



Responding to Needs Assessment Requests

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Lead Author	Andrew Errington and Aideen Staunton
Designation	Head of Practice Development & Safeguarding (Adults PSW) and Acting Head of Service (Partnerships and Social Care Operations)
Head of Service	Sally Caren Head of Adult Social Care and Support
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1. Introduction and Purpose

This Operating Procedure specifies the steps to be taken in receiving, recording, and processing referrals (for Adult Social Care this will be requests for assessment, reassessment, or review – unplanned or requested reviews); booking assessments and recording activity for needs assessments. It also describes the steps to be taken to manage assessment requests and waiting times to prevent unnecessary delay and escalate issues where necessary in a timely fashion to enable corrective action to be taken.

2. Managing Requests for Responding to Needs Assessment

2.1. Adult Social Care (ASC and Assessment Duties)

Adult Social Care provides services and support to adults aged 18 or above entitled to receive service from, and funded by, the Local Authority, pursuant to the national published eligibility criteria for adult social care.

These client groups include older people, people with long term conditions, physical disability and sensory impairment, carers and those with needs arising from problems associated with substance misuse.

Adult Social Care is delivered within a legal, regulatory, and statutory framework. Legal statutes provide the circumstances under which the local authority must carry out an assessment of needs. These are set out in Acts of Parliament.

This Operating Procedure does not cover the provision of equipment and adaptations and any legislation pertaining to this. Occupational Therapists will apply elements of legislation pertaining to provision of equipment and adaptations.

Under the Care Act 2014, the council has a statutory duty to undertake an assessment for any adult with an appearance of need for care and support and then to determine whether those needs require support or services from the local authority.

For those people experiencing mental health problems, Adult Social Care has a S75 agreement with Coventry & Warwickshire Partnership NHS Trust which involves the Trust delivering Council Functions including assessment of needs.

The local authority must assess anyone who has an appearance of need for care and support, regardless of whether the person appears to have eligible needs or their financial situation. People who fund their own care are still entitled to an assessment. People whose needs are likely to fall below the eligibility threshold are still entitled to an assessment. Eligibility must be determined at the point of assessment.

For the purpose of this guidance when referring to 'assessments' this also includes reassessments, unplanned and requested reviews.

In carrying out an assessment, practitioners must always consider whether they need to conduct an assessment of the person's capacity to consent to any actions that may need to be taken to meet their needs.

Assessment of an individual's needs for support offers an opportunity to identify scope for early intervention and short-term help such as reablement that might increase the individual's independence or prevent the development of complex support needs. Where a local authority judges the person may benefit from preventative approaches, the local authority may 'pause' the assessment process to allow time for the benefits of such activities to be realised.

Assessment of an individual's need for care and support should take account of the support which carers, family members, friends and neighbours are willing and able to offer, and the impact of the adult's needs for care and support on family members or others in their support network. Assessment of needs should focus on the strengths and capabilities of the person.

Local authorities must ensure that an expert with an appropriate level of qualification is involved in the assessment of adults who are deafblind.

An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care, or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authority identifies that an adult is experiencing, or is at risk of experiencing, abuse, or neglect.

In instances where an individual has refused a needs or carer's assessment but later request that an assessment is carried out, the local authority must do so. Additionally, where an individual previously refused an assessment and the local authority establishes that the adult or carer's needs or circumstances have changed, the local authority must consider whether it is required to offer an assessment, unless the person continues to refuse.

Under the Care Act 2014, having conducted the assessment, the local authority must decide whether the individual's needs are eligible for support from the local authority. The local authority must do this in accordance with the national eligibility criteria.

Decisions about eligibility must be made following an assessment of the individual's needs. Individuals with eligible needs will be offered a personal budget which will enable them to meet their assessed eligible needs in accordance with a care and support plan.

A review is an assessment that looks at the individual's current situation and identifies any changes to their eligible needs and to the support required to meet them. All statutory requirements relating to assessment apply to a review.

There are no national legal rules on how quickly a local authority must carry out a care assessment request or complete an assessment. However, to ensure no unnecessary delay and promote improved performance, Adult Social Care will look to have a timely, same or next day response to any urgent referrals and up to 28 days for other referrals once a need for assessment has been identified.

Adult Social Care recognises that all assessments should be based on individual situation and circumstances but will look to apply a standard for assessment completion of 28 days from the point of assessment commencement.

An assessment may take place over an extended period of time as opposed to a specific single date of assessment, therefore commencing an assessment and supporting people whilst going through an assessment process is what is an important factor here alongside assessment completion.

2.2. Referral Arrangements

The assessment process can be initiated by referral routes including:

- An approach to the local authority by an individual or by a third party acting on their behalf
- Hospital discharges
- The local authority if it becomes aware that a person may need care and support
- Self-referral via a self-assessment tool

2.3. Management of Referrals - Receipt, Review & Recording

The majority of referrals are received centrally via online referral form. Self-referrals can be made via the self-assessment tool or by contacting Coventry City Council Customer Services via telephone or email. Internal referrals will also be received direct via other sources for example as part of hospital discharge mechanisms or via OT department. Key details are recorded about the service user and the nature of the referral within Care Director (CD).

Care Director (CD) has an in-built priority rating system (this is not currently a mandatory field) used to determine how urgent a referral is (urgent, medium, standard). Use of this will enable a consistent application of prioritisation control.

The promptness and type of assessment, when requested, must reflect the severity of needs and level of risk to the individual requesting it. For example, if there are urgent presenting needs or risk factors these must be addressed urgently.

The Care Act provides local authorities with the powers to meet urgent needs where they have not completed an assessment. Authorities may meet urgent need for care and support regardless of the person's ordinary residence. Where an individual with urgent needs approaches or is referred to the local authority, the local authority should provide an immediate response and meet the individual's care and support needs. For example, where an individual's condition deteriorates rapidly or they have an accident, they will need a swift response to ensure their needs are met. Following this initial response, the individual should be informed that a more detailed needs assessment, and any subsequent processes, will follow. Once the local authority has ensured these urgent needs are met, it can then consider details such as the person's ordinary residence and finances.

2.4. Scheduling and Arranging Assessment Visits

There are no national legal rules on how quickly a local authority must carry out a care assessment following request. To promote improved performance by local authorities, the Government previously introduced performance indicators under which local authorities should work towards starting all new assessments within 48 hours and completing them within 28 days, with all services put in place within a further 28 days.

The underlying principle is that service users should receive assessment and services without unnecessary delay. The promptness and type of assessment, when requested, must reflect the severity of needs and level of risk to the individual requesting it. If there are urgent presenting needs or risk factors these must be addressed urgently. If it is apparent that the person requires urgent support, immediate provision for care can be undertaken before carrying out a full assessment of the person's needs.

As each person presents with a unique set of circumstances and it is neither possible nor necessary to commence all assessments at the point of referral it is important to have a process to prioritise those with the greatest risk. Service user assessments will therefore be 'scheduled' based on a range of factors including need, priority, status, and chronology.

Once a referral is received and processed by Customer Services, it is passed onto the Initial Contact Team (all new referrals/people not currently known to Adult Social Care) or into the Intake Teams (cases known to Adult Social Care). Following contact by one of these Teams, a variety of outcomes can be achieved (this is not an exhaustive list):

- Provision of information, signposting and advice
- A period of short-term Promoting Independence (PI) identified (Learning Disability PI or Community PI)
- Case allocation for assessment within Older People (OP) or All Age Disability (AAD)
- Case allocation for OT assessment or the provision of equipment or adaptations
- Carers Assessment
- Identification of a safeguarding concern

If a period of Promoting Independence has been identified, the case is referred via CD to the Learning Disability PI Team or Community PI Team.

Care Director (CD) has in-built priority rating system which can be utilised to determine how urgent a referral is (urgent, medium and standard). Use of this will enable a consistent application of prioritisation control. All referrals *into* Intake Teams will be prioritised based on risk and all cases that require allocation will be prioritised based on risk. If the risk levels change when a case is to be allocated, the risk rating can change to reflect work required. The risk priorities are captured on 'Involvement priorities' which enables workers and teams to see levels of risk within an area or on a caseload. Risk will inevitably change as cases flow through the system or as people's situations change.

Referrals into Intake Teams (inclusive of Initial Contact Teams)

Risk priorities for Referral routes *into* Intake and Initial Contact Teams. For all referrals *into* Intake Teams, the intake worker will risk assess and prioritise using the below risk Priorities to determine level of work required and response times in Intake Teams.

- Intake – Urgent
- Intake – Medium
- Intake – Standard

See [Appendix 1](#) for definitions.

All work within Intake Teams should be completed within 28 days (upon receipt of a referral from Customer Services), on the basis that urgent pieces of work are completed within 48 hours (same of next day response). Intake Teams also deal with non-urgent queries such as finances queries which are likely to be fully resolved in Intake. It is envisaged that Intake Teams complete a thorough piece of work that prevents the need for allocation into long term teams, this will include undertaking urgent and high priority assessment visits.

Cases that require allocation

Following Intake intervention, all cases that require allocation when *exiting* Intake Teams, will be risk assessed to determine level of work required and response times for allocation and assessment response or start based on the priority ratings below:

- Allocation – Urgent (up to 7 days)
- Allocation – Medium (up to 14 days)
- Allocation – Standard (up to 28 days)

If a case requires allocation within the OP (Older People) Service, it is allocated to a worker via the Booking System and the individual service user will be aware of the assessment visit date. Cases are either allocated directly to workers or provisionally allocated dependent on risk.

When there are capacity issues within the Booking System, OP operates a back-up rota, whereby; there are staff on each day to cover urgent situations. If cases cannot be allocated according to the priorities above via Booking System or back up rota, Intake Team Leader escalates to Service Manager who has the overview of priorities across the service area so can determine risks and identify how best resources can be used to manage the risks.

Cases that require allocation for AAD (All Age Disability) will be risk assessed by Intake as per above priority ratings and added to a waiting list. All cases within the allocation list will have a risk rating attached so managers can review levels of risk on cases that are waiting which will aid prioritisation of cases. Waiting list is reviewed weekly by managers in AAD team.

If the case requires an OT (Occupational Therapist) assessment these are booked via the Booking System and a similar principle applies as per the Older People's Booking system. As OT's are 'secondary workers' in the CD system, cases are either allocated direct or allocated as secondary worker, even if a visit is not for a further 6 weeks.

Cases that require Manual Handling Duty visit are sent to the Manual Handling duty team

Cases that are discharged via Hospital via a discharge pathway are allocated to an Occupational Therapist in the first instance. Cases, where a long-term need has been identified including following a period of Promoting Independence are then referred into the relevant Social Work Team.

Continuing Health Care cases that require an assessment are allocated to specific workers within Case Management applying similar priority ratings.

If it is identified that a safeguarding concern requires an enquiry this will be transferred to the Older People's or All Age Disability Teams.

A definition of these priority ratings can be found in [Appendix 1](#). Booking systems in place will need to change to take account of these assessment response times (visits are currently booked in within a timescale of 0-8 weeks dependent on risk levels).

Allocation of work will need to have due regard to the presenting complexity of the case and the role, qualification, workload, and capacity of the proposed assessor.

Due consideration will be given for assessment activity allocated to unqualified workers and newly qualified social workers on the Assessed and Supported Year in Employment (ASYE).

Allocation of work will ensure that a worker's professional judgment about workload capacity issues is respected in line with the requirements of their professional registration.

A range of public information has been produced to support understanding of the assessment process:

- [Adult social care assessment and eligibility printable leaflet](#)
- [Personal budgets leaflet](#)
- [Advocacy under the Care Act factsheet](#)

2.5. Awaiting an Assessment Visit

In the absence of a Booking System scheduling will take place weekly, based on all the referrals that have been reviewed for completeness and them having been reviewed for urgency and priority. Once a schedule of service users has been made, they will be allocated in that order for an assessment to be undertaken.

The service user or representative will be informed of whom to contact pending the arranging of the assessment, the next steps in the process and how long they might have to wait for an assessment.

Regular communication will be maintained with the service user or their representative who is waiting for assessment to ensure there is no change in their need, priority, or status. Any change identified will result in an amendment to the scheduling.

2.6. Principles to Guide Assessment Visits and Contacts

As and when our working environment changes (especially in relation to the pandemic, but also in respect of issues such as adverse weather, seasonal flu or health and care system pressures), so will the balance of risk, and therefore decisions will need to be made in the context of the specific circumstances at the time. This makes it difficult to provide a standard guide which determines which visits and contacts need to be in person, and which can be conducted remotely, using technology and telephony.

However, as a core and guiding principle direct and in person contact with people who are seeking our support (new assessments including safeguarding enquires), in their normal living environment should be the expectation we seek to meet in all cases.

Doing our work in person enables us to fully build relationships, engage with the person and fully appreciate their situation and circumstances.

We will be therefore guided by the following practice principles:

- For all newly allocated cases the expectation is that the individual will be met in person at commencement of the assessment.
- At any initial meeting the practitioner will agree with the individual the extent to which further interactions can be undertaken remotely, using any available technology and telephony.
- Where circumstances are such that an in-person meeting is not possible this is to be clearly documented showing evidence of rationale and how information was gathered as part of any assessment – and whether the circumstances leading to an in-person not being possible are temporary, where an in-person meeting can be arranged at a future date.
- The nature of our contact with people will always wherever possible be led by the person themselves and their individual situation and circumstances, not by preferences of the service.

For further information please read the '[Decision Making Framework for Assessment Visits and Contacts](#)'.

When arranging the assessment appointment, Adult Social Care will provide service users a choice of times and venues, as appropriate, and will consider any mobility/disability/language requirements the service user has.

2.7. Cancellation, did not Attend and Refusal of Assessment

If the service cancels an appointment they will rebook as soon as possible. If a service user or representative cancels an appointment, the service user should then be offered another appointment as required. The reasons for cancellation are to be understood and appropriately challenged to ensure coercion is not a factor.

An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care, or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. Reasons

for refusal are to be understood and explored to ensure that this is a decision made in the understanding of the possible implications to health and wellbeing.

However, where the local authority identifies that an adult lacks mental capacity and that carrying out a need's assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse, or neglect.

In instances where an individual has refused a needs or carer's assessment but at a later time requests that an assessment is carried out, the local authority must do so.

Additionally, where an individual previously refused an assessment and the local authority establishes that the adult or carer's needs or circumstances have changed, the local authority must consider whether it is required to offer an assessment, unless the person continues to refuse.

2.8. Assessment of Need

The purpose of an assessment is to evaluate the individual's needs and how they impose barriers to their independence and wellbeing. This provides a basis for:

- determining eligibility for services or other types of support,
- providing information and advice to the individual and targeting prevention services,
- estimating the personal budget required,
- planning support to meet the identified and eligible needs,
- identifying and managing risks in line with the council's safeguarding responsibilities,
- working in partnership with health and other organisations, including sharing information.

Under the Care Act Care and Support (Assessment) Regulations a local authority must carry out an assessment in a manner which:

- is appropriate and proportionate to the needs and circumstances of the individual to whom it relates; and
- ensures that the individual is able to participate in the process as effectively as possible.

In seeking to ensure that an assessment is carried out in an appropriate and proportionate manner, a local authority must have regard to:

- the wishes and preferences of the individual to whom it relates,
- the outcome the individual seeks from the assessment; and
- the severity and overall extent of the individual's needs.

In a case where the level of the individual's needs fluctuates, the local authority must take into account the individual's circumstances over such period as it considers necessary to establish accurately the individual's level of needs.

A local authority must give information about the assessment process:

- to the individual whose needs are being assessed; or
- in the case of a child's needs assessment or a young carer's assessment, if the child or young carer is not competent or lacks capacity to understand the assessment process, to all parents of that child or young carer.

The information must be provided prior to the assessment wherever practicable, and in a format which is accessible to the individual to whom it is given.

As Coventry is a diverse City, please give consideration to any cultural barriers that may prevent an individual from actively and fully participating in an assessment and what might be done in order to overcome, or at least reduce the impact of these barriers.

Following an assessment if services are to be provided a care and support plan will be co-produced with the individual concerned. This plan must detail the needs to be met and how those needs will be met and will link back to the outcomes that the adult wishes to achieve in day-to-day life as identified in the assessment process. Keeping plans under review is an essential element of the planning process. It is the expectation that authorities should conduct a review of the plan no later than every 12 months, although a light-touch review should be considered 6–8 weeks after agreement and sign-off of the plan and personal budget, to ensure that the arrangements are accurate and there are no initial issues to be aware of.

2.9. System Update

All data should be entered in a timely manner to ensure that data is available for statutory, corporate, local reporting and ensure other users of the system are aware of the status of the case.

Systems will be updated at each stage of the process, referral receipt, awaiting assessment, allocation and assessment. Data should be recorded in real time wherever possible. All recording should be undertaken in accordance with the [CCC ASC Recording Policy](#).

All records that detail activities and events, such as meeting summaries or telephone calls, should be completed within a maximum of two working days. Where safeguarding an adult at risk or children are involved staff should aim to complete the record the same day and at the latest within 24 hours. All activities should be recorded. This includes telephone calls, correspondence, meetings, or support visits held with or in relation to the person or the carer and details of information shared with others. If it is not recorded it did not happen!

2.10. Assessment Completion

Although individual situation and circumstances will always inform how long it takes to complete an assessment, it is important that we complete an assessment in a timely manner so that the care and support planning process can commence to meet any assessed eligible care needs. Adult Social Care will therefore look to apply a standard for assessment completion of 28 days.

2.11. Follow-up

When service users are seen for assessment, if they need further visits, follow-up bookings will be made, at the time of the appointment if possible, or within one working week if not. If this is not possible (service user response) the reasons are to be recorded.

2.12. Performance Monitoring

To enable staff and managers at all levels to use performance management information as a tool to keep practice under review Coventry City Council (CCC) Adult Social Care (ASC) has access to a dashboard of reports, this forms part our ASC '[Performance Management and Quality Improvement Framework](#)'. A report will be created to identify how we are achieving our standards of undertaking assessments within 28 days. Performance Dashboards are available to monitor this activity.

These reports will allow ASC across all service areas including Older People, All Age Disability and Occupational Therapy, to have clear information on average how long people spend within intake/initial contact, how long it takes for an assessment to start after intake/initial contact and how long it takes to for any assessment to be completed

The Adult Social Care Management Team receives a Balanced Scorecard on a quarterly basis and improvement plans will be developed for any service wide issue requiring a plan to understand the improvement required and actions being taken to address.

This performance monitoring will both help ensure that we are providing a good standard of service to people who come to us for support and enable an overall monitoring of levels of risk and activity which could stimulate action including temporary additional resource in order to reduce risk.

2.13. Escalation

Any delay in assessment which has had an adverse impact on any service user or carer, will be investigated and any learning identified.

Escalation will depend on the known capacity of the service to respond to requests and how this is impacting on any unnecessary delay being experienced:

- when any individuals requiring assessment have waited for one week more than the maximum waiting time and/or there is inability to assess urgent referrals, there is a risk of a breach of the standard and thus this will be reported to the relevant Service Manager.
- based on the capacity of the service, when the waiting list contains more individuals than there is capacity to assess and there is a risk to meeting the waiting time target, therefore this number will be a trigger to notify the relevant Service Manager;
- based on the capacity of the service, when individuals have breached the waiting time and/or there is unnecessary delay occurring or likely to occur the Service Manager will escalate the details to the relevant Head of Service.

At each of these escalation points investigations will take place regarding additional capacity or other options to prevent a failure to meet the standard or unnecessary delay. These other options include:

- ensure appropriate referral scrutiny,
- ensure caseloads at an appropriate level,
- ensure appropriate level of work allocation,
- ensure scrutiny of cases and their risk ratings,
- ensure systems, processes, and resources supportive of timely progression of referrals to allocation.

3. References and Supporting Documents

3.1. References

- [CCC ASC Decision Making Framework for Assessment Visits and Contacts](#)
- [CCC ASC Recording Policy](#)
- [CCC ASC Performance Management and Quality Improvement Framework](#)

3.2. Supporting Documents

- [Care Act 2014](#)
- [The Care and Support \(Assessment\) Regulations 2014](#)
- [The Care and Support \(Eligibility Criteria\) Regulations 2014](#)
- [The Care and Support \(Discharge of Hospital Patients\) Regulations 2014](#)
- [Care and Support Statutory Guidance 2014](#)

4. Procedure Review

This procedure will be reviewed in two years following ratification or sooner if the necessity arises.

5. Appendix 1 Priority Rating System

Intake priority ratings (Including OT Intake Worker Manual Handling)

Urgent - Critical risk where serious harm or loss of life may occur – 48-hour response (same or next day)

- There is an immediate risk to the person.
- Serious abuse to self or others has occurred, or is suspected to the extent that protection measures are required.
- There are extensive and constant care and support needs on an ongoing or time limited basis that, if not met, present an immediate risk to the person or others.
- There is a manual handling risk to the person and or carer
- There is an urgent need to review/replace equipment without which there is an immediate risk to the person
- The carer relationship(s) has collapsed and/or no existing carer relationship, sudden and unpredictable change in need and circumstances and there is a requirement for immediate care and support.

Medium – Substantial risk where harm may occur now or in the near future

- Harm to self or others has occurred or are at risk of occurring.
- There are extensive care and support needs on an ongoing or time limited basis.
- There are urgent extensive care and support needs which require therapy assessment support
- There are urgent therapy assessment, equipment and adaptations without which there is risk of collapse of persons and or carer needs
- Absence or inadequacy of care and support is causing the person significant distress and their health to deteriorate.
- The carer relationship(s) is at risk of collapse and the person needs care and support and/or there is no existing carer relationship.

Standard – Low to moderate risk where harm may occur if action is not taken in the longer term and where a person's quality of life may be affected if needs are not met

- There are some care, therapy and/or support needs that will, if not met, impair the persons longer term capacity to regain, maintain or sustain their independence or living arrangements. Some temporary support may be required to mitigate risks.
-
- The person can make their needs known and ask to for/arrange appropriate assistance when needed.
- The carer relationship(s) is under strain and unlikely to be sustainable in the longer term.

- The person has a support network.

Allocation priority ratings

Urgent - Critical risk where serious harm has occurred or could occur – up to 7-day response

- There is an imminent risk to the person.
- Serious abuse to self or others has occurred, or is suspected to the extent that protection measures are required.
- There are extensive and constant care and support needs on an ongoing or time limited basis that, if not met, present an imminent risk to the person or others.
- The carer relationship(s) is at risk of collapse and/or no existing carer relationship, sudden and unpredictable change in need and circumstances and there is a requirement for imminent care and support.
- Absence or inadequacy of care and support is causing the person significant distress and their health to deteriorate.
- There is a manual handling risk to the person and or carer, some measures in place to mitigate some immediate risk.
- There are urgent extensive care and support needs which require therapy assessment support
- There are urgent therapy assessment, equipment and adaptations without which there is imminent risk to the person or others
- Some measures have been put in place to mitigate some immediate risks.

Medium – Substantial risk where harm may occur now or in the near future – up to 14 days- response

- Harm to self or others has occurred or are at risk of occurring but mitigating factors in place as a temporary measure.
- There is a need for care and support needs on an ongoing basis but temporary support in place in the interim to manage the risk.
- There are therapy, assessment, and or equipment/adaptations but temporary support in place to manage the risk
- The carer relationship(s) is at risk of collapse and the person needs care and support and/or there is no existing carer relationship.

Standard – Low to moderate risk where harm may occur if action is not taken in the longer term and where a person's quality of life may be affected if needs are not met – 28-day response

- There are some care and/or support and therapy needs that will, if not met, impair the persons longer term capacity to regain, maintain or sustain their independence or living arrangements. Temporary arrangements may be in place to mitigate risks and need to be reviewed to determine ongoing care and support needs.
- The person can make their needs known and ask for/arrange appropriate assistance when needed.
- The carer relationship(s) is under strain and unlikely to be sustainable in the longer term. Interim support may be in place to support the Carer which needs to be reviewed to determine longer term needs of the Carer.
- The person has a support network in place.