Strengths and Needs Assessment V9.1

Guidance for Completion

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Contents

Introduction

This document provides guidance and prompts to help you become familiar with the underlying principles of the Strengths and Needs Assessment (built around the Care Act 2014), and the detail within it.

The Care Act's guidance states that the assessment process must be person-centered throughout and so the Strengths and Needs Assessment (SANA) has been designed for completion in collaboration with the person being assessed.

An assessment should be carried out as a conversation, looking at what strengths and assets the person has, determining what they would like to achieve and how they think it can be achieved – rather than mechanically working through the tool in sequence.

The SANA is a tool for recording your conversation; it is not a script to follow. For this reason the SANA has been designed to be open-ended, with a series of prompts and areas to consider to help guide a strengths-based conversation.

The SANA should be completed in a manner proportionate to the person's situation – some domains may not be as relevant and so may not be covered in as much detail.

It is important to explain to the person that the conversation will involve asking about many different areas of their life and will include positive aspects as well as areas of difficulty or concern that affect their well-being.

A copy of the SANA can be sent to the individual in advance of the visit so that they can start to familiarise themselves with the areas that the conversation(s) will cover.

Consent and information sharing

Before beginning the SANA, the assessor should explain:

- The principles of confidentiality and situations where these may be overridden – e.g., considerations of personal or public safety.
- The reasons for and benefits of information sharing.
- That information sharing need not be all or nothing – the person may request that certain information only is shared and may request confidentiality regarding a certain item of information at any time.
- That the person need not make a decision regarding information sharing until the end of the assessment.

Considerations

The following points should also be taken into account throughout the SANA:

- Does the person know who to contact if they would like further advice?
- How will you know that the person has understood any information that you have provided?

- Have you provided information in a way that the person can understand? Appropriate to age, culture, etc.
- Does the person believe that they have a need or difficulty in each domain under consideration?

As much support as possible should be given to the person to ensure they can be involved in completing the SANA.

If there are communication difficulties or concerns about mental capacity, there are a number of things that can help them with the process:

- Be aware of potential barriers to communication – e.g. age, gender, culture.
- Ensure that an appropriately trained professional is involved in the conversation where there is a requirement for this (for example, where the person has a dual sensory impairment).
- Talk about the most important things first.
- Take into account significant life changes as these can affect the way people take on board information and express their needs and outcomes – e.g. after a bereavement.
- Use short sentences and repeat information given where necessary to confirm it has been understood.
- Allow people the opportunity to ask questions about what might happen after the SANA.
- When required, give the person appropriate information – e.g. large print, language appropriate, Braille, etc.

Who should be involved in the assessment?

It will often be very helpful for a family member or other person with a caring role to be present during the assessment. However, there will be cases where this may not be preferred.

If a family member/carer is available, it is important to check whether the individual is happy for them to be present during the assessment and/or happy for them to be kept informed during the process.

It should not be assumed that the individual wants family members present for the conversation. If they don't want the carer to be involved in the assessment, it is still important to discuss the effect of the caring role and to offer a carer's assessment.

It is important to ensure that no assumptions are made about the carer's willingness and ability to continue to provide support. The use of independent advocacy must also be considered, as well as mental capacity or deprivation of liberty, throughout.

Whose views should be recorded?

The spaces/boxes available for free text throughout the SANA should be used to record details of the person's strengths, assets, needs and outcomes, and should include the trained assessor's observations as well as the person's, their carer's and/or their advocate's views.

Details regarding the nature and context of any needs discussed, and the effect on the person's well-being, should be recorded.

Any differences of opinion should also be clearly recorded; the 'Summary of Conversation' field at the end of the form has been designed for this purpose.

Section-by-section guidance

Strengths and Needs Assessment V9

Service user details

This section captures demographics relating to the person and data required for mandatory reporting.

Supporting you in explaining your situation

Your preferred language; Do you need an interpreter?

- Consider whether English is the person's primary/preferred language or if they would prefer to conduct the assessment in an alternative language.
- Is an interpreter needed for any sensory impairments as well as language differences? Arrange an interpreter if appropriate.

Do you have a sensory impairment?

- Consider the person is blind or partially sighted, is deaf or has a hearing impairment, or has a sensory processing difficulty which reduces or increases their sensitivity to sounds, smells, taste or touch.

Do you have a dual sensory impairment (deaf-blind)?

- If the person is deaf-blind, the Care Act states that the conversation should be carried out by an appropriately trained professional.

Do you need someone to support you with discussing your needs?

- Can the person make decisions on a day-to-day basis as well as planning for the future?
- Can they turn plans into actions?
- Are plans and decisions realistic and do they take account of risk?
- Does the person understand the effect of their decisions?
- Are they able to understand and/or retain information?
- Do they benefit from someone to help them with making decisions?
- Is a mental-capacity assessment required?

Details of anything that would help you communicate more easily when explaining your situation:

- Can the person make decisions on a day-to-day basis as well as planning for the future?
- Record the person's strengths, assets and needs regarding their communication.
- Consider the need for advocacy or an appropriate adult.
- Does the person feel that it would be helpful to have a family member, friend, or independent advocate present, or use specialist communication support to help explain their situation?
- Where there is a need for an appropriately trained professional to undertake the assessment (for example, if the person is deaf-blind), ensure that this is in place.

Your life now and how it might change for the better

What has led you to complete this assessment?

- This question paints a picture of the person's situation and history and anything that may have changed in their life leading up to this conversation.
- Record information that places the person, their strengths, assets and needs into context.
- This might include details such as how long they have been living in the area, who lives with them, their family life, and social networks.
- Consider any recent life events currently or previously affecting their physical or mental well-being (including anything positive).
- How has the person dealt with adversity or setbacks in the past?
- It is important to find out what really matters to the individual in their current situation, including their preferences and what they enjoy.
- Encourage the individual to consider the positive factors in their daily life, such as their own abilities, willpower, hobbies, family or friends and pride in their independence.

What things that helped you manage in the past might help you manage better now or in the future?

- Focus on highlighting the individual's own strengths, assets, and resources.
- Consider their outlook and attitude, motivation, resilience, regular social, employment, education and training activities and ways in which they contribute to their community.
- Also note particular people that are actively contributing to the person's well-being and/or helping them to live independently.
- Encourage the person to talk about which of their strengths and abilities have helped them to be independent and manage up to now. This might include things such as determination, motivation, strength, looking at the broader picture or embracing change.
- Looking to the future, will the person need to draw upon their strengths and abilities to manage their life and changing situation? How might they be able to do this?

Your outcomes	
For each outcome area, consider the below: • Who or what is important to you? • How do you manage in each area currently? • What things can you do for yourself? • Do you have any equipment, aids or adaptations that help you?	• Are there any areas where your independence could be improved? • Are there any areas where support might help?
Engaging with your community Including the following Care Act outcomes: • Making use of necessary facilities or services in the local community. • Developing and maintaining family or other personal relationships.	• Accessing and engaging in work, training, education, or volunteering.

- Consider community access, personal relationships and any work, training, education, or volunteering.
- What is important to the person? Identify what the person can manage and what they are finding difficult. You may wish to discuss:
  - The person's knowledge of their local community, how they access the community, and any local activities they take part in/wish to take part in.
  - Existing relationships with family and friends.
  - Whether the person can independently meet new people and develop friendships/relationships.
  - Any hobbies/interests that the person has or wishes to start.
  - Any skills that the person has.
  - Finding new volunteering opportunities and any local schemes in the area.
  - Access to and participation in work or education.
- The person may wish to discuss aspects related to their culture, ethnicity, religion, sexual orientation, or spirituality here.
- Examples of strengths, needs and outcomes might be:
  - **Strengths:** The person being fully independent in maintaining existing relationships with family, but have not been able to develop any relationships outside of the family circle. They have a keen interest in painting, some information and advice on local painting workshops would help the person meet new people with the same interest.
  - **Needs:** The person could previously get to the Post Office independently but now that the branch has closed down, they need to find out about other Post Office branches in their local area and decide how they would get there.
  - **Outcomes:** The person wanting to engage with volunteering opportunities but struggling to find out about opportunities. Providing the person with details of local charities who organise volunteering schemes in the local area, and ensuring the person is registered with these charities as soon as possible, would enable them to engage.

Caring for others

- Identify whether the person has responsibilities as a parent or carer of someone under 18.
- Provide details of the caring situation, for example how many children does the person have responsibility for? Do all children live in the same household as the person?
- Identify what the person can manage and what they are finding difficult.
- A **strength** in this area may be that the person is managing a part-time job and is caring for three children without any support from friends and family.
- An **outcome** in this area may relate to the person wanting to be able to pick their child up from school each day, but support from family may be needed.

Managing your home

- Identify what the person can manage and what they are finding difficult.
- This might include:
    - The person's tenure or access to their home.
    - The person's ability to undertake cleaning and laundry tasks.
    - The temperature in the person's home.
    - The need for equipment or adaptations.
    - Hazards.
    - Missing or broken smoke or carbon monoxide alarms.
    - Access to the Internet.
- Through discussion with the person, identify achievable outcomes in this area.
- An example might be that the person finds it difficult to mow their lawn and keep their garden tidy due to arthritis. They would like some help as gardening has always been an important part of their life. Their nephew has shown a keen interest in gardening and would benefit from the person passing on their knowledge. The person's nephew supporting with gardening then enables them to help each other.

Managing your money

- Check whether the person can manage their own finances (including paying bills on time and budgeting for essentials).
- If someone else is managing their financial affairs, check who does this and the nature of that arrangement.
- Clarify if any support is from family, friends, or volunteers, or is a formal arrangement.
- Is there a power of attorney?
- Are there any indications of financial abuse?
- Record whether the person can manage their paperwork, bills, and other correspondence – including tasks relating to tenancy and utilities.
- Are they opening letters, dealing with them, and responding appropriately?
- If someone else helps, is this situation working?
- Consider the person's own choice and control over this area of their life.
- Are there any safeguarding concerns?

Eating well

- Identify what the person can manage and what they are finding difficult.
- This might include the person's ability to go shopping in person or online, prepare and cook snacks or meals, and eat and drink.
- Through discussion with the person, identify achievable outcomes in this area.
- For example, the person may suffer from frequent seizures and prefers to do their shopping online in the comfort of their own home.
- Are there shops nearby? Consider different ways of shopping (such as online).
- If support is needed, is this accompanying and supervising, or shopping on behalf of the person?
- Record whether the person can prepare and cook beverages, snacks and meals safely.
- Consider risk of burns or scalds, risk of leaving the cooker switched on and hygiene risks.
- Consider diet and nutrition, including suitability of meals (such as microwave or ready meals) and whether nutritional needs are being met.
- Consider whether the person can carry a cup or plate to where they are going.
- Check whether the person can feed him or herself.
- Consider eating disorders and mental health as well as physical ability.
- Consider whether food needs to be cut up or whether a soft diet or liquidised food is needed.
- If support is needed, is this prompting/supervising or physically feeding?
- Is any equipment needed (such as non-slip mat, plate sleeve, easy-grip utensils)?

Managing your hygiene and appearance

- Consider the tasks of getting dressed and undressed, managing personal hygiene, and managing toileting.
- What is important to the person? Identify what the person can manage and what they are finding difficult.
- You may wish to discuss:
    - Choosing weather and situation-appropriate clothing.
    - Dressing for the day and undressing at the end of the day.
    - Bathing/showering.
    - Shaving and cutting nails.
    - Hand washing with regards to infection control.
    - Combing and styling hair.
    - Using the toilet or continence aids.
    - Aids and adaptations that aid independence.
- Be aware that personal standards vary in terms of cleanliness, appearance, and presentation.
- Consider both the physical and cognitive aspects of these tasks.
- Examples of strengths, needs and outcomes might be:
    - **Strengths and needs:** The person is able to choose appropriate clothes on their own each day and manages to dress and undress the top half of their body, but has difficulty in dressing and undressing the lower half of their body. The person can wash their whole body independently but difficulty with their dexterity makes it hard to cut their nails properly.
    - **Outcomes:** One outcome might be to have a friend or carer cut nails for the person on a fortnightly basis so that they can maintain their personal hygiene.

Moving around your home

- Can the person independently move around their home both upstairs and downstairs?
- Are any aids or adaptations in place within the home to help with moving around the home and transfers?
- Determine if the person finds any particular movements or transfers difficult, for example walking upstairs is becoming more difficult and the person becomes breathless on exertion, or the person struggles to get in and out of the bath.
- Through discussion with the person, identify achievable outcomes in this area, for example whether further aids and adaptations should be considered to make it easier for the person to get up and down stairs.
- Consider any sensory needs and any memory, orientation, or behaviour issues.

Anything else that is important to you

- Is there anything else that the person wants to discuss?
- Are there other outcomes or things that are important to the person that have not been captured?

Your health and well-being

Managing your health needs and medication

- Is the person able to attend health related appointments?
- Are they taking any regular medication? Take account of supplements, complementary medicines and whether the person is taking medicines for a previous condition in addition to prescribed medication.
- Medication can include application of creams or lotions.
- Consider equipment or telecare, blister packing, medication review and/or community or pharmacy support.

Relevant details of your physical health and how it affects you or other people

- Note any relevant long-term (chronic) conditions.
- Do any of the person's needs vary? If so, do their needs fluctuate on a monthly, weekly, or daily basis – or less often? Are the fluctuations predictable?
- Consider how the person manages any health or medical concerns, including pain or distress, looking after their skin, breathing difficulties, seizures or losses of consciousness, and any sensory needs.

Relevant details of your mental health and how it affects you or other people

- Note any relevant long-term (chronic) conditions.
- Do any of the person's needs vary? If so, do their needs fluctuate on a monthly, weekly, or daily basis – or less often? Are the fluctuations predictable?
- Consider the person's cognition – how is their short- and long-term memory? Are they orientated to time, place and person? Are they able to make decisions and understand the impact of those decisions? Are they aware of risks?
- Consider emotional well-being – motivation and energy/interest levels.
- Does the person feel like they have meaning and purpose?
- Are there any particular worries or anxieties?
- Does their behaviour cause any concerns? Any challenging behaviours? Threat to the person or others around them? Are behaviours impulsive/reactive? Are there known triggers, or is behaviour unpredictable?

Staying safe and managing risk

- Have any areas of risk been identified?
- How are risks managed now and how could risks be managed in the future?
- Where might taking risks be a positive thing?
    - An example of positive risk taking may involve the person taking the bus into town by themselves.
    - There may be risks that the person could get lost or have a negative social interaction – but there would also be the opportunity for the person to explore at their own pace and build valuable social skills.
    - To minimise the risk, precautions may be put in place, for example checking in via mobile phone or ensuring the person has money for and access to a taxi.
    - The person should be able to talk about risks in the past and present as well as potential risks.
- Risks to the person and/or others should be considered.
- How are risks being managed? Does the person feel that all risks are currently managed well? Do risks need to be managed differently?

Mark any areas below where a current risk has been identified

- A checklist has been provided here to identify areas of current risk.
- Check all areas that apply and ensure any relevant details relating to the identified areas are covered within the answer to the question above ("Describe any areas of risk in your life and how they are managed now or could be managed").

Risk of falls

- Any history of falls may indicate current risk (risk increases significantly after first fall).
- If there is a history of falls, consider the circumstances – including how recent and whether medical help was sought.
- Consider whether the person worries about falling and in what situations.
- Consider possible causes (obstacles, lighting, limited joint movement).
- Consider referral for falls assessment.

Risk of harm to your carer or others

- Check for any evidence of harm or risk to the person's (unpaid) carer(s) relating to support that they provide.
- Consider whether there are physical or psychological risks to the carer due to the demands of providing support.
- Consider appropriateness and sustainability of the situation and whether there are any safeguarding concerns.

Risk of deliberate harm to yourself

- Consider whether there is a history or any current signs of deliberate self-harm.
- Consider whether the person is affected by depressed mood or has any suicidal ideations.
- Consider referral to Mental Health Services.

Risk of neglecting yourself

- Check for signs of self-neglect and whether the person is aware.
- Consider whether there has been a lowering of the person's standards and that this may not be intentional.
- Consider whether the person is eating or drinking appropriately and looking after their personal appearance.
- Consider whether the person has reduced their social contact or time out of the home and consider the effect of mental health issues (such as depression) and any safeguarding concerns.
- Consider the effect on sustainability of the person's housing tenancy.

Risk of harm to property

- Consider whether the person presents any risks relating to manual handling, challenging behaviour, or accidental/intentional damage to property.
- Consider risks to others who may be in contact with the person and property.

Risk of abuse from others

- Consider the following types of abuse: neglect, financial, sexual, physical, psychological, and verbal.

Staying safe at home during the day and at night

- Check whether the person is safe to be left alone (risk of harm to self/others?). Evidence may need to be sought from others around the person, as the individual's own perception of safety may be unreliable.
- Can the person respond to emergencies? Are there memory, orientation, or behaviour issues? Are there health concerns if the person is left alone?
- Consider assistive technology – the level of need recorded for this item should consider the effect of any telecare equipment already in place.

Your support networks – family, friends and neighbours

What support do you get from family, friends or neighbours?

- Consider the person's family life and social networks.
- Are they receiving any unpaid support from people around them currently? If so, with which areas of their life?
- Detail whether any young carers (under 18) are involved and whether support is needed to reduce inappropriate caring responsibilities.
- Consider whether there are any other people within the person's social networks who may be able to support them or contribute to their well-being and/or independence.

What support could you get from family, friends or neighbours in the future?

- Detail in which areas of the person's life their family, friends of volunteers are able and willing to offer them unpaid support.
- Consider the level of support they are able and willing to offer in an average week and how often they can offer this support.
- It is important to ensure that the ongoing situation, rather than the current situation, is captured, particularly if the current situation is not sustainable.
- If there is anyone who provides the person with a high level of support, they should be offered a combined or separate Carer's Assessment to discuss their caring role.

Have we offered a Carer's Assessment to any unpaid carer(s) you may have?

- Record whether a Carer's Assessment was offered and accepted, offered and declined, not offered **because** the carer was not present, or not offered because the person does not have an unpaid carer.
- If accepted, record whether the carer has been assessed jointly with the person with care needs.

Combined carer's assessment

Completion of these questions is required where an unpaid carer is being assessed as part of the person's own assessment

Engaging with your community (carer)

- Consider community access, recreation activities, personal relationships and any work, training, education, or volunteering.
- What is important to the carer? Identify if the caring role is having an impact on the carer's independence. You may wish to discuss:
    - The carer's knowledge of their local community, how they access the community, and any local activities they take part in/wish to take part in.
    - Whether they are able to leave the person they care for in order to access community or recreational activities. If not, what would need to be in place to facilitate this?
    - Existing relationships with family and friends, and how those relationships may positively affect the carer's well-being.
    - Whether the carer has the opportunity to meet new people and develop friendships/relationships.
    - Any hobbies/interests that the carer has or wishes to start.
    - Any skills that the carer has, including any skills they might have developed through the caring role.
    - Finding new volunteering opportunities and any local schemes in the area.
    - Access to and participation in work or education. Does the carer work currently? Are they aware of their employment rights as a carer? Are their employer and/or colleagues flexible/understanding in relation to their caring role? Are they able to attend college/education programmes regularly?
- The carer may wish to discuss aspects related to their culture, ethnicity, religion, sexual orientation, or spirituality here.
- Examples of strengths, needs and outcomes might be:
    - **Strengths**: The carer has a close-knit circle of friends who have a positive impact on her well-being.

- **Needs**: The carer is unable to see these friends as often as she would like. Previously these friends hiked together, but the carer has been unable to join recently.
- **Outcomes**: The carer's outcome would be to hike with her friends on Saturday mornings. This would help maintain and improve her existing relationships and provide beneficial physical activity – having a double boost for her well-being.

Caring for others (carer)

- Identify whether the person has responsibilities as a parent or carer of someone under 18. Do they also care for any other adults, for example a partner with a health condition or disability, elderly parents?
- Provide details of the caring situation. How many children does the person have responsibility for? How many adults do they provide care for? Do they all live in the same household as the carer? If any of the cared-for people live separately, do they live within the same Local Authority area?
- Identify if the caring role is having an impact on their parenting responsibilities. Is the carer able to spend family time with their children? What would happen if any of the adults needing care had a change in need?
- Examples of strengths, needs and outcomes might be:
  - **Strengths**: The carer cares for his father, who moved into the carer's home following a stroke. The carer's 7-year-old son also lives with them. A positive aspect of this has been that the family unit has become closer, and the carer's son has benefited from learning from his grandfather.
  - **Needs**: The carer is struggling to pick his son up from school on time as this is the time that his father's carers arrive to deliver personal care. This is leading to anxiety as he worries about being late.
  - **Outcomes**: An outcome might be that the carer is linked with a voluntary school pick-up/drop-off scheme to ensure his son is picked up on time, therefore easing his anxieties.

Managing your home (carer)

- Consider the carer's home environment regardless of whether this is also the home of the person needing care. Does the carer have sufficient time to spend on maintenance and other tasks around the home? Consider if the caring role is having an impact. You may wish to discuss:
  - The carer's tenure or access to their home.
  - The time the carer has to complete cleaning and laundry tasks.
  - Managing temperature and utilities.
  - The need for equipment or adaptations.
  - Hazards.
  - Missing or broken smoke or carbon monoxide alarms.
  - Access to the Internet.
- Examples of strengths, needs and outcomes might be:
  - **Strengths**: The carer has a lovely garden in their home that they enjoy – they say it is a peaceful space that allows them to unwind.
  - **Needs**: They have been finding it difficult to find time to mow their lawn and keep their garden tidy, due to time spent caring for their adult son who has learning difficulties.
  - **Outcomes**: The carer could develop strategies with the person they care for (their adult son) to involve him in the gardening, easing some of the pressure on the carer with regards to the garden maintenance whilst giving them an activity to do together which will also teach the son life skills.

Eating well (carer)

- Identify if the caring role is having an impact. This might include the carer's ability to go shopping in person or online, prepare and cook snacks or meals, and eat and drink.
- Does the carer have time to shop for themselves? Are they able to leave the person to go to the shops? Are there shops nearby? Consider alternative methods of shopping (such as online).
- Do they have sufficient time to prepare meals, snacks and drinks for themselves?
- Consider diet and nutrition, including suitability of meals (such as microwave or ready meals) and whether nutritional needs are being met.
- Examples of strengths, needs and outcomes might be:
    - **Strengths**: The carer enjoys cooking and preparing nutritious meals, frequently as an activity together with the person he cares for.
    - **Needs**: The weekly shop takes up valuable free time when the person with care needs is accessing replacement care, affecting the carer's well-being as he worries about being home when the person he cares for arrives home.
    - **Outcomes**: Online shopping may help relieve some of this stress, but the carer may need some support or equipment to help with this. It would also give him more free time, potentially to access recreational activities or spend time with friends.

Anything else that is important to you (carer):

- Is there anything else that the carer wants to discuss?
- Are there other outcomes or things that are important to the carer that have not been captured?

Relevant details of your physical health and any effect of your caring role on this:

- How is the carer's health generally? Do they have any health conditions of their own?
- Has the caring role affected the carer's physical health? If so, how? Is the caring role physically tiring? Have they needed any medication or treatment as a result? Is sleep affected?
- What training/education have they received to support them in caring? Are they aware of appropriate manual handling techniques?
- Consider OT referral and back care - carers often experience back injuries because of lifting and handling.
- Are they able to exercise or find other ways to relax?

Relevant details of your mental health and any effect of your caring role on this:

- How does the carer cope with the emotional demands of caring? Have they developed any coping mechanisms? Are there any additional coping mechanisms that may be useful to them?
- Do they feel caring can be satisfying and if so, in what ways? Is their emotional well-being positively impacted?
- Do they sometimes feel angry about their situation? How do they let off steam? Do they ever feel sad, upset or depressed?
- Do they have someone who they can talk to about their caring role, or do they find it difficult to discuss caring issues with others? Have they sought help about how they feel? Carers often experience stress, anxiety, and depression so it is important to consider what support might be needed in this area.

Your support networks – local community

What is available in your local community that might be helpful for you?

- What local resources has the person used in the past and present? How have these community resources helped the person?
- Consider if the person lives in a rural geographic area.
- Is the person fully aware of local community resources which they can use to help them live their life?
- Consider any community resource directories that may be available.
- Are there any local community resources which have been suggested in the past but have not been accessed? Is this because further information was not provided?
- This is also an opportunity to pause and provide information about community resources that the person may not know about.

Summary of assessment and next steps

Care professional's summary of conversation and recommendations.

- What has been explored with the person?
- What are the main things the person wants to achieve?
- What strengths have been identified and how can the person build on these?
- Has any additional support from family/friends/volunteers or any community-based support been identified?
- Has any preventative support been recommended (including enablement/reablement, equipment, adaptations, telecare and telehealth)?
- Have you signposted or referred anywhere?
- Were there any differences of opinion with the person or others involved? Were these resolved?
- What are the next steps?

Information and advice about preventing or delaying development of needs in the future:

- Information and advice should be as targeted and personalised as possible.
- How might the person improve connection with their community?
- What services are available to them locally (such as handyman/maintenance or befriending services)?
- Consider whether information or advice is needed regarding finances, health, healthy lifestyles, housing, or employment.
- Is the person aware of the local care and support system and any next steps?
- Do they know where, how and with whom to make contact, including information on how and where to request an assessment of needs, a review or to complain or appeal against a decision?
- Do they need advice regarding abuse and safeguarding?
- How might their well-being be promoted?
- Do they have all the information they need to exercise choice and control? Consider local and national sources of information such as national charities/advice services, NHS Choices, the CQC.

Eligibility decision by the Local Authority

This section is used to identify the outcomes the person wishes to achieve, in relation to each of the eligibility domains set out by the Care Act (2014):

- **Making use of necessary facilities or services in the local community**
  Links to the assessment area 'Living your best life.'
- **Managing and maintaining nutrition**
  Links to the assessment area 'Eating well'.
- **Developing and maintaining family or other personal relationships**
  Links to the assessment area 'Living your best life'.
- **Being appropriately clothed**
  Links to the assessment area 'Managing your hygiene and appearance'.
- **Accessing and engaging in work, training, education or volunteering**
  Links to the assessment area 'Living your best life'.
- **Maintaining personal hygiene**
  Links to the assessment area 'Managing your hygiene and appearance'.
- **Carrying out any caring responsibilities for a child**
  Links to the assessment area 'Caring for others'.
- **Managing toilet needs**
  Links to the assessment area 'Managing your hygiene and appearance'.
- **Maintaining a habitable home environment**
  Links to the assessment area 'Managing your home'.
- **Being able to make use of your home safely**
  Links to the assessment area 'Moving around and being safe at home'.

Are there two or more outcomes indicated as eligible above?
If 'Yes', is there a significant effect on your well-being or is this likely to happen?

- A person is identified as having eligible needs (and therefore entitled to a Care and Support Plan) if:
  - Their needs arise from, or are related to, a physical or mental impairment or illness, **and...**
  - As result of these needs, two or more of the domains are answered stating that the outcomes cannot be achieved alone, in reasonable time and without significant pain, distress, anxiety, or risk to self or others, **and...**
  - As a result, there is, or is likely to be, an overall significant effect on the person's well-being.
- The details of any decisions regarding effect on the person's well-being can be referred to in the main body of the SANA where evidence as appropriate, is provided.
- The effect on well-being should be looked at without thinking about any support the person may already have and should consider the following areas, as well as the person's (or their representative's) views:
  - Personal dignity and being treated with respect
  - Physical and mental health and emotional well-being
  - Protection from abuse and neglect
  - Suitability of living accommodation
  - Participation in work, education, training, or recreation
  - Social and economic well-being
  - Domestic, family, and personal relationships
  - Your contribution to society
  - Control over day-to-day life (including other care or support provided and the way it is provided)

Details of the effect on your well-being (in the absence of any support you may already have in place)

- Details which support the responses given to the eligibility questions above should be provided here.

Primary support reason

- You are required to record the person's 'Primary support reason' – the main reason that means they need support (for example, physical support for personal care; learning disability support).
- Refer to national guidance (Ref EQ-CL: 2019-20) regarding choosing the correct response.

Ongoing care and support

Is a budget needed for ongoing care and support?

- Are the person's eligible needs able to be met via community resources and support networks?
- Can their strengths be built on?
- Only select 'Yes' here if a budget is needed for long-term care and support.

Agreement

Signature and date

- The issue of consent to share information should have been discussed at the start and end of the conversation.
- Ensure the person understands fully who the information will be shared with and the effect of their decision if they do not agree or place limitations on sharing. Explain:
  - The principles of confidentiality.
  - Possible situations where principles of confidentiality may be overridden by considerations of personal or public safety.
  - The reasons for and benefits of information sharing.
  - That information sharing need not be all or nothing – the person may request that certain information only is shared.

Follow local protocols for consent to share information.

Needs Profile (Calculation of Estimated Budget)

Engaging with the community

- **Can the person attend appointments in the community independently?**
  - Consider if the person can get to and from appointments independently and on time. For example, GP or hospital appointments, collection of medication.

- **Maintaining relationships and engaging in leisure, cultural or spiritual activities – level of independence:**
  - Consider and record the person's level of independence relating to maintaining relationships and undertaking leisure, cultural or spiritual activities.
  - This could be the individual needs support with travel only, background or group level support, or 1:1 or 2:1 support, or prefers not to participate.
  - Ensure any current support in place is disregarded when answering this question.
  - Consider the individual's needs whilst accessing activities including behavioural needs and health issues.
- **Maintaining relationships and engaging in leisure, cultural or spiritual activities – how often support is needed:**
  - Agreement is needed on how frequently this needs to occur in an average week (less than once a week, once a week, 2-3 times a week or more frequently/daily).
  - This is one of the most subjective areas of discussion as there is significant variability in people's personal perspectives on how much time they need for social, leisure or cultural activities, as well as what is realistic and reasonable for a local authority to provide within their resources to prevent social isolation/loneliness for the person.
- **Accessing and engaging in work, training, education, or volunteering – level of independence:**
  - Record the person's level of independence relating to work, training, education, and volunteering activities.
  - This could be that the individual needs support with travel only, background or group level support, or 1:1 or 2:1 support, or prefers not to participate.
  - Ensure any current support in place is disregarded when answering this question.
  - Consider the individual's needs whilst accessing opportunities in this area including behavioural needs and health issues.
- **Accessing and engaging in work, training, education, or volunteering – how often support is needed:**
  - Agreement is needed on how frequent this needs to be in an average week (less than once a week, once a week, 2-3 times a week or more frequently/daily).

Caring for others

- **Carrying out caring responsibilities for a child – how often is support needed?**
  - Agreement is needed on how often this needs to be in an average week (less than once a week, once a week, 2-3 times a week or more frequently/daily).

Managing the home

- **Maintaining and cleaning the home – level of independence:**
  - Check whether the person has any difficulties with housework and basic household maintenance tasks. If so, what level of support do they need?
  - Are they able to wash/dry clothes and change bedding? Any evidence of odours, hoarding or fire risks? Any concerns relating to pets? Are they able to use gas/electricity/water safely?

Managing money and paperwork

- **Can the person manage their day-to-day paperwork independently?**
  - Check whether the person can manage paperwork, their bills and other correspondence – including tasks relating to tenancy and utilities.
  - Are they opening letters and dealing with/responding appropriately?

- **Can the person manage their finances independently?**
  - Check whether the person can manage their own finances (including paying bills on time and budgeting for essentials).
  - If someone else is managing their financial affairs, check who does this and the nature of that arrangement. Clarify if any support is from family, friends, or volunteers, or is a formal arrangement. Is there a power of attorney? Are there any indications of financial abuse?

Eating well

- **Shopping for food and essentials – is the person independent?**
  - Check whether the person can do their own shopping (some/all). Consider all aspects of the task including planning, selecting appropriately, budgeting, paying, and carrying.
  - Are there shops nearby? Consider different ways of shopping (e.g. online).
  - If support is needed, is this accompanying/supervising or shopping on behalf of the person?

- **Preparing meals, snacks and drinks – is the person independent?**
  - Record whether the person can prepare/cook beverages, snacks and meals safely. Risk of burns/scalds? Risk of leaving the cooker switched on? Hygiene risk?
  - Consider diet/nutrition. Discuss suitability of meals (e.g. microwave/ready meals) – accounting for nutritional needs.
  - Consider whether the person can carry a cup/plate to where they are going to drink/eat. If there are difficulties, would equipment help? Consider OT referral.

- **Eating and drinking – is the person independent?**
  - Check whether the person can feed themselves. Consider eating disorders/mental health as well as physical ability.
  - Consider cutting-up food, soft diet, liquidised food.
  - If support is needed, is this prompting/supervising or physically feeding?
  - Equipment needed (non-slip mat, plate sleeve, easy-grip utensils)? Consider OT referral.

- **If someone else needs someone to feed the person, how long does the support for this usually take?**
  - This question is only relevant if the person is unable to feed themselves independently.
  - If support needed is around supervision, cutting up food, etc., then 'Does not apply' should be chosen.
  - If the person does need to be fed (including liquidised feeds), approximately how long does it take to finish a meal? Does the person have difficulties swallowing?

- **Is there a need for specialist skilled support with eating and drinking?**
  - Consider the person's needs regardless of the method of nutritional intake (i.e. solid or liquidised food by mouth, nil-by-mouth feeds).
  - Consider the level of specialist skill required over and above the expected level of support for the person's needs.
  - Does the person have dysphagia (swallowing difficulties), requiring skilled intervention to maintain airways and minimise the risk of choking and aspiration?
  - Are there problems linked to feeding devices meaning skilled support is required - over and above that needed to manage non-problematic feeding devices?
  - Are fluids managed subcutaneously?

- **Has there been unintended weight loss or gain which presents significant risk to the person's health?**
    - Is nutritional status at risk? Does the person have an eating disorder? Has the eating disorder been diagnosed? Should it be diagnosed – is a referral needed? Is the eating disorder or other particular condition the primary reason why significant concerns have been raised about weight?
    - Has the person lost or gained weight without apparent cause or explanation? Consider the use of any specialist tools such as the MUST (Malnutrition Universal Screening Tool).
    - This should not be recorded as 'Yes' just because the person is not able to manage their nutritional needs independently. Consider if those supporting the person can help manage the person's weight so there is not significant unintended weight loss or gain.

Managing hygiene and appearance

- **Getting dressed for the day and choosing appropriate clothes to wear – is the person independent?**
    - Does the person have any difficulty getting dressed (including putting on upper or lower garments, tights, socks and shoes, doing up buttons and fastenings, choosing weather-appropriate items)?
    - Does the person wear suitable clothing? Consider privacy and cultural factors.

- **Getting undressed at the end of the day – is the person independent?**
    - Does the person have any difficulty getting undressed (including taking off garments/socks/shoes, pulling down tights, undoing buttons or fastenings)? Consider privacy and cultural factors.

- **Managing personal appearance – is the person independent?**
    - Does the person need occasional or frequent prompting or supervision? Can the person undertake with support or do they need somebody to undertake this activity for them?

- **Washing whole body – is the person independent?**
    - Consider different approaches to washing the whole body such as taking a bath or shower or having a strip wash.
    - Consider the whole activity of bathing/showering (water temperature, getting in and out, hair washing/drying, body washing/drying, preferred time).
    - Is there any risk of slipping? Is equipment required? Does the person have a non-slip mat or make use of any aids in the shower/bath?
    - Is the support of one or two people needed with this activity (e.g. if transfers are involved)?

- **Washing whole body - how often is support needed?**
    - Capture how often support is needed to undertake this activity over an average week. This includes taking a bath or shower or having a strip wash.
    - Consider if there is there a medical need for frequent bathing.

- **Using the toilet and managing continence - is the person independent?**
    - Consider the whole activity chain involved in toileting – including mobility/time difficulties in getting to the toilet, getting on and off the toilet, adjusting clothing and post-elimination hygiene.
    - Prompting and/or supervision needed if memory, cognitive or behavioural difficulties exist? Any evidence of self-neglect?
    - Is any equipment used? If not, would equipment help? Consider OT referral.

- **Using the toilet and managing continence – what is the nature of the support needed?**
    - If support is needed, record the type of support required (routine support, monitoring to manage risks from continence care or skilled/specialist health support due to problematic continence care).

Moving around the home

- **Moving around the home and managing transfers - how much support is needed?**
  - Consider whether the person has any difficulties getting in/out of a chair or bed and getting on/off the toilet.
  - If support is needed, is this prompting/supervising only or physical assistance?
  - If there are risks involved in providing support, is there a requirement for the support of two people?
  - Any aids/equipment used or needed (e.g. hoist)? Consider trip hazards and obstacles. Consider OT referral.

- **Is the person able to bear their own weight or assist someone to help them transfer?**
  - Consider if the person is normally able to bear their own weight with suitable equipment and adaptations.
  - Does the person need full assistance with transfers? Or are they able to assist with transfers due to being able to partially/fully bear their own weight?

- **To what extent does the person's weight, frame, balance, or strength affect their mobility?**
  - When assessing the person's mobility needs, consideration should be given to how their weight, frame, balance or strength might affect their ability to mobilise (e.g. frailty giving rise to risk of injury; obesity causing difficulty getting up and slowness whilst moving).
  - Consider both underweight, overweight and frailty. This can be a sensitive area for discussion but can be significantly influential on the duration of any support time required

Staying comfortable and repositioning – is the person independent?

  - Where the person spends significant periods of time in a chair or bed, check whether they can stay comfortable and change position independently. Do they have difficulty turning in bed or staying propped-up?
  - Consider pain, risk to skin integrity/pressure areas, boredom, and other mental discomfort.
  - Is specialist equipment required, e.g. pressure-relieving mattress, aids, specialist chair? Consider OT referral.

- **Is there a high risk of harm to the person (or those helping the person) when being supported with transfers, moving around or repositioning?**
  - When answering this question, you should consider whether a risk still exists even when the person is supported with transfers and repositioning. It is not asking if the person can transfer/change position independently without risk – this has been covered in a previous question.
  - Consider factors which may cause the person harm when they are transferring/repositioning or being supported to do so. Does their condition cause involuntary spasms or contractures? Do they have loss of muscle tone which may make them more liable to injury? Is positioning crucial to prevent injury or harm? Is the person at risk of fractures due to brittle/fragile bones?
  - Do these factors (or any other) place those supporting the person at risk? For example, from involuntary movements?
  - Has a moving and handling risk assessment been completed?

- **If the person has a sensory impairment, what is the effect on their level of independence?**
  - Does the sensory impairment have any effect on the person's day-to-day life? If so, is it resolved by using standard aids such as glasses, contact lenses or hearing aids?
  - If standard aids cannot be used for any reason, then determine the effect the sensory impairment has on undertaking activities such as socialising, household tasks and personal care.
  - If the person has a hypersensitivity to noise or touch, what restrictions does this pose?
  - Consider safety and risk when determining the person's level of independence.

Health needs

Communication

- **Is the person able to make themselves understood and understand others?**
  - This has two main aspects: speech/expression and understanding. A person may have issues with one or both. If they have a good level of understanding then they are likely to be able to express their needs, one way or another.
  - Be as objective as possible; avoid assumptions about understanding; weigh up information from observation; seek/consider views of others in regular contact with the person. Access/use past assessments (e.g. speech and language reports).
  - Consider whether communication is affected by sensory impairment or processing delays. Is support required? Does the individual use or require aids?
  - If scoring 'Partial ability' or higher, consider completing or referring for a communication or specialist assessment.

Medication and managing pain

- **Can the person take or apply their medication independently?**
  - Take account of supplements, complementary medicines and whether the person is taking medicines for a previous condition.
  - If the person does not require medication and/or does not currently take or apply any medication, choose 'Does not apply'.

- **Taking or applying medication – what level of support is needed?**
  - Medication can include application of creams/lotions**.**
  - Consider equipment/telecare, blister packing, medication review and/or community/pharmacy support.

- **Does the person's physical condition or any medication that they are taking cause them distress or pain?**
  - Is the person in pain regularly due to their physical condition or because of any medication they are taking? To what degree is the level of pain affecting their daily functioning?
  - Consider fluctuating as well as persistent distress/pain.

- **Is the person getting sufficient relief from pain or other physical symptoms?**
  - If pain/distress is caused by the person's condition, is any pain relief currently prescribed? Is this proving effective in reducing the level of pain/distress?
  - Consider medical history as well as what previous strategies have been put in place.

Skin

- **Does the person have a skin condition or are they at risk of developing one?**
  - Record whether the person has a skin condition or is at risk of one developing. Examples of skin conditions are eczema, rosacea, psoriasis, vitiligo, or pressure ulcers/sores.

- **Does the person require regular support for a skin condition or to prevent one developing?**
  - If the person has a skin condition or is at risk of one developing, check whether they are able to manage this independently, or whether health interventions are required for prevention or treatment. If so, are interventions required daily or less/more than daily?
  - Is specific medication/specialist health support required?

Breathing

- **Does the person have any breathing difficulties?**
  - Check whether the person has any difficulties relating to breathing. Do they get short of breath regularly? Do breathing difficulties restrict day-to-day activities?

- Consider whether difficulties are dependent on time of day (e.g. worse during the night, exacerbated by certain activities).

Consciousness

- **Does the person have a medical condition that can make them lose consciousness?**
  - Check whether the person has a history of fits, seizures, or blackouts. When was the last incident? How severe have instances of altered states of consciousness been? How predictable are these?
  - Conditions that affect consciousness include Transient Ischemic Attacks (TIAs), Epilepsy and Vasovagal Syncope.
  - Do environmental/sensory factors present risk of seizure activity? What time of day?
  - Is support required to manage altered states of consciousness? How are risks to self/others managed? Consider emergency/contingency planning and assistive technology.

Mental Wellbeing

Memory, orientation, and decision-making

- **How much difficulty does the person have with remembering people or things or finding their way around?**
  - Check whether the person has been more forgetful than usual recently, whether they get lost/forget where they are when outdoors and/or lose track of the day/month/year and whether they are fully aware of surroundings or rely on others.
  - Has change been noticed by others? Clear examples are important as reported issues may not be major.
  - What effect do the difficulties have on the person's day-to-day life?
  - Consider mental capacity/other cognitive assessment. Is there any Telecare/assistive technology that might help?

- **Can the person plan and make decisions about their daily life?**
  - Can the person make decisions on a day-to-day basis as well as planning for the future? Can they turn plans into actions?
  - Are plans and decisions realistic and do they take account the risks?
  - Consider mental capacity/other formal cognitive assessment and Liberty Safeguards if appropriate.

Emotional well-being and behaviour

- **How is the person's day-to-day emotional well-being?**
  - Factors to consider include: What does the person usually do day-to-day? Do they lack motivation? Do they feel sad, low, or fed up with things? Less energy or interest than previously? Are they able to find meaning and purpose in life? Are there any worries or anxieties? Is the person withdrawing from others? Has there been a recent bereavement?
  - Observations from those close to the person (such as carers and relatives) may be crucial – especially where the person is not readily able to put their feelings and emotions into words or expresses them in other ways.

- **Does the person's behaviour ever worry or upset them, or cause concern to others?**
  - Consider behaviours presenting a threat to the health/safety/well-being of the person/others, including harassment, intimidation, threats, bullying and actual harm.
  - Consider effect on social acceptance/others. Consider effect on family/carers and sustainability of caring role if support is being declined.
  - Is behaviour pre-meditated or impulsive/reactive? Triggered by presence of certain people? How is behaviour managed? Observations from carers may be crucial. Consider Liberty Safeguards if appropriate.

- **How effective is the support of others in reducing risks arising from their behaviour?**
  - The answer to this question should not be based on the efficacy of particular care provider(s), or any risks due to environmental factors. Instead, consider if support from others can reduce risks arising from the person's behaviour. For example, is behaviour predictable and therefore manageable through planned interventions? Is the person compliant with care?
  - If support is not effective in reducing risks, this indicates that the person's behaviour presents a risk to themselves or others despite interventions. Risk Assessments may need to be consulted to respond to this question.

- **Does the person find it challenging to engage with others who are offering support?**
  - If the person receives support from others, then record the person's level of engagement with the support offered – e.g. does the person need encouragement to engage in any support offered? Is the person often/rarely or completely unable or unwilling to engage with any support offered? Does the person struggle with motivation?

Staying safe at home

- **Can the person stay safe alone in their home during the day and at night?**
  - Check whether the person is safe to be left alone during the day and night. Consider risk of harm to self/others.
  - Evidence may need to come from others around the person as the individual's own perception of safety may be unreliable.

- **Is the person able to stay safe during the day?**
  - This question records the overall level of support during the day that the person requires to maintain their safety (and those around them).
  - Disregard any current support in place when answering this question.
  - Check whether the person is safe to be left alone (risk of harm to self/others?). Evidence may need to be sought from others around the person as the individual's own perception of safety may be unreliable.
  - Can the person respond to emergencies? Are there memory, orientation, or behaviour issues? Are there health concerns if the person is left alone?
  - Consider assistive technology – the level of need recorded for this item should consider the effect of any telecare equipment already in place.

- **Is the person able to stay safe during the night?**
  - This question records the overall level of support during the night that the person requires to stay safe and comfortable.
  - Disregard any current support in place when answering this question.
  - Issues with sleeping at night? Issues with continence or staying comfortable? If support is needed, can this be 'wake if needed', or is full supervision required? Can the person respond to emergencies? Are there memory/orientation or behaviour issues? Are there health concerns if the person is left alone?
  - Consider assistive technology – the level of need recorded should take into account the effect of any telecare/equipment already in place.

Support networks - family, friends and neighbours

- **Will the person receive any ongoing unpaid support from family, friends or volunteers?**
  - If the answer to this question is 'No,' the rest of this section does not need to be completed and you should proceed to the 'Additional information about the person with care needs' section.
  - If family, friends, or volunteers have agreed that they will provide ongoing unpaid support which is considered to be safe then answer 'Yes' and complete the parts of this section you feel are relevant.

Other ongoing support

- **Support with social or recreational activities – How many times in an average week will unpaid family members, friends or volunteers help?**
  - If a need has been identified for support with social or recreational activities, select how many of the activities in an average week will be supported by unpaid carer(s).
  - The number of activities should not be higher than the assessed needs.
  - If no unpaid support is to be provided to support social or recreational activities, choose 'None'. If unpaid support will function as the second carer when supporting with social or recreational activities, then choose 'A relative or friend will be the second carer where two are needed'.

- **Support with work, training, education, or volunteering activities – How many times in an average week will unpaid family members, friends or volunteers help?**
  - If a need has been identified for support with work, training, education, or volunteering activities, select how many of the activities in an average week will be supported by unpaid carer(s).
  - The number of activities should not be higher than the assessed needs.
  - If no unpaid support is to be provided to support these activities, choose 'None'. If unpaid support will function as the second carer when supporting with these activities, then choose 'A relative or friend will be the second carer where two are needed'.

Sustaining support from unpaid carer(s)

- **If the person has a main carer who provides regular care and support, what is the effect of caring on the main carer's independence?**
  - This question captures what effect there will be on the person's main supporting family member's or friend's independence arising from the ongoing support they will provide.
  - Consider effect on independence, health, safety, daily routines, and ability to engage in paid employment. Refer to Carers (Equal Opportunities) Act 2004.

- **Does the main carer need breaks through the year so they can continue providing weekly support?**
  - This question captures whether the person's main carer(s) will require break(s) through the year for them to sustain the level of week-by-week support they provide.
  - This decision should be taken by looking at the level of support offered, the effect on independence recorded above and other factors such as the household/family situation.
  - Consider health of carer(s) and relationship(s) with person. Carer(s) may need to be supported to recognise their need to have regular breaks from their caring role.

Additional information about the person with care needs

- **Please tick below anything that applies to the person and significantly influences their care needs:**
  - The selection(s) here should be based on condition(s) that impact on the person's care and support and will be used to ensure their estimated budget is appropriate to their needs.

- **Anticipated (ongoing) living situation:**
  - The selection here should reflect the expected longer-term nature of the person's accommodation and will be used to ensure their estimated budget is appropriate to their environment.

- **If the person attends college or university, are their needs fully met by education services whilst they are there?**
  - To assist with moving to adulthood, if the person is to remain in full-time education, are care and support needs going to be fully met by education services during the times they are there?

- **Will the person's care/support be delivered in an urban or rural part of the local authority area?**
  - The selection here should reflect the expected longer-term nature of the person's accommodation and will be used to ensure their estimated budget is appropriate to the expected costs of delivering care and support where they live.