Shared Lives banding level descriptors (Short Break)

Each column indicates the level of support offered and a description of the type of care the SLSW Carer will be expected to offer. If a person requires support in several areas, the combination of support needs may push them up to a higher level.

|  |  |
| --- | --- |
| **Name of Person** |  |
| **Date of Assessment** |  |
| **Carried out by (Shared Lives Worker)** |  |
| **Contact phone number of SL Worker** |  |
| **Email address of SL Worker** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Band Level Criteria** |  | **A****(Low & Medium)** | **B****(High)** | **Special****(Complex/****Challenging)** |  |
| **Medication** | Self-managing | Some supportrequired from the carer | Carer managesall medication | Specialist medical condition and/or medication. |  |
| **Night Time** | Rarelye.g. at times of ill health | Regulare.g. once a week | Frequente.g. three to four nights a week | Most nights and more than once a night |  |
| **Physical Well-being** | Prompting | Regular supportand supervisione.g. daily | Frequentsupport and supervision e.g. several timesa day | Specialist skilled support |  |
| **Emotional** | Low level | Regular e.g. daily | Frequent e.g.several times a day | Specialist and skilled |  |
| **Psychological****and/or Psychiatric Well-being** | Low level with mildconditions | Regular support | Frequentsupport | Specialist knowledge and support, working withprofessionals |  |
| **Supervision,****Safety and Risk** | Independent at home, inthe community and when travelling | Regular at home, inthe community and when travelling | Frequent athome, in the community and when travelling | Constant supervision and support required – possibly acommunity DOL |  |
| **Personal Care** | Mainly independent,some prompts | Regular promptsand support | Frequentprompts and support | Full support in all areas |  |
| **Making and****Maintaining Friendships and Relationships** | Mainly independent | Regular support | Frequentsupport | Full support |  |
| **Community****Access** | Mainly independent | Regular support | Frequentsupport | Full support |  |
| **Education,****Employment and****Training** | Mainly independent | Regular support | Frequentsupport | Full support |  |
| **Communication** | Mainly independent | Regular support | Frequent | Specialist and skilled support |  |
| **Money** | Mainly independent –has capacity to managefinances. | Has financialcapacity but requires some support | Does nothave financialcapacity | Does not have financial capacity |  |
| **Daily Living****Skills** | Mainly independent –can prepare drinks and snacks | Regular supportrequired daily | Frequentsupport (includes preparation for independence) | Full support |  |
| **Mobility** | Mainly independent | Regular support | Frequentsupport | Full support required |  |

The descriptors in general mean:

* **Mainly Independent**

The Person will require support supervision and / or prompting to enable them to carry out the domain themselves. Low level input is required; this may be more intensive support at times of crisis, ill health or when learning new skills.

* **Regular Support**

The Person is able to carry out the domain themselves but will need regular, e.g. daily, support to be able to do this. The Shared Lives Carer will be expected to be hands on and more involved across the domains on a daily basis. More intensive support on some domains or night time support may be required once or twice a week.

* **Frequent Support**

The Person will need help and support to complete many of the domains. This will require the carer taking full responsibility for some aspects of care and providing direct support and assistance several times a day / night.

* **Full Support**

The Person is unable to complete the domain without the full input and support of the carer

\* **Guidance on Additional Costings – check for updates to these costings**

Frequent occurrence = up to £10 per day (up to £50- £70 per week)

2 or 3 times a week = £30 - £35

Occasional £5-- £10 per week

\*Please quote the appropriate **panel price** for the area, unless a self -funder or direct payment and then please include the VAT element.

***Having completed the band level table I have assessed the support needs as band xxxxx which takes effect from (date).  If you do not agree with this assessment please call to discuss.***