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ASD ASSESSMENT PACK

Person:.....

Date Referred:.....

Head of Operations: Mrs Wendy Fiander



Adult Support and Development is a division of Small House Homes Ltd
Registered in the United Kingdom .Reg No. 2994396
Directors: Mr J Greenfield B.A. (Hons), Ms P Corrigan B.A. (Hons), Mr D Collings



INITIAL ASSESSMENT

The ASD Assessment provides a framework for systematically recording the needs of the individual referred. It provides some guidance on the areas that should be covered in any subsequent care plan, placement plan and in house placement plan.

It consists of a number of questionnaires and scales along with subjective judgements, which help indicate whether the individual's needs can best be met through a placement within ASD.

The assessment can be completed in a number of ways e.g. assessment by the social worker, direct input from the individual and liaison with the individual's family and relevant professionals.

ASD wants to achieve the best possible quality of life for all the young people we support, taking time to complete this assessment thoroughly will help ensure this. It will also help identify areas where more information and clarification is required.

In some cases it will not be appropriate to complete all parts of the assessment, if this is the case the reasons why should be recorded on the assessment forms. It is an offence to withhold information for assessment purposes under the Care Standards Act 2001.

In completing the assessment, it should be possible to see whether the individual can be supported within ASD.

Included in assessment pack:

- Core assessment**
- Life events assessment**
- Social situations assessment**
- Compulsion assessment**

CORE ASSESSMENT

DETAILS OF PERSON	
Full Name:	
Date of Birth:	
Current address:	Current carer:
Telephone Number:	

FAMILY DETAILS	
Mother/address:	Father/address:
Telephone Number:	Telephone Number:
Brothers and sisters (including age):	
Others: Step parents/grandparents etc:	

SOCIAL WORK DETAILS	
Social Worker/Care Manager:	Address:
	Telephone Number:
Funding Authority (Social Services, Health, Education):	
Funding Agreed: Yes / No (please circle)	
Residential status i.e. accommodated etc:	

HEALTH	
G.P.:	G.P.'s address:
	Telephone Number:
Dentist:	Dentist's address:
	Telephone Number:
Optician:	Optician's address:
	Telephone Number:
Medical conditions:	
Any other specialist involvement i.e. Psychiatry, Paediatrics etc.	
Date of last annual medical:	

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EDUCATION DETAILS	
Training Centre or Day Centre	Address:
	Telephone Number:
Statement:	Date of statement:
Evaluation	
Work/Work placement/Voluntary	
Comments	
Specific Requirements	

OFFENDING	
Criminal/Civil Proceedings:	
Offending Officer:	Address:
	Telephone Number:

CURRENT RISK ASESMENT - Identified Risks
Self Harm:
Absconding:
Abuse of Alcohol/Drugs/Solvents: Gender
Sexual behaviour:
Risk from Fire:
Violence/Aggression:

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SOCIAL PRESENTATION

Please submit a paragraph including outlining appropriate skills with personal hygiene, understanding of consequences of his/her own actions and the ability to carry out everyday tasks such as planning activities, cooking simple meals and controlling finances etc.

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BEHAVIOURAL ANALYSIS

The purpose of this section is to elicit more specific details about behaviours which carers may find challenging, the following is a list of the most common challenging behaviours identified by carers: For each please indicate the frequency:-

Behaviour	Daily	Weekly	Monthly
Non-compliance			
Hitting others			
Outbursts of temper			
Repetitive 'pestering'			
Destructive behaviours			
Verbal aggression			
Repetitive screaming			
Over activity			
Hitting others with objects			
Meanness or cruelty			
Inappropriate sexual behaviour			
Hitting own head with hand			
Hitting own head against objects			
Scratching others			
Theft			
Pulling other's hair			
Biting self			
Pinching others			
Biting self			
Pinching others			
Hitting own body with hand			
Biting others			
Scratching self			
Stripping in public			
Hitting own body with objects			
Smearing faeces			
Eating indelible objects			
Pinching self			
Stuffing fingers in body openings			
Excessive drinking			
Pulling own hair			
Regurgitating food			
Teeth grinding			

Any other challenging behaviour (please specify):

Provide more information on the three most frequent displayed behaviours:

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Provide more information on any non-frequent challenging behaviour that have serious consequences:

Assessment of Personal and Social impact of challenging Behaviour:

Injuries:

Has the service user's challenging behaviour resulted in direct injury to him/herself? Or to others? If so, what is the most severe injury (to self and others) sustained in the last year? Six months? Month?

Management:

What medication (if any) is currently prescribed for challenging behaviour?

How often has this been used over the last year?

How often has this been used over the last six months?

How often has this been used over the last month?

Participation:

Is the person's participation in domestic activities, social activities and community-based activities restricted because of his/her challenging behaviour? What specific activities are avoided?

Does the behaviour interfere with his/her learning or general development? In what way?

Relationships

**What impact does the person's challenging behaviour have on his/her relationship with:-
Family members?**

Colleagues

Care staff?

Members of the public?

What is the emotional impact upon:-

Family members?

Care staff?

Members of the public?

**What levels of stress/strain are; -
Family members experiencing?**

Care staff experiencing?

Members of the public experiencing?

PURPOSE OF PLACEMENT

To support the service user in the best possible way please take time to specify your overall aims & objectives of the placement:

Completed by:.....

Relationship to Service User:.....

Date:.....

If others have been involved in the core assessment please indicate:

.....
.....

Name

Date

LIFE EVENTS

Here is a list of life events. If the person has gone through any of these in the past, please tick the box to the event. If none of these events have happened, please tick the box at the end of this page.

Death of a first-degree relative e.g. parent, brother or sister.		Break up of child hood friendship	
Death of a close family friend or other relative		Serious problem with a parent, brother or sister	
Serious illness or injury		Absent from school for more than a month	
Serious illness of close relative or friend		Suspended or expelled from school	
Move of house or residence		Problems with police or other authority	
Alcohol problem		Sexual problem	
Drug problem		Parents separated or divorced	

Any other event or change of routine, which may have caused distress to the individual. Please describe briefly:

NONE OF THE ABOVE EVENTS

Completed by:.....

Relationship to individual:.....

Date:.....

SOCIAL SITUATIONS ASSESSMENT

This questionnaire concerns how you get on in social situations (being with other people, talking to them etc.)

Please rate the discomfort you experience in the situations listed, using the following scale:

No discomfort Moderate discomfort I avoid this situation

0 1 2 3 4

Walking down the street		Going into a room full of people	
Going into shops		Meeting strangers	
Going on public transport		Being with people you don't know very well	
Going to parties		Being with friends	
Mixing with people at school		Making the first move in starting a friendship	
Making friends of your own age		Being with only one other person rather than being in a group	
Going out with someone of the opposite sex		Getting to know people in depth	
Being with a group of the same sex and age as you		Looking people directly in the eyes	
Being with a group of men and women the same age as you		Disagreeing with what other people are saying and putting your views across	
Being with a group of the opposite sex the same age as you		People standing or sitting very close to you	
Going in to cafes		Talking about yourself	
Going to disco's/youth clubs		Talking about your feelings	
Being with older people		People looking at you	
Being with younger people			

Completed by:.....

Relationship to individual:.....

Date:.....

Compulsion assessment

INSTRUCTIONS: The following are a list of activities which people sometimes have difficulty with. Please answer each question by putting a tick under the appropriate number.

0 – ‘I have no problems with activities – takes me about the same time as an average person. I do not need to repeat it or avoid it’.

1 – ‘This activity takes me about twice as long as most people, or I have to repeat it twice or tend to avoid it’.

2 – ‘This activity takes me about three times as long as most people, or I have to repeat it three or more times, or I usually avoid it’.

3 – ‘I am unable to complete or attempt activity’

ACTIVITY

	1	2	3
Having a bath or shower			
Washing hands and face			
Care of hair (e.g. washing, combing, brushing)			
Brushing teeth			
Dressing and undressing			
Using toilet to urinate			
Using toilet to defaecate			
Touching people or being touched			
Handling waste or waste bins			
Washing clothes			
Washing dishes			
Handling or cooking food			
Cleaning the house			
Keeping things tidy			
Bed making			
Cleaning shoes			
Touching door handles			
Visiting a hospital			
Switching lights and taps on and off			
Locking or closing doors or windows			
Using electrical appliances			
Doing arithmetic or accounts			
Getting to work			
Doing your work			
Writing			
Form filling			
Posting letters			
Reading			
Walking down the street			
Travelling by bus, train or car			
Looking after children			
Eating in restaurants			
Going to public toilets			
Keeping appointments			
Throwing things away			
Buying things in shops			
TOTALS			

Completed by:..... **Date:**.....

Relationship to Individual :.....