

**NORTH LANARKSHIRE**

**SOCIAL HISTORY**

**Analysis of Need** Information should include the person's family background providing details about the person's position within the family. Relationships with family members, relationship with partner, relationship with own children, relationship with extended family and relationships friends and neighbours. Also include information on current or last occupation, work history, education and relevant life experiences

Text...

**COMMUNICATION**                      Yes                       No                       Not Considered

**This section will consider all forms of communication**

**Analysis of Need** The person should be central to the process of assessment and to do this it is essential to understand and record how they communicate. You have already noted the person's preferred language, and whether there is a need for interpreter or sign language service. This section should contain more detailed information about the person's communication style. This section should contain information on how the person expresses views, understands spoken and written language and listens to others. You should also note particularly how the person manages in their home, in social settings, in more formal situations, how they use the telephone, use emergency call systems if in place. You should consider how the person recognises family, close friends, other key people and support providers. You should pay particular attention to any sensory impairment and the impact on communication..

	No Need	Need	Need Met	Not Considered
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Text...

**Outcome** Improved Communication/Sustaining social contact and company/Valued and Included

Text.....

**FINANCE**

Yes  No  Not Considered

**Analysis of need** The section should include current income and savings. Details of benefits claimed should also be recorded along with a completed FA1.

Remember that service users are expected to make a contribution to the cost of their package if support is required and should be advised of this potential.

No Need Need Need Met Not considered

Income Maximisation

Text...

**Outcome** Economic Wellbeing

**PERSONAL CARE**

Yes  No  Not Considered

**Analysis of need** This section covers all aspects of personal care including washing, dressing, toileting, nail care, hair care, skin care, shaving and applying make-up..

No Need Need Need Met Not Considered

Balance and falls risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is the person able to wash his/her hands and face?**

- A Without Difficulty
- B Without difficulty using equipment or an adaptation
- C Has difficulty even when using equipment or an adaptation
- D Requires prompting, guidance, supervision or encouragement
- E Cannot do without assistance from others

**Is the person able to give himself / herself a complete wash, a bath or a shower?**

- A Without difficulty
- B Without difficulty using equipment or an adaptation
- C Has difficulty even when using equipment or an adaptation
- D Requires prompting, guidance, supervision or encouragement

E Cannot do without assistance from others

**Is the person able to wash his / her own hair?**

A Without difficulty

B Without difficulty using equipment or an adaptation

C Has difficulty even when using equipment or an adaptation

D Requires prompting, guidance, supervision or encouragement

E Cannot do without assistance from others

No Need    Need    Need Met    Not Considered

Nail/skin care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dress/undress

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Is the person able to dress / undress himself / herself?**

A Without difficulty

B Without difficulty using equipment or an adaptation

C Has difficulty even when using equipment or an adaptation

D Requires prompting, guidance, supervision or encouragement

E Cannot do without assistance from others

No Need    Need    Need Met    Not Considered

Toilet Use

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

A Is independent

B Is independent with catheter or colostomy and equipment or adaptations

C Needs assistance

D Requires encouragement, prompting or supervision

E Requires complete assistance

F Does not use the toilet

No Need    Need    Need Met    Not Considered

**Eating a meal**

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When eating a meal, the person ...

- A Eats without assistance
- B Eats without assistance using equipment
- C Eats with help, e.g., cutting up or puréeing food
- D Eats with encouragement, prompting or supervision
- E Requires complete assistance
- F Receives nutrition by tube or infusion

No Need      Need      Need Met      Not considered

**Food and drink preparation**

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**Is the person able to prepare, cook and serve himself / herself a main meal?**

- A Without difficulty
- B Without difficulty using equipment or an adaptation
- C Has difficulty even when using equipment or an adaptation
- D Requires prompting, guidance, supervision or encouragement
- E Cannot do without assistance from others

**Is the person able to prepare himself / herself a light snack (e.g. sandwich)?**

- A Without difficulty
- B Without difficulty using equipment or an adaptation
- C Has difficulty even when using equipment or an adaptation
- D Requires prompting, guidance, supervision or encouragement
- E Cannot do without assistance from others

**Is the person able to prepare himself / herself a hot drink (e.g. cup of tea)**

- A Without difficulty
- B Without difficulty using equipment or an adaptation

- C Has difficulty even when using equipment or an adaptation
- D Requires prompting, guidance, supervision or encouragement
- E Cannot do without assistance from others

	No Need	Need	Need Met	Not Considered
Nutrition and Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Text...

**Outcome** Keeping Clean and comfortable

Text

**COMMUNITY LIVING**      Yes       No       Not Considered

**Analysis of Need** This section will cover 6 main areas but can be used to detail any other issues not identified below. Relationships and Family Networks not covered in social history. Can the person make new friends and maintain friendships? Spiritual, religious and cultural matters ' you should note any issues relating to ethnicity and culture, worship or other religious observations. Note any specific requirements in relation to diet and care arrangements when accessing community facilities. Transport and Getting Around ' How does the person manage public and private transport? Can they get in and out of the car? Does the person manage to use a bus, train, taxi, and aeroplane, how far can they walk outdoors? Employment ' If the person is in employment please note if this is full time, part time or voluntary. Are they retired, unemployed or have they never been employed? If they are retired or employed ' please note the detail of when.

	No Need	Need	Need Met	Not Considered
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual/Religious and cultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships and family networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport and getting around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and Recreational issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Text...

**Outcome** Enjoying and Achieving; Making a Positive Contribution; Respected and Responsible

Text

**HOME AND DOMESTIC ENVIRONMENT**Yes No Not Considered 

**Analysis of Need.** This section includes how the person manages the environment both within their home and immediate locality and impact this has on their quality of life. Consider advantages/disadvantages of adaptations or alternative solutions. You should record how the person manages their home environment and note any assistance in place or required. Consideration should be given to housework, laundry, cooking, heating, lighting and home security. Also note how the person manages home appliances both gas and electrical, how they managed telephone bills, mail and finances generally. Are there any pets in the house, does their care present any difficulty? Record any potential hazards or difficulties in relation to the different areas of the home, including the lounge, kitchen, dining area, access to the house. Household composition ' comment on whom the person lives with and note any dependent adults or children.

	No Need	Need	Need Met	Not Considered
House care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining a secure home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety with appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage in home environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing money and finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Text...

**Outcome** Enjoying a clean and orderly environment

Text

**PHYSICAL HEALTH AND MOBILITY**Yes No Not Considered 

**Analysis of Need** This section should cover the person's physical health, stability of health needs, medication and health improvement. Please provide details of any medical conditions and treatments and their affect on independent living. The following areas should be considered specifically: Eyesight, hearing, speech, continence, bowel management, breathing, diet, swallowing, dental care, pain management, allergies, sleep, skin care, epilepsy (including type, precipitating factors, frequency, affect on life, medication). Provide detail of any adaptations or equipment in place to assist the person. Any hospital admissions over the past 12 months should also be noted.

	No Need	Need	Need Met	Not Considered
Health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**When transferring from bed to a chair or wheelchair, the person ...**

- A Transfers independently
- B Transfers independently using equipment or adaptations
- C Needs the assistance of one person

- D** Requires the encouragement, prompting or supervision of one person
- E** Needs the assistance of more than one person (with or without equipment)
- F** Does not transfer from bed to chair (e.g., confined to bed, etc.)

	No Need	Need	Need Met	Not Considered
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Management (IORN 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Does the person require any of the following interventions or treatments relating to bowel Management?**

**Provision of assistance, guidance, prompting or supervision to maintain bowel functions**

- A**  **N** or less than once a week, on average
- B**  **More than once a week, on average**

**Text...**

**Outcome** Being healthy/keeping active and alert

Text

**MENTAL HEALTH**      Yes       No       Not Considered

**Analysis of Need.** Record any general observation on mood, affect, and motivation as well as any specific mental health condition. Provide information on the condition, how long have they had it, how it has affected the person. Does the condition require treatment, how often, and who provides it? How does the person feel about their health, do they understand it, are they aware of it?

	No Need	Need	Need Met	Not Considered
Problems with memory, understanding and orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has the person exhibited any of the following behaviours in the last four weeks? (Please tick one box for each behaviour, the scores for the questions are simply the value of the box ticked, either 1 or 2.)**

**A. Agitation/Restlessness**

Is the person agitated or restless?

- 1  Twice or less in the last four weeks  
2  Three times or more in the last four weeks

**B. Disturbance/Disruption**

Has the person disturbed or disrupted other people?

- 1  Twice or less in the last four weeks  
2  Three times or more in the last four weeks

**C. Verbal aggression**

Is the person verbally aggressive?

- 1  Twice or less in the last four weeks  
2  Three times or more in the last four weeks

**D. Resistiveness**

Is the person unco-operative or resistant to help with their care?

- 1  No  
2  Yes

**E. Relationships**

Has the person had difficulty with key relationships?

- 1  No  
2  Yes

**F. Risk**

Has the person's behaviour constituted a risk of harm to themselves or to others?

- 1  No  
2  Yes

Text...

**Outcome.** Improving wellbeing; Confidence and / or Morale: Regaining skills level capacity

Text

**DRUG AND ALCOHOL DEPENDENCY** Yes  No  Not Considered

**Analysis of Need.** If drug and/or alcohol use has a significant impact on daily living, describe here. Include the use in the last seven days.

Text...

**Outcome** Maintaining Health and Wellbeing; Reducing Risk of Harm

Text

## **RISK ASSESSMENT**

**Analysis of Need** Describe any risk posed by or to the person, whether it is low to high. Is there risk from self, from others or to others. Please describe a detailed explanation and give examples where appropriate. Detail previous history.

Text...

## SERVICE USERS VIEWS

Text...

## CARER(S) VIEWS

**Analysis of Needs** How does the carer view the need and issues arising from the assessment? It is particularly important to note where the carer's views are different from the person being assessed. (Please note that the carer who provides regular and substantial care has a statutory right to an assessment of their support needs, which should be recorded in the carer needs section.)

Text...

CARER NEEDS/RESOURCE PLAN

Yes

No

Not Considered

**Analysis of Needs** How does the carer view their own needs? Are they able to sustain their caring role? Do they have an independent life from their caring role? Indicate if a carer assessment/resource plan will be carried out to explore these issues further. Note that any person providing regular and substantial care has the statutory right to an assessment of their own support needs.

Text

## OTHER(S) VIEWS

**Analysis of Needs** Others views may include for example next of kin, friends, neighbours, care providers, advocacy services, other professionals.

Text...

## Summary of Assessment

Text

**Intended Outcomes** Suggestion might include: Improvement of quality of life for the carer, better able to manage the caring role, better health and wellbeing outcomes. Examples of outcomes are provided above but the assessing worker should insert person-centred outcomes. Identify the intended outcomes to be achieved for the individuals for this section. Please remember that the outcomes to be achieved should not be a list of service outputs. The outcomes should clearly state what the intended impact or effect will be on the person's life - some of these might be about making a change in the person's life; some outcomes may be about maintaining his/her current abilities. This may involve services but more importantly people's own networks should be considered.

**Text:**

SUMMARY OF AREAS IN WHICH INDIVIDUAL HAS ASSESSED NEEDS	
Component Area	Intended Outcomes (Summary of individual outcomes to be achieved for individuals)
Communication <b>Intended Outcome:</b> Improved Communication/Sustaining social contact and company/Valued and Included	
Finance <b>Intended Outcome:</b> Economic Wellbeing	
Personal Care <b>Intended Outcome:</b> Keeping Clean and Comfortable	
Community Living <b>Intended Outcome:</b> Enjoying and Achieving; Making a Positive Contribution; Respected and Responsible	
Home and Domestic Environment <b>Intended Outcome:</b> Enjoying a clean and orderly environment	
Physical Health and Mobility <b>Intended Outcome:</b> Being Healthy/Keeping Active and Alert	
Mental Health <b>Intended Outcome:</b> Improving Wellbeing; Confidence and / or Morale: Regaining skills level capacity	
Drug & Alcohol Dependency <b>Intended Outcome:</b> Maintaining Health and Wellbeing; Reducing Risk of Harm	
Risk <b>Intended Outcome:</b> Staying Safe	
<b>Total IORN (Indicator of Relative Need) Score</b>	