

# My Self-Assessment



This form will be used by you and your social care worker to identify your needs, how these impact on your wellbeing, and what you want to achieve in your day-to-day life. It will help to identify your strengths and capabilities and the support available to you in the community.

This information will be used to make a decision about whether your needs are eligible for care and support from the local authority as set out in the Care and Support Regulations 2014.

If you are eligible, the Council can then calculate how much Personal Budget you could get to buy your support.

If you are eligible for support, the amount you will be told is only an indication of what you could get. You will not know the actual amount of Personal Budget you would get until you have completed your support plan and had it agreed by the Council.

You may also have to contribute towards the cost of your social care support if you are assessed as able to pay. This will reduce the amount the Council will pay towards your Personal Budget. If you have savings over £23,250 you will have to pay the full cost of your care.

**Person Details:**

<b>Name:</b>		<b>Preferred Name:</b>	
<b>Current address:</b>			
<b>Number of people in property:</b>			
<b>How do we access your home?</b>			
<b>Telephone no:</b>			
<b>Mobile no:</b>			
<b>E-mail address:</b>			
<b>Date of birth:</b>		<b>Gender:</b>	
<b>Ethnicity:</b>		<b>Religion:</b>	
<b>Main language:</b>		<b>NHS no:</b>	
		<b>DCC ID number:</b>	
		<b>NI Number:</b>	
<b>Accommodation type:</b>			
<b>Assessment date:</b>			

**Are you completing this form yourself?** Yes  No

**If not, who is helping you and why?**

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<b>GP name:</b>	
<b>Address:</b>	
<b>Telephone no:</b>	

**Do you consent to us sharing information with your GP and other professionals?**

Yes  No

**Do you consent to your GP sharing information with us?** Yes  No

**Please use these boxes to tell us about yourself.**

**Who I am – about myself:**

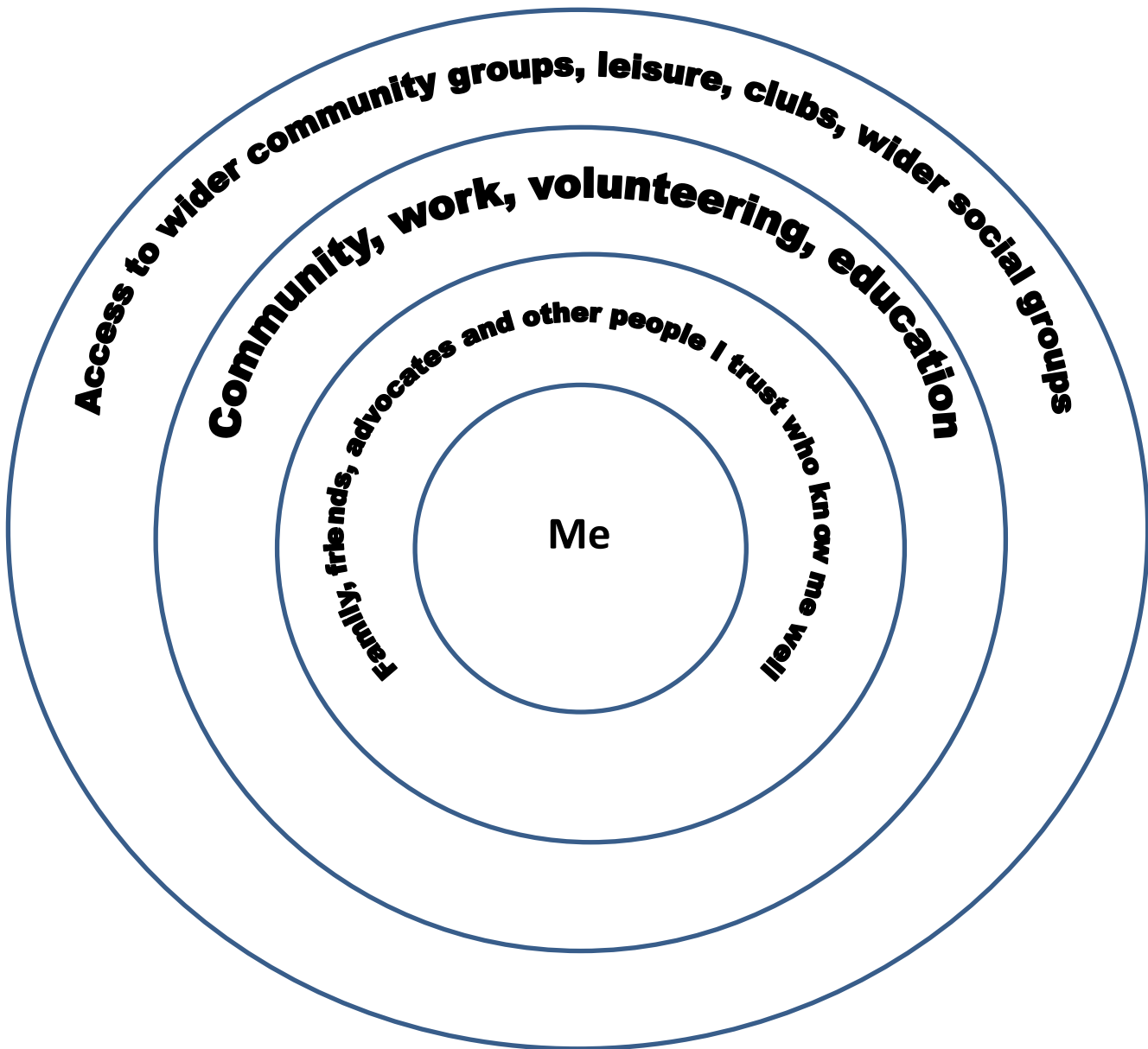
**What's important to me:**

**What a good day looks like for me:**

## My Circle of Support

### What I can do now

Please use the chart to tell us about the people or groups that are important to you and who give you support and friendship to help do the things you want.



Family, Friends, advocates and other people I trust who know me well	Community, work, volunteering, education	Access to wider community groups, leisure, clubs, wider social groups

If people help you now, tell us who they are and what they help you with.

**Name and contact details:**

**Carers:**

**Do you agree to us sharing your assessment with your carer?**

Yes       No       I don't have a carer

**Next of kin:**

**Friends:**

**Circle of support:**

**Emergency Contact:**

**Organisations that help me:**

**Reasons for contacting social care and summary of your situation.**

**Explain what you can do for yourself.**

**Explain what help you think you need and why, and what impact this has on your wellbeing.**

**How long do you feel that you may need support?**

**Do you have a medical condition that prevents you from caring for yourself?**

Yes  No

**Have you been assessed for Continuing Health Care?** Yes  No

**Do you need support with taking medication?**

Yes  No

If "yes" to any of the above questions, please provide brief details.

Please fill in the sections where you think that you may need help.

### 1. Personal Care

Do you need support with your personal care? Yes  No

**What I would like to be different or better; what I want to be able to do:**

This might include bathing, showering, using the toilet, shaving, dressing and undressing, personal grooming and moving around your home.

**How often do you need support or encouragement with your personal care?**

- Several times a day       Twice a day  
 Once a day       Once or twice a week

Do you need support at night as well as during the day?  Yes /  No

Do you need more than one person to support you ...

at night?  Yes /  No      during the day?  Yes /  No

**How much of the support that you need is a carer or your family willing and able to provide?**

- All of it       A lot of it       Only a little of it       None of it

**To be used by your allocated worker and/or the people who support you for their views**

**Assessed level of need - This part is to be completed by your social care worker**

- You cannot manage any of your personal care on your own
- You cannot manage one or more essential parts of your personal care on your own
- You can manage all the essential parts of your personal care on your own
- You can manage most of your personal care on your own



## 2. Eating and Drinking

Do you need support with eating and drinking? Yes  No

### What I would like to be different or better; what I want to be able to do:

This might include your ability to prepare drinks and food, your ability to eat food, and any dietary needs.

### How often do you need support with eating and drinking or meal preparation?

Several times a day       Once a day

### How much of the support that you need is a carer or your family willing and able to provide?

All of it       A lot of it       Only a little of it       None of it

### To be used by your allocated worker and/or the people who support you for their views

<b>Assessed level of need - This part is to be completed by your social care worker</b>
<input type="checkbox"/> Without support you are likely to become ill or severely malnourished
<input type="checkbox"/> Without support you will not be able to maintain a healthy diet
<input type="checkbox"/> Without support you will be able to maintain a healthy diet
<input type="checkbox"/> Without support you will be able to eat and drink most of the food you choose

### 3. Making Decisions

Do you need support with making decisions? Yes  No

**What I would like to be different or better; what I want to be able to do:**

This might include how you communicate, improving your level of understanding and comprehension, managing your money and finances, and letting people know what you want.

Tell us the decisions that you can make and the decisions where you think you need help and who may help you.

**How often do you need support to make decisions?**

Several times a day       Once or twice a day       2 or 3 times a week

**How much of the support that you need is a carer or your family willing and able to provide?**

All of it       A lot of it       Only a little of it       None of it

**To be used by your allocated worker and/or the people who support you for their views**

**Assessed level of need - This part is to be completed by your social care worker**

You will not have any choice or control over your life without support

You will only have partial choice and control over your life without support

You will have choice and control over many aspects of your life without support

You will have choice and control over most of your life without support

#### 4. How I run and maintain my home

Do you need support with running and maintaining your home? Yes  No

**What I would like to be different or better; what I want to be able to do:**

This might include where you live, who you live with, what benefits you get, what tasks you find difficult and who helps you with these - such as shopping, cleaning, laundry, who helps you with budgeting, and who is responsible for your household repairs.

**How often do you need support to run and maintain your home?**

- Several times a day                       Several times a week  
 Once or twice a week                       Less than once a week

**How much of the support that you need is a carer or your family willing and able to provide?**

- All of it                       A lot of it                       Only a little of it                       None of it

**To be used by your allocated worker and/or the people who support you for their views**

**Assessed level of need - This part is to be completed by your social care worker**

- You cannot do any of your household tasks without support  
 You cannot do one or more important household tasks without support  
 You can do most of your household tasks without support  
 You can do nearly all of your household tasks without support

## 5. Being part of my community

Do you need support to be part of your community? Yes  No

### What I would like to be different or better; what I want to be able to do:

This might include your mobility - how will you get about, your ability to use public transport, what activities you like, your culture, your ability to access community/ cultural/ religious groups and keeping your circle of support, including family and friends.

### How often do you need support with being part of your community?

Several times a day       Once or twice a day

Several times a week       Once a week or less

### How much of the support that you need is a carer or your family willing and able to provide?

All of it       A lot of it       Only a little of it       None of it

### To be used by your allocated worker and/or the people who support you for their views

### Assessed level of need - This part is to be completed by your social care worker

On your own you will become isolated from important relationships and social activities

You will only maintain a few important relationships and social activities on your own

You will maintain many important relationships and social activities on your own

You will maintain most of your important relationships and social activities on your own

## 6. Being able to have work and learning opportunities

This part is about working and learning. The work may include voluntary work or paid work that you choose to do. This part is also about learning opportunities at a local college or community centre or anywhere else you choose to attend.

**Do you need support to have work and learning opportunities?** Yes  No

### **What I would like to be different or better; what I want to be able to do:**

This might include what work you would like to do, what you want to learn, and what education you have at the moment.

### **How often do you need support to be able to have work and learning opportunities?**

Several times a day       Once a day       Once or twice a week

### **How much of the support that you need is a carer or your family willing and able to provide?**

All of it       A lot of it       Only a little of it       None of it

### **To be used by your allocated worker and/or the people who support you for their views**

### **Assessed level of need - This part is to be completed by your social care worker**

You will not be able to use or develop any of your skills on your own

You will be able to use and develop only a few of your skills on your own

You will be able to use and develop many of your skills on your own

You will be able to use and develop most of your skills on your own

## 7. Being safe in the community and being safe in my home

**Do you need support to be safe in the community and safe in your home?**

Yes  No

**What I would like to be different or better; what I want to be able to do:**

This might include feeling safe in your home and/or community and being safe in your home and/or community; your physical and mental health; smoking; substance misuse; your emotional wellbeing – including how you feel, any risk of harm to yourself and/or others, and any anti-social behaviour.

**How often do you need support to keep yourself safe?**

Several times a day       Several times a week       Once a week or less

**Do you need support at night as well as during the day?**       Yes /  No

**Do you need more than one person to support you ...**

**at night?**       Yes /  No      **during the day?**       Yes /  No

**How much of the support that you need is a carer or your family willing and able to provide?**

All of it       A lot of it       Only a little of it       None of it

**To be used by your allocated worker and/or the people who support you for their views**

**Assessed level of need - This part is to be completed by your social care worker**

Without support you will be at serious risk of abuse or harm

Without support you will be at significant risk of abuse or harm

Without support there will only be a small risk of abuse or harm

Without support there will be very little risk of abuse or harm

## 8. Managing my behaviour

Do you need support to manage your behaviour? Yes  No

### What I would like to be different or better; what I want to be able to do:

This might include the risks you face from your behaviour or lack of understanding, what behaviours you have that affect others, how you get on with other people, what relationships you have that help you - including medication or support, and your mental health/emotional wellbeing.

### How often do you need support to manage your behaviour?

Several times a day       Several times a week       Once a week or less

Do you need support at night as well as during the day?  Yes /  No

### Do you need more than one person to support you ...

at night?  Yes /  No      during the day?  Yes /  No

### How much of the support that you need is a carer or your family willing and able to provide?

All of it       A lot of it       Only a little of it       None of it

### To be used by your allocated worker and/or the people who support you for their views

### Assessed level of need - This part is to be completed by your social care worker

You will not have any control over your reactions without support

You will only have partial control over your reactions without support

You will normally have control over your reactions without support

You will nearly always have control over your reactions without support

## 9. Being a parent or carer

**Do you need support to care for someone else such as your child or a parent?**

Yes  No

**What I would like to be different or better; what I want to be able to do:**

This might include what support you need in your role of carer, who you care for, and what support they need.

**How often do you need support as a parent or carer?**

- Several times a day       Twice a day  
 Once a day       Once or twice a week

**How much of the support that you need is a carer or your family willing and able to provide?**

- All of it       A lot of it       Only a little of it       None of it

**To be used by your allocated worker and/or the people who support you for their views**

**Assessed level of need - This part is to be completed by your social care worker**

- You will not be able to fulfil any of your family responsibilities without support  
 You will not be able to fulfil many of your family responsibilities without support  
 You will be able to fulfil most of your family responsibilities without support  
 You will be able to fulfil nearly all of your family responsibilities without support



## 10. Carers

**Do you have an unpaid carer who helps and supports you?** Yes  No

This could be a family member or close friend.

**If you have an unpaid personal carer, the rest of this page is for them to complete.**

**Your carer:** Please tell us about the support or care that you are willing and able to provide for the person who has completed this form. The support you give may be helping them to do something, encouraging or reminding them to do it, or giving them emotional support.

### How does providing support affect your life?

- It causes me no issues in daily life.
- It causes some issues and has some effect on my daily life.
- It causes significant issues and has a significant impact on my daily life.
- It has a critical impact on daily life and affects my health and wellbeing.

You are also entitled to a full Carer's Assessment - or if you are under 18 a Young Carer's Assessment - currently done by Derbyshire Carers Association. This looks in detail at your needs and how your caring role impacts on your life.

**Have you had a Carer's Assessment?**  Yes /  No.

If "Yes" on what date?

If not, and you would like to have one, you can find details on the Carer's page on the council website: <http://www.derby.gov.uk/health-and-social-care/carers/carers-support/>

If you do not want a separate carer's assessment, would you, and the person you support, like to treat this as a combined assessment?  Yes /  No.

## 11. Your future housing needs and choices

**Current living arrangements** Please choose one:

- Alone
- With parents
- Share with other family - specify relationship
- Share with friends
- Residential college
- Supported lodgings
- Extra Care
- Residential care
- Other

If Other, please provide details:

**Accommodation type** Please choose one:

- House
- Flat
- Bungalow
- Other

If Other, please provide details:

**Tenure** Please choose one:

- Own and live in my own home
- Live in home owned by parents
- Rent from the council
- Rent from a housing association
- Rent from a private landlord
- Resident in institution – select from drop down list
- Other

If Other, please provide details:

**If you rent a property, do you receive any support to run your tenancy or deal with your landlord?** Yes  No

If "yes" Who helps you?

**Considering the future, what living arrangements would help you to maximise your wellbeing and independence?** Please choose one:

- Living on my own in my own home
- Sharing with friends
- Sharing with family
- Living in supported accommodation
- Other

If Other, please provide details:

**If you need to move to get this accommodation, when would be the best time to move?**

Please choose one:

- As soon as possible
- Between 3 - 6 months
- Between 6 – 12 months
- Between 1 – 2 years
- More than 2 years

**How would you like to get this accommodation?** Please choose one:

- Rent from the Council or a Housing Association
- Rent from a private landlord
- Rent from a care provider
- Buy my own property - maybe with support from family

If Other, please provide details:

## Assessment Conclusion

**This part is to be completed by your social care worker.**

To include details of:

- any recommendations
- unacceptable risks and differences of opinion
- actions
- advice provided
- specialist assessment
- signposting discussed
- consideration with regard to Mental Capacity

**Is this person eligible for support under the Care Act 2014?**

- The adult's needs arise from or are related to a physical or mental impairment or illness.
- As a result of the adult's needs the adult is unable to achieve two or more of the specified outcomes
- As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.

Yes  No

**Have any specialist assessments been requested or completed?**

Yes  No

If "yes", please provide details:

**Do health or housing need to be informed, or a referral made due to issues arising out of this assessment?**

Yes  No

**Do any links with the local community or Local Area Coordinators – LAC - need to be made to help with support/prevention?**

Yes  No

**Have any interim support arrangements been made?**

Yes  No

If "yes", please provide details:

**Does information about Community Volunteer Service - CVS, 'I want to work', Adult Learning Service, Local Area Coordinators – LAC or Benefits advice need to be given?**

Yes  No

If "yes", please provide details:

### **Support Planning Options**

**If you are offered a Personal Budget, how would you like to complete your support plan?**

On my own

With help from my family/circle of support

With help from a support planning organisation

With help from my social care worker

## Signing the form

Please sign the form to say you agree that it is an honest view of the support you need and the support your family, friends and other people are willing and able to provide.

Your signature:	
Social care worker's signature:	
Social care worker's name and telephone number:	
Social care manager's signature:	
Date assessment completed:	

**Social Care Workers: Please start a NEW form at review**

### Privacy Notice

#### How is your information used?

The information we collect will be combined with other information you have given us and used so that we can assess your needs, assess your eligibility for support from social care services, to help you to write a support plan, and to arrange support services on your behalf.

#### Who will your information be shared with?

The information you provide may be shared with other professionals who may be involved with you for the same or similar purposes.

For further information about how your personal information will be used, please visit [www.derby.gov.uk/privacy-notice](http://www.derby.gov.uk/privacy-notice) where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from the Contact Support Team, Business Support, Derby City Council, Council House, Derby DE1 2FS. Email: [contact.support@derby.gov.uk](mailto:contact.support@derby.gov.uk) Tel: 01332 640825

We can give you this information in any other way, style or language that will help you access it. Please contact us on: 01332 64 **0777**  
Minicom: 01332 640666

#### Polish

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku.  
Prosimy o kontakt: 01332 **640777** Tel. tekstowy: 01332 640666

#### Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਟੈਲੀਫੋਨ 01332 **640777** ਮਿਨੀਕਮ 01332 640666 ਤੇ ਸੰਪਰਕ ਕਰੋ।

#### Urdu

یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم 01332 **640777** پر ہم سے رابطہ کریں۔  
منی کام 01332 640666



Derby City Council

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