



ANGUS
Health & Social Care
Partnership

Adult: Self-Directed Assessment

My Contact Information			
Forename(s)		Surname	
Title		Preferred name	
Date of Birth		Gender	
Marital Status		National Insurance Number	
Current Address & Postcode			
Previous Address & Postcode			
Phone (Day)		Phone (Night)	
Mobile			
Email			

An introduction to self-directed assessment in social care

<p>Allocated worker may mean: Social worker/Home Care Assessor/Care Coordinator/Case Manager/Case Worker or Community Learning Disability Nurse.</p>

If you have social care support needs, you may be eligible for assistance from Angus Health and Social Care Partnership (AHSCP). To help us identify what support you need we must identify what is important to you and what support you think you might need. To do this we are asking you to fill in this booklet with information about your life and your needs, what you can do well and where you might need some help.

When you answer the questions in this booklet think about what you can do for yourself, how others around you support you and where you need support most. This might include thinking about how your illness or disability affects your day-to-day life. We understand that this can be difficult sometimes. This will include thinking about all the help and support you might need whether you have help already or not. Tick the box that seems to most relate to your current situation. Some of the statements may not apply to you. That's OK; you will have an opportunity to discuss this with your allocated worker, so that you can agree what help you need.

You can ask someone, such as a friend or relative, to help you answer the questions. This may also be filled in by someone with Power of Attorney or Guardianship on your behalf. You can also request support from independent support agencies (Angus Carer's Centre, Angus Citizen's Advice Bureau or Angus Independent Advocacy). Your allocated worker will work with you to review the areas where you are managing, as well as those where you might need some support.

The information you give us will be vital, to ensure we can plan together, and deliver the assistance you need to meet your personal outcomes.

You may have to pay a contribution towards the cost of your support. If you need support that we charge for, your allocated worker will let you know. To help us work out how much you will have to contribute we will need some information about your income and any benefits you receive and savings you have. This will be based on a Financial Assessment that your allocated worker will provide you with. This Financial Assessment can also be used to get a benefits check, to make sure you are getting all the benefits you are entitled to.

Using a system like this should help us make fair and open decisions about who gets what funding to meet their individual needs.

You can then produce your own support plan with the help of your allocated worker and together, agree the budget available for your support. This support plan will detail how you can meet your personal outcomes and will help Angus Health and Social Care Partnership to understand how you would like your support delivered.

Reasons I am looking for support.

Things that are important to me

I currently receive the following services.

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People in my life

People who live with me

Name	Relationship

People who support me

Please include any family, friends, GP, and other social care or healthcare staff that support you.

Name	Relationship	Address

1 Making important decisions about my life.

This part is about who makes decision about the important things in your life—things like where you live and who supports you.

Think about the times in your life when you have had to make important decisions. This could be about your health, housing, or finances. Do you need support to make decisions about your money or help to manage your own finances? Remember most people like to talk things over with people who are important to them when they are making important decisions. This is not the same as making a decision for you. If someone holds a Power of Attorney or Guardianship for you, please tell us who.

My views about how I make decisions and the support I need are:

I have support in decision making.

Adults with incapacity Act (Powers of Attorney or Guardianship) Under the Mental Health (Care and Treatment) (Scotland) Act 2003 (Community Treatment Order)	Please tick any that apply	Name of person who holds powers and contact details
Welfare Power of Attorney		
Continuing/Financial Power of Attorney		
Financial Guardianship		
Welfare Guardianship		

Appointeeship (Department of work and pensions (DWP) Corporate or Angus Council)		
Community Treatment Order (CTO)		

Having thought about making decisions can you please tick the box that best describes your situation?

Outcome: I feel respected	My view (please tick)
I manage independently and do not need any support in this area	
I need support to make decisions, but I have full control over all day-to-day and life changing decisions	
I need support to make decisions. I have control over most day-to-day decisions but have less say in life changing decisions	
I need support to make decisions about my life and most day-to-day decisions are taken by others on my behalf	

What support is offered by family, partners, neighbours or friends? Please tick.	ALL	A LOT	SOME	NONE

2 Staying safe from harm.

This part is about keeping safe while doing those things that are important to you, or when you are on your own. For example, feeling safe at home, managing emotions/trauma, using public transport, being in public places, having access to all your medications, visiting friends, self-neglect, self-harm or using kitchen appliances at home.

Think about the different circumstances where you might need support to stay safe. You also want to think about the things that make you feel unsafe and things that may put you at risk. How do you feel about any risks you or other people in your life have highlighted?

My views about staying safe from harm and taking risks are:

Having thought about keeping safe from harm and any risks in your life can you please tick the box that best describes your situation.

Outcome: I feel safe	My view (please tick)
I am able to keep myself safe.	
I need occasional support (once a week or less) to stay safe.	
I need regular support (several times a week) to stay safe.	
I need frequent support (several times a day) to stay safe.	
I need constant (all day/every day) support to stay safe.	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

3 Meeting my personal needs.

This part is about looking after yourself – things like managing your personal hygiene, managing to get up out of bed, toileting, getting yourself dressed, eating well, and preparing meals. Your personal needs can be affected by your physical or mental health. There are three parts to this section, during the day, during the night and eating and drinking.

Thinking about your mobility or motivation, how easy it is for you to get up, around and about your home? How and what you eat and drink during the day. What are you able to do on your own and where do you need support?

My views about managing my personal care needs are:

Having thought about your personal care needs can you please tick the box that best describes your situation in each of the following sections?

During the day

	My view (please tick)
Outcome: I feel supported	
I am able to manage my personal care needs	
I occasionally need help with my personal care (for example twice a week)	
I need help once a day with my personal care needs	
I need help at least twice a day with my personal care needs	
I need help at least three times a day with my personal care needs	
I need someone with me at all times to give immediate help	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

Extra Support

Outcome: I feel supported	My view (please tick)
I need two people to support me with my personal care	

During the night

Outcome: I feel supported	My view (please tick)
I don't need any help during the night	
I sometimes need a little help during the night (for example once a week)	
I need help most nights at least once per night	
I often need help during the night (more than twice or for long periods of time)	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

Extra Support

Outcome: I feel supported	My view (please tick)
I need two people to support me with my personal care	

Eating and Drinking

Outcome: I feel supported	My view (please tick)
I can manage all my own meals and drinks throughout the day	
I need some support with the preparation of meals and drinks (for example 2 or 3 times each week)	
I need support with meals and drinks once a day	
I need support with meals and drinks twice a day	
I need support with meals and drinks three times or more a day	
I need to be fed and given drinks	
I am fed using a gastrostomy tube	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

4 PHYSICAL HEALTH

This part is about looking after your health needs – things like managing any long-term conditions, pain management, appointments, medication or substance use. Please include any physical health diagnosis or substance use, and medication you currently take.

Think about whether you need help to take your medication, how any long-term conditions that you have affect your life (by this we mean ongoing health problems for which you take regular medication or other treatment) or if you need assistance with dressings.

My views about meeting my health needs are:

Having thought about your health can you please tick the box that best describes your situation.

Outcome: I am healthy	My view (please tick)
I able to look after my physical health and do not need any support in this area.	
I need occasional (once a week or less) support to look after my physical health	
I need regular (at least once a week) support to look after my physical health	
I need frequent (several times per week) support to look after my physical health	
I always need significant (every day) support to look after my physical health	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

5 Running and maintaining my home and living independently.

This is about the support you need to manage day to day tasks involved in running your home, for example housework, shopping, routine, budgeting and paying bills.

Think about your strengths and area's you may need support to do activities such as shopping, laundry, housework, general household maintenance, budgeting. Do you need support to live with others or on your own? Do you own/rent your home? Any issues with housing, or rent arrears?

My views about running my house and living independently are:

Having thought about running your home and living independently can you please tick the box that best describes your situation.

Outcome: I feel supported	My view (please tick)
I manage independently and do not need support in this aspect of my life	
I need occasional (once a week or less) support to run and maintain my home	
I need regular (at least once a week) support to run and maintain my home	
I need frequent (several times per week) support to run and maintain my home	
I always need significant (every day) support to run and maintain my home	

I need frequent (several times a day) support with this aspect of my life	
I constantly need support with this aspect of my life	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

7 Are you also a parent or carer?

This section is about the people you provide care for, for example a child, parent, partner, or other person in your life.

Think about what type of support and care you are providing and to whom. How much time does this take? How does it affect your own life and needs? What are you able to do on your own and where do you need help?

My views about being a parent and/or carer are:

Having thought about your responsibilities as a parent or carer can you please tick the box that best describes your situation.

Outcome: I am responsible	My view (please tick)
I am not a parent or carer Or I am able to fulfil my parenting/caring role without support	
I need occasional (not every day) support with my parenting/caring role	

I need regular (several times a week) support with my parenting/caring role	
I need frequent (every day) support with my parenting/caring role	
I always need constant support with my parenting/caring role	

What support is offered by family, partners, neighbours or friends? Please tick	ALL	A LOT	SOME	NONE

8 Relationships

This part is about friendships and people I know – not just my family.

Think about who you know and how often you see them or how you keep in touch.

My views about the relationships in my life are:

Having thought about friendships and people you know can you please tick the box that best describes your situation.

Outcome: I feel included	My view (please tick)
I have relationships with people who are not paid to be in my life. I don't need support to keep them.	
I have relationships with people who are not paid to be in my life. I need a bit of support to keep them.	

I do not have enough relationships with people who are not paid to be in my life. I need support to make relationships and keep them.	
I don't really have any relationships outside my family/paid support. I need support to make relationships and keep them.	

What support is offered by family, partners, neighbours or friends? Please tick.	ALL	A LOT	SOME	NONE

9 Being part of the local community.

This part is about doing things in my community – like using local shops, the library, going to the cinema, clubs, community centre, church, or other places of worship, helping neighbours or being involved in local organisations.

Think about the things that you like to do in your community such as going to clubs, library, the local shops, the leisure centre or places of worship. Do you get to do the things you like to do, if not tell us what support you think you need to do those activities. What are you able to do on your own and where do you need help?

My views about how I access my local community are:

Having thought about doing things in your local community can you please tick the box that best describes your situation.

Outcome: I am active	My view (please tick)
I am as involved in my community to the extent I want to be and do not need/wish support in this aspect of my life.	

I do lots of things in my community, but I feel I need a little support to do them and to explore new options	
Sometimes I do things in my community, but I feel I need more support to do more and continue to do the things I do.	
I don't do much in my community and feel that I need someone to support me closely to do more and to explore new options	

What support is offered by family, partners, neighbours or friends? Please tick.	ALL	A LOT	SOME	NONE

10 Work and Learning.

This part is about the support I require to keep busy in line with my personal choices and aspirations, to keep or get a job, and/or learn new things.

Think of the opportunities you have, to work and learn new things. Do you need support to go to College or University? Do you need support to train for work or find and keep a job? What are you able to do on your own and where do you need help?

My views about working and learning are:

Having thought about work and learning can you please tick the box that best describes your situation.

Outcome: I am achieving	My view (please tick)
I manage independently and do not need any support in this area	

I have a work role/ job/learning opportunity and I am enjoying my spare time. I need some a little support to continue to do this	
I need support to take part in work or learning. I need more support to get more opportunities for work or learning	
I need close support to take part in work and learning. I have few or no chances for work or learning in my life	

What support is offered by family, partners, neighbours or friends? Please tick.	ALL	A LOT	SOME	NONE

11a Informal support

This part is about the support I have which is unpaid, for example from friends, family or neighbours.

My views about informal care that supports me are:

Having thought about people that support you can you please tick the box that best describes your situation.

Outcome: I am supported	My view (please tick)
I am able to get all the support I need from my family and friends	
I am able to get nearly all the support I need from my family and friends	
I am able to get much of the support I need from family and friends and have or need occasional (not every day) paid support	
I am able to get some of the support I need from family and friends and need significant (every day) paid support	
I get little or no support at all from family or friends	

11b Family carer and informal support

This part is for an unpaid carer who helps me with daily living tasks (this is often a family member or close friend). The earlier questions have started to identify the types of support your family, friends and neighbours help you with. What does supporting me, mean for my carer? What is their life like?

	Yes	No
Do you currently have anyone who is your unpaid carer?		

To the carer: This part is for you. Which of these statements best describes your current circumstances?

Outcome: I am able to provide support	Carers view (please tick)
I am able and willing to continue in my current caring role	
My caring responsibilities have some impact on my daily life. I am able and willing to continue in my current caring role	

I have some difficulty and stress in carrying out my day-to-day caring tasks. There is some impact on my lifestyle. My responsibilities as a carer lead to minor stress. I am willing to continue in my role as a carer	
My caring role has a substantial impact on my lifestyle. Undertaking this role has led to high levels of stress and some health problems. I am willing to continue in my role as a carer but require support to do so	
My caring role has a critical impact on my lifestyle – including a significant impact on my health and well-being. I am no longer fit or able to continue in my role as carer, even with support	

I would like to receive a carer's assessment.	Yes	No	Already have one
Carers Details – please complete.			
Title		Forename(s)	Surname
Address (inc postcode)			
Date of Birth		Contact Phone No	

Please tick who answered the questions 1 to 10

A. Me (supported person)	
B. My Guardian/Power of Attorney	
C. Me with help from support staff	
D. Me with support from family and friends	
E. Support staff	

What we will do with the information.

The information you have provided on this form (and from supporting evidence) will be used by Angus Health and Social Care Partnership (the data controller for the purposes of the Data Protection Act 1998) to provide you with the support you need. The information will be held securely by the Partnership and will be treated as confidential except where the law requires it to be disclosed. The Partnership may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain

third parties or share your information with them to check its accuracy, prevent or detect crime, protect public funds, or where required by law. To improve service delivery, we routinely exchange information with NHS Tayside and support providers that will provide your support. These other organisations will use this information for the same purposes as the Council.

Declaration - I confirm that the information that I have provided is correct to the best of my knowledge and authorise Angus Health and Social Care Partnership to use my information for the above purposes.

Signatures – This should be your name and signature, and those of anyone who helped you complete this form.

Your Name:		Your Signature:	
Support from (if relevant):		Signature:	
Relationship:			
Support from (if relevant):		Signature:	
Relationship:			
Date			