

# FACE Overview Assessment

v0.11

Family Name:		Title:	
Given Name(s):			
Preferred Name:		Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	7 <sup>th</sup> 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 checked="" type="checkbox"/>	Blind <input checked="" type="checkbox"/>	Deafblind <input checked="" 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

Not really.

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

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

Using to be really active – tennis, swimming.

Doesn't go outside completely

Watches things on tablet, tv, chatting with family

Watching videos, games.

Did have help with early help

Youth centre – twice – not going back  
Walked

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

**What is most important in your life?**

**What is working well and what can you do for yourself?**

**What make you feel safe?**

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

**Is there anything or anyone in your life that can improve your situation?**

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

**Do you have any concerns about how others treat you?**  
e.g. neglect, abuse, discrimination

Yes

No

**Details:**

## 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

<b>Current tenure:</b>	Owner occupier or shared ownership scheme	Tenant	Tenant (private landlord)	N/A		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Maintaining your home in a sufficiently clean and safe condition</b>						
<b>Your situation</b>	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"/>
<b>Details of your needs</b> maintaining your home in a sufficiently clean and safe condition						
<p>Room is tidy</p> <p>Sleep on couch</p> <p>Very sensitive to things on surfaces.</p>						
<b>Details of what you would like to achieve</b> Maintaining your home in a sufficiently clean and safe condition						
<p>Room is tidy</p> <p>Sleep on couch</p> <p>Very sensitive to things on surfaces.</p>						
<b>Managing Paperwork, Managing Finances</b>						
<b>Are you able to manage your own day-to-day paperwork?</b>					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Are you able to manage your own finances?</b>					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Details of your needs</b> managing paperwork, managing finances						
<p>Alfonse (Dad) is responsible for benefits.</p> <p>Has a good understanding of money.</p> <p>Very good at the internet</p>						
<b>Are you able to access/use the Internet?</b>					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Are you using specialist technology to help you manage at home?</b> e.g. telecare					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have any concerns about your current home and living situation?</b> e.g. tenure, access/hazards, temperature, need for adaptations, smoke/carbon monoxide alarms					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Details:</b>						
<p>Room is tidy</p> <p>Sleep on couch</p> <p>Very sensitive to things on surfaces.</p>						

## Eating healthily and safely

<b>Shopping for food/essentials</b> 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"/>
<b>Preparing meals/snacks/ drinks</b> 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"/>
<b>How often do you need support?</b> None/once daily/twice daily etc.						
<b>Eating &amp; Drinking</b> 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

Do everything for him.

He would know what to do –

Anxiety – overwhelming

Sandwiches – ham on bread

Ready made meal.

Used to be good.

Fussy with food – pasta, pizza, chicken nuggets.

**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

<b>Using the toilet / managing continence</b>						
<b>Your situation</b>	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"/>
<b>Details of your needs</b> using the toilet/managing continence						
<b>Details of what you would like to achieve</b> using the toilet/managing continence						
<b>Maintaining Personal Hygiene</b> e.g. wash hands/face, hair, nails, shave						
<b>Your situation</b>	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"/>
<b>Washing Whole Body</b> e.g. taking bath, shower						
<b>Your situation</b>	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"/>
<b>Details of your needs</b> maintaining personal hygiene, washing whole body						
<p>He can shower but he is refusing to shower.</p> <p>Nags him and then just does it himself. Doesn't recognise</p>						
<b>Details of what you would like to achieve</b> maintaining personal hygiene, washing whole body						

<b>Dressing and Undressing</b>						
<b>Your situation</b>	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"/>
<b>Details of your needs</b> dressing, undressing						
He knows what he can put on. He refused to put a coat on.						
<b>Details of what you would like to achieve</b> dressing, undressing						
<b>Your Mobility</b> Based on typical week						
<b>Moving around the home</b>	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"/>
<b>Transfers</b>	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"/>
<b>To what extent does your weight impact on your mobility?</b> 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"/>	
<b>Is there a risk of harm to others when assisting with your mobility/transfers?</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Staying comfortable/ repositioning</b> 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"/>
<b>Details of your needs</b> staying comfortable/repositioning						
<b>Details of what you would like to achieve</b> staying comfortable/repositioning						
<b>Do you require regular support for a skin condition or to prevent one developing?</b>		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"/>
<b>Do you have any pressure ulcers?</b>	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"/>
<b>Details of your needs</b> managing skin condition(s)				
<b>Social relationships and activities</b> Based on typical week				
<b>Includes the eligibility outcome:</b> 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				
<b>The relationships that are most important to you and anything you would like to improve or change</b> e.g. relationships with carers, family, friends, neighbours, volunteers				
<b>Details of your needs</b> maintaining relationships that are important to you				
<b>Details of what you would like to achieve</b> maintaining relationships that are important to you				
<b>Are you able to access the community?</b>	Yes, independently	Yes, if accompanied	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>The support you need to stay safe out in the community</b>	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"/>
<b>Details of your needs</b> staying safe in the community				
Someone in the beginning				
Road safety – very good.				
Stranger – he was a very popular boy, lots of people around him.				
<b>Details of what you would like to achieve</b> staying safe in the community				
<b>The activities that are most important to you and anything you would like to improve or change</b> including social, leisure, cultural and spiritual activities; making a meaningful contribution within society				
<b>The support you need to maintain personal relationships and engage in social activities</b>				

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

**Details of what you would like to improve or change**  
socialising, contributing to society

## Work, Training, Education and Volunteering

Based on typical week

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

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

**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

For example

Emergency – Can they safely get out on their own?  
Knows the emergency number.

Are they aware of people coming to the door not being who they might say they are?

Are they able to use kitchen appliances safely?

He would just be here.

### 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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:

Catherine Morris – CAHMS b

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"/>	
Memory / orientation	No difficulties	Mild but definite forgetfulness - e.g. names	Marked forgetfulness; some disruption	Disoriented in time/ place/ person	Severe disorientation	
	<input checked="" 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

Emotional Wellbeing –

Memory/Orientation –

Planning and Decision Making –

Behaviour affecting self or others –

Impact of your mood or wellbeing on your acceptance of support -

Will say it. Stop it.

**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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Details**

Needs stay the same							
<b>Details of any sensory impairment(s)</b> based on typical week							
<b>Impact of sensory impairment</b>	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	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Your medication and symptoms</b> based on typical week							
<b>Are you currently taking any prescribed medication?</b>					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>What support do you need with taking or applying medication?</b>	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		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>How often do you need support?</b> weekly/daily/hourly							
<b>Details of your needs</b> medication							
<b>Does your physical condition or any medication that you are taking cause you distress or pain?</b>	No significant distress/pain at present	Mild distress/ pain; arising from certain activities	Moderate/ severe distress/ pain (significant impact)	N/A			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Are you getting adequate relief from pain or other distressing physical symptoms?</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Details of your needs</b> managing distress/pain from health conditions							
<b>If you have needs in relation to medication, arrangements may need to be made for a review or an appropriate referral.</b>							
<b>Do you have any difficulties with breathing?</b>	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"/>			
<b>Do you have any difficulties maintaining consciousness?</b> 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"/>

# 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  No

## 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"/>
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## 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"/>
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## 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"/>
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## 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 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 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 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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>
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	<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"/>		<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 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"/>		<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"/>		<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 6 evenings per week	<input type="checkbox"/>	Family/friends/volunteers support 7 evenings per week	<input type="checkbox"/>	
<b>Supporting you during the night</b>						
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 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"/>	
<b>Other ongoing support:</b>	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"/>
<b>Details of all ongoing support to be provided by family, friends or volunteers where this is safe and can be sustained</b>						
<b>Are there any people in particular who provide you with a high level of support?</b>					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Impact of caring on your main carer's independence</b>	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"/>
<b>Are arrangements in place to support you if your main carer(s) are ill or unavailable?</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Details of impact and arrangements</b>						
<b>Joint Assessment</b>						
<b>Is this a Joint Carer(s)/Cared-For Person Assessment?</b>	No - carer refused		<input type="checkbox"/>	No - not applicable		<input checked="" type="checkbox"/>
<b>I would like to complete the Joint Carer's supplement at this time</b>					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Further details</b>						
to be completed by a social care authorised person, where relevant						