Shared Lives Short break band level descriptors

**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 A** | **Band B** | **Special** | **Further needs and Additional Costings\*** |
| ***Medication*** | Regular support e.g. prompting, help with prescriptions, overseeing | Significant support (e.g. storing, recording, administering, regular checking on diabetic condition) | Extensive support plus specialist medication e.g. PEG feeding, injections, epilepsy rescue meds, complex diabetic issues. |  |
| ***Night time***  ***(constant presence assumed)*** | Occasional (not regular) e.g. support at times of ill health | Regular night time disturbances e.g. toileting/continence issues; emotional reassurance | Frequent or sustained night time supervision/monitoring |  |
| ***Physical wellbeing*** | Prompting, occasional supervision (recognising needs, making appointments, support to attend if needed) | Regular support and/or supervision required (e.g. arranging/accompanying to health appointments, check ups; supporting treatment plans.) | Significant support with managing a long term condition (in addition to regular support for general health and wellbeing needs) or supporting to access health services where the person has a phobia. |  |
| ***Emotional wellbeing*** | Occasional or low level support required (e.g. confidence issues) | Frequent emotional support . | Significant and skilled emotional support. |  |
| ***Supervision, safety, risk management and***  ***making decisions*** | Can be left alone at home for short periods, can travel alone on known routes. Frequent support required to appreciate risks and to make decisions. | Can be left alone for very short periods with minimal risk if necessary. Regular supervision required. Risk assessments required (e.g. making themselves vulnerable). Significant support required to appreciate risks and to make decisions. | Cannot be left alone in house, frequent supervision required. Risk of self harm. Extremely risky behaviour. Risk of emergencies due to known long term health condition. Extensive support required to appreciate risks and to make decisions. |  |
| ***Specific behavioural issues*** | Occasional (not daily) (e.g. inappropriate response to boundaries and/or challenges) | Regular/frequent challenging behaviour | Behaviour that puts self or others at risk (occurring on frequent basis). e.g. verbal aggression, damage to objects, self -harm. |  |
| ***Stimulation & encouragement*** | Some prompting and motivating e.g. get up at a reasonable time; trying new things | Support e.g. to participate in family and community life | Significant support required |  |
| ***Personal care*** | Frequent prompting, occasional supervision or help (e.g. washing, reminding to have regular showers) | Frequent help or supervision required (e.g. with eating and drinking, managing occasional single continence issues, help with dressing) | Significant support required (e.g. managing a frequent single or double continence issue, significant physical disability, complex moving and handling, ) |  |
| ***Communication*** | Some support with mild communication difficulties. (e.g. helping someone use appropriate IT support, using appropriate greetings) | Support with processing information, both verbal and written; use of some tools to support memory and learning (e.g. lists, elements of total communication tools) | Support with specialist communication where someone has very limited communication (e.g. where English is not their first language., use of sign language, total communication etc.) |  |
| ***Daily living skills*** | Some development of new skills (e.g. planning menus, doing own laundry, making snacks) | Frequent support required to do daily living tasks and/or learn new skills, | Unable to complete daily living tasks - full support required |  |
| ***Money*** | Guidance plus some supervision | Frequent guidance, and regular help/supervision required (e.g. support developing budgeting skills) |  |  |
| ***Mobility*** | Some issues (e.g. requires occasional supportive arm or guidance, can learn and use new routes | Needs support with mobility (e.g., needs supervision with stairs, support crossing roads) | Extensive support required (e.g. cannot travel independently, needs considerable support outside the home and/or some support inside the home) |  |
| ***COSTINGS***  ***(plus VAT)*** | **e.g. Devon/Torbay /Plymouth Band Level A Panel Cost** | **e.g. Devon/Torbay/Plymouth Band Level B Panel Cost** | **e.g. Devon/Torbay/Plymouth Band Level Special Panel Cost** | **Plus Total from Additional Costs Above** |

\* **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.***