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**Self-Assessment**

**Please read the *Guide to Assessing Your Own Needs* before completing this form. The Guide explains how your**

**self-assessment can shape the way the Council arrives at an understanding of your needs and how it will respond to them.**

**It also explains what the various terms mean.**

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| **Person details** |

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Home telephone number: |  |
| Work telephone number: |  |
| Mobile number: |  |
| Email address: |  |

## In what format would you like to receive correspondence?

|  |  |  |  |
| --- | --- | --- | --- |
| Standard Letter | Large Print (please state font size): | | Text |
| Email | Audio USB stick | Braille | BSL interpreter with visits |
| Easy Read | Makaton | Other (please state): | |

|  |
| --- |
| **Assessment details** |

**People involved in this assessment**

|  |  |
| --- | --- |
| **Names** | **Role/relationship** |
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| **Advocacy and interpreting** |

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| Was the assessment written by someone other than the person?  Yes  No  If yes, please say why: |

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| --- | --- | --- |
| Did the person self-direct the assessment?  Yes  No  If no, was the advocate: | | |
| Independent | Family member | Friend |
| How did the advocate support you? | | |

**Details of advocate:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Relationship to the person: |  |
| Email address: |  |

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| Was an interpreter required?  Yes  No |

|  |  |
| --- | --- |
| If yes, please provide details of interpreter: | |
| Name: |  |
| Address: |  |
| Telephone |  |
| Relationship with the person: |  |

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| **A – Your situation** |

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| Briefly say what your situation is and how you want it to change: |

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| What are your health conditions or impairments and how do they affect your mental or physical functioning? |

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| What difficulties do you have that relate to these conditions or impairments? |

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| **B – What is already happening** |

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| What do you do yourself to manage your own difficulties? |

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| What care and support are you currently receiving from family, friends, your community and other agencies? |

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| How well is this working for you and each of the people providing the support? |

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| **C - What needs to happen** |

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| Which of your needs are not currently being met or met well, and how is this affecting you? |

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| What would need to happen so that you, your family, friends and community meet as many of these needs as is appropriate and reasonable? |

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| What publicly funded services – social care, health or housing - are required to meet the remaining needs and what will they achieve? |

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| **Wellbeing rating** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please say on a scale of 0-10 how you rate your current level of well-being?  Note: If the person or their advocate refused to give a wellbeing rating please mark 0 below.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

## Who gave the wellbeing rating above?

|  |  |  |
| --- | --- | --- |
| The person | The persons advocate | The person and advocate refused to give a wellbeing rating |

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| **Advocate views** |

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| Advocates own views if different from the person's: |

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| --- |
| **Consent to hold and share information** |

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| --- |
| We keep the personal information you have provided in this form and use it to ensure that we understand your situation, your needs and can assess, plan and provide appropriate care and support and review. We hold this information on file and/or a secure computerised record.  We may share this information within the Council, with staff members who need it to provide social care support for you or your carer or if we have a safeguarding concern around your safety. We may also share this information with professionals that may include primary and secondary health care professionals, providers of social care registered landlords etc. This is not a complete list, to read more details please refer to Section 6 under the Care Act.  We will only share information which is relevant and necessary to provide the services you need and for quality assurance, case reviews or for auditing purposes.  In certain situations we may be required to exchange this information as laid down by law, in accordance with our Data Protection Policy. All information collected will be also be covered by our Privacy Notice.  By completing this form you are agreeing to the information outlined above. We will discuss this and any concerns you might have when we contact you. |

I confirm that the record of my views of my needs and service requirements is accurate.

|  |  |
| --- | --- |
| Signed: |  |
| Name: |  |
| Date: |  |

|  |
| --- |
| Once you’ve completed this form, please return to:  [adultcare@towerhamlets.gov.uk](mailto:adultcare@towerhamlets.gov.uk)  or print it off and send to us by post:  Assessment and Intervention Team  Education, Social Care and Wellbeing  London Borough of Tower Hamlets  2nd Floor, John Onslow House  1 Ewart Place  London E3 5EQ |