

Social Work Services

Supported Self-Assessment for Adults

Who is this supported self assessment for?

This supported self-assessment is for people aged 16 and over who may need a range of support from Social Work Services.

What is the supported self assessment?

This supported self-assessment should help you to identify things you may need to change about your life. It helps us to work out what support, if any, we can signpost you to or we might be able to provide for you.

We will help you to identify where other help may be available. This could include other organisations, family, friends and any community support.

Can someone help you complete this assessment?

We would encourage you to have support in completing this form. A family member or friend may be the right person to provide support for you. We would also encourage you to seek advice and support from Social Work Services or a third sector organisation.

Guide to completing this form

Only complete the sections of the form which you feel are relevant to you.

It is important to complete the Basic Details section of the form as fully as possible (pages 3-5). Please also complete the one page profile and the information at the end about your Carer, if you have one. If you are aged 65 or over please complete the appendix form on pages 21 and 22

The rest of the form is laid out under headings which cover many aspects of life. This gives you the opportunity to share with us the things that are important to you.

Each section asks what works well, what is not working well and what you want to change about your life just now. It explores what support and resources you may have and what you may need to make the changes you want. Resources can be a whole range of things and not just money. Resources can include friends, family, local community groups or activities, items of equipment and access to transport amongst other things. There is also a space you can use to tell us about yourself (this is called a one page profile). If you want, this can be completed at a later time when you are clearer about what support you need. There are some notes with this form to help you create your one page profile and we can help or you can ask someone else. The information you provide will help to build your own personal plan.

There is also a space for social work staff to write any comments once they have met you and discussed this form.

You will have a copy of your personal plan. We will use it together to review if your support is making a real difference in your life. It will also help other people who provide you with support to understand who you are, what is important to you and how you should be supported.

If any of the questions don't fit your situation use the spaces to explain your particular circumstances. Remember you don't need to try to change everything at once nor do you have to tell us about areas of your life you are currently able to deal with.

Please add extra pages if you find there is not enough space for your answers.

If you are eligible for direct social work support you will be financially assessed.

We will let you know if you are required to contribute to the cost of your support and how much this will be.

Basic Details and Communication

Please complete these pages as fully as possible

Basic details				
Name:				
Address:				
Date of Birth:				
Telephone number (Home):				
Telephone number (Mobile):				
Email address:				
Ethnic origin:				
Gender:				
Religion:				
Do you live alone?	Yes		No	
If no - who lives with you?				

Continued on next page

Communication

Think about hearing, speaking, understanding, reading, writing, language, sign language, using a computer, email ...

Contacting you

How would you like us to communicate with you?

Details of next of kin or alternative contact:

Name:

Address:

Telephone number:

Email address:

Hearing or Visual Impairment

Do you have a hearing impairment?	Yes		No	
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Tell us about any aids you have:

Do you have a visual impairment?	Yes		No	
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Tell us about any aids you have:

Are you registered blind or partially sighted?	Yes		No	
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Making important decisions about your life

Think about the times in your life when you have 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? If someone holds a Power of Attorney or Guardianship for you, please tell us about this.

I have support in decision making Powers of Attorney or Guardianship	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		

Important details about your health

Please provide details of your GP and complete the other sections if appropriate.

Name of GP:

Address:

Telephone number :

Please tell us about any health conditions you have:

If you take any medication please tell us if you have or require any support with this:

Who should administer your medication if you are unable to do so?

1. Your Health and Wellbeing

Think about your general health and wellbeing including your mood and motivation. Are there times when you feel low or need to be encouraged and supported to do things for yourself because you feel unmotivated?

Please tick the box that best describes your situation

I am generally well and have no concerns	<input type="checkbox"/>	Move to Q2
I occasionally need support with my health and wellbeing	<input type="checkbox"/>	
I regularly need support with my health and wellbeing	<input type="checkbox"/>	
I frequently need support with my health and wellbeing.	<input type="checkbox"/>	
I constantly need support with my health and wellbeing	<input type="checkbox"/>	

Think about any resources/ supports you already have. How do these work for you?

What is not working and puts you at risk? What are you finding most difficult?

What would help you to **maintain and/or improve your health?**

Practitioner's notes:

2. Looking After Yourself

Think about how your personal care needs are met. This may include things like washing, dressing, using the bath or shower, going to the toilet, shaving, grooming, taking medication, preparing food and drink and eating and drinking.

Please tick the box that best describes your situation		
I am able to manage my personal care needs	<input type="checkbox"/>	Move to Q3
I occasionally need help with my personal care needs	<input type="checkbox"/>	
I need a little support every day with my personal care needs	<input type="checkbox"/>	
I need some support every day with my personal care needs	<input type="checkbox"/>	
I need a lot of support every day with my personal care needs	<input type="checkbox"/>	
I need support all the time with my personal care needs	<input type="checkbox"/>	

Tell us about any equipment you use

Think about any resources/supports you already have. How do these work for you?

What is not working and puts you at risk? What are you finding most difficulty with? Do you have special dietary or eating difficulties?

What would help you to **feel more supported?**

Practitioner's notes:

3. Getting About

Think about the support you need from other people or the equipment you use to get about at home, go outdoors or travel in your community.

Please tick the box that best describes your situation

I need no support to get about inside or outside my home	<input type="checkbox"/>	Move to Q4
I need little support to get about inside or outside my home	<input type="checkbox"/>	
I need some support to get about inside or outside my home	<input type="checkbox"/>	
I can get about at home but need some support when I go outdoors or travel	<input type="checkbox"/>	
I need a lot of support to get about at home and to go outdoors and/or travel	<input type="checkbox"/>	

Tell us about any equipment you use:

Think about any resources/supports you already have. How do these work for you?

What is not working and puts you at risk? What are you finding most difficult?

What would help you to **feel more included**?

Practitioner's notes:

4. Having Things to Do

Think about doing things in the community that you enjoy. Things like going to the local shops, library or community centre, visiting friends and family, going to work, volunteering or being involved in leisure or social activities.

Please tick the box that best describes your situation

I am happy with the things I have to do and do not need support with this.	<input type="checkbox"/>	Move to Q5
I need a little support to do things and explore new options	<input type="checkbox"/>	
I have things to do but feel I need more support to do more and continue to do the things I do	<input type="checkbox"/>	
I feel I need a lot of support to do things and explore new options	<input type="checkbox"/>	
I don't have things to do and require a lot of support to do more and explore new options	<input type="checkbox"/>	

Think about any resources/supports you already have. How do these work for you?

What is not working and puts you at risk? What are you finding most difficult?

What would help you **feel more included?**

Practitioner's notes:

5. Family and Friends

Think about your relationships with family and friends. How do you keep in touch with them? How do you make new friends and maintain relationships?

Please tick the box that best describes your situation		
I have relationships with family and/or friends. I don't need support to keep them.	<input type="checkbox"/>	Move to Q6
I have relationships with family and/or friends. I need a bit of support to keep them.	<input type="checkbox"/>	
I do not have enough relationships with other people. I need support to make relationships and keep them.	<input type="checkbox"/>	
I don't really have any relationships outside my family and/or paid support. I need support to make relationships and keep them.	<input type="checkbox"/>	

Think about any resources/supports you already have. How do these work for you?

What is not working and puts you at risk? What are you finding most difficult?

What would help you to **feel more included**?

Practitioner's notes:

6. Managing Your Home

Think about your day to day life. This is things like managing money, cleaning your house, keeping the garden, laundry, shopping, using household appliances, reading letters or making appointments, accessing money or the bank.

Please tick the box that best describes your situation		
I manage independently and do not need support with this	<input type="checkbox"/>	Move to Q7
I occasionally need support to run and maintain my home	<input type="checkbox"/>	
I regularly need support to run and maintain my home	<input type="checkbox"/>	
I frequently need support to run and maintain my home	<input type="checkbox"/>	
I always need support to run and maintain my home	<input type="checkbox"/>	

Think about any resources/supports you already have. How do these work for you?

What is not working and puts you at risk? What are you finding most difficult?

What would help you to **feel more supported**?

Practitioner's notes:

7. Managing Your Safety

Think about how you stay safe from harm at home and when you are out in the community. For example, think about whether you are at risk of accidents and falls, whether you recognise danger or whether you may suffer self injury or neglect. You may be concerned about being harmed by someone else.

Please tell us if you feel you need help urgently to keep you safe from harm.

Please tick the box that best describes your situation	
I am able to keep myself safe	<input type="checkbox"/>
I occasionally need support to stay safe	<input type="checkbox"/>
I regularly need support to stay safe	<input type="checkbox"/>
I frequently need support to stay safe	<input type="checkbox"/>
I constantly need support to stay safe	<input type="checkbox"/>

Think about any resources/supports you already have. How do these work for you?
What is not working and puts you at risk? What are you finding most difficult?

What would help you to **keep safe from harm**?

Practitioner's notes:

Appendix to Supported Self-Assessment (Older Adults)

Name:.....

Address:

.....

.....

Date of Birth:.....

Owner/ DGHP Private Housing
 Occupier Council Rented Association

1 = Unable 2 = Able with Help 3 = Independent with equipment
4 = Independent

		1	2	3	4	Comments
Negotiating Stairs	Outside					
	Inside					
Negotiating Home Access						
Mobilising						
Dress and Undress						
Washing Hands and Face						
Wash and style Hair						
Complete bath or shower						
Bed Transfer						
Toilet transfer, hygiene, adjust clothes						
Bowel and Bladder Management						
Seating Transfer						
Eating						

Please continue on the next page

		1	2	3	4	Comments
Cooking - (includes prepare and serve)	Main meal					
	Light Snack					
	Drink					
Shopping						
Home Management (Heating/ Laundry)						
External Home Management (Garden)						
Communication						
Sight						
Hearing						
Medication						
Mental Well-being and Behaviour						
Access to Social /Community Interests						
Financial Management						

One page profile for
(see enclosed notes)

Add your name

Insert your photo here

Add what people like and admire about you

-
-
-
-

Describe what is important to you

-
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Describe how you should be supported

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Family care and informal support

This part is for an unpaid Carer who helps you with daily living tasks (this is often a family member or close friend).

Do you currently have anyone who is your unpaid Carer?	Yes		No	
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If you are a Carer this part is for you.

Which of these statements best describes your current circumstances?

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	
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Please provide your details if you would like a Carer's assessment

Title	Forename	Surname

Address (inc. postcode)

Date of Birth:

Contact Telephone Number:

Relationship to person:

I agree to the information I have provided being shared with other support organisations, as appropriate.

Signed

Print name

Date.....

Form signed by:

Your signature: Date:

If someone else completed this form for you please provide this person's:

Full name (in capital letters):

Relationship to you:

Address:

Telephone number:

Signature:

Date:

Please return this completed questionnaire to your nearest locality office. A member of staff will be in touch with you soon to explain what happens next.

Nithsdale 122-124 Irish Street Dumfries DG1 2PB	Annandale & Eskdale Annan Town Hall High Street Annan DG12 6AQ	Stewartry Gardenhill Primary Care Centre 2 Gardenhill Road Castle Douglas DG7 1EE
Newton Stewart Penninghame Centre Auchendoon Road Newton Stewart DG7 6HD	Upper Nithsdale Mill Hill Centre Corserig Crescent Kelloholm DG6 4EL	Stranraer Ashwood House Sun Street Stranraer DG9 7JJ

Or contact the Customer Contact Centre for Adult Social Work Services on

030 3333 3001

Supported Self-Assessment for Adults – Summary Sheet

Your Health and Wellbeing	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult
Looking After Yourself	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult
Getting About	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult
Having Things to Do	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult
Family & Friends	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult
Managing Your Home	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult
Managing Your Safety	Current Position	Not a problem	Good	Ok	Difficult	Very difficult
	Goal/Target	Not a problem	Good	Ok	Difficult	Very difficult

For Office Use Only:

Fwi No:
Date Form Rec'd:
Date Uploaded to Fwi:
Notes:

