They should include the trained assessor's observations as well as the individual's, their carer's and/or advocate's views. Any differences of opinion should also be clearly recorded. The narrative text should also clarify the nature and context of the needs (i.e. mental health, physical difficulties, etc.) as well as the perceived impact on the individual's wellbeing. All scored items (check boxes and scales) should reflect the trained assessor's professional judgement, taking into account the views expressed by the individual.

## The FACE Independence Scale

Throughout the sections of the Overview that look at areas of need, 'activities of daily living' are assessed using the FACE independence scale which has been developed and proven as a fair, accurate and consistent way of measuring need. Selections should reflect the level of need in the person's environment – including the effect of adaptations, aids and equipment already in place, but excluding the impact of current support. The scale focuses on the level of independence, not on the reason for any difficulties, and it is important to recognise that it is not just measuring physical ability to perform tasks; lack of independence could be due to a variety of causes – e.g. low motivation, mental health issues, pain, physical or cognitive limitations, tiredness, etc.

## Supporting you in your assessment

### Preferred language; Do you need an interpreter?

Consider whether English is the person's primary language or if they would prefer to conduct the assessment in an alternative language. Is an interpreter needed for any sensory impairments as well as language differences? Arrange interpreter if appropriate.

### Do you consider yourself to be any of the following (deaf, blind, deafblind)

If the person is deafblind, the Care Act states that the assessment should be carried out by an appropriately trained professional.

### Do you have communication difficulties?

This has two main aspects: speech/expression and understanding. A person may have issues with one or both. If they have a good level of understanding then they are likely to be able to express their needs, one way or another. Be as objective as possible; avoid assumptions about understanding; weigh up information from observation; seek/consider views of others in regular contact with the person. Access/use past assessments (e.g. speech and language reports). Consider whether communication is affected by sensory impairment or processing delays. Is any support required? Does the individual use or require aids? If score is higher than mild difficulties, complete/refer for Communication or specialist assessment.

### Do you have any difficulties with understanding and/or retaining information?

Check whether the person has been more forgetful than usual recently, whether they ever get lost and forget where they are when outdoors, whether they lose track of the day/month/year, whether they are fully aware of their surroundings or rely on others for clues. Has change been noticed by others? Consider the need for a mental capacity or other formal cognitive assessment.

### Do you have any difficulties making decisions and understanding their impact?

Can the person make decisions on a day-to-day basis as well as planning for the future? Can they turn plans into actions? Are plans/decisions realistic and take account of risk? Consider the need for a mental capacity or other formal cognitive assessment.

### Details of difficulties and what would help you communicate more easily during your assessment

Free text evidence to support the Yes/No choices above should be recorded. Consider representatives and independent advocacy.

### Other people involved in your assessment

Record all individuals present. Consider other assessments already undertaken that may contribute to this assessment. Consider liaison with other involved professionals. Ensure that all assessment contributions are appropriately documented and referenced.

## About you

### Your personal and family background (*including important recent events or changes in your life*)

This question paints a picture of the person's situation and history. Record information that places the person and their needs in context, such as how long they have been living in the area, who lives with them, their family life and social networks, any recent life events currently/previously impacting their physical/mental wellbeing (including anything positive). Consider how the person has dealt with adversity/setbacks in the past. Are there specific factors that trigger reactions or behaviour that may be of concern?

### What areas of your life do you most enjoy or value?

This section should focus on highlighting the individual's own strengths, assets and resources. It is important find out what really matters to the individual in their current situation including their preferences and what they enjoy. Encourage the individual to consider the positive factors in their daily life such as their own abilities and pride in their independence. Consider their outlook and attitude, motivation and willpower, resilience, regular social, employment, education and training activities and ways in which they are contributing to their community. Also note particular people that are actively contributing to the person's wellbeing and/or helping them to live independently. Community resources should also be considered as well as willpower and pride in independence.

### What changes would most improve your wellbeing or quality of life?

Find out the person's high level aims; what they would like to improve/achieve – this may be difficult at the start of the assessment, but it is important to gather an initial view. Encourage the individual to move from a potentially negative mind-set to having a more positive focus. It is advisable to discourage discussion of specific support options at this point but to focus on longer-term outcomes or goals. Also include any special considerations/preferences regarding gender, race, culture, religion and disability.

### Your family, carer(s) or advocate's views

Record the views of family, friends, unpaid carers and/or advocates. What do they think might improve the individual's overall wellbeing and assist them to live as independent as possible? Do they agree with the individual's own view of their strengths, abilities and/or difficulties? Clearly record any differences of opinion as well as what is important to the individual's family, friends and carers.

### Do you have any concerns about how others treat you?

The intention here is to screen for concerns about possible abuse by others, which can occur in many ways (e.g. physical, sexual, psychological, discriminatory, financial, neglect/acts of omission). Ask the question as part of a wider conversation about the person's life/situation. Many people fail to identify themselves as victims or understand what may be classed as abuse – and may also withhold information to protect themselves or family members. Specific indicators for concern may become apparent later in the assessment. If there are concerns or specific indicators, local safeguarding procedures must be prioritised over this assessment.

Name:		Main ID:		Main assessor:	
<b>FACE Overview Assessment v7 (Social Care)</b>					<b>Confidential</b>
Family name:		Given name:		Title:	
Preferred name:				Gender:	
Date of birth:		Age band at time of assessment:			
<b>Supporting you in your assessment</b>					
Preferred language:		Do you need an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you consider yourself to be any of the following:		Deaf <input type="checkbox"/>	Blind <input type="checkbox"/>	Deafblind <input type="checkbox"/>	
Do you have communication difficulties?					
Do you have any difficulties with understanding and/or retaining information?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any difficulties making decisions and/or understanding their impact?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If you have difficulties in communication, understanding or decision-making, you may need support for your involvement in your assessment, an advocate to represent you and help you explain your views, or a mental capacity assessment.</b>					
Details of difficulties and what would help you communicate more easily during your assessment (e.g. a family member or friend present, an independent advocate, specialist communication support)					
Details:					
<b>Other people involved in your assessment</b> (e.g. advocate, carer, family, friend, other professionals)					
Details (including names, roles/relationships and contact details):					
<b>About you</b>					
Your personal and family background (including important recent events or changes in your life)					
Details:					
What areas of your life do you most enjoy or value? (including your main interests and where you can most contribute)					
Details:					
What changes would most improve your wellbeing or quality of life?					
Details:					
Your family, carer(s) or advocate's views					
Details:					
Do you have any concerns about how others treat you? (e.g. neglect, abuse, discrimination)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details:					

<p><b>Your home and living situation</b></p> <p><b>Are you currently staying in a hospital or other NHS facility?</b> Is the person currently staying in hospital or another NHS facility? Consider the amount of time they have been/will be in hospital.</p> <p><b>Your current living situation; Your current tenure</b> Please choose the person's current/usual accommodation. Temporary settings (e.g. hospital) should not be recorded. Consider the suitability of the current accommodation in preparation for recommendation as a result of this assessment.</p> <p><b>Maintaining your home in a sufficiently clean and safe condition (<i>Your situation &amp; Details</i>)</b> This area is assessed using the FACE Independence Scale. Check whether the person has any difficulties with housework and basic household maintenance tasks. If so, what level of support do they need? Are they able to wash/dry clothes and change bedding? Any evidence of odours, hoarding, fire risks? Any concerns relating to pets? Are they able to use gas/electricity/water safely? Record any evidence of not turning off appliances or lack of awareness of basic health and safety issues, trailing cables, dangers of spillages, etc.</p> <p><b>Are you able to manage your own day-to-day paperwork?</b> Record whether the person can manage paperwork, their bills and other correspondence – including tasks relating to tenancy and utilities. Are they opening letters and dealing with/responding appropriately? If someone else helps, are they happy with the situation? Consider the person's own choice and control over this area of their life. Are there safeguarding concerns?</p> <p><b>Are you able to manage your own finances?</b> Check whether the person can manage their own finances (including paying bills on time and budgeting for essentials). If someone else is managing their financial affairs, check who does this and the nature of that arrangement. Clarify if any support is from family/friends/volunteers or is a formal arrangement. Is there a power of attorney? Are there any indications of financial abuse?</p> <p><b>Are you able to access/use the Internet?</b> Check if there is Internet available in the home and if so, whether the person is able to access and use the service appropriately and safely. Are finances preventing them from being able to pay for Internet access? Support for sensory needs required?</p> <p><b>Are you using specialist technology to help you manage at home? (e.g. telecare)</b> Check whether the person uses telecare/telehealth and whether specialist technology may assist them in living independently. If there is equipment, consider how well this is working and/or whether further equipment may be beneficial. Consider a referral.</p> <p><b>Do you have any concerns about your current home and living situation?</b> This item refers to the physical state of the accommodation. Check whether the person feels safe and comfortable at home, whether there is any disrepair or health and safety risk. Can it be heated adequately? Is it damp? Consider the presence of basic amenities. Are there obstacles to moving around freely or that pose a risk? Is there a need for adaptations to support needs/independent living? Is the accommodation appropriate? Refer for grants? Check re. cold weather payments, energy saving schemes, etc.</p>
<p><b>Eating healthily and safely</b></p> <p><b>Shopping for food/essentials</b> (<i>disregarding any current support</i>) This area is assessed using the FACE Independence Scale. Check whether the person can do their own shopping (some/all). Consider all aspects of the task including planning, selecting appropriately, budgeting, paying and carrying. Are there shops nearby? Consider different ways of shopping (e.g. online). If support is needed, is this accompanying/supervising or shopping on behalf of the person?</p> <p><b>Preparing meals/snacks/drinks</b> (<i>disregarding any current support</i>) This area is assessed using the FACE Independence Scale, and also captures how often support is needed to undertake this activity over an average week. Record whether the person is able to prepare/cook beverages, snacks and meals safely. Risk of burns/scalds? Risk of leaving the cooker switched on? Hygiene risk? Consider diet/nutrition. Discuss suitability of meals (e.g. microwave/ready meals) – accounting for nutritional needs. Consider whether the person is able to carry a cup/plate to where they are going to drink/eat. If there are difficulties, would equipment help? Consider OT referral.</p> <p><b>Eating and drinking</b> (<i>disregarding any current support</i>) This area is assessed using the FACE Independence Scale. Check whether the person can feed him/herself. Consider eating disorders/mental health as well as physical ability. Consider cutting-up food/soft diet/liquidised food. If support is needed, is this prompting/supervising or physically feeding? Equipment needed (non-slip mat, plate sleeve, easy-grip utensils)? Consider OT referral.</p> <p><b>If you need someone else to feed you, are you able to have food and drink by mouth?</b> If not, does the person need to be fed via gastrostomy or other medical means? Consider medical issues.</p> <p><b>If you need someone else to feed you, how long does this usually take?</b> Approximately how long is support needed for feeding? Consider the type of support (include supervision, cutting up food, etc.).</p> <p><b>Do you have any dietary or eating difficulties that put you at risk or require skilled support?</b> Check for any specific dietary issues (e.g. allergies, eating disorders). Is there a risk of choking? Eating disorders/behavioural issues.</p>

## Your home and living situation *(based on typical week)*

**Includes the eligibility outcome:** Maintaining a habitable home environment

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Are you currently staying in a hospital or other NHS facility? Yes ☐ No ☐

Your **current** living situation

Your current tenure

Maintaining your home in a sufficiently clean and safe condition

Your situation:

Details of your needs and what you would like to achieve *(maintaining your home in a sufficiently clean and safe condition)*:

Are you able to manage your own day-to-day paperwork?

Yes ☐ No ☐

Are you able to manage your own finances? *(if no, please include detail of any Lasting Power of Attorney, Deputy or Appointee below)*

Yes ☐ No ☐

Details of your needs and what you would like to achieve *(managing paperwork, managing finances)*:

***If appropriate, you may wish to be referred for financial advice and/or maximising your benefits.***

Are you able to access/use the Internet?

Yes ☐ No ☐

Are you using specialist technology to help you manage at home? *(e.g. telecare)*

Yes ☐ No ☐

Details:

Do you have any concerns about your current home and living situation?

*(e.g. tenure, access/hazards, temperature, need for adaptations, smoke/carbon monoxide alarms)*

Yes ☐ No ☐

Details:

## Eating healthily and safely *(based on typical week)*

**Includes the eligibility outcome:** Managing and maintaining nutrition

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Shopping for food/essentials

Your situation:

Preparing meals/snacks/drinks

Your situation:

How often do you need support?

Eating and drinking

Your situation:

Details of your needs and what you would like to achieve *(shopping, preparing meals/snacks/drinks, eating and drinking)*:

If you need someone else to feed you, are you able to have food and drink by mouth?

Yes ☐ No ☐

If you need someone else to feed you, how long does this usually take?

Do you have any dietary or eating difficulties that put you at risk or require skilled support?

Yes ☐ No ☐

Details:



## Your personal care

### Using the toilet/managing continence *(disregarding any current support)*

This area is assessed using the FACE Independence Scale, and also captures how often support is needed to undertake/manage this activity over an average week. Consider the whole activity chain involved in toileting – including mobility/time difficulties in getting to the toilet, getting on and off the toilet, adjusting clothing and post-elimination hygiene. Prompting and/or supervision needed if memory, cognitive or behavioural difficulties exist? Any evidence of self-neglect? Is any equipment used? If not, would equipment help? If support is needed, record the type of support required (routine support, monitoring to manage risk from continence care or skilled/specialist health support due to problematic continence care). Consider OT referral.

### Maintaining personal hygiene *(disregarding any current support)*

This area is assessed using the FACE Independence Scale. Record whether the person can brush their teeth, wash their hands and face thoroughly, shave, manage basic personal tasks like cutting nails and cleaning ears. Take into account occasions when hand washing is good practice for hygiene with regards to infection control (before food, after going to the toilet, etc.). Also check whether they can comb and style their hair in the manner they prefer and/or whether they are able to apply make-up. Is there evidence of self-neglect? Be aware that personal standards vary in terms of cleanliness and appearance/presentation.

### Washing whole body *(disregarding any current support)*

This area is assessed using the FACE Independence Scale, and also captures how often support is needed to undertake this activity over an average week. Consider the whole activity of bathing/showering (water temperature, getting in and out, hair washing/drying, body washing/drying, preferred time). If support is needed, is this prompting/supervising only or physical assistance? Is there any risk of slipping? Is equipment required? Does the person have a non-slip mat or make use of any aids in the shower/bath? Describe assistance needed and comment on safety and confidence. Consider privacy, dignity, culture and gender. Is there evidence of self-neglect? Is there a medical need for frequent bathing? Consider OT referral.

### Dressing; Undressing *(disregarding any current support)*

These areas are assessed using the FACE Independence Scale. Does the person have any difficulty getting dressed (including putting on upper/lower garments/tights/socks/shoes, doing up buttons/fastenings, choosing weather-appropriate items)? Do they have any difficulty getting undressed (including taking off garments/socks/shoes, pulling down tights, undoing buttons or fastenings)? Does the person wear suitable clothing? Consider privacy and cultural factors.

## Your mobility

### Moving around the home; Transfers *(disregarding any current support)*

These areas are assessed using the FACE Independence Scale. Record whether the person can get around their home in a reasonable time and without any difficulties or dangers (including any stairs), and whether there are any difficulties getting in/out of a chair or bed and getting on/off the toilet. If support is needed, is this prompting/supervising only or physical assistance? If there are risks involved in providing support, is there a requirement for the support of two people? Any aids/equipment used or needed (e.g. hoist)? Consider trip hazards and obstacles. Consider OT referral.

### To what extent does your weight impact on your mobility?

When assessing the person's mobility needs, consideration should be given to how their weight/frame might impact on their ability to mobilise (e.g. frailty giving rise to risk of injury; obesity causing difficulty getting up and slowness whilst moving). Consider both underweight and overweight. This can be a sensitive area for discussion, but can be significantly influential on the duration of any support time required.

### Is there a risk of harm to others when assisting with your mobility/transfers?

Consider all factors which may cause risks to anyone supporting the person to mobilise – including weight/frame, involuntary movements, behavioural issues and resistance to care/support. Has a moving and handling risk assessment been completed?

### Staying comfortable/repositioning (e.g. in bed, chair) *(disregarding any current support)*

This area is assessed using the FACE Independence Scale. Where the person spends significant periods of time in a chair or bed, check whether they are able to stay comfortable and change position independently. Do they have difficulty turning in bed or staying propped-up? Consider pain, risk to skin integrity/pressure areas, boredom and other mental discomfort. Is specialist equipment required, e.g. pressure-relieving mattress, aids, specialist chair? Consider OT referral.

### Do you require regular support for a skin condition or to prevent one developing?

If the person has a skin condition or is at risk of one developing, check whether health interventions are required for prevention or treatment and whether this is daily or less/more than daily. Is specific medication/specialist health support required?

### Do you have any pressure ulcers? If present, is treatment currently working?

If the person has pressure ulcer(s), check and record the severity and whether treatment is currently working.

**Your personal care** *(based on typical week)***Includes the eligibility outcomes:** Managing toilet needs; Maintaining personal hygiene; Being appropriately clothed**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Using the toilet/managing continence	Your situation:
	How often do you need support?
	Nature of support:

Details of your needs and what you would like to achieve *(using the toilet/managing continence)*:

Maintaining personal hygiene <i>(e.g. wash hands/face, hair, nails, shave)</i>	Your situation:
Washing whole body <i>(e.g. bath, shower, strip wash)</i>	Your situation:
	How often do you need support?

Details of your needs and what you would like to achieve *(maintaining personal hygiene, washing whole body)*:

Dressing	Your situation:
Undressing	Your situation:

Details of your needs and what you would like to achieve *(dressing and undressing)*:**Your mobility** *(based on typical week)***Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Moving around the home	Your situation:
Transfers	Your situation:
To what extent does your weight impact on your mobility? <i>(e.g. if overweight or underweight/frail)</i>	
Is there a risk of harm to others when assisting with your mobility/transfers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of your needs *(moving around the home, transfers)*:

Staying comfortable/repositioning	Your situation:
Details of your needs <i>(staying comfortable/repositioning)</i> :	

Do you require regular support for a skin condition or to prevent one developing?				
Do you have any pressure ulcers?				
If pressure ulcer(s) are present, is treatment currently working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

Details of your needs *(managing skin conditions)*:

## Social relationships and activities

### The relationships that are most important to you and anything you would like to improve or change

Firstly, it is important to establish the person's current situation with regard to relationships they have with family, friends, neighbours and others. How does this positively impact the individual's wellbeing? Do they see people as much as they want to? If not, what prevents this and what might help in reducing any loneliness or social isolation? Is the current level of contact different from previous times? How do they stay in touch (e.g. telephone, Internet)? Local and community resources should be considered and highlighted. Positive and negatives aspects of relationships must be considered as well as the stability of the situation.

### Are you able to access the community; The support you need to stay safe out in the community

Check whether the person can get out into the local community independently (consider walking, driving or using public transport). Are they vulnerable or a risk to others whilst out and about? Provide information regarding local community transport services as needed. If support is required, could this just be regular checks by telephone, or is 1:1 or 2:1 supervision needed? Is the individual able to follow familiar routes independently, but not new places?

### The activities that are most important to you and anything you would like to improve or change

Record what regular activities the person is involved in and enjoys and whether they feel this is sufficient (including any clubs attended, weekend and evening activities and regular visits to/from others). Are there things the person would like to do but is currently unable to access/participate in due to their difficulties?

### The support you need to maintain personal relationships and engage in social activities (*disregarding any current support*)

Taking into account the details gathered in the three areas above, a level of support required relating to maintaining relationships and undertaking social activities needs to be considered and recorded. This could be no support (e.g. where the person is independent or prefers not to participate), transport only, background/group level support or 1:1/2:1 support. Consider the individual's needs whilst accessing activities including personal care, behavioural needs and health issues.

### How often do you need support?

If support is required, agreement is then needed on how often this needs to be in an average week (less than weekly, once per week, 2-3 times per week or more frequently/daily). This is one of the most subjective areas in a social care assessment as there is significant variability in people's personal perspectives on how much time they need to spend socialising, and what is realistic and reasonable for a local authority to provide within their resources.

## Work, training, education and volunteering

### Current paid employment or voluntary work situation; Current education/training situation

If the person is in work and/or education/training, the nature of their involvement in each must be recorded as this information is required for national reporting purposes. Consider whether the person would like to be involved in work and/or education/training. Consider support that may be available via the Equalities Act 2010 access to work, and any other local services to support people in/returning to work.

### What would you like to improve or change about your involvement in work, training, education, or volunteering?

Are there difficulties with transport preventing the person from accessing any of the above? Are other factors such as health issues having an impact? How could support improve/change things?

### The support you need to participate in work, training, education and volunteering (*disregarding any current support*)

Taking into account the details gathered in the two areas above, record the level of support required relating to work/training/education/volunteering activities. This could be no support (e.g. where the person is independent or prefers not to participate), transport only, background/group level support or 1:1/2:1 support. Consider the individual's needs whilst accessing opportunities in this area including personal care, behavioural needs and health issues.

### How often do you need support?

If support is required, agreement is then needed on how often this needs to be in an average week (less than weekly, once per week, 2-3 times per week or more frequently/daily).

## Caring for others

### Do you have any children that are dependent on you?

Identify whether the person has responsibilities as a parent/carer of someone under 18.

### If 'Yes', do you need support with parenting/caring responsibilities?

Are parenting/caring responsibilities affecting the person's wellbeing? Do any difficulties arise from the person's disability/health condition, or other factors? Does the individual have difficulties in providing and maintaining stable support? What would help? Consider the impact on any dependent children.

### Do you have any other caring responsibilities?

Record whether any adults the individual shares their home with are dependent on them for care and support. Establish what would happen if the person became unable to provide support. Consider potential concerns about the welfare of the people who are being cared for and the sustainability of this? Consider referral and/or carer's assessment. Are there any pets in the home? Consider planning for emergencies when the person may not be able to provide support (i.e. contingency plan).



## Social relationships and activities *(based on typical week)*

**Includes the eligibility outcomes:** Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

The relationships that are most important to you and anything you would like to improve or change  
(e.g. relationships with carers, family, friends, neighbours, volunteers)

Details of your needs and what you would like to achieve *(maintaining relationships that are important to you)*:

Are you able to access the community? Yes, independently ☐ Yes, if accompanied ☐ No ☐

The support you need to stay safe out in the community

Details of your needs *(staying safe in the community)*:

The activities that are most important to you and anything you would like to improve or change  
(including social, leisure, cultural and spiritual activities; making a meaningful contribution within society)

Details of your needs and what you would like to achieve *(socialising, contributing to society)*:

The support you need to maintain personal relationships and engage in social activities  
(including leisure, cultural and spiritual activities)

How often do you need support?

## Work, training, education and volunteering *(based on typical week)*

**Includes the eligibility outcome:** Accessing and engaging in work, training, education or volunteering

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Current paid employment or voluntary work situation

Current education/training situation

What would you like to improve or change about your involvement in work, training, education or volunteering?

Details of your needs and what you would like to achieve *(work, training, education or volunteering)*:

The support you need to participate in work, training, education and volunteering

How often do you need support?

## Caring for others *(based on typical week)*

**Includes the eligibility outcome:** Carrying out any caring responsibilities for a child

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Do you have any children that are dependent on you? Yes ☐ No ☐

If 'Yes', do you need support with your parenting/caring responsibilities? Yes ☐ No ☐ N/A ☐

Details of your needs and what you would like to achieve *(caring for children)*:

Do you have any other caring responsibilities? Yes ☐ No ☐

Details of your needs *(caring for other adults)*:

**If you are providing care or support to other adults, you should be offered a carer's assessment to discuss your caring role.**

## Staying safe at home

### **The support you need to stay safe at home during the day** (*disregarding any current support*)

This question records the overall level of support during the day that the person requires in order to maintain their safety (and those around them). Check whether the person is safe to be left alone (risk of harm to self/others?). Evidence may need to come from others around the person as the individual's own perception of safety may be unreliable. Can the person respond to emergencies? Are there memory, orientation or behaviour issues? Consider assistive technology – the level of need recorded for this item should take into account the effect any telecare equipment already in place.

### **The support you need to stay safe at home during the night** (*disregarding any current support*)

This question records the overall level of support during the night that the person requires in order to stay safe and comfortable. Issues with sleeping at night? Issues with continence or staying comfortable? If support is needed, can this be 'wake if needed', or is full supervision required? Can the person respond to emergencies? Are there memory/orientation or behaviour issues? Consider assistive technology – the level of need recorded should take into account the effect of any telecare/equipment already in place.

## Risks

### **Current risk of falls**

Any history of falls may indicate current risk (risk increases significantly after first fall). If there is a history of falls, what were the circumstances? Was medical help sought? How recent? Does the person worry about falling? In what situations? Include history of falls in details of mobility needs. Consider possible causes (obstacles, lighting, limited joint movement). Referral for falls assessment?

### **Current risk of self-neglect causing deterioration to health/safety**

Check for signs of self-neglect and whether the person is aware. Has there been a lowering of their standards? This may not be intentional. Are they eating or drinking appropriately and looking after their personal appearance? Have they reduced their social contact or time out of the home? Consider impact of mental health issues (e.g. depression) and any safeguarding concerns. Consider impact on sustainability of housing tenancy.

### **Current risk of harm to self (e.g. self-injury)**

History/current signs of deliberate self-harm? Impact of depressed mood? Suicidal ideations? Consider referral to MH services.

### **Current risk of harm/injury to your carer**

Check for any evidence of harm or risk to the person's (unpaid) carer(s) relating to support they provide. Is there a physical or psychological risk to the carer due to the demands of providing support? Consider appropriateness and sustainability of the situation. Any safeguarding concerns?

### **Current risk of harm to others/property**

Risks from the person may include from manual handling, challenging behaviour, harassment/intimidation, financial/sexual abuse, accidental/intentional damage to property. Consider risks to others who may be in contact with the person and property.

## Your mental health and wellbeing

### **Do you or have you ever suffered from a serious mental health issue? Contact in past year?**

Does the person have a mental health diagnosis? Have there been any traumatic experiences in the past which may have had a serious impact, such as post-traumatic stress disorder or depression? Is the carer aware of any previous contact with mental health services if the person lacks capacity? Observations from carers/relatives/others? Consider referral for specialist assessment.

### **Emotional wellbeing**

Factors to take into account – what does the person usually do day-to-day? Do they lack motivation? Do they feel sad, low or fed up with things? Less energy or interest than previously? Can they still find meaning/purpose in life? Are there any particular worries or anxieties? Is the person withdrawing from others? Recent bereavement? Observations from carers/relatives may be crucial.

### **Memory/orientation**

Check whether the person has been more forgetful than usual recently, whether they get lost/forget where they are when outdoors and/or lose track of the day/month/year, whether they are fully aware of surroundings or rely on others. Has change been noticed by others? Clear examples are important as reported issues may not be major. Consider mental capacity/other cognitive assessment. Is there any Telecare/assistive technology that might help?

### **Planning and decision-making**

Can the person make decisions on a day-to-day basis as well as planning for the future? Can they turn plans into actions? Are plans and decisions realistic and take account of risk? Consider mental capacity/other formal cognitive assessment and DOLS if appropriate.

### **Behaviour affecting self or others (e.g. aggression, self-harm)**

Consider behaviours presenting a threat to the health/safety/wellbeing of the person/others, including harassment, intimidation, threats, bullying and actual harm. Consider impact on social acceptance/others. Consider impact on family/carers and sustainability of caring role if support is being declined. Is behaviour pre-meditated or impulsive/reactive? Triggered by presence of certain people? How is behaviour managed? Observations from carers may be crucial. Consider DOLS if appropriate.

### **Impact of your mood or wellbeing on your acceptance of support; How effective is support?**

Record the level of impact arising from any rejection of support from carers. If support to manage behaviour is in place, record how effective this is in minimising risk to the person/others nearby (fully/partially/not effective). Consider risk of harm to self and others.

## Staying safe at home *(based on typical week)*

**Includes the eligibility outcome:** Being able to make use of your home safely

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

The support you need to stay safe at home during the day  
*(consider risk of falls and/or wandering, and responding to emergencies)*

The support you need to stay safe at home during the night  
*(consider risk of falls and/or wandering, and responding to emergencies)*

Details of your needs and what you would like to achieve *(making safe use of your home)*:

## Risks *(based on typical week)*

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Current risk of falls

Current risk of self-neglect causing deterioration to health/safety

Current risk of harm to self *(e.g. self-injury)*

Current risk of harm/injury to your carer

Current risk of harm to others/property

Details of risks:

**If there are concerns about your safety, a risk assessment may be needed (we will follow local Safeguarding Adults guidelines).**

## Your mental health and wellbeing *(including mental wellbeing issues arising from physical conditions)*

**Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.**

Do you or have you ever suffered from a serious mental health issue? Yes ☐ No ☐

Have you had contact with mental health services in the past year? Yes ☐ No ☐

Details:

Emotional wellbeing

Details of your needs *(emotional wellbeing)*:

Memory/orientation

Planning and decision-making

Details of your needs *(memory/orientation, planning and decision-making)*:

Behaviour affecting self or others  
*(e.g. aggression, self-harm)*

Impact of your mood or wellbeing  
on your acceptance of support

Details of your needs *(behaviour affecting self or others, impact of mood/wellbeing on acceptance of support)*:

How effective is the support of others in minimising risks to  
you or others around you?

Details:

**If you have mental health issues, you may need a specialist assessment or referral for e.g. a mental capacity assessment.**

## Health conditions and disabilities that impact your wellbeing

### Health conditions and disabilities that impact your wellbeing

The following approach to obtaining information about the person's health conditions is recommended where direct evidence is not available from health records:

- The assessor should ask about any relevant long-term (chronic) conditions.
- If the person (or their carer) discloses any conditions that are relevant to the provision of care, the assessor should then ask if these have been confirmed by a health professional (if so, consider obtaining any relevant medical evidence).
- If the answer is yes, the condition should be recorded. If no, then it should not.

Evidence suggests that multiple conditions greatly increases overall care needs. Consider the health conditions and disabilities in the order in which they impact upon the person's wellbeing. Conditions that have no relevance to the person's care and support needs should not be recorded. Use the same terminology the person uses. Include relevant medical history.

### How often do your needs significantly change/vary due to your condition(s)?

Do any of the person's needs vary? Do their needs fluctuate on a monthly, weekly or daily basis – or less often? Are the fluctuations predictable? The person may keep a diary/log of periods where their needs have fluctuated. Consider over the last year to get a complete picture. Is a high level of support needed constantly due to the unpredictability of fluctuating needs?

## Details of any sensory impairment(s)

### Impact of sensory impairment

Check whether the person has a sensory impairment and if this has been registered. If so, what impact does the impairment have on the person's wellbeing, functioning, independence and social life? Are they restricted in their activities due to a sensory impairment/hypersensitivity? Is there a risk of harm to self or others? Consider sensory impact on safety within and outside the home. Include any marked hypersensitivities to visual stimuli, noises or touch (e.g. as in autism). Are hearing/eyesight tests/aids required? Include specialist aids. Consider referral for specialist sensory assessment.

## Your medication and symptoms

### Are you currently taking any prescribed medication?

When answering this question, take account of supplements, complementary medicines and whether the person is taking medicines for a previous condition. Also check whether any medication being taken has been prescribed for someone else.

### If 'Yes', what support do you need with taking or applying medication?

Support needed may include telephone reminders, prompting/supervision in-person, administration by a carer or specialist health professional/nurse. Medication can include application of creams/lotions. Both the type of support needed and how often support is needed over an average week should be recorded. Consider equipment/telecare, blister packing, medication review and/or community/pharmacy support.

### Does your physical condition or any medication that you are taking cause you distress or pain?

Is the person in pain regularly due to their physical condition or as a result of any medication they are taking? To what degree is the level of pain impacting on their daily functioning? Record any supporting information in the 'details' box provided. Consider fluctuating as well as persistent distress/pain.

### Are you getting adequate relief from pain or other distressing physical symptoms?

If pain/distress is caused by the person's condition, is any pain relief currently prescribed? Is this proving effective in reducing the level of pain/distress? Consider medical history as well as what previous strategies have been put in place.

### Do you have any difficulties with breathing?

Check whether the person has any difficulties relating to breathing. Do they get short of breath regularly? Is this manageable by using inhalers or is additional support required? Do breathing difficulties restrict day-to-day activities? Consider whether difficulties are dependent on time of day (e.g. worse during the night, exacerbated by certain activities).

### Do you need equipment to help you to breathe?

Is the person able to breathe independently? Do they use inhalers independently to manage breathing difficulties? Do they require suction to maintain airways? Is equipment needed constantly or at particular times? Is training needed to use equipment? Additional information (such as the use of long term breathing aids) should be explained in the 'details' box provided.

### Do you have any difficulties maintaining consciousness?

Check whether the person has a history of fits, seizures or blackouts. When was the last incident? How severe have instances of altered states of consciousness been? How predictable are these? Is support required to manage altered states of consciousness? Do environmental/sensory factors present risk of seizure activity? What time of day? How are risks to self/others managed? Consider emergency/contingency planning and assistive technology. Provide additional details in the box provided.

## Health conditions and disabilities that impact your wellbeing

Please list your disabilities, impairments & health conditions in order of most to least impact on your daily life and wellbeing:

1	
2	
3	
4	

Details (including relevant medical history):

How often do your needs significantly change/vary due to your condition(s)?

Details:

### Details of any sensory impairment(s) (based on typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

Impact of sensory impairment

Details of your needs (sensory impairment):

If you have a significant sensory impairment, you may need to be referred for a specialist sensory assessment.

### Your medication and symptoms (based on typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

Are you currently taking any prescribed medication?

Yes ☐ No ☐

If 'Yes', what support do you need with taking or applying medication?

Support needed:

How often do you need support?

Details of your needs (medication):

Does your physical condition or any medication that you are taking cause you distress or pain?

Are you getting adequate relief from pain or other distressing physical symptoms?

Yes ☐ No ☐

Details of your needs (managing distress/pain from health conditions):

If you have needs in relation to medication, arrangements may need to be made for a review or an appropriate referral.

Do you have any difficulties with breathing?

Do you need equipment to help you to breathe?

Details of your needs (breathing):

Do you have any difficulties maintaining consciousness?  
(e.g. due to epilepsy, seizures, blackouts)

Details of your needs (maintaining consciousness):



<b>Support you will receive on an ongoing basis from family/friends/volunteers</b>
<b>Details of support you currently receive from family, friends or volunteers</b> Is the person currently receiving any unpaid support? Detail in which areas.
<b>Will you receive ongoing support from family, friends or volunteers?</b> Is the current level of support sustainable? To what level? If young carer (under 18), what support is needed to reduce inappropriate caring responsibilities? Consider carer's assessment (joint or separate).
<b>Ongoing support questions</b> Responses for these items should be based on discussion/agreement of the level of support considered safe and sustainable on an ongoing basis, rather than what is happening now. Are the person and their carer(s) making a realistic judgement of what can be provided? Any support from family members or friends being funded by the Local Authority should be excluded. If a particular domain is not relevant because the person is able to manage independently, the option of 'No identified need' should be chosen.
<b>Ongoing support – Keeping your home clean and safe; Managing paperwork and finances; Shopping for food/essential items</b> If a need has been identified, are family/friends/volunteers able to provide support to maintain a clean and safe home, manage paperwork and finances and shop for food/essential items? If so, will this be all or only some of the support needed in each area?
<b>Ongoing support – Preparing meals/snacks/drinks and eating/drinking; Personal care; Medication (mornings, daytimes and evenings)</b> If a need has been identified, are family, friends or volunteers able to provide support with meal/drink preparation and eating and drinking, with personal care tasks (including dressing/undressing, washing and using toilet/managing continence) and with medication? If so, how many mornings, daytimes and evenings a week can they help for each area?
<b>Ongoing support – Social/leisure/cultural/spiritual activities; Work/training/education/volunteering</b> If a need has been identified, are family, friends or volunteers able to provide support with social, leisure, cultural and spiritual activities, and with work, training, education or volunteering? If so, how many activities per week can they support? The selection here should directly relate to the number of activities scored as needed in the earlier section.
<b>Ongoing support – Safety (mornings/daytimes/evenings)</b> If a need has been identified, are family, friends or volunteers able to provide support with keeping the person safe during waking hours? If so, how many mornings (e.g. 7am to 9am), daytimes (e.g. 9am to 5pm) and evenings (e.g. 5pm to 10pm) a week?
<b>Ongoing support – Night time</b> If a need has been identified, are family, friends or volunteers able to provide support with night time needs (e.g. personal care, safety)? If so, how many nights per week?
<b>Other ongoing support</b> Are family/friends/volunteers able and willing to: Support with transport needs? Support emotionally? Support with communication needs? Support with looking after dependants? These areas are answered as Yes/No, rather than using a scale.
<b>Are there any people in particular who provide you with a high level of support?</b> If there is one person or a number of people providing a high level of support, this should be detailed here, including the current impact on them arising from the support they provide. Consider carer's assessment (joint or separate).
<b>Impact of caring on your main carer's independence; Arrangements if main carer unavailable</b> These questions capture what the impact will be on the person's main supporting family member's or friend's independence arising from the ongoing support they will provide and what the contingency arrangements will be in the event of the main carer's unavailability. Consider impact on independence, health, safety, daily routines and ability to engage in paid employment. Refer to Carers & Disabled Children's Act 2000.
<b>Further details</b>
<b>Are full breaks (through the year) required to sustain the ongoing caring situation?</b> This question captures whether the person's main carer(s) will require break(s) through the year in order for them to sustain the level of week-by-week support they provide. This decision should be taken by looking at the level of support offered, the impact score above and other factors such as the household/family situation. Consider health of carer(s) and relationship(s) with person. Carer(s) may need to be supported to recognise their need to have regular breaks from their caring role.
<b>Primary support reason</b> You are required to record the person's 'Primary Support Reason' – the main reason that means they need support (for example, physical support for personal care; learning disability support). This is required for national reporting, but is also an important item for the calculation of an Indicative Budget as it is common for the costs of different services locally to vary for people who require support for different reasons. Refer to national guidance (Ref HSCIC: 2014) regarding choosing the correct response.
<b>Anticipated living situation; Number sharing support in anticipated living situation</b> The selections here should reflect the longer-term nature of the person's accommodation and will be used to ensure any budget calculated is appropriate to their environment. 'Number sharing' is only relevant where support will be shared within the household (e.g. supported living accommodation).

**Support you will receive on an ongoing basis from family/friends/volunteers** (based on typical week)

Details of support you currently receive from family, friends or volunteers (including what's working well and not so well)

Will you receive **ongoing** support from family, friends or volunteers? Yes ☐ No ☐*If you will receive no support from family/friends/volunteers, the rest of this section does not need to be completed.*

Keeping your home clean and safe	
Managing your paperwork and finances	
Shopping for your food/essential items	
Preparing your meals/snacks/drinks and helping you to eat and drink	Mornings:
	Daytimes:
	Evenings:
Managing your personal care tasks (using toilet/managing continence, washing, dressing/undressing)	Mornings:
	Daytimes:
	Evenings:
Supporting your medication	Mornings:
	Daytimes:
	Evenings:
Social, leisure, cultural and spiritual activities	
Work, training, education or volunteering	
Ensuring you stay safe during the day	Mornings:
	Daytimes:
	Evenings:
Supporting you during the night	
Other ongoing support	Escorting you or providing transport <input type="checkbox"/> Helping you communicate with others <input type="checkbox"/>
	Providing company and emotional support <input type="checkbox"/> Helping you care for children <input type="checkbox"/>

Details of all ongoing support to be provided by family, friends or volunteers (where this is safe and can be sustained)

Are there any people in particular who provide you with a high level of support? Yes ☐ No ☐*If 'Yes', your carer(s) should be offered a joint or separate carer's assessment to discuss their caring role(s).*

Impact of caring on your main carer's independence

Are arrangements in place to support you if your main carer(s) are ill or unavailable? Yes ☐ No ☐

Details of impact and arrangements:

**Further details** (to be completed by a social care authorised person, where relevant)Are full breaks (through the year) required to sustain the ongoing caring situation? Yes ☐ No ☐ N/A ☐

Primary support reason

Anticipated living situation

Number sharing support in anticipated living situation

**Record of completion** (this section to be completed by a social care authorised person)Date of assessment: Assessment type? Initial ☐ Reassessment ☐Location of assessment: Is this a supported self-assessment? Yes ☐ No ☐

If 'No', main assessor: Assessor contact details:

## Summary of your assessment and eligibility

This section is used to identify the outcomes the person wishes to achieve, in relation to each of the eligibility domains set out by the Care Act (2014).

A person is identified as having eligible needs (and therefore to a Care and Support Plan) if two or more of the domains are answered stating that the outcomes cannot be achieved alone, in reasonable time and without significant pain, distress, anxiety, or risk to self or others, and as a result there is, or is likely to be, an overall significant impact on the person's wellbeing. The details of any decisions regarding the impact on wellbeing should be recorded, with evidence as appropriate in the details box provided.

The impact on wellbeing should be looked at **disregarding any support already in place** and should take into account the following areas, as well as the person's (or their representative's) views:

- Personal dignity and being treated with respect
- Protection from abuse and neglect
- Participation in work, education, training or recreation
- Domestic, family and personal relationships
- Control over day-to-day life (including over care and support provided and the way it is provided)
- Physical and mental health and emotional wellbeing
- Suitability of living accommodation
- Social and economic wellbeing
- Your contribution to society

### Maintaining a habitable home environment

Includes the assessment item "Maintaining your home in a sufficiently clean and safe condition".

### Managing and maintaining nutrition

Includes the assessment items "Shopping for food/essentials", "Preparing meals/snacks/drinks" and "Eating and drinking".

### Managing toilet needs

Includes the assessment item "Using the toilet/managing continence" (Your situation/How often you need support)

### Maintaining personal hygiene

Includes the assessment item "Maintaining personal hygiene".

### Being appropriately clothed

Includes the assessment items "Dressing" and "Undressing".

### Developing and maintaining family or other personal relationships

Includes the assessment items "The support you need to maintain personal relationships and engage in social activities" and "How often do you need support".

### Making use of necessary facilities or services in the local community

Includes the assessment items "Are you able to access the community?" and "The support you need to stay safe out in the community".

### Accessing and engaging in work, training, education or volunteering

Includes the assessment items "The support you need to participate in work, training, education and volunteering" and "How often do you need support".

### Carrying out any caring responsibilities for a child

Includes the assessment items "Do you have any children that are dependent on you?" and "If 'Yes', do you need support with your parenting/caring responsibilities?".

### Being able to make use of your home safely

Includes the assessment items "The support you need to stay safe at home during the day" and "The support you need to stay safe at home during the night".

### Service user/representative signature

Before the assessment begins, the issue of consent to share information should be discussed. Ensure the person understands fully who the information will be shared with and the impact of their decision if they do not agree or place limitations on sharing. Explain:

- The principles of confidentiality.
- Possible situations where principles of confidentiality may be overridden by considerations of personal or public safety.
- The reasons for and benefits of information sharing.
- That information sharing need not be all or nothing – the person may request that certain information only is shared.

Detail any requested limitations in information sharing in the free text box provided. Follow local protocols for consent to share information.

**Summary of your assessment and eligibility** *(this section to be completed by a social care authorised person)*

The Local Authority has a duty to work with you and/or your representative(s) to prepare a care and support plan when all of the following statements apply:

1. Your needs arise from or are related to a physical or mental impairment or illness.
2. As a result of your needs you are unable to achieve **two or more** of the eligible outcomes below.
3. As a result of being unable to achieve these outcomes there is, or is likely to be, a significant impact on your wellbeing.

Outcomes	Summary of your needs in each area	
Maintaining a habitable home environment	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	
Managing and maintaining nutrition	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	
Managing toilet needs	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	
Maintaining personal hygiene	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	
Being appropriately clothed	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	
Developing and maintaining family or other personal relationships	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	
Making use of necessary facilities or services in the local community <i>(including public transport, and recreational facilities/services)</i>	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details:	

<b>Accessing and engaging in work, training, education or volunteering</b>	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
<b>Carrying out any caring responsibilities for a child</b>	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
<b>Being able to make use of your home safely</b>	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:		
Are there <b>two or more</b> areas indicated as 'No' above?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Impact of your needs on your wellbeing</b>			
If 'Yes' above, is there, or is there likely to be, a significant impact on your wellbeing?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The impact on your wellbeing should be looked at <b>disregarding any support you may already have</b> and should take into account the following areas, as well as your (or your representative's) views:			
<ul style="list-style-type: none"> <li>• Personal dignity and being treated with respect</li> <li>• Protection from abuse and neglect</li> <li>• Participation in work, education, training or recreation</li> <li>• Domestic, family and personal relationships</li> <li>• Control over day-to-day life (including over care and support provided and the way it is provided)</li> <li>• Physical and mental health and emotional wellbeing</li> <li>• Suitability of living accommodation</li> <li>• Social and economic wellbeing</li> <li>• Your contribution to society</li> </ul>			
Details of the impact on your wellbeing (in the absence of any support you may already have in place):			
<b>Information and advice</b>			
Information and advice about your current needs			
Details:			
Information and advice about preventing or delaying the development of needs in the future			
Details:			
<b>Agreement</b>			
<b>I / my supporter is satisfied that I and/or (s)he was involved in this assessment as much as possible and that I / my supporter was able to express what I / s(he) felt should be taken into account:</b>			
Your signature (or signature of your supporter where relevant)		Date:	