

<b>Single Shared Assessment</b>
<b>Name</b>

East Renfrewshire Community Health and Care Partnership, East Renfrewshire Council and NHS Greater Glasgow & Clyde are the joint data controllers for the purposes of the Data Protection Act 1998. Information you provide in this form will be used to assess your care needs and to ensure that any services provided are based on your needs assessment. You do not require to provide information or agree to information being shared, but if you choose not to do so appropriate services may not be provided to you or there may be delays in service provision.

**DECLARATION (by the client/patient) (if adult with proxy powers – sign name and state relationship)**

***I consent*** to my information being processed by East Renfrewshire Community Health and Care Partnership and to it being shared with other professionals if required in order to ensure that my care needs are efficiently dealt with.

**Signed** .....

**Signed (proxy if applicable)**.....

**Date**.....

***I agree/do not agree*** that medical evidence may be obtained.

**Signed**.....

**Date**.....

**\*Addendum:** If the form remains unsigned and there is no proxy please detail and sign below.

**Signed** ..... **Designation** .....

**Date**.....

# Guidance: Assessment Form

## 1 Background

1.1 The background to the development of this form derives from the Modernising Community Care action plan which through the White Paper –“Aiming for Excellence: Modernising Social Work Services” evolved into Joint Future agenda involving a wider range of partners.

(<http://www.Scotland.gov.uk/deleted/library/documents-w7/sswp-01.htm>)

1.2 The vision then was supported by key objectives including;

“to involve people who need care, and those who care for them, in planning services and tailoring services to their needs with effective measures in place to respond to their suggestions.”

“To provide effective and efficient services based on best available evidence of what works that maximise individual choice and autonomy, demonstrate best value and allocate resources to needs in a transparent and equitable manner.”

1.3 Subsequent policy initiatives such as Kerr Report, Changing Lives and Delivering for Health mirror the confirmation of need for partnership arrangements that are community based and integrated.

1.4 We are developing services in a customer focussed culture where service users and their carers rightly have a higher expectation of quality services.

1.5 Our interventions and supports are underpinned by a clear outcomes focus and evidence the objectives and purpose of our engagement with service users and their carers.

## 2 Scope

2.1 This guidance is intended as a reference that supports and recognises the key skills that underpin your role and helps maintain integrity and standards.

2.2 The form meets National Minimum Standards as set by Scottish Executive which ensures a wide range of needs can be described when and as appropriate, while retaining and supporting a person centred and individual focus.

2.3 It is not necessary to record every item for every person subject to single shared assessment, only those items appropriate for that person. However, to meet the standards, tools and electronic systems should have the capability to record all data items which are contained within the standards.

2.4 This form will eventually become an electronic resource and has within this version the required elements to support the development electronic sharing of information on Care first

2.5 The guidance is intended to support values and principles and confirm the professional nature of our core business and supports the belief that service users and carers are experts in their own situation and have most knowledge of it but recognises that we are charged with providing a professional service that operates within an ethical and competent framework.

### **3 Values and principles**

#### **3.1 This form will support**

- **A person centred approach to assessing and managing support.**
- **Confirmation that our activities including how we assess are services to the public**
- **Processes that will respect equal opportunities, equitable access to service and transparency for individuals**
  
- **People being treated with dignity in a relationship of partnership and openness**
- **The right of the individual to citizenship including principles of choice, safety, realising potential, equality and diversity**
- **Recognition of need to promote independence, recognising individual abilities and strengths**
- **The use of information appropriately, balancing privacy confidentiality and need to share.**
- **Promotion of healthy living, by supporting and enabling access to everyday activities that reflect cultural values, provide structure and meaning to life and encourage participation in community.**
- **Clear and accurate care and support planning through identification of agreed goals**
- **Will confirm the role and relationship of carers as partners**
- **Ensure that individuals know why information is being gathered and know what is being recorded.-this includes case recording.**
- **The development of care and support plans that underpin objectives and agreed outcomes**
- **The rights of individuals under Data Protection Act and the right to have information recorded on them accurately. This especially applies to 3<sup>rd</sup> party information**
- **Our duty under Race Relations Act 1976 and 2000 Amendment to promote equality of opportunity and eliminate unlawful discrimination**

<http://www.opsi.gov.uk/ACTS/acts2000/20000034.htm>

#### **4 The assessment process is**

- **Designed to describe and evaluate an individual's presenting needs and how they support or constrain his/her capacity to live a full and independent life, to identify how these needs have arisen and how they interact with one another.**
  
- **Acknowledged to occur at times of crisis for a person and their family.**
  
- **Acknowledges that what is being recorded is important at that time and that needs and circumstances will change and that anticipated change such as recovery from surgery will influence change.**
  
- **Key to care and support planning and setting goals for involvement intervention rehabilitation and support**
  
- **Designed to recognise the complexities in managing risk and personal choice, and assisting the development of support plans which acknowledge the rights of individuals to make informed choices about acceptable risk**

#### **4.1 By completing an assessment and care and support plan an individual will be assisted to**

- Better understand their situation and be assisted to look at options for managing their lives as independently as possible
- Develop a relationship with assessor and be clear about what that role means
- Be clear about how and why decisions are reached
- Participate in and guide the development of objectives and priorities
- comment of the effectiveness of interventions and agree outcomes
- Utilise community family and personal strengths to maintain independence
- Understand options available to meet needs that may include eligibility for certain services
- Understand how review processes will record and respond to change.
- Have alternative views recorded

4.2 It is expected that a copy of the assessment will be given to service user and /or carer if appropriate in all cases, exceptions will be rare. A minimum standard will be that the individual will sign their assessment.

Further references to policy drivers

<http://www.socialworkscotland.org.uk/> Changing Lives

<http://www.scotland.gov.uk/Topics/Health/care/JointFuture/Introduction> Joint Future

<http://www.scotland.gov.uk/Publications/2005/05/23141307/13135> (Kerr report)

<http://www.scotland.gov.uk/Publications/2005/11/02102635/26356> Delivering for health

<b>Personal Details all compulsory</b>	
Title Mr Mrs Dr Ms Miss Lady	D.O.B. Age
Full Name Full name as birth certificate Alias: Name otherwise known as	Gender self assigned- Male, Female, person clear of their gender but not discretely male or female, 'transgender', 'intersex '
	Occupation What person does or retired from
Preferred First Name The name the person prefers to be known as	Marital Status Describe to support assessment process. Detail legal status specifically Married/civil partner Separated Single widowed
Address Full postal address  If no fixed abode please state  <b>NB If person in permanent care please change address on Care first.</b>	Post Code  Full postal code
Is the person in hospital Hospital Address Full Address <b>If person in hospital at time of assessment you must also indicate hospital &amp; ward</b>	Ward Name or number of ward person is located in at this time.
Care Home Address Full postal address	Post Code Full postal code

P Number Unique Care first /social work number	CHI Number Unique health number	National Insurance Number Required for accessing benefits
Telephone No: Day Full no. Including area code	Evening Full no. Including area code	
Accommodation Type Homeless, mainstream, special housing, sheltered housing, supported accommodation, emergency temp accommodation, B&B, adapted, barrier free, amenity housing, extra care housing rehabilitation unit, long stay NHS facility please specify Penal institution	Tenure Type This describes the basis on which person occupies the property eg Owned single or joint, social rental (local authority) tied housing, private accommodation arrangements, institutional living Landlord details(name address) must be noted as adaptations require permission and agreement	
Dwelling Type This describes physical structure eg Detached, semi-detached house, terraced house, flat, caravan Water borne craft other	Household Composition Does the person live alone? This must be indicated. How many people in the house, include children under the age of 16 years.	
Is there any risk accessing the home? Yes/No Details: <b>For assessor</b> ;Isolated area, known trouble area, poor light, remote area, dangerous pets  <b>For person</b> ; stairs, disrepair, barriers	Is there a door entry system Yes/No Is key box in place? Yes/No Number available at Darnley Road Resource Centre	
Please contact Referrer for further details, or in exceptional circumstances, the Community Resources Section on 0141 577 3775.		

<b>Referral Source</b>	
Title Dr Mr Mrs Miss Ms	
Full Name as offered in the information provided	Designation Please indicate <u>role</u> in this situation.
Address Full address including the number of building	Telephone number Full no. Including area code
Post Code Full postal code	
Is the Person Aware of Referral for Assessment Yes / No Is the person aware that a request for assessment or notification of concern has been made by another person on their behalf.	Type of Assessment New Re-assessment
Date request for assessment made Date referral made to accepting agency/ team	Date of any previous assessment Date of any previously completed SSA/CAF And where it is stored
Reason for Assessment request What crisis, or change has highlighted need for assessment? This may differ from what person themselves sees as presenting issue. Describe both where possible	
Associated Professionals Are any other agencies involved, this will include doctor, district nurse, hospital consultant, CPN , housing officer day care staff for example. This does <b>not</b> include assessor.  Please list, indicate designation ,contact details and role	
<b>Service User's Views of Current Situation</b> What is person's understanding of reason for referral What is person's expectation of outcomes from assessment process	
<b>Describe how the person sees their current situation, what they feel about it and what solutions they may have.</b> <b>Are they in agreement with what, if anything is being recommended to support their current situation?</b>  <b>What outcomes will be aimed for through interventions and or support</b> <b>Please ensure that person is encouraged and supported to describe their situation and to define the choices that work best for them.</b>	
<b>Are there any Spiritual, Religious, Gender or Cultural matters relevant to the person at this time that require support and /or encouragement to maintain.</b>  Are there any arrangements or approaches that are required to be put in place to support any of the above, to allow the person to receive services or be involved in community that helps achieve outcomes	
Ethnic Group as self defined There is a statutory, legal requirement for public authorities to collect data on ethnic group under the Race Relations (Amendment) Act 2000 in the interests of eliminating racial discrimination and promoting equality of opportunity and good race relations. Ethnic group and all the other Ethnicity items are also important for ensuring that appropriate, person-focused, needs-related care services are delivered sensitively to individuals. If ethnicity not recorded on Care first please ensure this is now done List of choices appendix 1	User Category List of choices- appendix 2
Religion this will be determined by person and only if they feel it relevant to their needs at this time List of choices appendix 3	Age Band List of choices-appendix 4
Language include preferred language List of choices	Is interpreter assistance required Yes/No This <b>must</b> be completed
Has the client/patient any difficulty with key relationships? Yes/No Master Copy SSA/AFV	Detail. This will assist assessment process Detail how you have established this and offer information that ensures privacy is respected. Refer to data protection act

<b>Next of Kin</b> the person nominated by the assessed person		
Title Mr Mrs Dr Miss MS etc	Gender Male Female etc	D.O.B
Full Name Name as offered for information	Relationship to person Son Daughter Cousin Niece Uncle spouse civil partner, partner Advocacy worker, carer, friend, neighbour, other please describe	
Address: Full address including the house/close number	Tel No (Day) Full no. Including area code	
Post Code Full post code	Tel No (Evening/Mobile) Full no. Including area code	
Can this person be contacted if required The next of kin may not be key contact	Yes/No	
Is this person also the main carer	Yes/No	
Is this person a key holder	Yes/No	

<b>Main Carer if Different from Next of Kin</b>		
Title Mr Mrs Miss Ms etc	Gender Male Female etc	D.O.B
Full Name Name as offered for information	Relationship to person / patient Son Daughter Cousin Niece Uncle partner, spouse civil partner Advocacy worker, carer, friend, neighbour, other	
Address Full address including the house/close number	Tel No (Day) Full no. Including area code	
Post Code: full postal code	Tel No (Evening/Mobile): Full no. Including area code	
Can this person be contacted if required	Yes/ No please comment if specific circs apply	
Is this person a key holder	Yes/ No	
<b>Additional Key Holder Information</b> Name and provide contact details any key holder who is willing to be contacted in the case of an emergency. This will be required if community alarm application is being made. Remember Data Protection act ,people need to know how their details are to be used.		

<b>Paid Carer</b>		
Title Mr Mrs Miss Ms etc	Gender Male Female	
Full Name Name as offered for information		
Employing Authority Only applicable if the main carer is an employee of a care agency	Employing Agency Address Full address including the number of building Post Code full postal code	
Can this person be contacted if required Yes/ No	Tel No (day)	
Key Holder Yes/No	Tel No ( Evening/Mobile)	

<b>Emergency Contact if Not Next of Kin or Main Carer</b> May be a neighbour due to their proximity		
Title Dr Mr Mrs Miss Ms	Gender Male Female	D.O.B
Full Name	Relationship to person Son Daughter Cousin Niece Uncle Advocacy worker, carer, friend, neighbour, etc	

Address Full address including the house/close number Post Code	Tel No (Day) Tel No (Evening/Mobile)
Can this person be contacted if required Key Holder	Yes/No Yes/ No
<b>GP Details</b>	
Full Name: Name	Tel No (Day): Full no. Including area code
Surgery Address: Full postal address and post code	Tel No (Out of Hours) Full no. Including area code

<b>Consultant Details</b>	
Full Name Name	Tel No (day) Full no. Including area code  Tel No (Out of Hours) Full no. Including area code
Address Full postal address and post code	

<b>Health and well being</b>
<b>Communication and Senses</b>
<b>Physical Health</b>
<p><b>Are there any support needs? Yes/No</b></p> <p><b>Is there need for Interpreter, sign language speaker or other form of communication assistance?</b> Is help needed at all times? What support needed to draw up care and support plan Is help needed with complex language</p> <p><b>Is there a diagnosis of physical disability, learning disability, acquired brain injury for example, If there is a Functional Impairment, please identify</b> <b>Please describe and identify source</b> <b>For example</b> Language and communication Visual If other information available please identify source Speech-other verbal communication Hearing Health issues impacting on daily living Numeracy History of hospital admission, how was this ascertained Clinic/outpatient attendance—how was this ascertained? Specific learning difficulties Use of Telephone Does the person have any chronic disease or long-term condition, <b>please list.</b></p> <p><b>Is there an area of concern</b> <b>Please describe the impact of concern</b> <b>Please describe options and potential for habilitation/rehabilitation.</b></p>
<p><b>Any known Allergies</b> Does anyone else support the person in the area of difficulty <b>For example</b> Medication (eg, antibiotics, glasses, goggles, shuttles, what is the impact of this on the persons health and their ability to function with some understanding of spoken word, dysphasia &amp; other issues; are alternative communication methods required such as finger spelling Makaton large print body language and touch</p>
<p><b>Nutrition</b> Appetite currently, has this changed recently Physical appearance, diet type, route of nutritional intake Independent with aids/without equipment aids Manages with current assistance from others</p> <p>Requires more assistance Totally dependent on others—please describe how this impacts on person and what support exists. Has a specialist assessment been requested? Detail.</p>

**Mobility /Falls.**

**Please also indicate if falls are not an issue** at this time

Describe how person manages with Steps and stairs, balance and falls, outdoor and or indoor mobility how is mobility on level ground

Are equipment or aids currently used?

Is a specialist assessment required?

If falls of concern, has the pharmacist been consulted regarding medication and falls risk associated with the medication?

Consider at this stage if a referral should be made to COPT/Levern Valley Older People's Team and indicate if done in summary section.

Consider at this stage if a referral should be made if appropriate to the Glasgow Falls Project Yes/No.

- Please indicate in summary that referral has been made date etc.

**Mental Health**

Detail if mental health diagnosis is known, and source, detail any behaviour issues

Cognition

Bereavement

Memory

General mood

Orientation

Emotional difficulties arising from life events

Awareness of danger

Motivation

Wandering

Emotional well being

Agitation/restlessness

Disturbance/disruption

Verbal aggression

Resistiveness

Relationships

This will be defined by person themselves and with consent from consultation with appropriate others

**Medication**

Self Medicate and no issues present	Yes/No
Manages with current assistance from others	Yes/No
Requires more assistance from others	Yes/No
Totally dependent on others	Yes/No
Swallowing Difficulties	Yes/No
Speech and language therapy assessment required	Yes/No
Speech and Language Referral Made	Yes/No
Is dispensing system required	Yes/No
Medication Compliance difficulties	Yes/No
Remembering to take Medication	Yes/No

**List Medication**

List medication prescribed at this time if possible and over the counter preparations, but not the doses.

Please identify source of this information

Has there been a recent review of medication-date and by whom if appropriate.

**Detail support required:**

What support if any is required to ensure the person receives the medication safely and on time? Who is required to do this, family, carer, nurse, home carer

In event of recent hospital discharge, note any changes in the medication prescribed by hospital

**Pharmacy contact Details:**

The pharmacist the person normally gets their medication from.

Diary of Existing Support								
	Get up	A.M.	Lunch	P.M.	Tea	Late	Bed	Night
Sunday								
Monday								
Tuesday								
Wednes								
Thursda								
Friday								
Saturda								

Home Care	H	Marie Curie	MC	Occupational Therapy	OT
Meals on Wheels	M	District Nurse	DN	Podiatry	P
Lunch Club	L	CPN	CPN	Pharmacy	PH
Relative	R	Health Visitor	HV	Voluntary Organisation	VO
Day Care	DC	COPT	COPT	Housing Support	HS
Day Hospital	DH	LV - OPT	OPT	Community Rehab	CR
Day Hospice	DH	Social Worker	SW	Private Help	PH
Hospice Care	HC	Mental Health O	MHO	Resource Centre	RC
Dietitian	D	Speech Language	SL	Optometrist	O

### Comments ; Do the above arrangements support a feeling of safety

Detail the current support the person is receiving and how does this currently meet their need for safety and reassurance

Detail the paid carer support and or any other services in place and the effectiveness of these

Physiotherapy, community alarm, Occupational therapy, warden service, housing support  
Any commitment from voluntary agencies

Is support needed with transport, how does person normally attend for services?  
Are there any other issues with formal care arrangements

### Housing Circumstances

Please describe the person's housing environment, how it impacts on them, are there any limitations or barriers.

Describe how safe a person feels in their current environment.

Is the housing suitable, is there a requirement for change, adaptation, or equipment, Has the person a history of homelessness, is the person currently threatened with homelessness .Is there a History of unsustained tenancy.

Has the person applied to move?

Has there been an application for adaptations?

Does the person require advice on housing, advocacy, or is a liaison role required?

<b>Employment, Education and Present Circumstances</b> How is time filled, are social contacts maintained	
Please describe here the person's own history as they see relevant, including family background, career, social and community interests, cultural interests and spiritual needs	
Employment	Yes / No
Education and Training	Yes/No
Give a summary of the person's lifestyle and how current circumstances affect or impact on usual habits and preferences.	
Details Please detail current Employers details. Ensure that person's capacity to be enabled, if they wish, to engage in community and family activity is fully considered and described.	
If no attendance at training course or employment please indicate if this is a need for action or support and how this may improve situation	

<b>Finances</b>	
Has the person expressed that financial management is difficult for them? Has someone else indicated there are concerns about financial management	Yes/No
Does the Person handle their own money/financial affairs	
Detail. Please detail the circumstances if the person chooses to share this information. How is this impacting on their current situation?  Has the person an appointee for benefits with DWP Please detail.	

<b>Benefits</b>	
Please circle for all benefits currently in place	
State Pension	Yes/ No/ Not Known
Private Pension	Yes/ No/ Not Known
Attendance Allowance	Yes/ No/ Not Known
Disability Living Allowance – Mobility	Yes/ No/ Not Known
Disability Living Allowance – Care	Yes/ No/ Not Known
Pension Credit/Income Support	Yes/ No/ Not Known
Carer Allowance (under 65)	Yes/ No/ Not Known
Council Tax Benefit	Yes/ No/ Not Known
Housing Benefit	Yes/ No/ Not Known
Other	
<b>Has Income Maximisation been completed</b>	<b>Yes/ No</b>
<b>If not why not. It is expected that a welfare rights approach will be taken at all times to ensure people are accessing appropriate entitlements and are given advice or information that increases their choices and independence through income maximisation</b>	
Detail	

<b>Care and Protection</b>	
Abuse and neglect of service user	Yes/No

Other aspect of personal safety	Yes/No
Public safety/harm to others	Yes/No
<p>Detail</p> <p>Please detail any concerns about Abuse and neglect and how they should be managed. Please refer to Vulnerable Adult Procedures</p> <p>Are there areas of concern about the person's personal safety either at home or in the community? Please detail how they are being supported or managed or if this remains a concern.</p> <p><b>Definition of risk will vary and be unique to each person and their situation. You will be balancing vulnerability, user choice and their own personal responsibility.</b></p> <p>Comment on potential or existing vulnerability should needs not be met.</p>	
Are there any other matters that require to be addressed	
Detail further action	

Have capacity issues been considered?	Yes/ No
<p><b>If Yes, provide details</b>  <b>Capacity should be considered in all circumstances please indicate that person has or has not capacity to fully participate in process. Please indicate what action if any required.</b></p> <p>NB Section 47 of AWI(S) Act 2000 confers on medical practitioners a general authority to treat patients who are incapable of consenting to any procedure or treatment designed to safeguard or promote physical or mental health. This authority is obtained by completion of a certificate of incapacity signed by medical practitioner. Please check that this certificate is current .</p> <p><b>If not why not</b> See above</p>	
<p><b>Adults with Incapacity (Scotland) Act 2000).</b>  Refer to <a href="http://www.scotcourts.gov.uk">www.scotcourts.gov.uk</a> for full detailed explanation of terms</p>	
Intromission with Funds	Yes / No/
Power of Attorney - Welfare	Yes/No/Don't Know
Power of Attorney - Financial	Yes/No/Don't Know
Guardian - Welfare	Yes/No/Don't Know
Guardian - Financial	Yes/No/Don't Know
Details	
<p><b>Mental Health (Care and Treatment) (Scotland) Act 2003</b>  Refer to <a href="http://www.scotland.gov.uk/publications/2003/11/18547/29201">www.scotland.gov.uk/publications/2003/11/18547/29201</a></p>	
Section applied This only applies to statutory measures currently in force.	MHO Details Name and contact details
Named Person This only applies when a person is subject to statutory measures. Under the act a named person has the right to be informed and consulted about aspects of a persons care and treatment	Yes / No

<b>Advanced Statement</b> The act specifies that a person with a mental disorder has the right to make a written statement saying how they would like to be treated should they become too unwell in the future to make decisions themselves. This statement is only for care and treatment related to a mental disorder.		Yes / No
<b>Where is advanced statement held</b> This statement could be in the following files: GP. Social Work, Hospital Consultant file and the person should also have a copy of this.		
<b>Part 5 Section 47</b> If person has a learning disability or age symptom that affects their capacity but does not require action under Mental Health Act, has 3 yearly certificate been completed by GP?  Please indicate that certificate is current.		
<b>Person Details</b>		
<b>Title</b> Mr Mrs Dr Ms Miss Lady	<b>Gender</b> Male/Female	<b>D.O.B</b>
<b>Full Name</b> Full name as known by	<b>Relationship to person</b> State which of the above applies	
<b>Address:</b> Full Address Post Code Full post code required	<b>Tel No (Day)</b> Include area code  <b>Tel No (Evening/Mobile)</b>	

<b>Risk Management H&amp;S</b>	
<b>Does anyone in the persons household smoke</b> <b>Detail</b> Reference to recent legislation for smoke free Scotland for potential carers, visitors	Yes/No
<b>Are there any Health and Safety at work issues</b> <b>Detail</b> All risks identified and the requirements that are required to promote workforce safety	Yes/No

**Risk Assessment (from MODIFIED SAINSBURY LEVEL 1)**  
**Refer to Sainsbury Risk Assessment Level 2**

	Present	Not Present	Unknown	Please detail any further assessments required
Risk from moving & handling				What is the perceived risk to the client and the implications for formal and informal . Consider a request been made for a specialist assessment
Risk from others				Are the risks highlighted in the assessment, has the vulnerable adults procedure been considered is this detailed in care plan Refer to the Sainsbury risk Assessment level 2

Risk of self				Refer to the Sainsbury risk assessment level 2 for direction on what you may wish to consider and action required to eliminate or minimise
Risk to others				Refer to the Sainsbury risk assessment level 2 for direction on what you may wish to consider and action required to eliminate or minimise
Risk of neglect				Refer to the Sainsbury risk assessment level 2 for direction on what you may wish to consider and action required to eliminate or minimise
Risk of physical impairment				Refer to the Sainsbury risk assessment level 2 for direction on what you may wish to consider and action required to eliminate or minimise
Risk of wandering				Refer to the Sainsbury risk assessment level 2 for direction on what you may wish to consider and action required to eliminate or minimise
Memory & Cognitive Impairment				Refer to the Sainsbury risk assessment level 2 for direction on what you may wish to consider and action required to eliminate or minimise
Challenges to services				Detail in assessment and in care plan
Falls				If one or more falls then refer to the Older People' teams or the Glasgow Falls Programme
Environmental Risk				Refer to the Sainsbury risk assessment for direction on what you may wish to consider and action required to eliminate or minimise
Other Please specify				Detail in assessment and what action and support to assess the situation is required

<b>Carer's Contribution</b>	
Is there a carer	Yes /No
Was Carer consulted?	Yes/No
Was the offer of carer's assessment accepted	Yes/No <b>see below</b>

## Detail

This applies to any family care giver, friend or other who could be considered a carer  
*see link below for fuller definition of carer.*

Detail the impact of the caring role on the carer.

How do they manage, what support do they need.

Specify if possible the level of care-this is very subjective but helps carers identify how much they do, usually more than they realise.

Daytime

Evening

Overnight

Continuous

Is this a new role, how has it impacted on their life, has it changed or impacted upon the lives of their families. What impact has it had on their relationship with the cared for person. Has it affected their health and well being, how much time is involved?

Advise the person of their right to a carer's assessment and offer this at a time that is sensitive and appropriate which may not be at this time. Please refer to Community Care and Health (Scotland) Act  
<http://www.opsi.gov.uk/legislation/scotland/acts2002/20020005.htm>

This act describes the duty local authorities have to offer and undertake a carer's assessment. Health staff have **key signposting role**.

**All** staff have responsibility for encouraging carers to accept offer of a separate assessment.

Please ensure request for carers assessment is directed appropriately to responsible personnel

Ensure that carer is supported and encouraged to recognise the role, describe the impact of the role and have their role as partner in care giving and planning acknowledged.

Please indicate of services would be required if carer unavailable

## Differences or disagreements

Please describe any differences between person and carer, if any, in relation to factual information being gathered and in relation to perceptions of areas of concern, and potential solutions

Activities of Daily Living	Issues	Detail the Required Level of Assistance and the type of assistance required
<b>Difficulties with breathing</b> 1.30 Assistance Oxygen Administration	Yes/No	Detail the extent of help and support that is required in each category below. If none, indicate <b>No</b>
<b>Assistance out of bed</b> 1.1 requires complete assistance 1.2 requires minimal assistance/ supervision	Yes/No	By completing detail in these sections you will help define a care plan and individualise a person's situation. These boxes are prompts only, you will need to be more explicit for describing person's own circumstances. <b>copy to be attached to care plan</b>
<b>Assistance to return to bed</b> 1.23 requires complete assistance 1.24 requires minimal assistance/ supervision	Yes/No	This information should be personalised
<b>Assistance with washing</b> 1.5 requires complete assistance 1.6 requires minimal assistance/ supervision 1.29 assistance with skin care	Yes/No	
<b>Assistance with bathing or showering</b> 1.7 requires complete assistance 1.8 requires minimal assistance/ supervision	Yes/No	
<b>Assistance with dressing/undressing</b> 1.3 requires complete assistance 1.4 requires minimal assistance/supervision	Yes/No	
<b>Assistance with oral Hygiene/shaving/nail care</b> 1.9 requires complete assistance 1.10 requires minimal assistance/ supervision	Yes/No	
<b>Assistance in going to the toilet</b> 1.13 requires complete assistance 1.14 requires prompting, supervision, encouragement	Yes/No	
<b>Assistance with continence garments</b> 1.11 requires complete assistance 1.12 requires minimal assistance/ supervision	Yes/No	
<b>Assistance with Catheter Care</b> 1.18 requires complete assistance 1.19 requires prompting, supervision, encouragement	Yes/No	
<b>Assistance with stoma care</b> 1.16 requires complete assistance 1.17 requires prompting, supervision, encouragement	Yes/No	
1.28 Assistance with Eating and Drinking 2.4 Preparation of meals	Yes/No	This section as with others requires more detail. NB You must detail exactly what support is required around the <u>provision of meals</u> and why and exactly what support is required in order for a person to receive nutrition.  <b>You must also highlight where any risk exists in relation to meal preparation</b>
1.15 Assistance with medication	Yes/No	If yes refer to information in medication section. Please explain in more detail eg if specific timing for medication required
<b>Assistance with Laundry</b> 1.27 Assistance due to medical condition 2.3 Non specialist laundry	Yes/No	
<b>Assistance with Shopping</b> 2.1 for the person, errands, pension, prescriptions 2.2 Weekly shopping	Yes/No	
<b>Assistance with transfers</b> 1.20 requires complete assistance or more than one person with or without equipment 1.21 requires assistance of one person 1.22 requires prompting supervision or encouragement	Yes/No	
2.6 Assistance with Social Activities/outings 2.5 Assistance from sitter service	Yes/No	Please highlight in relation to outcomes of care planning
<b>Assistance with Temperature Regulation</b>	Yes/No	
<b>Difficulty with Vision/Hearing</b>	Yes/No	
<b>Difficulty with Sleep</b>	Yes/No	
1.25 Assistance with overnight care - waking	Yes/No	
1.26 Assistance with overnight care - sleeping	Yes/No	
<b>Assistance Maintaining Home Safety</b>	Yes/No	Please highlight in care and support plan
Sexuality		Master Copy SSA/JW
<b>Assistance with Care of the dying</b>	Yes/No	

## Analysis and Summary of Assessment

### Summarise key objectives and support, interventions or services required to support

- Safety
- Community engagement and social interaction
- Involvement in development and monitoring of health and social care support package

Summarise your professional analysis of the information gathered and draw together conclusions. You must highlight intended outcomes, agreed objectives of care plan referring to three bulletd points above

Using bullet points highlight the needs identified and those requiring further action, intervention or potential services

Some needs may be being met perhaps by carer or person themselves, it is helpful to indicate that here so that if carer circumstances change, needs are already identified and services if appropriate can be offered as an alternative.

In summarising need you are developing the template for a care plan. Please ensure that you are clear about individual outcomes and begin to identify how those outcomes will be achieved.

You should also indicate consequences of key needs not being met

Social isolation for example is a need that can be met in variety of ways in the community especially if considering a persons skills and interests

Remember to define and describe where personal intervention by assessor is required for example for developing relationship, gathering more information, supporting development of care plan.

**This summary will support future reviews, care planning and support monitoring arrangements, ensuring that goals and objectives of continued intervention are recorded linked to outcomes and actioned where appropriate.**

### IoRN Score

Assessor's Signature		Date 12/08/2010	
Print Name		Designation	
Address		Contact Tel No	Out of Hours No
Line Manager's Signature		Contact Tel No	
Address: (if different)			Date
Date of Allocation		Date assessment allocated to assessor. Remember there is an expectation of 28 days for completion, this is <b>compulsory</b> when person in hospital	
Date Assessment/Review Completed		This is essential for Performance Indicators	
Date of Next Review		Supports case management. Please transfer to care plan/review	

<b>Signature of assessed person</b> date	This is <b>essential</b> unless professional advice suggests otherwise. Copy of assessment to be offered to person and with their permission to family carer if appropriate
<b>Date Copy of assessment sent /given</b>	Essential