**Self-Appraisal for Social Care Needs**

This is for private use and will only be read by staff if you choose to submit it to the County Council Adults’ CarePoint (details at the end of the form). This appraisal is **not** about money – it has been designed to help people think about their personal circumstances in a structured way. It can be saved for self-service or may be useful when contacting the County Council, or a care provider.

***Tip: use the “TAB” key or the arrows to move within the form.***

**Name:**

**Date of Birth:** **/****/**(dd/mm/yyyy)

Have you had help to complete this form?  Yes/No

If yes, please make a note of the person who has helped you:

Name:

Role:

Organisation (if relevant):

If you are doing this with or on behalf of someone, it is very important to ensure the views and perspective of the person are reflected wherever possible.

**People have individual lifestyles and circumstances, so you may want to think about your own situation at the start of the self-appraisal – this might help ensure a personalised approach in developing your support:**

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| Start by making a brief statement about you as a person - your interests/ hobbies, strengths/weaknesses etc, what you are good at, and who/what is most important to you in your daily life: |
| Now make a brief statement about your health, disabilities and any medication you are taking: |

**When completing the self-appraisal it can be helpful to think about how things currently work before you think about what needs to change (often small changes like a new piece of equipment or help to find and join a local group, can make a big difference to people’s quality of life, rather than making big changes which need time to adjust to). When thinking about your situation you may want to use the website to help you find out more about your options:** [**www.westsussexconnecttosupport.org**](http://www.westsussexconnecttosupport.org)

***Tip: it may be helpful to read the document through first as it is divided into sections.***

**Please consider any difficulties you have in the following areas of daily living - some may not apply to you, so just say “none”, and focus on what is relevant to your situation. You should make a note if you need physical assistance or just reminding or encouraging. Some help you need may just be occasional – if so make a note of how often (weekly, monthly, twice a year etc):**

**2.1 Personal Care** - looking after yourself through washing, dressing, grooming, going to the toilet, managing medication.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.2 Meals and Nutrition** - including meal preparation, dietary requirements, eating, drinking.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.3 Activities of daily living** - including shopping, laundry, changing bed linen.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.4 Mobility -** including indoors and out of doors, managing stairs, getting in and out of bed, chairs or transport.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.5 Communication** - being able to communicate with people you know and new people and be understood, and understanding others. You may need assistance due to language, environment, illness or impairment.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.6 Mental well-being, understanding and decision making –** mental well-being can be affected bydifferent factors, such as illness, injury, substance misuse, stress or anxiety. Please consider your ability to listen and understand what people are saying, think things through and make informed decisions.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.7 Keeping safe/behaviours -** being safe at home and when out; how situations might affect you in the community and at home. Behaviour can be affected by mental well-being. Please think about the risks arising from; memory problems; sight or hearing loss; medication; falls and accidents; difficulty recognising danger; physical or mental illness or impairment; and self-injury or neglect.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.8 Relationships & social activities, participation in work and community life** - keeping in touch with others and mixing (socialising) with others, going out shopping, to clubs or places of interest and worship, attending work, paid or unpaid.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.9 Housing or environmental -** your current living space, for example state of repair, size of property or garden, location, inaccessible areas when moving around the home - stairs, bathrooms, kitchens, uneven floor surfaces or environmental issues.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.10 Being a carer or parent -** being able to carry out your role and responsibilities as a carer of a vulnerable person or as a parent. Please only complete this section if you, (the personal undertaking the self appraisal) have caring responsibilities.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

**2.11 Managing Financial affairs -** managing personal and household finances, including claiming welfare benefits, paying bills.

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| My difficulties:    How does your current unpaid network of support help you?    What equipment helps you?    What paid help/care do you have?    What needs to change?    What is the outcome you want? |

Are there any other areas of difficulty in your daily living where you have unmet needs?

**Date self-appraisal completed:** **/****/**(dd/mm/yyyy)

**Self-referral to the County Council Adults’ CarePoint**

If you would like to refer to Adults’ CarePoint for help, please continue and complete the form below. Information will be stored in a database and you will be contacted as soon as possible. Urgent cases are prioritised and staff will do their best to contact you by the end of the next working day.

**Date referral submitted:** **/  /** (dd/mm/yyyy)

**About myself/the person needing support:**

If you are making this referral on behalf of someone else, you will also be asked to provide your contact details at the end of the form.

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| --- | --- | --- | --- |
| Title: | (Dr/Mr/Mrs/Miss/Ms) | | |
| Surname: |  | | |
| First name: |  | | |
| How do you like to be called? |  | | |
| Date of Birth: | /  /     (dd/mm/yyyy) | Age: |  |
| Gender |  | | |
| Current address: |  | | |
| Post code: |  | | |
| Home telephone number: |  | | |
| Mobile telephone number: |  | | |
| Email Address |  | | |
| NHS number if known |  | | |

**To help us refer for specialist help, please tell us the main reason for contact eg advice, signposting, funding etc (this will not limit the specialist advice but will help us start off in the right place):**

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| Reason for referral: |
| Self-Appraisal completed:  (Yes/No) |

**To help us respond appropriately, please tell us a little bit about yourself -the main reason you require support. You may have complex needs and we will consider this, but it might be helpful to start by linking you with the primary support specialist:**

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| Physical support |  |
| Sensory support (visual impairment, hearing loss) |  |
| Support with memory and cognition (memory and understanding) |  |
| Learning disability support |  |
| Mental health support |  |

Please tell us how you prefer to be contacted:

Telephone number:

Email address:

And if there are preferred times for contact (Mon – Fri: 9am – 5pm)

Monday      am      pm

Tuesday      am      pm

Wednesday      am      pm

Thursday      am      pm

Friday      am      pm.

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**Making the referral for someone else**

**This part of the form should only be completed if you are making a referral on behalf of someone else.**

Is the person aware of the referral?  Yes/No

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| If not please provide the reason: |

**Contact details: If you are making the referral for someone else, and you wish to be contacted (rather than the person the self-appraisal is about) please provide your details:**

Name:

Telephone number:

Email address:

Your relationship to the individual:

And if there are preferred times for contact (Mon – Fri: 9am – 5pm)

Monday      am      pm

Tuesday      am      pm

Wednesday      am      pm

Thursday      am      pm

Friday      am      pm.

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| 🔒 **The information contained in this form will be processed in accordance with the provisions of the Data Protection Act 1998** |

Please save and attach the completed form to an email and submit to the **Adults’ CarePoint**: [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk)

Or complete the form, print and post to **Adults’ CarePoint:** West Sussex County Council, 2nd Floor The Grange, County Hall, Chichester, PO19 1RG