

My Adult Care Assessment

Care Manager
Guidance

Introduction

This Practitioner Guidance is designed to support you and act as a guideline for when you complete the My Adult Care Assessment (MACA) with the Customer. It should clearly identify what the Customers needs are and provide evidence to illustrate this. It should include your thoughts as a professional assessor and the customers views. This will enable them to have more choice and control over the way their support needs are met and how they live their lives.

The guidance is split in to sections: -

- 1) Physical and Mental Health and Well-being
- 2) Behaviour
- 3) Looking after yourself during the day
- 4) Help needed during the night
- 5) Eating and drinking
- 6) Practical aspects of daily living
- 7) Community involvement
- 8) Maintaining relationships with friends and family
- 9) Leisure, learning and work
- 10) Communication
- 11) Managing risk and staying safe
- 12) Support from family, friends and community networks

The MACA has 3 sections entitled My View, ACS Worker's view and Final Agreement. You are responsible for completing the ACS Worker's view. If there is a difference of opinion between the customer and yourself, please discuss this point further and come to an agreement with them on the appropriate statement that best describes their support needs. If you cannot do this please record this in the supporting information and discuss further with your Manager or take it to Panel. Use the Supporting Evidence box at the end of each section to note down your assessment and how the agreement was reached.

The 'Supporting Evidence' box after each question must be completed with information explaining the Final Agreement answer. If a need has been identified when answering the question, then details of this need to be completed here. The guidance below on what to include in the Supporting Evidence boxes is there to provide prompts to you and is, by no means, exhaustive.

When the assessment is fully completed each section will be scored by Finance using a points criteria that has been agreed by the Senior Management Team this is known as the Resource Allocation System (RAS). The points will be added up and used to allocate an indicative budget. The budget is calculated from the final agreement answer not from what is written in the supporting information, this is for clearly evidencing why the option above has been ticked and for your Manager and Panel to see. You will be informed of the indicative budget and you can then notify the customer of this budget so that they can move on to the next stage of the process – Support Planning

Mental Capacity and the Adult Care Assessment

Whilst it must be assumed that all adults have capacity to make decisions for themselves, where there are concerns about an adult's capacity to make specific decisions a formal

assessment of capacity will be necessary. The Council will act in accordance with the provisions in the Mental Capacity Act (2005) and the Code of Practice when assessing individuals.

Consenting to your Assessment

Before signing the Assessment please ensure the customer has read and understand the following: -

The council maintains a Register in respect of the purpose for which the information on this document is to be used. Personal data provided by the customer on this form is treated in confidence and complies with the requirements of the Data Protection Act (1988). The information will not be used for any other purpose than that advised to the customer. The Council may however contact other organisations to verify the information the customer have provided on this form.

By signing this Assessment as a customer or parent/ carer/ representative on behalf of the customer, they are explicitly providing consent that the personal data* and sensitive personal data** provided can be used for purposes other than this form.

When required, the data provided may be used in order to report back to the Department of Health, shared with health professionals*** and agencies****, other Local Authorities and other divisions of Bury Council as appropriate, whilst maintaining and adhering to the nature of the Data Protection Act (1998).

They need to be aware that by providing the information as requested, that they are explicitly providing consent that the personal data and sensitive personal data provided can be used for purposes other than this form.

They would be consenting to sharing:

1. Personal data may cover basic details such as name, address, telephone number and Date of Birth.
2. Sensitive personal data may include 'Racial or Ethnic Origin' and 'Physical health, Mental Health or other Condition'
3. Health professionals may include GP's, district nurses, Consultants Care Agencies

Ensure you include details on Lasting Power of Attorney for Accommodation, Welfare or Finance in the 'Supporting Information' box. If not, you will need to consider a mental capacity assessment.

Consenting to a Financial Assessment

Under Fairer Charging Legislation, all customers will have to undergo a full financial assessment regardless of which section they fall under in the Fair Access to Care Services criteria. The financial assessment takes into account a person's income and savings. Based on this financial assessment, the customer will have to make a financial contribution to the cost of their support.

All people eligible to receive Adult Care Services are subject to a financial assessment and may have to pay a contribution towards their care services or package of care. Under the Department of Health legislation this assessment is carried out by a financial assessment visiting officer and will take into account the amount of the customer's income and savings. More

information about the financial assessment can be found in the booklet "A Guide to Charges for Social Care Services for Adults Living at Home"

Social care professionals to take booklet "A Guide to Charges for Social Care Services for Adults Living at Home" with them on visit and give to the customer.

If the customer identifies respite in a residential setting as one of the things they will spend their personal budget on, they will also be subject to the Residential Charging Policy, which has different rates than the Fairer Charging Policy. Following the completion of the Residential Charging Policy financial assessment form, the customer may have to contribute to their respite care.

1. PHYSICAL AND MENTAL HEALTH AND WELL-BEING

This part refers to the support you may need to manage a long-term health problem or a difficulty which impacts on your mental well-being. It is also the support you may need to maintain the best possible general health. A long term health problem may be diabetes, heart or respiratory failure, strokes, epilepsy etc and a mental health problem may be depression, feeling anxious, dementia etc.

	Points for consideration when completing the assessment
A) I am well and no-one has raised any specific concerns about my health or welfare	<ul style="list-style-type: none"> • They have no physical or mental health issues
B) I need assistance from others to make sure I stay well AND there is little or no concern about my health needs	<ul style="list-style-type: none"> • They have a physical and/or mental health condition that is relatively well controlled and are able to seek support if needed • They have learning disabilities, dementia or other cognitive impairment but are generally well. They can recognise and seek support if they are unwell
C) My health needs vary and I sometimes need assistance from others.	<ul style="list-style-type: none"> • They have significant physical and/or mental health problems which impact on their independence, choice or control around their health needs and/ or • They need regular monitoring from the GP, District or Community Psychiatric Nurse, and/ or • They have learning disabilities or dementia and some memory problems that create some risks, such as forgetting to take their medication • They have learning disabilities but are generally well. They need support to recognise and seek support if they are unwell.
D) I need assistance from others to make sure I stay well AND there is a slight concern about my health needs.	<ul style="list-style-type: none"> • They have a major physical and/or mental health problem which impacts on their independence, choice and control, and/ or • They have more than one chronic health condition or their health is generally uncontrolled, and/ or • They have frequent involvement with their GP, specialist consultant, District Nurse or Community Psychiatric Nurse, and/ or • Their health fluctuates because of a condition, such as Parkinson's Disease, severe uncontrolled epilepsy or Multiple Sclerosis, and/ or • They have learning disabilities or dementia and have behaviours that make it difficult for them to stay well for example refusing to their my medication, self harming or neglect
E) I need assistance from others to make sure I stay well and there is a real concern about my health needs	<ul style="list-style-type: none"> • The person is unable to stay healthy and/or safe without full support/care from others.

Please provide Customer supporting information:

Outline customer views relating to physical and mental health and well-being and their evidence for their choice of above statements.

Please provide Assessor supporting information

Outline your assessment of the customer's needs in relation to their physical and mental health and well-being. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided including health input, hospital appointments, medication, therapeutic support and any other information you feel contributes to a thorough assessment.

Also highlight if there was a conflict in terms of which statement to choose and how this conflict was resolved.

2. BEHAVIOUR

This part is about how situations might affect you in the community and at home and the risk to yours and others safety from your actions. Behaviour can be affected by a number of different factors, for example, illness, injury, substance misuse, stress or anxiety.

	Points for consideration when completing the assessment
A) I've never done things that could harm me or others.	<ul style="list-style-type: none">• They do not act in a way or make choices that could cause harm to themselves or others
B) In the past I've done things that other people found difficult. But there is no problem now	<ul style="list-style-type: none">• Their actions and choices have caused concern about harm to themselves or others, in the past but there is no problem at present
C) Some things I do other people find difficult. I have assistance to manage this so there's no real danger to me or other people	<ul style="list-style-type: none">• They receive help from their family or friends, medication and / or monitoring from a professional to manage their actions and choices so that there are no longer concerns about harm to themselves or others
D) Some things I do other people find difficult. I need some assistance to manage this	<ul style="list-style-type: none">• They can be verbally aggressive on occasions, and/ or• Their actions can be upsetting or difficult for others to deal with on occasions, and/ or• They can be impulsive or lack control on occasions which is of concern to them or others, and/ or• They require some help or encouragement to manage their actions and choices but not every day
E) Some things I do other people find difficult. I need a lot of assistance to	<ul style="list-style-type: none">• They can sometimes be verbally aggressive but not on most days, and/ or• Regularly they do things that are socially inappropriate

manage this	<ul style="list-style-type: none"> • Their actions can regularly be upsetting and difficult for others to deal with but not every day, and/ or • They can sometimes be impulsive or lack control which is of concern to them or others, and/ or • They require daily help or encouragement to manage their actions and choices
F) I don't know when I am in a situation when my behaviour can potentially lead to me being harmed or when I can harm others.	<ul style="list-style-type: none"> • They can be physically or verbally aggressive on most days and/ or • On most days their actions are socially inappropriate and/ or • Their actions can be upsetting or difficult for others to deal with throughout the day or night, and/ or • They are resistant to support or care from others on most days, and/ or • They purposefully harm themselves and/ or • They require help or encouragement, throughout their waking hours, to manage their actions and choices

Please provide Customer supporting information:

Outline customer views relating to behaviour and their evidence for their choice of above statements

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to their behaviour. This is how their behaviour impacts on others, not about their vulnerability or risk from others, this is covered in section 11. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided including health input, hospital appointments, medication, therapeutic support and any other information you feel contributes to a thorough assessment.

Also highlight if there was a conflict in terms of which statement to choose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

3. LOOKING AFTER YOURSELF DURING THE DAY

This question is about how able a person is to look after themselves and maintain their personal appearance during the day –things like washing, dressing, going to the toilet and moving around the home.

	Points for consideration when completing the assessment
A) I manage all my personal care on my own.	The person needs no support to manage their personal care needs
B) I can manage all my personal care but I do need reminding/ encouraging/prompting to do this.	The person is able to undertake all personal care tasks but may need reminding to do certain aspects eg wash, comb their hair, put on clean clothes.

C) I need assistance with one or two personal care tasks per week.	The person is able to undertake most of their personal care tasks but there may be one or two tasks they feel unable to manage alone. This is around 1 -2 tasks per week
D) I need assistance with several personal care tasks per week.	The person feels able to undertake some of their personal care tasks but there may be some tasks for which they need support e.g. bathing. This is around 3 – 5 times a week.
E) I need assistance with the majority of personal care tasks. I can manage these tasks with the assistance of one person.	The person may be able to undertake a small number of their personal care needs but generally needs the support of one person to undertake most personal care tasks.
F) I need assistance with all personal care tasks. I can manage these tasks with the assistance of one person.	The person is unable to undertake any personal care tasks on their own and so needs the support of one person to do personal care tasks.
G) I need assistance with the majority of personal care tasks. I need two people to assist me with these tasks all or most of the time.	The person is unable to undertake any personal care tasks on their own and so needs the support of two people to do personal care tasks.
H) I need assistance with all personal care tasks (getting in/ out of bed, washing/ dressing/ going to the toilet). I need two or more people to assist me with these tasks all or most of the time.	This person needs two people to undertake all tasks for them

Please provide customer supporting information:

Outline customer views relating to 'looking after yourself during the day' and their evidence for their choice of above statements

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to 'looking after yourself during the day'. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment.

Also highlight if there was a conflict in terms of which statement to chose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

4. HELP NEEDED DURING THE NIGHT

This question is about help a person may need during the night, for example, getting in and out of bed to use the toilet, managing the stairs, health needs during the night.

	Points for consideration when completing the assessment
A) I do not need any assistance during the night. If something happened during the night, I would know who to call to get help (e.g. my doctor) and would, in normal circumstances, be able to make a call for help.	The person needs no support at night time
B) I do not need any assistance during the night as I use equipment or medical supplies (e.g. pads).	The medical supplies are currently in place or could be put in place
C) I am usually fine during the night but would benefit from assistive technology to ensure safety and in an emergency.	The person is able to manage their condition at night time but assistive technology would be useful as a preventative tool
D) I am usually fine during the night. I may need assistance during the night on a very occasional basis – for example if I am unwell or in an emergency.	The person is usually able to support themselves during the night but on occasion may benefit from some support. It should be noted if this is likely to increase due to the persons condition and may become a problem in the future.
E) I need assistance during the night – most nights. This is because: - • I have a condition that means I need assistance during the night on a regular basis; or • I need assistance with personal care during the night (e.g. going to the toilet)	The person needs support most nights. Please detail reasons in the supporting information box provided.
F) I need assistance during the night – every night. This is because: - • I have a condition that means I need assistance during the night on a regular basis; or • I need assistance with personal care during the night (e.g. going to the toilet)	The person needs support every night. Please detail reasons in the supporting information box provided.

Please provide customer supporting information:

Outline customer views relating to assistance during the night and their evidence for their choice of above statements

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to 'assistance during the night'. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment.

Also highlight if there was a conflict in terms of which statement to choose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

5. EATING AND DRINKING

This question is about whether the person is able to look after themselves, staying fit and eating and drinking properly.

	Points for consideration when completing the assessment
A) I do not need any assistance in this area.	The person needs no support
B) I can manage to prepare all of my meals and drinks with some prompts and encouragement.	The person needs no support to prepare or eat meals/drinks but sometimes needs reminding to do so
C) I can manage to prepare snacks and drinks – but require reminding/ encouraging/ prompting to prepare a hot meal each day.	The person is able to prepare and eat/drink snacks but sometimes needs to be reminded to make a hot meal each day. This may be due to their condition, or lack of motivation.
D) I am able to eat and drink and prepare my meals but need to be encouraged/ reminded to eat healthily/ appropriately for my health and well being	The person needs no support to eat or drink but needs someone to remind them that this is important to their health. This may include someone who may eat food which is detrimental to their health and well-being e.g. diabetic.
E) I am able to eat and drink if someone assists	The person is unable to prepare meals/drinks alone but able to eat/drink with no assistance.

me with some aspects of preparation	
F) I am able to eat and drink if someone prepares or provides meals for me.	The person is able to eat/drink but unable to prepare meals.
G) It is essential that all my meals/ drinks are prepared and provided for me and that I'm supported to eat/drink	The person needs full support to eat and drink and prepare meals. Without support they are at risk of serious health problems or their life is at risk.

Please provide Customer supporting information:

Outline customer views relating to eating and drinking and their evidence for their choice of above statements

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to eating and drinking. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Have there been appropriate referrals made to other agencies? Insert any specific cultural needs.

Also highlight if there was a conflict in terms of which statement to choose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

6. PRACTICAL ASPECTS OF DAILY LIVING

This question is about day-to-day life and coping in the home for example; shopping, cleaning, cooking, housework, laundry, managing finances, paying bills, correspondence and general home maintenance.

IN THE BOXES NEXT TO EACH TASK PLEASE PUT THE LETTER INDICATING THE STATEMENT WHICH BEST DESCRIBES YOUR NEEDS.

- A I am **able to do this task** myself.
 B I need **reminding/encouraging/prompting** to do **this task**
 C I need someone to **physically assist me** to do **this task**

	Points for consideration when completing the assessment
1) Managing my money, budgeting and paying bills	Answer A, B or C. Please state the amount of support the person needs to complete this task to enable them to stay in control and independent.

2) Shopping	Answer A, B or C. Please state the amount of support the person needs to complete this task to enable them to stay in control and independent
3) Doing laundry and changing the bed	Answer A, B or C. Please state the amount of support the person needs to complete this task to enable them to stay in control and independent
4) Cleaning my home	Answer A, B or C. Please state the amount of support the person needs to complete this task to enable them to stay in control and independent
5) Dealing with letters and form filling	Answer A, B or C. Please state the amount of support the person needs to complete this task to enable them to stay in control and independent
6) Contacting appropriate people to carry out maintenance to my home and garden.	Answer A, B or C. Please state the amount of support the person needs to complete this task to enable them to stay in control and independent

Please provide Customer supporting information:

Outline customer views relating to practical aspects of daily living and their evidence for their choice of above statements

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to practical aspects of daily living. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Have there been appropriate referrals made to other agencies?

Also highlight if there was a conflict in terms of which statement to choose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

8. COMMUNITY INVOLVEMENT

This question looks at the assistance needed to be able to do things in the community or to be able to take part in community activities. These are things such as going to the local shops, the library, the cinema, community day centre, church or other place of worship, visiting neighbours and friends, or being involved in local organisations.

In Box A, please tick the statement that best describes the support the person needs.

Specify in the 'Supporting Information' box below the community activities that the person wants to engage in and how these will meet their needs. Please also specify the additional assistance they will need with this.

	Points for consideration when completing the assessment
A) I have no assistance to be able to engage in community activities	The person needs no support in this area. They are happy with their current situation
B) I need some assistance to be able to engage in community activities. (Please specify below)	The person needs regular assistance to access community activities. E.g. around 3 – 4 times per week. Please state reasons/details in box provided.
C) I need lots of assistance to engage in community activities. (Please specify below)	The person needs a lot of support to access community activities e.g around 5 times per week. Please state reasons/details in box provided.

Please provide Customer supporting information:

Outline customer views relating to community involvement and their evidence for their choice of above statements.

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to community involvement. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Have there been appropriate referrals made to other agencies?

Also highlight if there was a conflict in terms of which statement to chose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

8. MAINTAINING RELATIONSHIPS WITH FRIENDS AND FAMILY

This section is about keeping in touch with friends and family and socialising with other people.

	Points for consideration when completing the assessment
A) I am happy with my current situation and do not need any assistance in maintaining social contact.	The person needs no support in this area

B) I have family members and/ or a few friends. I need someone to remind me and encourage me to keep in contact with them.	The person has friends and family and needs no help to extend these.
C) I need practical assistance to keep in contact with other people.	The person needs regular support to maintain relationships but may already have friends/family
D) I need assistance to improve the number of friendships and relationships I have, I also need opportunities to increase the number of friends I have and maintain relationships	The person needs regular support to build and maintain relationships. They have few friends/family and few opportunities to make friends.
E) I don't see anybody and need assistance to assist me make social contacts.	The person needs full support in this area. They need assistance to be given opportunities to meet peers, build relationships then maintain them.

Please provide Customer supporting information:

Outline customer views relating to maintaining relationships with friends and family and their evidence for their choice of above statements.

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to maintaining relationships with friends and family. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Have there been appropriate referrals made to other agencies?

Also highlight if there was a conflict in terms of which statement to chose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

9. LEISURE, LEARNING AND WORKING

This section is about enjoying life, learning new things and/or having a job

	Points for consideration when completing the assessment
A) I am content with things as they are and don't need any assistance	<ul style="list-style-type: none"> • They are happy with things as they are and do not need any further support
B) I am busy and enjoy my spare time. I have the assistance I need to keep these going – from my friends, family or workmates	<ul style="list-style-type: none"> • They are able to try new things, work or be involved in learning of their choice, without leisure activities needing help from others • They don't want to try new things, work or learn and/ or • They are retired and don't want to take part in any further learning
C) I am busy enjoying my spare time, with a job or learning new things. I need assistance to keep these going	<ul style="list-style-type: none"> • They need specific equipment or technology to be able to continue working or be involved in learning events, and/ or • They need specific guidance to help them access work or learning or leisure • They would need initial training to help them do a job in any workplace or be involved in learning, but following this initial support they can participate by themselves
D) I have a few chances to enjoy life or learn new things or work. I need assistance to do these more.	<ul style="list-style-type: none"> • They need longer-term help to be able to work, such as a job coach, or assistance with transport, or • They need some help or encouragement to be involved in leisure learning events, because they lack motivation or confidence
E) I don't have many chances to enjoy life or learn new things or undertake leisure activities or work. I need assistance to do these more.	<ul style="list-style-type: none"> • They will always need someone to actively help them when trying new things, when at work or involved in learning or leisure activities.

Please provide Customer supporting information:

Outline customer views relating to leisure, learning and working and their evidence for their choice of above statements.

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to leisure, learning and work. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Have their been appropriate referrals made to other agencies?

Also highlight if there was a conflict in terms of which statement to chose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

10. COMMUNICATION

This question is about how easy the person finds it to communicate with other people. They may have difficulty with this because their speech is hard to understand, because they find it hard to hear, or because they use different communication such as sign language. They may find it hard to communicate in some situations, such as where poor light makes it hard to lip read, or where people are not willing to take time to work out the best way to communicate.

	Points for consideration when completing the assessment
A) I can communicate with people without any need for assistance. I can understand what people are saying and they can understand me.	The person needs no support in this area
B) I find it difficult to communicate with people in some situations (e.g. noisy environments, poor light). This causes me difficulty when precise communication is important, such as during doctor's appointments.	The person needs support to communicate during situations which are important to their health and well being. This may be in many forms such as sensory, pictorial, verbal, translation etc.
C) I find it difficult to communicate with people in some situations (e.g. noisy environments, poor light). This causes me difficulty with every day activities such as shopping.	The person needs some help to communicate in most situations. This may be in many forms such as sensory, pictorial, verbal, translation etc.
D) I cannot communicate with others without help from a person who knows my communication needs.	The person needs full support in this area. This may be in many forms such as sensory, pictorial, verbal, translation etc.

Please provide Customer supporting information:
Outline customer views relating communication and their evidence for their choice of above statements.

Please provide Assessor supporting information:
Outline your assessment of the customer's needs in relation to communication. You will

need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Please identify any language or interpretation requirements. If English is not the customer's first language this would not mean that they tick as having high level communication needs.

Have there been appropriate referrals made to other agencies?

Also highlight if there was a conflict in terms of which statement to choose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

11. MANAGING RISK AND STAYING SAFE

This question is about keeping safe.

Practical Safety - Staying safe means different things for different people, e.g. going out on a bus, using a cooker, making hot drinks, moving from one room to another or going down stairs. It can also mean causing harm to yourself or other people.

Risk of Abuse - Some people's circumstances at any given time might make them vulnerable to abuse or mistreatment. Abuse can be physical, sexual, emotional, financial, or from neglect or discrimination and may result in harm or exploitation. It might be a single act or repeated acts and can happen to anyone, anywhere, e.g. in the street or a person's own home.

	Points for consideration when completing the assessment
A) I don't need any assistance to stay safe and no-one poses a risk to me.	The person needs no support.
B) When I am well and managing well I am able to stay safe BUT I may be vulnerable when I'm unwell.	The person only needs support when they are unwell or in crisis
C) I can keep myself safe at home but I need to be contacted or checked on occasionally in case something goes wrong.	The person is safe at home but may need checking on or contacting from time to time.
D) I sometimes need assistance to stay safe and need to be checked on a few times a week.	This person is generally safe in their home, however they would benefit from being checked on or contacted a few times of week just to make sure.

E) I am able to stay safe if I am checked on/ monitored most of the time.	This person is able to stay safe but does need to be checked on or monitored daily or a few times daily.
F) I am able to stay safe if I have someone to assist me all of the time.	The person needs assistance all the time to stay safe. They have little or no awareness of risks to themselves.

Please provide Customer supporting information:

Outline customer views relating to managing risks and staying safe and their evidence for their choice of above statements

Please provide Assessor supporting information:

Outline your assessment of the customer's needs in relation to managing risks and staying safe. You will need to provide evidence for the statement you have chosen above. Please also include any information relating to support already provided and any other information you feel contributes to a thorough assessment. Please specify any safeguarding concerns and when they happened and ensure this is covered in your supporting Risk Assessment. Have there been appropriate referrals made to other agencies?

Also highlight if there was a conflict in terms of which statement to chose and how this conflict was resolved.

Also include any risks associated with this and how these are currently being managed.

12. INFORMAL SUPPORT

12. INFORMAL SUPPORT OR SUPPORT RECEIVED FROM OTHER SERVICES

12a. CURRENT OTHER SUPPORT

In this section we need to know what support you **currently** receive from;

1. Family, friends and/or community networks, this is known as informal support.
2. Any paid support that you receive from any other areas that Adult Social Care, for example health or education.

The following table is intended to give us an accurate picture of the amount of support you currently get from any of these areas to meet the needs you have told us about previously. Please average out the typical number of hours of support you receive from any of these areas into a weekly amount. If the amount of support varies over a year, average it over the year and then put it into a weekly amount. For example, if you go to college you may receive less family support during term times than during the holidays – add the total amount together and divide it into a weekly amount.

Once you've done this, tick one of the categories A to H that best describes the number of weekly hours you receive from these areas for each of the 11 categories you have just told us about.

THIS SECTION SHOULD NOT INCLUDE ANY PAID SUPPORT SUCH FROM ADULT CARE SERVICES.

Each question relates to the questions within the MACA, so you should refer back to the answers agreed upon when considering this response. For example if a customer has ticked B for question 4 and then ticked E for question 12b this would not make sense. It states that they do not need any support, but then they have ticked to say they receive between 50-96 hours of informal support.

The Supporting Evidence should give an overview of what type of informal support the customer has in relation to the number of hours ticked. This whole question is based on the CUSTOMERS CURRENT SITUATION.

12a. Please provide details of the support you **currently** receive from;

1. Family, friends and/or community networks, this is known as informal support.
2. Any paid support that you receive from any other areas that Adult Social Care, for example health or education.

Detail why the boxes have been ticked as they have. Describe what support this is.

12. INFORMAL SUPPORT OR SUPPORT RECEIVED FROM OTHER SERVICES

12b. SUSTAINABLE OTHER SUPPORT

In this section we need to know what support you will **continue** to receive from;

1. Family, friends and/or community networks, this is known as informal support.
2. Any paid support that you receive from any other areas that Adult Social Care, for example health or education.

The following table is intended to give us an accurate picture of the amount of support

you will continue to receive from any of these areas to meet the needs you have told us about in sections 1 to 11.

Please average out the typical number of hours of support you will receive from any of these areas into a weekly amount. If the amount of support varies over a year, average it over the year and then put it into a weekly amount. For example, if you go to college you may receive less family support during term times than during the holidays – add the total amount together and divide it into a weekly amount.

Once you've done this, tick one of the categories A to H that best describes the number of weekly hours you will continue to receive from these areas for each of the 11 categories you have just told us about.

Each question relates to the questions within the MACA, so you should refer back to the answers agreed upon when considering this response. For example if a customer has ticked B for question 4 and then ticked E for question 12b this would not make sense. It states that they do not need any support, but then they have ticked to say they receive between 50-96 hours of informal support.

For 12b you must ensure that you complete a final agreed view in the boxes

12b. If the amount of support you have told us about in 12a is different than in 12b please tell us why:

CARERS SECTION

To complete basic details of the carer if there is one and ask if they would like an assessment. If you tick yes, then ensure you arrange to complete this as soon as possible.

You should offer the carer advice, information and guidance to services where they can receive support. You may be able to refer the Carer onto the Carers Team to apply for a carers personal budget.

FACS SCREENING TOOL

This must be completed by the care manager based on the information gathered in the MACA. In order to be eligible for Adult Care Services, a person must tick at least one box in either the Critical or Substantial sections.

FULLY FUNDED CONTINUING HEALTH CARE

You must consider if a CHC assessment is required as if the customer is eligible and we do not offer then this we are acting unlawfully as the customer could be entitled to free care.

SIGNATURES: please ensure signatures are collected as indicated in the assessment. You must ensure that the customer receives a copy of their MACA.

OUTCOMES

Please ensure you have completed the outcomes on the form and on PROTOCOL where required.