MOSAIC No Name

Persons Name Job Title

Persons Address Adult Care and Community Wellbeing

Date Address

 Tel

 Fax

 Email

Dear

This Adult Social Care Supported Self-Assessment is designed to give you an opportunity to tell us what kind of support you feel you need to help you in your day-to-day life.

Please tell us about:

**- Your own strengths**

**- What you can do for yourself**

**- What help and support is around you**

**- If you have difficulties**

**- What outcomes you want to achieve**

The document included with this letter is a chance for you to provide us with as much information as you feel comfortable and capable of supplying, and will help you prepare for an Adult Care Assessment which will be completed by your allocated worker alongside you.

This will involve us understanding how we can make best use of your own strengths and capabilities and the support that might be available from people around you or in your community. If you still have care and support needs that are not met by the support already in place you may be eligible from support from Lincolnshire County Council. Your worker will use a nationally set framework to check your eligibility.

Your allocated worker will discuss the outcome of the assessment and agree next steps with you.

If you have an unpaid carer, for example a family member or friend who provides unpaid care, you may wish to ask them to support you in completing this supported self-assessment. As a Carer they are entitled to have a Carer's Assessment in their own right and if they would like a further assessment to look at their needs in more detail and their eligibility to receive any carer support services, this can be recorded at the end of this document.

We look forward to hearing from you.

Yours sincerely

Adult Care Supported Self-Assessment

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| **Personal Details**  |

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| --- | --- |
| Name |  |
| Address |  |
| Telephone Number (s) |  |
| Email Address |  |
| Date of Birth |  | Gender |  |
| Ethnicity |  | Sub-Ethnicity |  |
| Religion |  | Language |  |
| NHS Number |  |

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| **Completing this form on behalf of someone else**  |

You can complete this form on behalf of someone else but they must consent to you doing so, unless one or more of the following apply (please select).

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| --- | --- |
| I hold a lasting power of attorney to deal with their personal welfare |  |
| I act as a welfare deputy for them, appointed by the Court of Protection to make health and welfare decisions |  |
| I consider / have been advised they cannot manage their affairs due to difficulties in making decisions (eg. mental health problems or learning disability) |  |
| The person is currently unable to agree or sign for him/herself due to illness/disability and I am acting as their advocate (please provide details as to nature of illness or disability) |  |

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| If the person does not know you are signing this form for them, please tell us why: |

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| **Contact Details**  |

Please give any details of any emergency contacts and/or next of kin.

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| --- | --- | --- | --- | --- | --- |
| Name | Address | Telephone Number | Relationship | Emergency Contact (🗸/🗴) | Next of Kin (🗸/🗴) |
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| **GP/Medical Practitioner**  |

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| --- | --- |
| GP Name |  |
| Address |  |
| Telephone Number |  |

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| **Accommodation** |

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| --- | --- |
| Type of Property |  |
| Tenure (ie. Rented/owned/mortgaged) |  |
| Is your living accommodation suitable? |  |
| Do you live alone? |  |

If you do not live alone, please give any details of any other people who live within the household.

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| --- | --- | --- |
| Name | Relationship | Age |
|  |  |  |

Please state whether the person(s) above are ordinarily resident in Lincolnshire; i.e. the address they are registered living at is within Lincolnshire.

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| **Assessment Details** |

Please give a brief description of your situation, what has changed and why you would like us to look at your care and support at this time:

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| **What is important to me?** |

Think about the things that are important to you and you want to do but can’t. What’s stopping you from doing these things?

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| **My Week** |

Describe your typical week and the things you tend to do on different days. Who do you visit? Who comes to visit you? What do you look forward to doing?

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| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

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| **Family, Friends and Support Networks** |

How do you keep in touch and maintain your relationships with important people in your life such as family and friends? Are you able to develop new relationships? Who is important to you? What is their role or relationship to you? Why are they important to you / how do they help to support you? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you.

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| **Who is important to me** | **Their role or relationship to me** | **Why they are important to me / how they help to support me** |
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If you parent or care for anybody, please explain who you are caring for and what support you provide for them. If you feel that you need support in your caring role, please explain what support you need.

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Do any of the important people in your life act as an unpaid carer – ie. Are you supported by friends or family who are not paid to support you?

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| --- | --- | --- | --- | --- |
| Name | Address | Telephone Number | Relationship | Date of Birth |
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**If someone cares for you they are entitled to have a carer's assessment in their own right and if they would like a further assessment to look at their needs in more detail and their eligibility to receive any carer's services, this can be arranged. To arrange for a separate carers assessment, please ask your carer to complete the Carers Section at the end of this document.**

**Please tell us if you are being supported by somebody under the age of 18, as they are entitled to a Young Carer's Assessment and/or support as a Young Carer.**

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| **Communicating and Expressing My Wishes** |

How do you communicate with other people? How do you make choices and express how you want to live? What support including aids do you have in place to help you? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Mobility** |

How do you move around your home and your immediate environment? For example, accessing your home, getting up and down steps, using the kitchen and bathroom, getting in and out of bed, moving in bed, getting on and off the toilet and out of chairs. Do you use any mobility aids, have any equipment or need help from other people to move around safely? What are your strengths, what works well for you, what doesn't and how does it affect you? **Have you had any falls in the last 6 months? If so, please provide details.** Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Personal Care** |

How do you dress, keep yourself clean and maintain your appearance? How do you manage your continence and skin care? Do you require support from someone? If so how often and what times of day or night? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Eating and Drinking** |

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How do you get your meals and drinks and stay well nourished? Do you have a special diet or need any assistance to eat or drink? Can you prepare your own meals? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Practical Needs Around the Home** |

How do you take care of day to day tasks at home? How do you keep your home clean, do your laundry, change your bed and get your shopping? How do you pay bills, look after your finances and fill in forms? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Health and Wellbeing** |

Do you have any support from a professional to manage a long term physical or mental health condition? For example: GP, District Nurse, Diabetes Nurse, Community Psychiatric Nurse, Macmillan Nurse, Speech and Language Therapist, Physiotherapist or Occupational Therapist. How often do you see these professionals? How stable and predictable is your health? Do you have any specialist equipment to manage your condition? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you.

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Do you take any medication or have any regular treatments to help manage your health conditions? If so, what are they and how often do you have them? How do you take your medication or receive your treatments? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Community Life** |

Are you active in your community? How do you do the things that are important to you, for example get to local shops, go to the doctors, library or places of worship? Are you able to visit people and take part in leisure or social activities? Do you have a paid or voluntary job or take part in education? Do you or could you contribute to your community in any other ways? What are your strengths, what works well for you, what doesn't and how does it affect you? Please include the views of those important to you. Are there any changes you would like to make? What would you like to achieve?

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| **Carers Assessment**  |

Under the Care Act 2014, a carer is 'an individual who provides or intends to provide care for another adult'. If you are a carer and have any support needs to help you in your caring role, then you are entitled to a Carer's Assessment.

Please tell us how caring is impacting on you. Do you get the support you need? Do you feel that you need more support in your own right? Do you have questions or want information and advice about how to continue being a carer?

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Would you like a separate Carer's Assessment carried out? **Yes / No**