

**Adult Social Care Assessment of:**

**PARIS ID**

**Type of Assessment:** Select from Picklist

**Date:**

Is there an identified carer?

Yes ☐

No ☐

**Carer’s Details**

<i>Carer Full Name</i>	<i>Carer Phone Number</i>
<i>Carer’s Relationship</i>	<i>Carer Address</i>

Is the carer over 18 years of age?

Yes ☐

No ☐

If no, has a referral been made to the Young Carers Team?

Is this person the nearest relative?

Yes ☐

No ☐

Unsure ☐

Carer's Perspective

Would the identified carer like a Carers Assessment?

Yes ☐

No ☐

If no, why not?

Enter the details of the persons circumstances:

What are the person's personal outcomes:

What are the barriers to the person achieving these outcomes:

If these outcomes aren't achieved, what are the risks to the person or others?:

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What are the persons strengths and capabilities?:

Under the Mental Capacity Act have issues of capacity been considered?

Yes ☐

No ☐

Please give details:

Is there a record/concerns of Deprivation of Liberty Safeguards (DOLS)?

Yes ☐

No ☐

Please give details:

## Practitioner statement of eligibility:

Need to indicate in this box, what is an eligible need. Eligible needs should be copied into the care and support plan



Is a Care and Support Plan, Therapy Plan, Support for a Carer or a Safeguarding Plan required?

Yes ☐ If YES – Press Ctrl + Click [HERE](#)  
to continue to Adult Social Care  
Plan Section

No ☐ If NO - Press Ctrl + Click [HERE](#) to  
go to 'Actions to meet Personal  
Outcomes' to complete the  
Assessment

**Actions to meet Personal Outcomes (when no care plan is required):**

*OUTCOME 1*

<i>What Matters to Me / Personal Outcomes – enter details of outcome to be achieved:</i>	<i>Actions and By Who</i>

		<i>Actions and By Who</i>				
<table> <tr> <td><i>National Wellbeing Outcome Indicator:</i></td> <td><b>Select from the picklist</b></td> </tr> <tr> <td colspan="2"></td> </tr> </table>	<i>National Wellbeing Outcome Indicator:</i>	<b>Select from the picklist</b>				
<i>National Wellbeing Outcome Indicator:</i>	<b>Select from the picklist</b>					

*Baseline score:*

0
☐
1
☐
2
☐
3
☐
4
☐
5
☐
6
☐
7
☐
8
☐
9
☐
10
☐

<i>Assessors Score:</i>	<i>Rationale:</i>

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OUTCOME 2

<i>Outcome – enter details of outcome to be achieved:</i>	<i>Actions and By Who</i>

		<i>Actions and By Who</i>		
<table border="1"> <tr> <td><i>National Wellbeing Outcome Indicator:</i></td> <td><b>Select from the picklist</b></td> </tr> </table>	<i>National Wellbeing Outcome Indicator:</i>	<b>Select from the picklist</b>		
<i>National Wellbeing Outcome Indicator:</i>	<b>Select from the picklist</b>			

Baseline score:

0 
 1 
 2 
 3 
 4 
 5 
 6 
 7 
 8 
 9 
 10

<i>Assessors Score:</i>	<i>Rationale:</i>

### *OUTCOME 3*

<i>Outcome – enter details of outcome to be achieved:</i>	<i>Actions and By Who</i>

		<i>Actions and By Who</i>
<i>National Wellbeing Outcome Indicator:</i>	<b>Select from the picklist</b>	

*Baseline score:*

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

<i>Assessors Score:</i>	<i>Rationale:</i>

OUTCOME 4

Outcome – enter details of outcome to be achieved:	Actions and By Who

		Actions and By Who
National Wellbeing Outcome Indicator:	Select from the picklist	

Baseline score:

0

1

2

3

4

5

6

7

8

9

10

Assessors Score:	Rationale:

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*OUTCOME 5*

<i>Outcome – enter details of outcome to be achieved:</i>	<i>Actions and By Who</i>

		<i>Actions and By Who</i>
<i>National Wellbeing Outcome Indicator:</i>	<b>Select from the picklist</b>	

*Baseline score:*

0 
 1 
 2 
 3 
 4 
 5 
 6 
 7 
 8 
 9 
 10

<i>Assessors Score:</i>	<i>Rationale:</i>
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Assessment Carried Out By:

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Assessment Authorised by:

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Date Authorised:

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## Adult Social Care Plan:

*Select type of plan from the picklist*

Plan of (name of person) :

Date:

About my life:

What matters to me?:

All People Contributing to my ***Select type of plan from the picklist*** (those individuals involved inclusive of next of kin, appointees, advocate, DP suitable person an service providers)

<i>Name:</i>	<i>Relationship:</i>	<i>What do they support me with?</i>	<i>Tel No.:</i>

## Emergency Contact Information

(those to be contacted in emergency only)

<i>Name:</i>	<i>Relationship:</i>	<i>Telephone Number(s):</i>

**OUTCOME 1:** A scale of 0 – 10 must be used to measure personal outcomes,, where 0 describes the worst it could be and 10 describes the best it could be. The baseline measurement is the starting point taken in relation to a personal outcome and should reflect where an individual feels they are in relation to the scale of 0- 10.

<i>What Matters to Me / Personal Outcomes – what I want to change or achieve within this Plan:</i>	<i>Who will help me achieve this Outcome?:</i>	<i>What will they do, when and how often?:</i>
<p><i>Example: This refers to personal outcomes. ‘I want to go to chapel every Sunday on my own’,</i></p> <p><i>this would link to a national outcome</i></p>	<p><i>I will receive a direct payment for the support I need that cant be accessed anywhere else</i></p>	<p><i>I need support to assist me to prepare my chapel bag, arrange transport, and ensure I get into my taxi safely every Sunday evening</i></p>
<p><b>National Wellbeing Outcome Indicator:</b> <i>(this will link to my personal outcome)</i></p>	<p><b>Select from the picklist</b></p>	

<i>My needs that can be met by the Local Authority:</i>		<b>Select from the picklist</b>	
<i>If the Need to be Met is 'Respite' – has a Carer's Assessment been completed?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Start Date:</i>		<i>Review date:</i>	
<i>My Score about how I feel at the moment:</i> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>			
<i>Where I would like to be:</i> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>			

## OUTCOME 2

<i>What Matters to Me / Personal Outcomes – what I want to change or achieve within this Plan:</i>	<i>Who will help me achieve this Outcome?:</i>	<i>What will they do, when and how often?:</i>
<i>National Wellbeing Outcome Indicator: (this will link to my personal outcome)</i>	<b>Select from the picklist</b>	
<i>My needs that can be met by the Local Authority:</i>	<b>Select from the picklist</b>	
<i>If the Need to be Met is 'Respite' – has a Carer's Assessment been completed?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Start Date:</i>		<i>Review Date:</i>

*My Score about how I feel at the moment:*

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

*Where I would like to be:*

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

### OUTCOME 3

<i>Outcome – what I want to change or achieve within this Plan:</i>	<i>Who will help me achieve this Outcome?:</i>	<i>What will they do, when and how often?:</i>
<i>National Wellbeing Outcome Indicator: (this will link to my personal outcome)</i>	<b>Select from the picklist</b>	
<i>My needs that can be met by the Local Authority:</i>	<b>Select from the picklist</b>	
<i>If the Need to be Met is 'Respite' – has a Carer's Assessment been completed?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Start Date:</i>		<i>Review Date:</i>
<i>My Score about how I feel at the moment:</i>		

0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
<i>Where I would like to be:</i>																					
0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>



## OUTCOME 4

<i>Outcome – what I want to change or achieve within this Plan:</i>	<i>Who will help me achieve this Outcome?:</i>	<i>What will they do, when and how often?:</i>
<i>National Wellbeing Outcome Indicator: (this will link to my personal outcome)</i>	<b>Select from the picklist</b>	
<i>My needs that can be met by the Local Authority:</i>	<b>Select from the picklist</b>	
<i>If the Need to be Met is 'Respite' – has a Carer's Assessment been completed?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Start Date:</i>		<i>Review Date:</i>
<i>My Score about how I feel at the moment:</i>		

0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
<i>Where I would like to be:</i>																					
0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>

## OUTCOME 5

<i>Outcome – what I want to change or achieve within this Plan:</i>	<i>Who will help me achieve this Outcome?:</i>	<i>What will they do, when and how often?:</i>
<i>National Wellbeing Outcome Indicator: (this will link to my personal outcome)</i>	<b>Select from the picklist</b>	
<i>My needs that can be met by the Local Authority:</i>	<b>Select from the picklist</b>	
<i>If the Need to be Met is 'Respite' – has a Carer's Assessment been completed?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Start Date:</i>		<i>Review Date:</i>
<i>My Score about how I feel at the moment:</i>		

0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
<i>Where I would like to be:</i>																					
0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>

## OUTCOME 6

<i>Outcome – what I want to change or achieve within this Plan:</i>	<i>Who will help me achieve this Outcome?:</i>	<i>What will they do, when and how often?:</i>
<i>National Wellbeing Outcome Indicator: (this will link to my personal outcome)</i>	<b>Select from the picklist</b>	
<i>My needs that can be met by the Local Authority:</i>	<b>Select from the picklist</b>	
<i>If the Need to be Met is 'Respite' – has a Carer's Assessment been completed?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Start Date:</i>		<i>Review Date:</i>
<i>My Score about how I feel at the moment:</i>		

0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>
<i>Where I would like to be:</i>																					
0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>

**Support Contact Summary Sheet (if a time critical call, please specify time):**

(this is what my week looks like and what is important to me)

	Morning	Midday	Afternoon	Evening	Night
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Sunday					
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**Therapy Recommendations**

Details: (information provided by other professionals involved in my **Select type of plan from the picklist** who have provided me with advice)





## The Contingency Plan

The Following plan considers any risks we think there could be to the plan working smoothly. It also records the contingencies that we have discussed as agreed.

Contingency Plan:

<i>Issue/Worry/Concern</i>	<i>Action Plan</i>	<i>Who is responsible?</i>

## **Mental Capacity Act (16+ years of age)**

Please record the conclusions of MCA:

**Agreement of the *Select type of plan from the picklist***

Does the person have capacity to consent to this plan?

Yes ☐

No ☐

Please give details:

I agree to the content of my *Select type of plan from the picklist* and I have been offered a copy for my records

Yes ☐

No ☐

Please give details, including any disagreements on content of plan:

Has this ***Select type of plan from the picklist*** been given to the person to whom it relates and to any person authorised to act on behalf of that person?

Yes ☐

No ☐

## Consent

Consenting to share information: Your information may be shared with anyone who may become involved in your care and support – this is to help you so that you do not need to repeat information you have already provided and to help those providing your care to have a better understanding of your needs.

In order to support me in achieving my outcomes:

I agree with this ***Select type of plan from the picklist***

<i>Signed</i>	<i>Date</i>

Signature of person acting on behalf of service user

<i>Signed</i>	<i>Date</i>
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Signature of Lead Reviewer

<i>Signed</i>	<i>Date</i>
<i>Role</i>	<i>Contact Details</i>

Signature of Team Manager

<i>Signed</i>	<i>Date</i>
	<i>Contact Details</i>

Date Agreed:

## Review Arrangements

This **Select type of plan from the picklist** will be reviewed on a regular basis. If your circumstances significantly change, then you can request a re-assessment, or you can ask that the review date of this Plan be brought forward.

Date by when the **Select type of plan from the picklist** will be reviewed:

**NB: Please print core data set to send with care plan**