

Personalisation and self directed support in Gateshead Personal Adult Social Care Assessment

The way we provide adult social care is changing and this means the way we work with you will change too. This is part of the government's personalisation programme.

We have always put you first, but now we will be giving you more choice and control through 'self directed support'. This means that services are more personal to your needs and to how you want to live your life

The first step of this is to give you more opportunities to be involved and tell us what is important to you. This guide to your personal assessment helps you to prepare for when your social care worker visits you and to be involved in your assessment.

In most places you can just tick the relevant box. At the end you do have a chance to write more, this will give us a better idea of how you see your situation. Please add extra sheets of paper if you need to.

After assessment, if we agree you have eligible needs, you will be offered an indicative personal budget. This is the sum of money that we offer to meet your needs. You will be able to take this as a direct payment to buy your own services or you can use our services and we will organise these for you. Your social care worker will be able to give you more information about this.

See inside for the Personal Adult Social Care Assessment form and notes on how to fill it in.



Notes on completing the Personal Adult Social Care Assessment Form

Why are you asking me to complete this?

We want you to have an opportunity to prepare for your assessment to make sure that you can tell your social care worker all of the information that is important to you. This will help you to remain independent in your home.

You can complete this form either by yourself, with a friend or someone from your family. You can also choose to have help from an Advocate. An advocate can help you to make sure that your views and wishes are heard; and that you have all the information you need to help you make choices and decisions. Advocacy is also about having someone on your side. There is a list of advocacy organisations attached to this form.

How should I go about filling it in?

You might find it useful to have a read of the whole form before you start to fill it in, so you can get a feel for all of the questions. If a question doesn't apply to you, tick box A or write "not applicable".

You may find that your needs don't easily fit into the options available. If that's the case, please choose the more dependent option - for example, if your answer lies between option E and option F, choose F to be on the safe side.

What if I'm helping someone else fill this in?

If you are helping someone fill in the form, please select the option that represents their views. If you are a relative or carer and have a different view and wish that to be recorded, please tick the option you think best reflects the need and mark it with "?".

1. Meeting personal care needs (7am-11pm)

This section is about looking after yourself - things like washing, medication, dressing and going to the toilet, and moving around your home to do these things.

Please tick the one that applies

- A) I do not need any support with my personal care.....
- B) I need occasional support with my personal care.....
- C) I need support at least once a day with my personal care
- D) I need support at least twice a day with my personal care
- E) I need support at least three times a day with my personal care
- F) I need support four times a day or more with my personal care.....

Please tick the one that applies if you need two people to help you

- A) I need two people to support me with my personal care
Part of the time
- B) I need two people to support me with my personal care
All the time.....

Meeting personal care needs (night-time - 11pm-7am)

This section is about support you might need during the night, for example things like washing, changing, going to the toilet, and moving around your home to do these things.

Please tell us about your needs in the box below.

2. Eating and drinking

This section is about the support and/or encouragement you need to prepare meals, and/or help to eat and drink.

Please tick the one that applies

- A) I do not need help preparing meals or help to eat or drink
- B) I need help to prepare snacks and don't need help to eat and drink..
- C) I need all my meals prepared and don't need help to eat drink.....
- D) I need support to prepare my meals and help to eat and drink.....

3. Managing my actions or behaviour

This section is about how your actions or behaviour may affect other people, and any support you might need to manage this. It can be about forgetfulness, lack of understanding, physical harm, or any other factors that may have an impact on others or yourself. The impact could be emotional or physical.

- A) I am able to manage my actions or behaviour without support.....
- B) I need support once a day to help me manage my actions or behaviour.....
- C) I need support twice a day to help me manage my actions or behaviour
- D) I need support three times a day or more to help me manage my actions or behaviour

Please tick the one that applies if you need two people

- A) I need the support of two people to help me with my actions or behaviour **Part of the time**
- B) I need two people to support me with my actions or behaviour **All of the time**

Please tell us about any help you may need during the night (11pm-7am) to manage your actions or behaviour, in the box below.

4. Being part of my community

This section is about doing things in your community, like using the library, community centre, or place of worship, meeting up with friends or voluntary work.

Please tick the one that applies

- A) I am able to participate in my local community as much as I need to.
- A) I need occasional support to be part of my local community
- B) I need support at least once a week to be part of my local community
- C) I need support twice a week to be part of my local community
- D) I regularly need support to be part of my community

5. My role as a parent or guardian

This section is about the support you need to help care for your dependant children. Please use the box below to tell us about any specific areas which you might need help with.

6. Running and maintaining my home

This section is about the support you need to manage day-to-day tasks e.g. housework, shopping, correspondence and general home maintenance and paying bills

Please tick the one that applies

- A) I am able to run and maintain my home without support
- B) I need occasional support to run and maintain my home
- C) I need support at least once a week to run and maintain my home..
- D) I need support at several times each week to run and maintain my home.....
- E) I need support every day to run and maintain my home

7. Work and learning opportunities

This section is about working and learning. The work may include any voluntary work you do - whether you are of working age or not - and may include paid work. This part is also about any learning opportunities. Please tell us about your needs in the box below.

8. Making decisions

This section is about who decides important things in your life. Things like where you live, who supports you, who makes decisions on how your money is spent etc.

Please tick the one that applies

- A) I can make decisions and organise my life without support.....
- B) I need occasional support to make decisions and organise my life..
- C) I have fluctuating capacity to make decisions
- D) I often need support to make decisions and organise my life.....
- E) Other people make most decisions about my life and I need support to have more control.....
- F) All decisions are made on my behalf.....

9. Informal support

This question is about the support that you or informal carers, normally unpaid carers, are willing to continue to provide to meet your needs.

Question

I have family and friends who will provide some unpaid support.

Please circle your answer YES NO

If you answered YES please choose one of the options below that best fits your situation. You do not need to be precise, just give your best estimate.

- A) Family and friends will provide all of the support I need
- B) Family and friends will provide about three quarters or more of the help I need.....
- C) Family and friends will provide about half or more of the support I need
- D) Family and friends will provide about quarter or more of the support I need

10. Family carer and social support

This section is for you if you are a carer - often a family member or close friend. By carer, we mean anyone who is helping to look after someone, who is normally unpaid. (We do not count the Carer's Allowance as being paid)

Helping to look after someone can sometimes be hard or stressful. This question gives you a chance to tell us about your needs and whether you wish, or are able, to continue helping. Some things you may want to think about are: **What does supporting mean to you?**

What is your life like?

What pressures does this place on you?

What would be helpful for you?

Please tick the box that applies to you

- A) The care that I give does not cause me any concern in my daily life. I am able and willing to continue in my current caring role.
- B) The care that I give and continue to offer causes some concern and has a small affect on my daily life. I am able and willing to continue in my current caring role. I would like some information, advice or help.
- C) The care that I give and continue to offer causes substantial concern to me and has a substantial affect on my daily life. I am able and willing to continue in my current caring role. I would like some information, advice or help.
- D) The care that I give and continue to offer causes critical concern and has a critical affect on my daily life. I am unable to continue in my current caring role as it is. I would like some information, advice or help. This will help me to continue in some kind of caring role or help me to withdraw.

This acts as a joint carer's assessment. You have the right to a more comprehensive carer's assessment. This is a chance to talk about these issues in more depth and find out what help is available.

- A) I would like this to be a joint assessment with the person I care for.....
- B) I want a more comprehensive carer's assessment for myself
- C) I would just like some information and advice

Information and advice can cover many things e.g. information about benefits, cost and charges, conditions and illnesses, breaks from caring, and services. If you want information on any of the above please put a circle around it. If you need information on anything else just write it here.

You may need to consider some respite from your caring role, please tick the column below that applies to you.

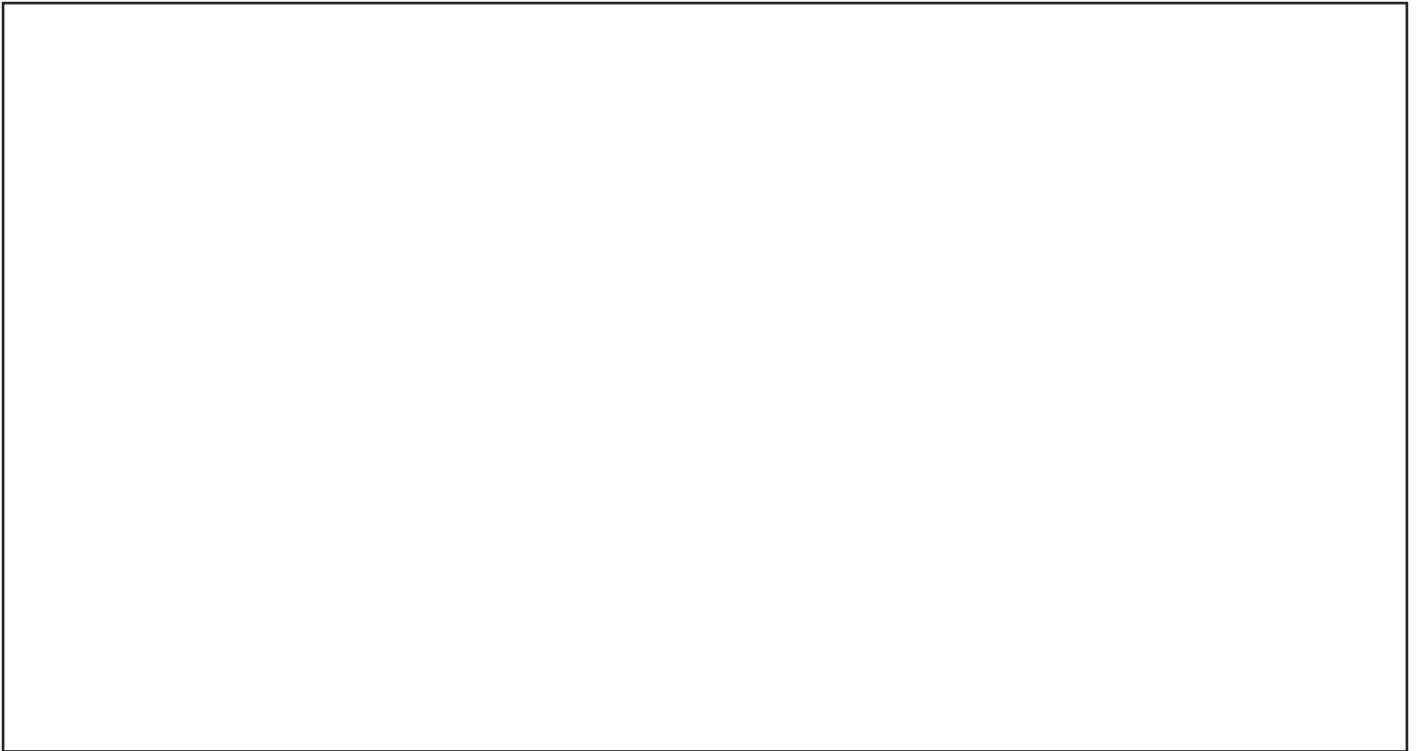
- I do not need any respite from my caring role
- I need one or two episodes a year of respite from my caring role.....
- I need three or four episodes a year of respite from my caring role.....
- I need five or six episodes a year of respite from my caring role.....

Contact details of any carers


Name	Address	Phone Number	Please tick if under 18?

11. About me:

The problems that most bother or concern me and stop me from maintaining or increasing my independence are:



'To help me be more independent or maintain my independence, the things I would most like to do, change, keep or regain, are:



12. Summary

Please also use this section to include any physical or mental health conditions you may have, changes in support or networks. Problems with mobility, communication etc. Attach extra sheets if you need to.

13. Signatures and Date

Person's signature

Date

Signatures of anyone helping with form completion

Person's signature

Date

Relationship to the person filling in the form
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Person's signature

Date

Relationship to the person filling in the form
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