**Living Well Conversation Record**

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| This conversation helps describe and record ‘what a good life looks like for me and the people around me’. It focuses on long-term outcomes and planning, built around you ‘the person’. It addresses:* Person, People, Potential, Prevention, Places, Physical, PrIDE and Paid (8P approach).
* How best to mobilise the resources needed.
* What is low or no cost, what is a fair personal budget and what are the sources of funding.

This document is also used to assess need and record eligibility under The Care Act 2014.  |

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| **Preparation and information for the Assessor** |
| *There may be an Initial Discussion document and Case Notes which will contain information about the person, connections, the content and outcomes of previous discussions and what (if any) services, community resources, equipment, assistive technology or other assistance was put in place. Review this information before contacting the person for any further discussions.**At all times, consider the spoken and written language – do not use abbreviations, acronyms or jargon. Use person-centred, easy-to-understand, plain language.* *Any assessment should be proportionate. Please always consider if the information you gather is relevant and necessary for this assessment.* *Prompts, hints and links are guidance only and the assessor should not see these as an exhaustive list.* |

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| **Conversation Record** (*Staff member to complete with the person*) |
| **Date commenced** |  | **Date completed** |  |
| Completed by *(worker name)* |  |
| Job designation *(worker)* |  |
| Completed for *(person)* |  |
| DOB |  | Pronoun |  |
| CIS ID & NHS No. |  | Gender |  |
| Faith |  | Ethnicity |  |
| Contact details (phone/email) |  |
| Address |  |
| GP Surgery & Address |  |

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| **Consent, capacity and advocacy** (*Staff member to complete with the person*) |
| Has consent to carry out the Assessment been given? | [ ]  Yes | [ ]  No |
| As the Assessor, do you have any concerns about the person’s ability to consent to the Assessment? | [ ]  Yes | [ ]  No |
| Detail of the Assessor’s decision – Please indicate if a Mental Capacity assessment is needed.*If yes, please complete a proportionate MCA assessment and summarise the outcome here.* |  |
| If the person lacks capacity, is it in their best interests to carry out the assessment?*Please complete a proportionate Best Interest Decision and summarise the outcome here.*  |  |
| As the Assessor, do you have any concerns about the person’s ability to participate in the Assessment? | [ ]  Yes | [ ]  No |
| An advocate must be offered by the Council where the person has substantial difficulty in being involved and has no appropriate supporting person. The person selected …  | [ ]  Family / Friends[ ]  Care Act Advocate |
| **Who participated in the Living Well conversation** (*Staff member to complete with the person*) |
| Record the details of any formal Advocate |  |
| Record informal participants - family, friends or others and the relationship to the person |  |

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| **Summary of what has happened / changed and what is the current situation**  |
| *Consider …** *Health changes - hospital admissions – falls*
* *Current support*
* *Life changes – bereavement - diagnoses*
 |
| **How do you manage your communication and sensory needs?** |
| *Consider …** *Cognition or sensory impairment and best method/s of communication*
* *Use of glasses, hearing aids or other sensory assistance devices*
* *Reading, writing abilities – preferred language; BSL, and/or is an interpreter required?*
* *Access and use of telephone, mobile phone, internet*
* *Is there any equipment or technology that might support you?*
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| **The Assessment conversation - what we talked about** |
| **The 8Ps are Calderdale’s strength-based model. Follow the guidance in green, remove the guidance under “Consider” within each section when completing your assessment.** |
| **Person** Always start with the person’s strengths and what matters most to them; how they want their life to be; how they contribute to others and to their community, - now and in the past; what they want to achieve; what they can contribute again; what they want to happen and how they can help make that happen. How do they communicate their thoughts and feelings, and do they need any assistance to achieve this? |
| *Consider …** *What matters most to the person & how do they want their life to be?*
* *What do they want to achieve?*
* *Background / life history*
* *Previous lifestyle, employment & activities*
* *Cognition or sensory impairment and best method/s of communication*
* *Use of glasses, hearing aids or other sensory assistance devices*
* *Reading, writing abilities – preferred language; BSL, and/or is an interpreter required?*
* *Access and use of telephone, mobile phone, internet*
* *Is there any equipment or technology that might support you?*
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| **Potential** What have you helped them to identify as their potential? What can they do to achieve that; What support could help? Would equipment or technological solutions could help them achieve their outcomes? |
| *Consider …** *What are your strengths and what does independence look like for you?*
* *What is needed to help achieve my potential, i.e. network Family/friendship groups, participation in any activities, hobbies etc., digital and assistive technology, rehab & other support*
* *What did you used to do that you’d like to be able to do again?*
* *What would a happy and good life look like for you? For your family?*
 |
| **People** Who is important in their life and why? What do they already do? What else could they do? Have you spoken to them? Who else could get involved? How does what you are proposing help to support those relationships and networks to flourish? |
| *Consider …** *Who is important in my life and why / what do they do already/ what else could they do?*
* *Family/friendship groups, participation in any activities, hobbies etc.*
* *Professional support (e.g. heath/medical or paid carers)*
* *Who else could be part of my network and support?*
* *What could support my relationships and networks to grow and flourish?*
 |
| **Places** What are they already connected to? What else can you connect them to? Include ordinary local activities and places, clubs and groups, community and voluntary sector. |
| *Consider …** *Where am I already connected to within my community?*
* *What other connections could potentially enhance my life?*
* *Include ordinary local activities and places, clubs, groups, community and voluntary sector*
 |
| **Prevention** What might help deterioration in the situation and avoid crises or emergencies? What planning for the future might help? What support may be available from Inclusion Matters or other preventative options. |
| *Consider …** *What might help prevent further deterioration in the person’s life*
* *What back-up plans would help the person in the event of a crisis or emergency?*
* *What support might be available from inclusion matters or other preventative options?*
 |
| **Physical** How can physical activity help? How might it connect to and support what’s most important to them? How can you help them think about making changes:- moving more / active habits (no matter how small). What support do they need and who can help – family, friends, communities, community programmes/services? |
| *Consider …** *How can physical activity help? Big, small, incremental changes*
* *Could accessing physical exercise benefit / enhance the person’s life i.e. Active Calderdale and what support might the person need to help i.e. family, friends, community programmes/services etc.*
 |
| **PrIDE (Promoting Inclusion, Diversity & Equality)**What are the person’s religious and cultural wishes? Have you discussed and included all protected characteristics? What does the person want to happen and what can they, the people around them and we do to support? |
| *Consider…** *Consider the person’s identity and what is important to them*
* *Does the person follow any religion or culture, including religious celebrations, i.e. Ramadan, Diwali, Easter etc.*
* *Have you considered all protected characteristics (E.g. age, disability, gender reassignment)?*
* *What does the person want to happen and what can they, the people around them and we do to support?*
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| **Your Wellbeing – emotional and psychological**  |
| *Consider …** *Any mental health concerns now, or have you had any in the past? Have you ever been admitted to hospital for mental health concerns?*
* *Have you been detained under the Mental Health Act?*
* *Any sense of loneliness, isolation, boredom – how does the person feel?*
* *Befriending service?*
 |
| **Your relevant medical history and medication** |
| *Consider and record only what is relevant now…** *Historic medical issues may not be relevant unless lifelong/ongoing and have a current impact – record allergies.*
* *Medications should not be listed – check that how medications are ordered, collected/delivered and administered (independently or with assistance). Are they controlled, PRN, time specific or rescue medications.*
* *Any technology or equipment used now – or that could be of benefit.*
* *Do not attempt resuscitation (DNAR), Advanced decision to refuse treatment (ADRT), advanced care plans (ACP) to be recorded if relevant.*
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| **How do you …** |
| **Manage and maintain your personal care – such as using the toilet, showering/bathing and drying off, hair washing/ combing/brushing, shaving, brushing teeth or cleaning dentures, applying lotions/makeup, choosing your clothes and getting dressed/undressed?** |
| **Using the toilet** |
| *Consider …** *What can be achieved safely on your own?*
* *Can you access the toilet safely? Do you use any equipment such as a seat raiser, grab rails, bidet to assist you?*
* *Do you have a catheter or stoma? If so, can you manage this on your own or do you need help with bag changing, cleaning etc.*
* *Do you have any continence concerns – such as needing prompting to use the toilet, wetting the bed, help to access or use the toilet, or help with cleaning after a bowel movement?*
* *Do you use incontinence pads, a urine bottle and/or a commode?*
* *Can you manage any feminine hygiene requirements you have?*
 |
| **Getting washed and dressed** |
| * *Consider …*
* *What can be achieved safely on your own? Do you use any equipment such as a shower chair, bath board, grab rails etc?*
* *What is your preference – bath, shower, strip wash?*
* *Can you dry yourself following washing?*
* *Can you manage your teeth cleaning and/or denture cleaning?*
* *Can you wash your own hair? And dry, comb, brush, style it as you like?*
* *Are you able to shave/groom yourself safely as required – and shaving preferences (e.g. electric razor, blade etc)*
* *Do you select and wear clothes appropriate for the weather and can you wear the clothes / styles you prefer / require to wear for religious/cultural reasons?*
* *Do buckles, belts, zips, buttons, bras, socks/tights, shoelaces present any problems for you when you dress/undress?*
* *Can you manage to apply lotions, creams, makeup as you want to?*
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| **How do you …** |
| **Do your home tasks – such as shopping for and preparing food, eating and drinking, keeping the house clean, doing the laundry, changing your bed, gardening, looking after any pets?** |
| **Food and Drink – shopping, cooking, eating and drinking** |
| *Consider …** *Can you eat the food and drinks you prefer? Do you have any special dietary requirements (medical, allergy, choices, religious requirements)?*
* *Are there any problems with swallowing – aspiration, choking? Is there a SALT (speech & language therapist) plan – if so, what are the requirements (e.g. thickener, soft food diet)?*
* *Do you use a feeding tube – if so, how and what is your routine; do you have assistance?*
* *How do you manage food shopping – can you access shops safely on your own; do you have food/prepared meals delivered; do you shop online; does somebody else shop and/or prepare meals for you?*
* *Can you safely prepare on your own: full hot meals; snacks; hot drinks; and/or cold drinks?*
* *Does food preparation present any safety or use issues for you – cooker, oven, kettle, standing, bending, peeling, opening jars, lifting heavy pots etc?*
* *Are you comfortable with when and how much to eat to maintain a healthy life? Do you need prompting to eat or drink?*
* *Do you require any help to eat and/or drink? Do you use any aids to assist e.g. adapted crockery or cutlery? Can you cut up your food? Could any equipment assist in your eating/drinking routines?*
* *Are there any food/liquid consumption requirements through the night? How do you manage these now?*
 |
| **Household tasks, gardening and pet care** |
| *Consider …** *Are you able to clean your home to your satisfaction (including bathroom, toilet, kitchen)? Do you have a cleaner?*
* *Do you have a garden; if so, do you maintain this yourself or have a gardener?*
* *If your home requires any maintenance, can you do this yourself or arrange for it to be done?*
* *Can you change your bed (sheets, duvet, blankets etc) when you want to? Do you need assistance to do this?*
* *Do you do your own laundry? Ironing?*
* *Are there any pets living with you – and if so, can you manage their needs (feeding, grooming, walking)?*
 |
| **Making full and safe use of your home** |
| *Consider …** *Can you open your own door to leave your home? Do you have any concerns about being able to exit your home quickly in an emergency such as a fire?*
* *Can you access all the rooms and outside spaces that you need to, in your home?*
* *Are you able to safely move to/from your bed, chair, bath/shower on your own or with help?*
* *Do you have a key safe for emergency or carer access? If so, who has the code?*
* *Are you able to use the telephone (landline and/or mobile phone) to call for help if needed?*
* *Do you wear a falls pendant or have other emergency alarm systems (panic button, falls phone app, remote monitors etc)*
* *Do you have smoke / carbon monoxide / flood or other detection units installed and working? Date of last check?*
* *Have you any concerns about safety / slip / trip hazards (e.g. stairs, slopes, steps, rugs, sharp corners/objects)?*
* *Is wandering an issue? If so, at what times (e.g. day, night) and has a Herbert Protocol form been completed? Is any equipment used to help (e.g. floor, bed or door sensors)?*
* *Does kitchen or other home equipment present any safety issues (e.g. kettle, oven, microwave)?*
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| **How do you …** |
| **Leave your home and get out and about – such as socialising with friends or family, shopping or out for meals, recreation walks/parks; getting to the library and other meeting places; attending a place of worship, going to health (GP, hospital), hairdresser/barber or other appointments, getting to work, volunteering or education facility, going on holiday.** |
| **Your life outside your home** |
| *Consider …** *How do you get out and about – walk; drive/have a car; use the bus/bus pass; taxi; mobility scooter; with friends or family?*
* *What are your main social activities?*
* *Do you exercise and if so, where and how (e.g. walking, swimming)? Are you involved in Active Calderdale or would you like to know further information about this?*
* *Can you shop in the community on your own or with support – or do you shop online?*
* *Are you able to go to health appointments or other types of appointments on your own – or with support?*
* *Do you attend worship, day services, group meetings, library meetings – or would you like to? What support is needed?*
* *Are you working or volunteering? Do you attend any educational places (school, college etc)? How do you get there?*
* *Do you go on holidays, or on tours/bus trips – or would you like to? What support is needed?*
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| **Do you …** |
| **Care for any children under 18 years old?**  | [ ]  Yes | [ ]  No |
| **If you have child-caring responsibilities …** |
| *Consider …** *Are you able to meet those caring responsibilities on your own? If not, why not and what support is needed?*

*Grandparent, foster parents, aunt/uncle responsibilities.* |

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| **Do you have unpaid Carer/s who support you?** |
| **Does anyone provide unpaid care and/or support to you?**  | [ ]  Yes | [ ]  No |
| **If Yes, is this person a child?** | [ ]  Yes | [ ]  No |
| *Consider …** *What does the carer do for you?*
* *Unpaid (informal) Carers have the right to receive support from the local authority if they have eligible needs.*
* *Carers can get this support through a Carer’s assessment, in which all Carer needs will be considered, including physical, mental and emotional.*
* *Is there a carers contingency/back up plan in place? If not, please consider.*
* *Consider whether the person would like support from the carer’s service?*
* *If there are any children involved in providing care, consider a referral to the Young Carers Service.*
 |
| If yes, what is the Carer’s name and relationship to you? |  |
| **As the Carer, would you like a Carer’s Assessment?**  | [ ]  Yes | [ ]  No |

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| **Do you currently have formal care and support?** |
| **Currently have any PAID care and/ or support?**  | [ ]  Yes | [ ]  No |
| *Consider …** *Paid support should consider all of the above the whole person, the person around them, what matters to them.*
* *What existing support is in place and how does the paid support help them achieve their outcomes?*
* *If extra paid support is needed what gaps would additional paid support meet?*
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| **Managing money matters…** |
| **Such as maintaining and accessing your bank accounts, paying bills, paying your mortgage or rent, using a cash machine.** |
| *Consider …** *Can you access your bank accounts (either in person at the bank, ATM, or by online or telephone banking)?*
* *If someone helps you manage your finances, is that a formal arrangement (e.g. power of attorney, solicitor, accountant)? Or informal (e.g. family or friends)?*

*You may have formal arrangements in place, and the documents will need to be seen by the Assessor.* |
| Do you have assistance in managing financial tasks? | [ ]  Yes | [ ]  No |
| Do you have an Appointee? | [ ]  Yes | [ ]  No |
| Do you have a Deputy?  | [ ]  Yes | [ ]  No |
| Do you have a Lasting Power of Attorney? | [ ]  Health & Welfare | [ ]  Property & Affairs |
| Do you have an Enduring Power of Attorney? (*finances only*) | [ ]  Yes | [ ]  No |
| *If yes to any of the above, provide more details …* |
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| **Evidencing appointments *(office use)*** |
| Evidence of all appointments (LPA/EPA/Appointee/Deputy) have been sighted by the Assessor and copies recorded (OPG100). | [ ]  Yes | [ ]  No |
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| **Risk** |
| **Risk is a natural part of life, and many activities carry some element of risk but where a specific risk has identified, please record what consideration has been given to this risk and how the person has been supported to reduce any risk** |
| **Identification and management of risk** |
| *Consider …** *What specifically is the risk related to? E.g. Risk of swallowing*
	+ *Positive risk enabler – E.g. Pureed food diet, regular SALT input*
* *Have there been any incidents related to the risk or Safeguarding concerns raised? E.g. 2 x reports by carers*
* *What steps have been taken to enable the person to take a positive risk?*
	+ *What steps have been taken to reduce risk (use of telecare equipment, safety precautions such as smoke alarms, canary wharf/just checking system, fire blankets, adaptations within and outside the home (rails/ramps)?*
	+ *The person’s view and understanding of the risk*
	+ *Risk management – what other agencies are involved i.e. (housing/police/environmental health/ fire service/ community matron/safeguarding) and how are they supporting the person? Are there any other agencies which should also be involved?*
	+ *The person’s right to make decisions which others may consider eccentric or unwise.*
	+ *Categories of potential risk: -personal care; -domestic categories; -mental health; -challenging behaviour/inappropriate behaviour; social activities; community activities*
	+ *Does the level of risk identified indicate that the risk management tool and risk management plan should be completed in line with the Risk Management Policy.*
 |
| **Professional Analysis of ongoing risk** |
| *Consider …** *Consider the frequency, likelihood and severity of the risk/s. Consider the present level of risk and the potential the mitigate this risk by the person and those involved in their life, use of assistive technology or other mitigating factors. Does the level of risk identified indicate that the risk management tool and risk management plan should be completed in line with the Risk Management Policy?*
* *Are there any other risks that haven’t been fully recorded within this document so far?*

*Good practice reminder - Risk management should be part of a practitioner’s on-going work with a person and any risks should be regularly reviewed.* |

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| **What is the way forward?** |
| **Outcomes of the Assessment – identifying the person’s relevant needs and eligibility** |
| *Assessor to indicate: Level of Need (with an X in the appropriate column)* | No need | Low | Medium | High | Met Y/N |
| Manage and maintain nutrition |  |  |  |  |  |
| Maintain personal hygiene |  |  |  |  |  |
| Manage toilet needs |  |  |  |  |  |
| Be appropriately clothed |  |  |  |  |  |
| Make use of the home safely |  |  |  |  |  |
| Maintain a habitable home  |  |  |  |  |  |
| Develop and maintain family or other personal relationships |  |  |  |  |  |
| Accessing and engaging in work, training, education or volunteering |  |  |  |  |  |
| Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services |  |  |  |  |  |
| Carrying out any caring responsibilities the adult has for a child |  |  |  |  |  |
| *If any needs are marked as ‘Met’, describe below how the need/s is/are currently being met:* |
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| **Determination of eligibility under the Care Act**  |
| * *The person’s needs arise from, or are related to, a physical or mental impairment or illness.*
* *As a result of the person’s needs, he/she/they are unable to achieve two or more of the Outcomes (listed above).*
* *And, as a result of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the person’s wellbeing.*
* *Taking account of which needs are being met (i.e. by informal care), please describe which domains the person has eligible, unmet care and support needs.*
 |
| Assessor’s determination of eligibility |  |
| *Discuss and agree with your Assessor …** *What are the immediate needs to be addressed to maintain your safety and independence in your own home*
* *Any support that may be put in place going forward.*
* *Community services and links to be arranged for you by your Assessor.*
* *Any activities that you are responsible for.*
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| **Declarations and signing** |
| **Information sharing with other professionals and/or organisations** |
| I agree that my information (including information about my care needs) can be shared with other appropriate professionals/organisations when you are arranging my care. I realise that this may involve my information being shared with several organisations to help decide which organisation is best able to meet my needs.*If you decide not to share your information for these purposes, this will not stop you from receiving care, but may limit how the Council is able to support you*.  | [ ]  Yes | [ ]  No |
| **Is there anyone who you DO NOT wish us to share your information with?** |
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| **Changing your decision** |
| **Please note that you will be able to withdraw your consent for information sharing at any time, by contacting your Assessor on the telephone number/s or email address shown on page 1.** |

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| **My Declaration** |
| In signing this Assessment form, I agree that it is an honest view of my current situation |
| \*Signature: |  |
| Print: |  |
| Date: |  |
| \*If the person is unable or unwilling to sign, please specify why below. |

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| **The cost of care and support** |

The following financial information is recorded for the benefit of the person and the assessor. This information should NOT be supplied to any third party without the express consent of the person (e.g. care providers).

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| **The following is information for you about the cost of care and support**  |
| *Consider …** *Social care support services are not free.*
* *A financial assessment or means test works out if the local authority (Calderdale Council) will pay toward your care.*
* *Generally, the Council helps to pay for care costs if you have savings of less than £23,250.*
* *If you have savings over £23,250 you will be treated as a self-funder. This means that if you ask us to arrange your care and support there may be a weekly administration fee for this. You will be charged this on top of paying for the full cost of your care and support.*
* *You may have to pay part or all the cost of your care. The more money you have, the more you'll be expected to pay.*
* *The financial assessment is free and happens after this Assessment.*
* *A* ***Financial Information Form (FIF) and a Charging Guide*** *are provided to you at the time of the Assessment. The FIF explains what information and documents you will need to provide. The Charging Guide sets out the Council’s charging policies/guidelines.*
 |
| Do you have more than £23,250 in savings? | [ ]  Yes | [ ]  No |
| If the above answer is yes, how much do you have in savings?  |  |
| Do you currently get Personal Independence Payment (PIP), Disability Living Allowance (DLA) or Attendance Allowance (AA)? | [ ]  Yes | [ ]  No |
| If the above answer is yes, please provide details here:

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| **Benefit** | **Rate** | **Tick which apply** |
| PIP – Daily Living  | Standard rate |  |
| PIP – Daily Living | Enhanced rate |  |
| PIP – Mobility | Standard rate |  |
| PIP – Mobility | Enhanced rate |  |
|  |  |  |
| DLA – Care Component | Lower |  |
| DLA – Care Component | Middle |  |
| DLA – Care Component | Higher |  |
| DLA – Mobility | Lower |  |
| DLA - Mobility | Higher |  |
|  |  |  |
| Attendance Allowance | Lower |  |
| Attendance Allowance | Higher |  |

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| Do you own any property (including overseas property)? | [ ]  Yes | [ ]  No |
| If the above answer is yes, is this the home you’re currently living in? | [ ]  Yes | [ ]  No |
| Please capture the address(es) of any other properties here. |  |
| Confirmation that FIF and Charging Guide documents have been supplied to me | [ ]  Yes | [ ]  No |
| Has a Continuing Health Care (CHC) Checklist been completed/considered?  | [ ]  Yes | [ ]  No |
| Is the person eligible for Section 117 funding? | [ ]  Yes | [ ]  No |
|  |
| **Disability Related Expenses (DRE)** |
| *Consider …** *When you are being financially assessed, the Council must consider any money you pay* ***privately*** *for items or services that are related to a health or disability need you have. These are called disability-related expenditures (DRE).*
* *Providing evidence to support these claims is vital and more information is available in the Charging Booklet supplied.*

*Your Assessor will also discuss this with you and will make notes about your health/disability DREs below.* |

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| **My Declaration** |
| I agree that it is an honest view of my current financial situation and that I have received the documents listed above. |
| \*Signature: |  |
| Print: |  |
| Date: |  |
| \*If the person is unable to sign, please specify why below. |