

Common Assessment Framework (CAF)

Targeted Assessment

DISABILITY SERVICES

A. Administration details

1. Name of assessor		2. Organisation of assessor	
3. Date commenced		4. Client identifier <i>(This is the NMDS SLK)</i>	
5. Date completed		6.. Unique family identifier <i>Complete if client is also being assessed for Family Services</i>	
7. Client's name			
8. Who has formal decision-making responsibility for the person? <i>Self, Power of Attorney, parent, Guardian, other</i>			
9. Who should consent to this assessment and the individualised plan that will be developed as a result of this assessment?	<input type="checkbox"/> Individual <input type="checkbox"/> Other decision maker <i>specify</i>		
	<p><i>NB a decision maker must provide consent for the assessment and plan to take place. If there is no one able to provide consent a decision maker must be appointed before continuing this assessment.</i></p>		
10. Consent obtained. For the assessment planning process.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<p>IF NO, NO FURTHER ACTION.</p>		
11. Has the person consented to allowing de-identified information to be provided to government. <i>Provide the individual or decision-maker with information about the NMDS data collection process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Person has been identified (e.g. through Initial Contact and Screening) as eligible for disability services <i>NB: eligibility for specialist disability services includes that:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> • <i>the person has substantially reduced capacity in communication, learning or mobility</i> • <i>the disability occurred before 65 years of age</i> • <i>the disability is or is likely to be permanent</i> 			

<p>12. Evidence of disability provided <i>Further information about the disability is provided in section D</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If no, outcome of assessment may depend on verification of disability.</i>		
<p>13. Has individual also been referred for Family Services Targeted Assessment?</p>	<input type="checkbox"/> Yes <i>Client identifier</i> <input type="checkbox"/> No		
<p>14. Mode of conduct of this Targeted Assessment for Disability Services</p>	<p>Date:</p>	<input type="checkbox"/> Phone <input type="checkbox"/> Visit to home <input type="checkbox"/> Face to face meeting at <i>specify</i> <input type="checkbox"/> Other <i>specify</i>	<p>Who was present?</p>
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B. Demographic details																													
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2. Age at time of assessment																													
3. Sex	<table border="1"> <tr> <td>NMDS Code</td> <td></td> </tr> <tr> <td>1</td> <td><input type="checkbox"/> Male</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Female</td> </tr> </table>	NMDS Code		1	<input type="checkbox"/> Male	2	<input type="checkbox"/> Female																						
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4. Current address <i>If homeless, provide contact location/details</i>	<p>Post code:</p>																												
5. Contact details <i>Telephone, email, fax, other</i>																													
6. Aboriginal or Torres Strait Islander background?	<table border="1"> <tr> <td>NMDS Code</td> <td></td> </tr> <tr> <td>1</td> <td><input type="checkbox"/> Aboriginal but not Torres Strait Islander origin</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Torres Strait Islander but not Aboriginal origin</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> Neither Aboriginal origin or Torres Strait Islander origin</td> </tr> </table>	NMDS Code		1	<input type="checkbox"/> Aboriginal but not Torres Strait Islander origin	2	<input type="checkbox"/> Torres Strait Islander but not Aboriginal origin	3	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin	4	<input type="checkbox"/> Neither Aboriginal origin or Torres Strait Islander origin																		
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8. Language spoken at home																													
9. Preferred language																													
10. Most effective method of communication <i>Please tick most effective method, and circle all other applicable methods</i>	<table border="1"> <tr> <td>NMDS Code</td> <td></td> </tr> <tr> <td>1</td> <td><input type="checkbox"/> Spoken (<i>English or other language</i>)</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Keyword signing (<i>e.g. Makaton</i>)</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Auslan (<i>or other sign language</i>)</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Finger spelling</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Written English (<i>or other language</i>)</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Computer assisted</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Symbols and pictures</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Facilitated communication (<i>with facilitator</i>)</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Braille</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> Limited communication</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> No formal communication</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/> Child under 5 years (<i>i.e. not applicable</i>)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (<i>specify</i>)</td> </tr> </table>	NMDS Code		1	<input type="checkbox"/> Spoken (<i>English or other language</i>)	2	<input type="checkbox"/> Keyword signing (<i>e.g. Makaton</i>)	2	<input type="checkbox"/> Auslan (<i>or other sign language</i>)	2	<input type="checkbox"/> Finger spelling	3	<input type="checkbox"/> Written English (<i>or other language</i>)	3	<input type="checkbox"/> Computer assisted	3	<input type="checkbox"/> Symbols and pictures	3	<input type="checkbox"/> Facilitated communication (<i>with facilitator</i>)	3	<input type="checkbox"/> Braille	4	<input type="checkbox"/> Limited communication	4	<input type="checkbox"/> No formal communication	5	<input type="checkbox"/> Child under 5 years (<i>i.e. not applicable</i>)		<input type="checkbox"/> Other (<i>specify</i>)
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<p>11. Interpreter or translator required?</p>	<p>NMDS Code 1</p>	<p><input type="checkbox"/> Yes – for spoken language other than English – <i>Specify</i></p>
<p>12. Is an Advocate required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Unknown <input type="checkbox"/> Not at this stage</p>
<p>13. Who is the primary contact person for the individual (if other than the person being referred)? <i>May be a legal guardian, carer, other Name, relationship</i></p>		
<p>14. Contact details for primary contact <i>Telephone number</i></p>		
<p>16. Emergency Contact if different from the primary contact <i>Name, relationship and telephone number</i></p>		
<p>18. Who has formal financial decision-making responsibility for the person? <i>Self, Power of Attorney, financial manager, parent, guardian, administrator</i> <i>Name, relationship</i> (Working Group to confirm terminology)</p>		

C. Living arrangements and income

1. What are the person’s usual living arrangements?
“Usual” refers to 4 days per week or more on average

NMDS Code

- 1
- 2
- 3

- Lives alone
- Lives with family
- Lives with others

Details of living arrangements, including family arrangements

2. Family genogram
Include key support networks

3. What type of accommodation does the person usually live in?
“Usually” refers to 4 days per week or more on average

NMDS Code

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

- Private residence (e.g. private or public rental, owned, purchasing etc.)
- Residence within an Aboriginal/Torres Strait Islander community (e.g. rented private residence, temporary shelter)
- Domestic-scale supported living facility (e.g. group homes)
- Supported accommodation facility (e.g. hostels, supported residential services or facilities)
- Boarding house/private hotel
- Independent living unit within a retirement village
- Residential aged care facility (nursing home or aged care hostel)
- Psychiatric/mental health community care facility
- Hospital
- Short-term crisis, emergency or transitional accommodation facility (e.g. night shelters, refuges, hostels for the homeless, halfway houses)
- Public place/temporary shelter
- Other *specify*

<p>4. Employment status</p> <p><i>Complete this section if the individual is aged 15 years or more (this is consistent with the NMDS definition)</i></p> <p><i>“Employed” refers to people who worked 1 hour or more in the week before assessment (for pay, profit, commission or in-kind – including in supported employment or under the CDEP, or not for pay in a family business) or have a job but were not at work.</i></p> <p><i>“Unemployed” refers to those aged 15 years and over who were not employed during the week preceding the end of the reporting period, and are actively looking for work.</i></p> <p><i>“Not in the workforce” refers to include persons who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, persons in institutions (hospitals, gaols, sanatoriums, etc.), students, trainee teachers, members of contemplative religious orders, and persons whose only activity during the reporting period was jury duty.</i></p>	<p>NMDS Code</p> <p>1</p> <p>2</p> <p>3</p>	<p><input type="checkbox"/> Employed Place of employment: Nature of employment:</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Not in the workforce Details:</p>
<p>5. Education and training</p>	<p><i>If the individual is aged 15 years or under:</i></p> <p><input type="checkbox"/> Attending school Name of school: Year attending (e.g. year 10):</p> <p><i>If aged 16 years or over:</i></p> <p><input type="checkbox"/> Attending school Name of school: Year attending (e.g. year 10):</p> <p><input type="checkbox"/> Attending post school education or training Name of educational/training institution: Field of education/training</p> <p><i>Other relevant details:</i></p>	

D. Disability status and current services

1. What is the primary disability group? (from initial contact and screening tool)

Tick one only.

NMDS Code

1

Intellectual (including Down syndrome)

2

Specific learning/Attention Deficit Disorder (other than Intellectual)

3

Autism (including Asperger's syndrome and Pervasive Developmental Delay)

4

Physical

5

Acquired brain injury

6

Neurological (including epilepsy and Alzheimer's disease)

7

Deafblind (dual sensory)

8

Vision (sensory)

9

Hearing (sensory)

10

Speech

11

Psychiatric

12

Developmental delay (apply to 0–5 year olds only, where no other category is appropriate)

If the individual has other significant disability/ies. Please specify:

2. Did the disability occur before 65 years of age?

Yes
 No

3. Is the disability likely to be permanent?

Yes
 No

4a. Is the person already receiving specialist disability services?

Yes
 No

4b Specialist disability service agencies already accessed

For each agency - Name of organisation, contact person and phone number, type of involvement (linked to consent to exchange information). Include start date and date of last service received.

5. Is the person accessing universal or other specialist services (not disability- specific)

(e.g. GP, specialist, child and maternal health nurses, other healthcare, substance misuse, mental health, housing or homelessness support services, cultural community groups, family violence services)

For each service - Name of organisation, contact person and phone number, type of involvement (linked to consent to exchange information).

E. Care and support arrangements	<i>Comments</i>
1. Does the person receive support from family or friends?	<input type="checkbox"/> Most or all support from family/ friends <input type="checkbox"/> Occasionally receives support from family and friends <input type="checkbox"/> Only receives support from family and friends in emergencies
2. Does the person have an informal carer who provides care and assistance on a regular and sustained basis? <i>Refers to main or primary care.</i>	NMDS Code 1 <input type="checkbox"/> Yes <i>Please provide details:</i> 2 <input type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/> Not known
3. Does the carer assist the individual in the area(s) of self-care, mobility or communication?	NMDS Code 1 <input type="checkbox"/> Yes <i>Please provide details:</i> 2 <input type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/> Not known
4. Does the carer reside with the individual?	NMDS Code 1 <input type="checkbox"/> Yes, co-resident carer 2 <input type="checkbox"/> No, non-resident carer
5. Relationship of the carer to the person	NMDS Code 1 <input type="checkbox"/> Wife/female partner 2 <input type="checkbox"/> Husband/male partner 3 <input type="checkbox"/> Mother 4 <input type="checkbox"/> Father 5 <input type="checkbox"/> Daughter 6 <input type="checkbox"/> Son 7 <input type="checkbox"/> Daughter-in-law 8 <input type="checkbox"/> Son-in-law 9 <input type="checkbox"/> Other female relative 10 <input type="checkbox"/> Other male relative 11 <input type="checkbox"/> Friend/neighbour – female 12 <input type="checkbox"/> Friend/neighbour – male
6. If the person lives with family, does the parent or guardian receive the Carer Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any concerns about issues or threats to carer arrangements that may impact	<input type="checkbox"/> Yes <i>Provide details:</i>

<p>on the person's care?</p> <p><i>Threats to carer arrangements may include carer emotional strain and stress, acute physical exhaustion, slow physical health deterioration, increasing individual needs, factors unrelated to care situation, other</i></p>	<p><input type="checkbox"/> No</p>
<p>8. Are there other people living with the person who are currently experiencing negative outcomes as a result of the person's care needs or disability?</p> <p><i>Who are the others? What is the negative outcome - physical wellbeing, psychological wellbeing, financial wellbeing?</i></p>	<p><input type="checkbox"/> Yes <i>Provide details:</i></p> <p><input type="checkbox"/> No other people living with person <input type="checkbox"/> No, other people are not experiencing negative outcomes</p>
<p>9. Are there any concerns about the carer putting the referred individual at risk?</p>	<p><input type="checkbox"/> Yes <i>Provide details:</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> not known</p>
<p>10. Is further assessment for the carer indicated? <i>To be conducted if indication of threats to carer arrangements and/or sustainability.</i></p> <p><i>If yes: Type of further assessment required: HACC/ HACC like services, health and health behaviours, psychosocial, functional status and activities of daily life.</i></p>	<p><input type="checkbox"/> Yes <i>Provide details:</i></p> <p><input type="checkbox"/> No</p>
<p>11. Is the person a primary carer themselves? <i>If yes please answer questions 11.a and 11.b.</i></p>	<p><input type="checkbox"/> Yes <i>What is the relationship of the person to the individual they are caring for?</i></p> <p><input type="checkbox"/> No <i>If no please go to section F</i></p>
<p>11.a. What support does the person have to provide care? <i>Type of support, provided by whom and how frequently.</i></p>	
<p>11.b. Is additional support required for the person to continue to provide care to another person (people)</p>	<p><input type="checkbox"/> Yes <i>Describe the type of support required.</i></p> <p><input type="checkbox"/> No</p>

Core activities

Assessment under each domain should consider strengths, limitations, barriers, facilitators, goals and aspirations, and impacts on functioning. The assessment should consider biological, psychosocial, cognitive and behavioural factors that contribute to functioning. The assessment should also consider the roles that the person, their family and friends, their culture and the environment play in limiting functioning, as well as the impact that limited functioning has on the person and their family, friends, culture and environment.

* Include any existing reports of specialist e.g. psychometric assessment, OT assessment.

Further information will be provided in the guidance notes for the assessment tools.

Summary of the assessment in each domain should be noted in the planning, prioritisation and referral tool.

F. Assessment of functioning– Communication

Personal strengths

Summarise in bullet points the person's strengths in relation to communication.

Consider:

- receiving messages that are verbal, non-verbal, signs and symbols, drawings and pictures, gestures, written
- producing messages that are verbal (speaking), nonverbal, signs and symbols, drawings and pictures, written
- ability to hold a conversations: starting, sustaining, ending a conversation with a group or one person
- ability to have a discussion with a group or one person
- use of communication devices and techniques

Environmental facilitating factors

Summarise in bullet points the environmental factors that facilitate a person's communication.

Personal limitations

Summarise in bullet points the person's limitations in relation to communication. This should be self-reported, reported by carers/ family and observed by the assessor. Note the source of the information.

Environmental barriers

Summarise in bullet points the barriers in relation to the person's ability to communicate.

Goals and aspirations

Summarise in bullet points the person's and their carer/ family's goals and aspirations relating to communication. Note who the goals and aspirations belong to.

Summary

Summarise how the person's ability to communication impacts on their ability to participate in activities, in the community and in life (including impacts on education and employment, engagement in recreation and leisure activities, religion).

G. Assessment of functioning – Mobility

Personal strengths

Summarise in bullet points the person's strengths in relation to mobility.

Consider the person's ability to:

- change basic body position, e.g. lying down, squatting, kneeling, sitting, standing, bending, shifting centre of gravity
- maintain a body position
- transfer oneself while sitting, lying
- carry, lift, move and/or handle objects with upper and lower body
- use hands, and arms in a coordinated way to move objects or manipulate them
- walk and move around, including in different locations
- move around using equipment

Environmental facilitating factors

Summarise in bullet points the environmental factors that facilitate a person's mobility.

Personal limitations

Summarise in bullet points the limitations to a person's mobility. This should be self-reported, reported by carers/ family and observed by the assessor. Note the source of the information.

Environmental barriers

Summarise in bullet points the barriers in relation to the person's ability in mobility.

Goals and aspirations

Summarise in bullet points the person's and their carer/ family's goals and aspirations relating to mobility. Note who the goals and aspirations belong to

Summary

Summarise how the person's mobility impacts on their ability to participate in activities, in the community and in (including impacts on education and employment, engagement in recreation and leisure activities, religion).
This should inform the planning, prioritisation and referral tool.

H. Assessment of functioning – Self care

Personal strengths

Summarise in bullet points the person's strengths in relation to caring for themselves. Consider the person's ability to:

- wash and dry
- care for all body parts, including skin, hair, teeth, finger and toe nails
- plan and carry out toileting and clean themselves afterwards, including menstrual care
- dressing, including taking on and off clothes and footwear and choosing appropriate clothes
- eating
- drinking
- looking after their health, e.g. through managing medication, maintaining a health diet, physical exercise, keeping warm or cool, avoiding unsafe practice, visiting the doctor and dentist

Environmental facilitating factors

Summarise in bullet points the environmental factors that facilitate a person's self care.

Personal limitations

Summarise in bullet points the limitations to self care. This should be self-reported, reported by carers/ family and observed by the assessor. Note the source of the information.

Environmental barriers

Summarise in bullet points the barriers in relation to the person's ability to care for themselves.

Goals and aspirations

Summarise in bullet points the person's and their carer/ family's goals and aspirations relating to self care. Note who the goals and aspirations belong to.

Summary

Summarise how the person's self care ability impacts on their ability to participate in activities, in the community and in life (including impacts on education and employment, engagement in recreation and leisure activities, religion). This should inform the planning, prioritisation and referral tool

I. Assessment of functioning – Domestic life

Personal strengths

Summarise in bullet points the person's strengths in relation to carrying out domestic and everyday life actions and tasks. Consider the person's ability to:

- buy or rent a place to live and furnish it
- shop
- understanding the source of daily necessities and making sure they have access to them
- perform household tasks such as preparing meals, doing housework
- care for and maintain household objects, such as clothes, furnishings and dwellings, appliances, vehicles, assistive devices, plants, animals
- assist others in the household, e.g. with self care, movement, communication, interpersonal relationships, nutrition, health maintenance
- manage money and finances, including budgeting

Environmental facilitating factors

Summarise in bullet points the facilitators to a person's ability to undertake domestic actions and tasks.

Personal limitations

Summarise in bullet points any limitations in domestic life. This should be self-reported, reported by carers/ family and observed by the assessor. Note the source of the information.

Environmental barriers

Summarise in bullet points the barriers in relation to the person's ability to undertake domestic actions and tasks.

Goals and aspirations

Summarise in bullet points the person's and their carer/ family's goals and aspirations relating to domestic life. Note who the goals and aspirations belong to.

Summary

Summarise how the person's ability to perform domestic actions and tasks impacts on their ability to participate in activities, in the community and in life (including impacts on education and employment, engagement in recreation and leisure activities, religion). This should inform the planning, prioritisation and referral tool.

J. Health and health behaviour	Comments
<p>1. Are there any physical health concerns that impact on the person's ability to participate in activities, community and life? <i>If so, consider a referral to General Practitioner.</i></p>	<p><input type="checkbox"/> Yes <i>Provide detail</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>2. Does the person engage in any risky health behaviours? <i>For example: poor diet, smoking, drinking, drug taking, or unsafe sex. If yes please answer question 3. If no please go to section K.</i></p>	<p><input type="checkbox"/> Yes <i>Provide detail</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>3. Does the person wish to receive further information about or address these behaviours?</p>	<p><input type="checkbox"/> Yes <i>Provide details</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Not at this time</p>

<p>K. Lifestyle- <i>Interpersonal interactions and relationships and engagement in community, social and civic life</i></p>	<p>Comments</p>
<p>1. What is the person's current friendship group(s)?</p>	
<p>2. Is the person able to make friends and maintain friendships and other relationships?</p> <p><i>Explore friends/ friend groups, including frequency and method of contact.</i></p> <p><i>If there are identified difficulties in this, comment on reasons why, considering physical and mental health, environmental, cultural or cognitive factors, regulating emotions and impulses, controlling verbal and physical aggression, acting in accordance with social rules and conventions, regulating emotions and impulses, controlling verbal and physical aggression, acting in accordance with social rules and conventions.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Provide details</i></p>
<p>3a. Is the person engaged in education and or work/ employment?</p> <p>3b. How does this level of engagement match with the person's goals and aspirations?</p> <p><i>Provide details and complete summary in planning, referral and prioritisation tool</i></p>	<p><input type="checkbox"/> Yes, to the level and extent that they want (not an area of focus) <input type="checkbox"/> Yes, but would like to be more engaged (this may be an area of focus) <input type="checkbox"/> No, but this is not an area of focus <input type="checkbox"/> No, and this is an area of focus</p> <p><i>Provide details and complete summary in planning, referral and prioritisation tool</i></p>
<p>4a. Is the person engaged in organised social life outside of the family?</p> <p>4b. How does this level of engagement match with the person's goals and aspirations?</p> <p><i>This may include engagement in clubs, social organisations, recreation and leisure activities and religious and spiritual activities.</i></p>	<p><input type="checkbox"/> Yes, to the level and extent that they want (not an area of focus) <input type="checkbox"/> Yes, but would like to be more engaged (this may be an area of focus) <input type="checkbox"/> No, but this is not an area of focus <input type="checkbox"/> No, and this is an area of focus</p> <p><i>Provide details and complete summary in planning, referral and prioritisation tool</i></p>

L. Cognition and behaviour	Comments
<p><i>This section identifies issues that will impact on the person's ability to engage with and benefit from available supports.</i></p>	
<p>1. Is the person able to learn and acquire new skills?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>Provide details to inform decisions about the nature of support that will be appropriate.</i></p>
<p>2. Is the person able to apply knowledge, demonstrated through focusing attention, thinking, comprehending written or verbal instructions and making written or verbal instructions, solving problems, making decisions and judgements?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>Provide details to inform decisions about the nature of support that will be appropriate.</i></p>
<p>3. Can the person plan, manage and undertake a daily routine?</p>	<p><input type="checkbox"/> Yes, without support <input type="checkbox"/> Yes, with support <input type="checkbox"/> Not at all <i>Provide details</i></p>
<p>4. Does the person demonstrate limitations in attention, memory (registering, storing and receiving information), thought processes?</p>	<p><input type="checkbox"/> Yes <i>Provide details to inform decisions about the nature of support that will be appropriate.</i> <input type="checkbox"/> No</p>
<p>5. Does the individual demonstrate problem behaviours, e.g. wandering or intrusive behaviours, verbally disruptive or noisy, physically aggressive, emotionally dependent, danger to self or others</p>	<p><input type="checkbox"/> Yes <i>Provide details to inform decisions about the nature of support that will be appropriate.</i> <input type="checkbox"/> No</p>
<p>6. Summary</p> <p><i>What areas of cognition and behaviour need to be considered in developing the planning, referral and prioritisation tool?</i></p>	

<p>M. Summary</p> <p><i>This section should be completed in association with the Summary Table (below).</i></p>	<p>Comments</p>
<p>1. Is the person's current accommodation suitable (meets their needs), stable and sustainable?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>Details.</i></p>
<p>2. Are the current carer arrangements sustainable without additional services or support?</p>	<p><input type="checkbox"/> N/A (e.g. no carer) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, period of sustainability: already broken down, weeks, months, years, don't know</i></p>
<p>3. The summary table identifies a number of high priority goals and aspirations (scored 1). What would be the consequence of not providing additional support to achieve these at this time?</p>	

Summary Table - Goals and aspirations

For each assessment domain, summarise goals and aspirations and determine the priority of these. Goals and aspirations of both the person and their family/ carer(s) should be noted. Several goals and aspirations could be recorded in each domain. Details noted under goals and aspirations may also include areas that the assessor identifies as a risk area for the person and/or their family but are not considered to be an area of required support by the person. For example, the assessor may be concerned about the person’s level of drinking although this may not be a priority for the person. Where the goal is identified by the assessor and not the person or their family, this should be made clear in the notes. Copy as many tables as necessary.

Priority should be allocated as follows: 1- highest priority, 2 – medium priority, 3 – lowest priority, 4 – not a priority. Priority levels should be identified based on a) the person’s own prioritisation of the goal **as well as** b) the assessor’s prioritisation of the goal.

Assessment domain	Goals and aspirations	Priority	
		Person	Assessor
Functioning – communication			
Functioning – mobility			
Functioning – self care			
Functioning – domestic life			
Health and health behaviours			
Lifestyle			
Care arrangements			
Accommodation			