

FACE Overview Assessment

v0.11

Family Name:	Rudakubana	Title:	Mr
Given Name(s):	Axel		
Preferred Name:		Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	7 th August 2006	Age at time of assessment:	17

Supporting you in your assessment

Preferred language:	English	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?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Do you have any difficulties with understanding and/or retaining information?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Do you have any difficulties making decisions and/or understanding their impact?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

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

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

It was advised that there is no communication issues. However, anxiety can hinder his engagement with people.

Other people involved in your assessment
e.g. advocate, family, friend, other professional(s)

About You

Your personal and family background
including important recent events or changes in your life

Axel lives at home with mum and dad. He has an older brother called Dion, who is attending university and he has his own package of care in place.

Axel has not been attending school/college for months and Dad is concerned that he was being taken off roll.

It was discussed that this is not likely to be the case as this would generally happen closer to the end of the academic year. Dad was having further discussions with SEND/School to work out the best plan of action for Axel's schooling.

What areas of your life do you most enjoy or value?
including your main interests and where you can most contribute

Mum explained that he used to be really active and he enjoyed tennis, swimming, etc.

Currently, he does not go outside completely as anxiety takes over.

He enjoys watching things on his tablet and tv. As well as chatting with family, as mum advises he feels more secure when they are home and can be in the front room with them.

He enjoys watching videos and games.

They explained that he initially had help from early help via Children Services and this didn't work as other than visiting a youth centre twice and a walk in the community then this stopped and he refused to go out.

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

What is most important in your life?

Axel was not present as he had gone upstairs when I arrived.

Parents both feel that in time he would benefit from being more activity in the community but this would have to be in a way that he did not feel pressured.

They worry that currently he is at risk of social isolation, due to not attending school and the local community spaces.

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

Parents views are reflected throughout the assessment. Axel refused to see me.

Do you have any concerns about how others treat you?

e.g. neglect, abuse, discrimination

Yes

No

Details:

No.

Your home and living situation

Based on a typical week

Includes the eligibility outcome: Maintaining a habitable home environment

Are you currently staying in a hospital or other NHS facility?

Yes

No

Current living situation:

i.e. living with friends/family/supported/sheltered

Axel lives in a semi-detached home with parents.

Current tenure:

Owner occupier or shared ownership scheme

Tenant

Tenant (private landlord)

N/A

Maintaining your home in a sufficiently clean and safe condition

Your situation

Little or no difficulty/risk (can manage alone)

Significant difficulty/ risk (sometimes needs help)

Significant difficulty/ risk (always needs help)

Unable to manage (needs one other to undertake)

Unable to manage (needs two others to undertake)

N/A

Details of your needs

maintaining your home in a sufficiently clean and safe condition

Room is tidy, as he can be very particular and extremely sensitive about things on surfaces. Therefore, his own living space as such (his bedroom) is neat and in his control.

Mum explained that he prefers to sleep on couch though and the same sensitivity does not appear to bother him here.

At times, this can be dis-organised and mum will clean this space. However, it is not felt that he would recognise the need to do this himself.

Details of what you would like to achieve
 Maintaining your home in a sufficiently clean and safe condition

To be supported

Managing Paperwork, Managing Finances

Are you able to manage your own day-to-day paperwork? Yes No

Are you able to manage your own finances? Yes No

Details of your needs
 managing paperwork, managing finances

Alfonse (Dad) is responsible for benefits, however both parents both felt that Axel had a good understanding of money and in time would be able to manage this himself.

They both explained he is very good at using the internet.

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

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:

n.a

Eating healthily and safely

Shopping for food/essentials Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preparing meals/snacks/drinks Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you need support?
 None/once daily/twice daily etc.

Eating & Drinking Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of your needs
 shopping, preparing meals/snacks/drinks, eating and drinking

Parents do everything for him in relation to shopping. He would not know without guidance long term how to manage a weekly shop and making nutritious meals a priority.

It is felt that his anxiety is potentially a barrier and can be very overwhelming for him.

The things he will make when necessary are sandwiches – ham on bread and a ready-made meal.

This again is something that feel was once good re his skills and it is known why he has lost motivation and skills to do this.

Axel is also very fussy with food and will only eat pasta, pizza, chicken nuggets, etc.

Details of what you would like to achieve
shopping, preparing meals/snacks/drinks, eating and drinking

Do you have any dietary or eating difficulties that put you at risk or require skilled support? Yes No

Your Personal Care

Based on a typical week

Includes the eligibility outcome: Managing toilet needs; Maintaining personal hygiene; Being appropriately clothed

Using the toilet / managing continence

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of your needs
using the toilet/managing continence

He can manage going to the toilet and the needs associated with this.

Details of what you would like to achieve
using the toilet/managing continence

Maintaining Personal Hygiene

e.g. wash hands/face, hair, nails, shave

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Washing Whole Body

e.g. taking bath, shower

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of your needs

maintaining personal hygiene, washing whole body

Mum advised that he can use the shower himself, but he is refusing to shower.

They prompt him and mum advised 'Nag him' to do this and then he will do it himself. It is not felt that he recognises the need for this.

Details of what you would like to achieve

maintaining personal hygiene, washing whole body

Dressing and Undressing

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of your needs

dressing, undressing

He knows what he can put on clothing wise and can dress himself. He however will refuse to put a coat on, if going out for appointments, etc.

Details of what you would like to achieve

dressing, undressing

Your Mobility

Based on typical week

Moving around the home	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does your weight impact on your mobility? e.g. if overweight or underweight/frail		No impact	Minor impact (getting around takes a bit longer)	Major impact (getting around takes a lot longer)	N/A	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a risk of harm to others when assisting with your mobility/transfers?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staying comfortable/repositioning Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of your needs staying comfortable/repositioning						
There are no mobility needs.						
Details of what you would like to achieve staying comfortable/repositioning						
Do you require regular support for a skin condition or to prevent one developing?		No support required	Support to manage risk	Support to treat condition	N/A	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any pressure ulcers?		No current ulcers	Minor ulcer(s) i.e. grade 1	Significant ulcer(s) i.e. grade 2	Severe ulcer(s) i.e. grade 3 or 4	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details of your needs managing skin condition(s)						
n/a						
Social relationships and activities Based on typical week						
Includes the eligibility outcome: 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						
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 maintaining relationships that are important to you						
Mum and Dad feel that his family are important to him, as he does enjoy being around them on the couch in the front room. Axel was not present to ask him directly.						
Details of 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	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

The support you need to stay safe out in the community	No safety concerns	Safety checks by phone	Supervision of one person	Supervision of two (or more) people			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Details of your needs staying safe in the community							
<p>Parents feel that Axel will need someone in the beginning to support him in the community as he builds his confidence up. They feel he has very good understanding of road safety.</p> <p>They feel he would be vulnerable now in the community as he is not used to being out and about.</p> <p>When anxiety wasn't present, he was a very popular boy and had lots of people around him. It is unclear what has caused a switch in his interactions.</p>							
Details of what you would like to achieve 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							
The support you need to maintain personal relationships and engage in social activities including leisure, cultural and spiritual activities							
Able to be independent	Unable to participate	Prefer not to participate	Support to travel only	Background/group support	One-to-one support	Two-to-one support (or more)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Details of your needs socialising, contributing to society							
<p>He used to enjoy very active social activities, such as walking, tennis, swimming, etc.</p> <p>He does not do anything now. They would like that to be encouraged again.</p>							
Details of what you would like to improve or change socialising, contributing to society							
<h2>Work, Training, Education and Volunteering</h2> <p>Based on typical week</p> <p>Includes the eligibility outcome: Accessing and engaging in work, training, education or volunteering</p>							
Current paid employment or voluntary work situation	Employed/Self-employed (16 hours+)	Employed/Self-employed (5 - 15 hours)	Employed/ Self-employed (up to 4 hours)	Voluntary work	Not working (seeking work)	Not working (not seeking work)	Retired
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current education/training situation	Full time education/training (16 hours+)		Part time education/training (15 hours or less)		Not in education/training		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
What would you like to improve or change about your involvement in work, training, education or volunteering?							

The support you need to participate in work, training, education and volunteering							
Able to be independent	Unable to participate	Prefer not to participate	Support to travel only	Background/group support	One-to-one support	Two-to-one support (or more)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details of your needs work, training, education or volunteering							
On roll at school, but not attending. Alfonse in meeting soon with school and SEND to discuss.							
Details of what you would like to achieve work, training, education or volunteering							
Caring for Others							
Includes the eligibility outcome: Carrying out any caring responsibilities for a child							
Do you have any children that are dependent on you?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any other caring responsibilities?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety and risk							
Based on a typical week							
Includes the eligibility outcome: Being able to make use of your home safely							
Staying safe at home							
The support you need to stay safe at home during the day consider risk of falls and/or wandering, and responding to emergencies							
No safety concerns	Alarm/alert system only (i.e. telecare)	Occasional visit(s) to check safety	Daily visit(s) to check safety	Someone else always present within the home	Constant one-to-one supervision	Constant two-to-one supervision (or more)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The support you need to stay safe at home during the night consider risk of falls and/or wandering, and responding to emergencies							
No regular night support (safe alone)	Alarm/alert system only (i.e. telecare)	One support visit per night	Two support visits per night	Three support visits per night	Someone else present all night (wake if needed)	Someone else present all night (awake)	Two (or more) people present all night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of your needs making safe use of your home							
Mum and dad says he knows what to do in an emergency and knows the emergency number.							
Are they aware of people coming to the door not being who they might say they are? Yes, he would just be there. However he would not go to the door.							
Are they able to use kitchen appliances safely? Yes but he would not use them, prefers basic meals.							
Details of what you would like to achieve making safe use of your home							

Risks					
Current risk of falls	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current risk of self-neglect causing deterioration to health/safety	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current risk of harm to self e.g. self-injury	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current risk of harm/injury to your carer	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current risk of harm to others/property	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of risks:					
<p>Parents worried about social isolation but did not identify that they felt he was at risk of anything else towards himself or others.</p> <p>They felt if anything that he could be at risk of self neglect, if her wasn't supported by them for daily tasks.</p>					
If there are concerns about your safety, a risk assessment may be needed (we will follow local Safeguarding Adults guidelines).					
Your mental health and well-being					
Do you or have you ever suffered from a serious mental health issue?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had contact with mental health services in the past year?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:					
<p>Catherine Morris – CAHMS had been involved as his anxiety has been encompassing his whole life.</p> <p>They advised they had no idea how long she would stay involved as he is dis-engaging.</p>					
Emotional well-being	No difficulties	Low/ anxious once or twice per week	Low/ anxious most days; impacts behaviour	Daily severe mood disturbance; wide impact	Continuous and severe difficulties; withdrawn
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	No difficulties	Mild but definite forgetfulness - e.g. names	Marked forgetfulness; some disruption	Disoriented in time/ place/ person	Severe disorientation

Memory / orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and decision-making	No difficulties	Some difficulty with complex decisions	Difficulty with decisions regarding activities	Severe difficulty with decisions even with support	Unable to assess/ appreciate basic risks	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviour affecting self or others e.g. aggression, self-harm	No difficulties	Occasional behaviour out of the ordinary	Behaviour of concern; no history of harm	Behaviour of concern; history of harm to self/others	Constant/ severe concern of harm to self/ others	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impact of your mood or wellbeing on your acceptance of support	No difficulties	Sometimes a problem (encouragement often needed)	Often a problem (unable/ unwilling to engage)	Usually a problem (rarely able/ willing to engage)	Always a problem (unable/ unwilling to engage)	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of your needs emotional wellbeing, memory/orientation, planning and decision-making, behaviour affecting self or others, impact of mood/wellbeing on acceptance of support						
<p>Emotional Wellbeing – he is severely withdrawn and isolated,</p> <p>Memory/Orientation – Parents did not feel there was anything wrong with his memory in general, and although he may not go out and about now, he is aware of time and place.</p> <p>Planning and Decision Making – They feel he would understand things if they speak to him, but more complex decisions may take more time.</p> <p>Behaviour affecting self or others – Not known.</p> <p>Impact of your mood or wellbeing on your acceptance of support – He will just say outright if he does not want to do something and will tell you to stop it.</p>						
Details of what you would like to achieve emotional wellbeing, memory/orientation, planning and decision-making, 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?	No risks requiring support	Fully effective (all risk is removed)	Partially effective (some risk remains)	Not effective	N/A (no support currently in place)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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

Details

including any relevant medical history

Autism
Anxiety

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

On a daily basis

On a weekly basis

On a monthly basis

Less than monthly/ rarely

Details

Needs stay the same

Details of any sensory impairment(s)

based on typical week

Impact of sensory impairment

No real impact (resolved by sight/hearing aids)

Mild impact (difficulty with some activities)

Significant impact (daily living restricted)

Major impact (limited independence/isolation risk)

Severe impact (daily living extremely limited)

N/A

Your medication and symptoms

based on typical week

Are you currently taking any prescribed medication?

Yes

No

What support do you need with taking or applying medication?

None (independent/managing with equipment)

Reminders only (e.g. telephone, telecare)

Someone present to prompt/supervise

Administration by carer/ care worker/ nurse

Specifically-trained carer/ care worker/ nurse

How often do you need support?

weekly/daily/hourly

Details of your needs

medication

n/a

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

No significant distress/ pain at present

Mild distress/ pain; arising from certain activities

Moderate/ severe distress/ pain (significant impact)

N/A

Are you getting adequate relief from pain or other distressing physical symptoms?							Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Details of your needs managing distress/pain from health conditions											
n/a											
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?		No difficulties (except strenuous exercise)		Some difficulties but no impact on daily life		Regular difficulties that limit some activities		Severe difficulties that limit most/ all activities			
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Do you have any difficulties maintaining consciousness? e.g. due to epilepsy, seizures, blackouts		No current or previous difficulties	History of difficulties but well-managed/ low risk	Occasional episodes - carer supervision needed	Occasional episodes - skilled support needed	Frequent episodes - carer supervision needed	Frequent episodes - skilled support needed	N/A			
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Support you will receive on an ongoing basis from family/friends/volunteers											
This should be 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 <input type="checkbox"/>	No <input type="checkbox"/>			
Keeping your home clean and safe											
No identified need		<input type="checkbox"/>	Some support provided by family/ friends/ volunteers		<input type="checkbox"/>	All support provided by family/ friends/ volunteers		<input type="checkbox"/>	No support provided by family/ friends/ volunteers	<input type="checkbox"/>	
Managing your paperwork and finances											
No identified need		<input type="checkbox"/>	Some support provided by family/ friends/ volunteers		<input type="checkbox"/>	All support provided by family/ friends/ volunteers		<input type="checkbox"/>	No support provided by family/ friends/ volunteers	<input type="checkbox"/>	
Shopping for your food/essential items											
No identified need		<input type="checkbox"/>	Some support provided by family/ friends/ volunteers		<input type="checkbox"/>	All support provided by family/ friends/ volunteers		<input type="checkbox"/>	No support provided by family/ friends/ volunteers	<input type="checkbox"/>	
Preparing your meals/snacks/drinks and helping you to eat and drink											
Morning											
No identified need		<input type="checkbox"/>	No support provided by family/friends/volunteers		<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed		<input type="checkbox"/>	Family/friends/volunteers support 1 morning per week		<input type="checkbox"/>
Family/friends/volunteers support 2 mornings per week			<input type="checkbox"/>	Family/friends/volunteers support 3 mornings per week			<input type="checkbox"/>	Family/friends/volunteers support 4 mornings per week			<input type="checkbox"/>
Family/friends/volunteers support 5 mornings per week			<input type="checkbox"/>	Family/friends/volunteers support 6 mornings per week			<input type="checkbox"/>	Family/friends/volunteers support 7 mornings per week			<input type="checkbox"/>
Daytime											
No identified need		<input type="checkbox"/>	No support provided by family/friends/volunteers		<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed		<input type="checkbox"/>	Family/friends/volunteers support 1 daytime per week		<input type="checkbox"/>
Family/friends/volunteers support 2 daytimes per week			<input type="checkbox"/>	Family/friends/volunteers support 3 daytimes per week			<input type="checkbox"/>	Family/friends/volunteers support 4 daytimes per week			<input type="checkbox"/>
Family/friends/volunteers support 5 daytimes per week			<input type="checkbox"/>	Family/friends/volunteers support 6 daytimes per week			<input type="checkbox"/>	Family/friends/volunteers support 7 daytimes per week			<input type="checkbox"/>

Evening							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 evening per week	<input type="checkbox"/>
Family/friends/volunteers support 2 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 4 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>
Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 evenings per week	<input type="checkbox"/>		<input type="checkbox"/>
Managing your personal care tasks using toilet/managing continence, washing, dressing/undressing							
Morning							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 morning per week	<input type="checkbox"/>
Family/friends/volunteers support 2 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 4 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 5 mornings per week	<input type="checkbox"/>
Family/friends/volunteers support 5 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 mornings per week	<input type="checkbox"/>		<input type="checkbox"/>
Daytime							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 daytime per week	<input type="checkbox"/>
Family/friends/volunteers support 2 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 3 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 4 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 5 daytime per week	<input type="checkbox"/>
Family/friends/volunteers support 5 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 6 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 7 daytime per week	<input type="checkbox"/>		<input type="checkbox"/>
Evening							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 evening per week	<input type="checkbox"/>
Family/friends/volunteers support 2 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 4 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>
Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 evenings per week	<input type="checkbox"/>		<input type="checkbox"/>
Supporting your medication							
Morning							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 morning per week	<input type="checkbox"/>
Family/friends/volunteers support 2 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 4 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 5 mornings per week	<input type="checkbox"/>
Family/friends/volunteers support 5 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 mornings per week	<input type="checkbox"/>		<input type="checkbox"/>
Daytime							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 daytime per week	<input type="checkbox"/>
Family/friends/volunteers support 2 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 3 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 4 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 5 daytime per week	<input type="checkbox"/>
Family/friends/volunteers support 5 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 6 daytime per week	<input type="checkbox"/>	Family/friends/volunteers support 7 daytime per week	<input type="checkbox"/>		<input type="checkbox"/>
Evening							
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 evening per week	<input type="checkbox"/>
Family/friends/volunteers support 2 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 4 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>
Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 evenings per week	<input type="checkbox"/>		<input type="checkbox"/>
Social, leisure, cultural and spiritual activities							
No identified need	<input type="checkbox"/>	No support provided by family/friends/ volunteers	<input type="checkbox"/>	Family/friends/volunteers support less than weekly	<input type="checkbox"/>		<input type="checkbox"/>
Family/friends/volunteers support once a week	<input type="checkbox"/>	Family/friends/volunteers support 2-3 times a week	<input type="checkbox"/>	Family/friends/volunteers provide daily support	<input type="checkbox"/>		<input type="checkbox"/>

Work, training, education or volunteering						
No identified need	<input type="checkbox"/>	No support provided by family/friends/ volunteers	<input type="checkbox"/>	Family/friends/volunteers support less than weekly	<input type="checkbox"/>	
Family/friends/volunteers support once a week	<input type="checkbox"/>	Family/friends/volunteers support 2-3 times a week	<input type="checkbox"/>	Family/friends/volunteers provide daily support	<input type="checkbox"/>	
Ensuring you stay safe during the day						
Morning						
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 morning per week
Family/friends/volunteers support 2 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 4 mornings per week	<input type="checkbox"/>	
Family/friends/volunteers support 5 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 mornings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 mornings per week	<input type="checkbox"/>	
Daytime						
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 daytime per week
Family/friends/volunteers support 2 daytimes per week	<input type="checkbox"/>	Family/friends/volunteers support 3 daytimes per week	<input type="checkbox"/>	Family/friends/volunteers support 4 daytimes per week	<input type="checkbox"/>	
Family/friends/volunteers support 5 daytimes per week	<input type="checkbox"/>	Family/friends/volunteers support 6 daytimes per week	<input type="checkbox"/>	Family/friends/volunteers support 7 daytimes per week	<input type="checkbox"/>	
Evening						
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 evening per week
Family/friends/volunteers support 2 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 3 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 4 evenings per week	<input type="checkbox"/>	
Family/friends/volunteers support 5 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 6 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 evenings per week	<input type="checkbox"/>	
Supporting you during the night						
No identified need	<input type="checkbox"/>	No support provided by family/friends/volunteers	<input type="checkbox"/>	Relative/friend is 2nd carer where 2 carers needed	<input type="checkbox"/>	Family/friends/volunteers support 1 night per week
Family/friends/volunteers support 2 nights per week	<input type="checkbox"/>	Family/friends/volunteers support 3 nights per week	<input type="checkbox"/>	Family/friends/volunteers support 4 nights per week	<input type="checkbox"/>	
Family/friends/volunteers support 5 nights per week	<input type="checkbox"/>	Family/friends/volunteers support 6 nights per week	<input type="checkbox"/>	Family/friends/volunteers support 7 nights per week	<input type="checkbox"/>	
Other ongoing support:	Escorting you or providing transport		<input type="checkbox"/>	Helping you communicate with others		<input type="checkbox"/>
	Providing company/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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Impact of caring on your main carer's independence	Little/ no restriction on activities	Minor restriction on activities	Significant restriction on activities	Many activities dropped due to caring role	Independence severely restricted	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are arrangements in place to support you if your main carer(s) are ill or unavailable?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of impact and arrangements						
Joint Assessment						
Is this a Joint Carer(s)/Cared-For Person Assessment?		No - carer refused <input type="checkbox"/>	No - not applicable <input checked="" type="checkbox"/>	Yes - joint assessment <input type="checkbox"/>		
I would like to complete the Joint Carer's supplement at this time					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Further details						
to be completed by a social care authorised person, where relevant						