|  |  |  |  |
| --- | --- | --- | --- |
| **Care Act Assessment** | | | |
| * **When completing the assessment always remember that it is about the person you care for, not the person completing the form** * **We have made suggestions based on the assumption that it will be the family carer who will be completing the form on their family members behalf and that it is being completed for a family member who has a learning disability** * **A social worker cannot assume that the family carer is willing and able to provide care and support** * **The purpose of the assessment should be to discover what the person concerned believes would constitute a ‘good life’ for them** | | | |
| **Basic Demographic Details:** | | | |
| Title: |  | Date of Birth: |  |
| Surname: |  | Gender: |  |
| Forename: |  | NI Number: |  |
| Preferred Name: |  | NHS Number: |  |
| Ethnicity: |  | Religion: |  |
| Address: | | | |
| Contact Numbers: (home and mobile if applicable) | |  | |
| **Accommodation Details:** | | | |
| Your current living situation: | |  | |
| Type: (e.g. Flat, detached house/ bungalow) | |  | |
| Tenure (e.g. owner/occupier): | |  | |
| Social Housing Provider (if applicable): | |  | |
| Lives Alone:  (If no, please record household composition) **Who else lives in the house with the person being cared for including siblings.** | | Yes / No | |
| **Supporting you in explaining your situation:** | | | |
| What support, if any do you need when talking to us about your situation?  This might include a family member, friend or independent advocate; specialist communication support/devices; any other professional. | | | |
|  | | | |
| Do you need someone to support you with making important decisions?  Yes / No  If yes, please provide further details:  Under the Care Act 2014, local authorities must arrange an independent advocate to facilitate the involvement of a person in their assessment if the person has **substantial difficulty** in being fully involved in these processes and if there is  **no one appropriate available** to support and represent the person’s wishes. It cannot be assumed that a family member is an appropriate advocate so a social worker has to ask the person if they are happy for them to act in this role. | | | |
| Do you have a Power of Attorney?  This means the Family Carer or appropriate adult have written authorisation to represent or act on another person’s behalf which has to be registered with the Office of the Public Guardian. | | None 🗌 Welfare 🗌  Finances 🗌 Finances and Welfare 🗌 | |
| Do you have a current Court of protection? You have authorisation granted by the Court of Protection to make decisions on behalf of someone who lacks mental capacity | | None 🗌 Welfare 🗌  Finances 🗌 Finances and Welfare 🗌 | |
| Details:  Is it Enduring or Lasting? Is it registered or nominated/applied for? Have the original documents been seen?  Enduring P of A (EPA) gives legal authorisation to act on someone else’s behalf in legal & financial matters which can continue after the person granting it loses mental capacity.( Does not cover health & welfare)  Lasting P of A (LPA) – replaced EPA’s. LPA’s are created by those who can see a time when they will ‘lack capacity’ to look after their own affairs. The LPA is created & registered with the Office of the Public Guardian.  An EPA or LPA must be registered with the Office of the Public Guardian before it can be used.  When a person turns 18 & they are deemed to lack capacity & there is a need for ongoing decision making, a trusted person can apply to the Court of Protection to become a Deputy. You can apply to be a deputy for  **Personal Welfare** (where they live, health care, personal care) &/or **Property & Affairs** (property, possessions, finances).  **NOT EVERY FAMILY CARER WILL HAVE TO APPLY TO BECOME A DEPUTY**. If a person’s only income is benefits & they have no property or savings you can become an **APPOINTEE**. A Deputy is more likely to be needed to deal with a tenancy or mortgage agreement. | | | |
| **Your Strengths and Needs** | | | |
| **About you:** | | | |
| What if anything, has changed in your life recently?  Such as Bereavement, illness, hospital admission and change in long term conditions.  This could include things such as leaving school/college, a move out of the family home or in to alternative accommodation, an unexpected illness, a move from a different location e.g. residential college, the loss of a family member.  It could also include a change in your own physical or mental health or emotional well-being or a change in the health of the person/s caring for you, which may impact on their ability to support you. | | | |
| What and who are important to you?  Such as anything related to your culture, ethnicity, religion, sexual orientation, spirituality, relationships or lifestyle. Tell us what a good day looks like?  **WHO:** This could include immediate and extended family members; close friends who they enjoy going out and having fun with, people they see on a regular basis when attending activities. It may include neighbours, other people they meet at day services, a pet, a famous person, a politician, the postman...  Think about who they rely on, who visits them frequently, who do they ask to see, who do they miss & why can’t they see/keep in touch with these people. Are there any other relationships they have that they would like to maintain and if so, how can they stay in touch? Who do they communicate with, how and how often? Are there other people who help them & what professionals are involved in their life?  **WHAT:** Think about the persons day & what is important to them that helps them through the day. You might start by looking at what a good day and a bad day would look like from their perspective. Who would be there? What would they be doing to make this a good day? What might turn a good day into a bad day This could include the actual structure of the day and the importance of routine - from getting up to going to bed, an important object that they carry with them, watching a certain programme, only wearing certain types of clothing, eating certain types of food, having a daily walk etc. | | | |
| What do you enjoy doing?  For example, where do you like to go, what hobbies, interests or skills do you have? What clubs and community groups are you a member of? What would or could you try that is new?  In this section think about what the person is good at and what is important **TO** the person.  What do they enjoy doing?  What did they enjoy doing but can no longer do?  What would they like to be better at?  What do they think they can do better or more of?  What do they think they can do to improve themselves and their well-being?  What do they think they will help, if not to make things better, then at least to prevent things from getting worse?  It could include things such as going out for a drive in the car, staying connected with friends and family (especially important if no longer attending school/college or a regular activity). Going to an activity such as horse-riding, swimming, or a regular club or going outside every day. Could be listening to music and dancing, going to the cinema, going to the gym, being with animals, dressing up as a superhero, travelling on a bus, watching their favourite football team | | | |
| **Your Health:** | | | |
| How does your physical health affect you or other people?  Including managing any sensory needs, looking after your skin, managing breathing and any other health or medical concerns diagnosed and undiagnosed. Are you using any equipment or assistive technology and how is it being maintained?  In this section you need to include any diagnosis and physical health issues a person may have which has an impact on their day to day life. This could include things like mobility issues & needing support to walk any distance, up and down stairs, in and out of a vehicle, difficulty getting dressed and undressed due to fine motor skills and sensory issues, (buttons, zips, sleeves, shoes) support needed for personal care for example getting in and out of a bath, hand eye co-ordination which affects food preparation and eating (nutrition) & taking medication, (food needs to be blended, cut up, won’t touch food due to sensory issues) do they need support to visit a podiatrist. Do they have low muscle tone which affects their movement – if so what happens? How do they need support?  Do they need to use assistive technology such as a tablet? Do they need a wheelchair? | | | |
| How does you mental well-being affect you or other people?   |  | | --- | | Including remembering things; finding your way around; making decisions; your behaviour; your emotional well-being; anxiety or any other mental health condition. Are you using any equipment or assistive technology and how is it being maintained? |  |  | | --- | | In this section think about what support someone may need to make decisions. This could impact their ability to go out and get to places. Are they able to go out independently or do they need support? Watching videos or using a tablet may be important to them, but what happens if they do this all day – does this impact their mood. Does lack of structure have an impact on them – some people need a routine to follow. What happens if a routine changes? Do they need support to interact with other people? Do they become anxious with a change of routine? How do you support them to reduce their anxiety? Do you need to plan ahead or is it better to wait until the last moment? | | | | |
| Is there someone who supports you with your physical health and mental well-being?  Yes / No  Details: (e.g. who is that person and what is their relationship to you?)  List all people involved in the person’s life including all family members and friends, not just professionals.  It could include people such as immediate and extended family members, friends, support staff, personal assistants, social care professionals, health professionals, school/college staff, advocates etc | | | |
| Your health needs and medication:  Including regular prescribed and ‘take as needed' (PRN) medication; application of creams or lotions; use of medical equipment; making health appointments; collecting prescriptions; making sure medication is reviewed accordingly. Are you using any assistive technology to help you with your medication?  List both prescription and non-prescription medication  Are they able to take medicine independently or do they need support to both remember and administer medicine?  Are they able to take tablets or only liquid forms of medicine?  Do they need support to help look after their skin if they suffer from eczema?  Are they tube/peg fed?  Do they have any known allergies? | | | |
| **Your Well-being (Care Act Outcomes:** | | | |
| Your Support Networks and resources:  Such as knowledge of the local community; access to and using public transport, shops and recreational facilities; being able to attend appointments; being able to access and engage in work, training, education or volunteering opportunities. Consider if there are any other resources the person may not know about. What can we do to help you with engaging in your community?  In this section also consider activities that a person may have once done and enjoyed but isn’t able to do so now. Why aren’t they able to? Is it because they don’t have the right support? Would they like to go again?  How is the person able to go out in the community or attend appointments? Are they independent or so they need support to go out? If they need support, what level of support?  Are they still in education? Would they like to further their education? If so how do they get there? Do they need transport?  Do they need 1: 1 support for volunteering or working?  Is there someone already attending an activity that could take them? | | | |
| Your relationships:  Including being able to keep in contact with family, friends or colleagues and how you keep in contact with them? Being able to meet new people and make new friends.  Who is important in the person’s life?  Does the person need support to maintain contact with friends, family etc? Would they lose contact if that support was not in place? Are they able to speak on a phone or do they need technology such as a tablet to help them maintain contact? Do they like to send letters or cards to them? If so, do they need help to do this?  Do they have a partner they wish to see? How are they supported to keep in contact with them?  Are they encouraged to make new friends? If this is something they would like to do what help would they need with this? | | | |
| Caring for others:  Including looking after children aged under 18; looking after adults needing care and support; looking after pets.  Do they have children?  Do they support an elderly parent? Do they live with an elderly parent?  Do they have a pet? If they don’t have one, would they like one? | | | |
| Looking after your home:  Including tidying and cleaning; taking out rubbish; gardening; general maintenance; washing/folding/ironing clothes; making the bed; managing temperature and utilities; managing hazards or risks; presence of smoke or carbon monoxide alarms. Consider the impact of any sensory needs.  In this section list what support the person needs to live in and look after their home. Are they able to carry out any tasks independently or do they need some support in some areas and not others? Do they have any sensory needs that mean they find it difficult to carry out any tasks, for example dyspraxia, low muscle tone, hyper tactile, sensory processing etc. Make sure you include all the things you support them with too. What would happen if this support was not there?  Could they respond to an emergency? What if there was a fire or a power cut for example? Would they be able to respond to the situation and understand the danger? | | | |
| Managing your money:  Including completing essential paperwork; applying for benefits; paying bills; budgeting; managing current and savings accounts; managing direct payments (if applicable); avoiding/managing debt. Record details of any benefits currently being received, Lasting Power of Attorney, Deputy or Appointee below, as well as detailing any conversations around full cost arrangement and management fees.  Managing money could include managing their everyday finances, overseeing a person’s bank account as well as applying for benefits on their behalf, managing Direct Payments if they get them, paying their bills including staff wages if they employ Personal Assistants.  If you, as the family carer look after the person’s finances, think about what it is you do on a daily, weekly, monthly, yearly basis to ensure the person’s finances are up to date. List all the help that you provide. Other things to consider are:  Does the person you support have any concept of the value of money or could they potentially be subject to financial abuse if they did not have any support?  As the family carer, are you prepared to manage their money or would you rather someone else do it?  Do you know that if a person is in receipt of care from Adult Social Care, that they will undergo a financial assessment to see what contribution they need to make towards the cost of their care?  Do you know what Disability Related Expenditure is? Disability Related Expenditure is the additional costs that occur that are related to a person’s disability? This will be specific to each individual but could include special washing powder, high electricity costs, special clothing, specialist equipment, special food, etc. | | | |
| Shopping, eating and drinking:  Including shopping for food/essentials; maintaining a nutritious diet; preparing meals, snacks and drinks; eating and drinking; an awareness of potential risks or hazards in the kitchen. Is there any equipment or assistive technology in place?  Is the person able to go and shop for ingredients independently?  Are they able to prepare a shopping list? Are they able to read a recipe?  To what extent Is the person able to prepare their own meal? (and we don’t mean just a sandwich or ready meal in the microwave).  Are they able to cut up food? If not why not?  Are they able to open a tin or measure out quantities of food?  Are they able to use a microwave, oven, or hob? If not, what is it that prevents them from being able to do these things?  Are they aware of potential hazards such as burning or cutting themselves or causing flooding etc?  Are they able to boil a kettle and make a drink for themselves?  Do they need a straw to help them drink?  Think about all the help you might have to give them. | | | |
| Managing your personal hygiene and appearance:  Including dressing and undressing and choosing weather and situation-appropriate clothing; adjusting/removing clothing; laundering your clothes; washing whole body; managing personal appearance; hair, nail and oral care; using the toilet/commode/other continence aids and accessing toilet facilities inside and outside your home. Is there any equipment or assistive technology in place?  Also consider things such as:  Does the person need to be reminded to wash their hands and apply sanitiser?  Are they able to wash and dry their body properly when getting out of the bath/shower?  Do they need support brushing their hair as well as going to get their hair cut?  Do they need support around personal hygiene – shaving etc  Are they able to clean their teeth to the level that a dentist would expect?  Do they need prompting to go to the toilet? Do they understand the importance of healthy bowel movements and recognising when something isn’t right?  Do they have podiatry needs and help with cutting toe nails etc. | | | |
| Moving around and being safe at home:  Including staying comfortable and turning in bed; moving around or between rooms; getting in or out of bed/chair/bath/shower; getting on or off toilet/commode; accessing any outside space at home; getting in or out of the property. Consider the impact of any sensory needs and property layout and stairs. Are you using any equipment or assistive technology?  Include  Monitoring heat, being aware of tripping hazards, mobility on stairs – do they need double bannisters, turning on and off hot taps, running a bath/shower, touching hot radiators/kettles, getting in and out of the bath/shower, window locks, electric socket covers, tripping hazards, unlocked doors etc | | | |
| Anything else you would like to tell us?  This section gives you the opportunity to include things that may be very specific to the person themselves. For example how important it is to always have electrical equipment charged so that it is always available or how important it is that they are have a certain toy with them to help with anxiety. | | | |
| **Staying safe and managing risk:** | | | |
| Have any risks been identified?  Where might taking risks be a positive thing, for example trying new activities? How are risks managed now and how could risks be managed in the future? How effective is the support of others in reducing risks to you or others around you? Is there anything that is too restrictive and how could it be changed?  Think about the activities the person may want to have a go at such as going on holiday, attending a football match, flying in an airplane, going swimming, walking on their own to an activity, getting the bus by themselves etc and what support they would need to be able to achieve this.  Does the person have a DOLS? (Deprivation of Liberty)? The Mental Capacity Act allows restrictions and restraint to be used in a person’s support, but only if they are in the best interests of a person who lacks capacity to make the decision themselves. Restrictions and restraint must be proportionate to the harm the carer/support worker is seeking to prevent and can include use of medication to calm a person; close supervision in the home; requiring a person to be supervised when out; physically restraining a person from doing something which could cause them harm; removing items from a person which could cause them harm; holding a person so they can be given care, support or treatment; the use of bedrails, wheelchair straps, restraints in a vehicle and splints, or repeatedly saying to a person they will be restrained if they persist in a certain behaviour. An example would be keeping the door locked to the house so a person stays safe.  Would they need support around financial abuse or stranger danger – are they vulnerable and at risk to abuse and what support do they need? This could include online and telephone scams.  Do they experience behaviour that is challenging? Does it stop them from achieving things in their daily life such as making friends or concentrating on activities? Are they at risk of harming themselves or others? | | | |
| What additional actions are required to be completed?  (Only to be completed by the professional carrying out the assessment)  Specialist assessment (Occupational therapy / Sensory Impairment) 🗌  Risk Strategy Tool 🗌  Raise a Safeguarding concern 🗌  Mental Capacity Assessment 🗌  None 🗌 | | | |
| **Other Support:** | | | |
| What other support or help do you get and how often?  Consider family, friends, neighbours, other professionals (e.g. community nurse, private care), community groups and networks, e.g. regular calls from someone, groups you belong to, places and people you enjoy visiting.  Think of any support they get from other’s including both family and friends as well as the community and professionals. | | | |
| Can the support that you have in place continue on an on-going basis? If not, what kind of support do you need?  Is the support working for your family member? Have they said or expressed an interest in being supported in a different way? For example, would they like to live independently?  Is the family carer finding it harder to continue to provide support?  Think about the kind of support that needs to be put in place if the current support needs to change. | | | |
| Has an informal carer been involved in the assessment?  Yes / No / Does not apply  Details: Including if the informal carer is willing and able to continue to provide care? What support do you think you need? (Including any aspects of care, you think are important, valuable and positive)  If you are struggling to continue to care for the person, you need to make this clear to the social worker. No one will think any less of you.  Remember, when the person you support turns 18, the Care Act clearly states that the carer needs to be willing and able to continue with their caring duties.  You may have other family members that you need to look after, you may be caring for elderly parents, you may work or volunteer. All these things can impact on your caring role. The Local Authority have a duty of care to provide support to anyone over 18 and cannot expect family to continue in their caring role.  Be clear about what support you are willing and able to do and what you are not. | | | |
| Does your informal carer, care for more than one person?  Yes / No  Details:  Do you have other caring responsibilities such as an elderly parent, another family member or friend?  Looking after other children in the family does not mean you are a carer unless they need additional support that you provide unpaid. | | | |
| Have we offered a Carer’s Assessment to any informal carer(s) you have?  Yes / No  If you are a carer you can complete a carers assessment which registers you as a carer with the council.  <https://www.oxfordshire.gov.uk/residents/social-and-health-care/looking-after-someone/carers-assessment>  If yes, please provide the name of the informal carer who has been offered the assessment:  Name:  **Contact details for Carers Oxfordshire are** – Telephone: 0345 050 7666, Email: carersoxfordshire@oxfordshire.gov.uk | | | |
| **Summary of Assessment:** | | | |
| Professionals summary of the conversation and recommendations:  (Only to be completed by the professional carrying out the assessment) | | | |
| **Eligibility Decision:**  (Only to be completed by the professional carrying out the assessment)  The Local Authority has a duty to work with you 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 health illness 2. As a result of your needs you are unable to achieve **two or more** of the outcomes below from the national eligibility guidelines   Do the adult’s needs arise from or are related to physical or mental condition or illness? (including learning disability and autism)  Yes / No | | | |
| **Ongoing care and support:**  (Only to be completed by the professional carrying out the assessment)  **Is a budget needed for on-going care and support?**  **Yes / No**  **As a result of the assessment, the person requires support to:**  (Only to be completed by the professional carrying out the assessment)  Make use of the necessary facilities or services in the local community  Develop and maintain family or other relationships  Access and engage in work, training, education or volunteering  Carry out any caring responsibilities for a child  Maintain a habitable home (Environment (including finances)  Manage and maintain nutrition (including medication)  Be appropriately clothed  Maintain personal hygiene  Manage toilet needs  Be able to make use of your home safely | | | |
| **Agreement:** | | | |
| |  | | --- | | I am (or the person supporting me is) satisfied that: • I was (and/or they were) involved in providing this account of my situation as much as possible. • I was (and/or they were) able to give details of everything that needed to be included. |  |  |  | | --- | --- | | Your name (or the name of the person supporting me where relevant): |  | | Your signature (or the signature of the person supporting me where relevant):  Any additional information: |  | | | | |
| **Privacy and information Sharing:** | | | |
| Your personal data will be held securely and will only be shared with professionals in line with the requirements of the current data protection legislation.   Do you understand how your information is shared?  Yes, I understand 🗌  Unable to understand 🗌  Further details about how we process personal data can be found in our Privacy Notice: <https://intranet.oxfordshire.gov.uk/cms/content/privacy-design> or call the Social and Health Care Team on 0345 0507666. | | | |
| Have you, the professional, given a copy of the "Privacy" notice to the person, representative or family member?  Yes / No  (Only to be completed by the professional carrying out the assessment) | | | |