

# What matters to you – your self assessment

## About this form

This form has been sent to you, following your conversation with someone from Adult Social Care in Camden.

This form gives you the opportunity to describe what your strengths are and what you feel your care and support needs are, to help us to understand how best we can support you.

**In an emergency, please do not complete this form. Please contact Camden Council on ☎ 020 7974 4444.**

Please ensure you complete all the sections in **orange**. Please complete as much of the form as you can. Any missing information might delay our response to you.

Once you have sent this form to us, a member of our team will contact you to arrange a follow up conversation.

If you need help to fill in the form, someone else can fill in the form for you, or you can contact the person that sent you this form directly or **@adultsocialcare@camden.gov.uk**

If you are filling out the form for someone else, please add your contact details on page 3.

If you do not have enough space to complete any of your answers in the form, please use the blank page at the back of this form.

When you have completed the form, please send it by e-mail to **@adultsocialcare@camden.gov.uk** or by post to:

Adult Social Care, Town Hall, Judd Street, London WC1H 9JE



## Camden Care Choices

[👉 camdencarechoices.camden.gov.uk](https://camdencarechoices.camden.gov.uk)

The Camden Care Choices website can tell you more about the types of support that could be available to you, not just from Adult Social Care but from other local organisations and services too.

You can access advice relating to other issues such as Housing at [👉 camden.gov.uk](https://camden.gov.uk) or by calling [📞 020 7974 4444](tel:02079744444). Alternatively, Camden Advice Network organisations provide free and independent advice to Camden residents on a range of issues. For further information please visit [👉 camden.gov.uk/camden-advice-network](https://camden.gov.uk/camden-advice-network)

## Paying for care

Care services that local authorities, including Camden Council, provide are not free for everyone. If you have savings of more than £23,250 you will have to pay the full cost of your care. Many people will also need to pay towards the cost of their care based on their income. The amount you pay, called a contribution, depends on your financial situation.

More information about this can be found at

[👉 camdencarechoices.camden.gov.uk/whopaysforyourcare](https://camdencarechoices.camden.gov.uk/whopaysforyourcare) or you can contact the Awards and Contributions Team:

[📞 020 7974 1607](tel:02079741607) [@ awardsandcontributionsteam@camden.gov.uk](mailto:awardsandcontributionsteam@camden.gov.uk)

## Section A: Your details

### A1. Please indicate if you are completing this assessment for:

Myself (complete all sections except section A3)

Someone else (complete all sections)

If you are completing this form for someone else, please state what your relationship is to them:

To confirm that you have consent (permission) from the person you are completing this form for, please sign the declaration below:

**I confirm that the person on whose behalf I am completing this form has given their consent.**

Name

Signature

Date

### A2. Contact details for you or the person this assessment form is being completed for

Title

Surname

First name(s)

Date of Birth            /            /

Telephone number(s)

Email address

Address

Postcode

GP name

GP surgery and address

GP telephone number

### **A3. Contact details of person completing this form (if different to above)**

Title

Surname

First name(s)

Telephone number(s)

Date of Birth            /            /

Email address

Address

Postcode

Are you a carer for a friend or relative? (please tick)            Yes            No

If you are a carer, you may be eligible for support. You can visit Camden Care Choices for further information.

If you would like to be contacted to arrange a conversation to discuss your needs as a carer, please tick this box.

## **Section B: Wellbeing**

**Please complete this as fully as you can.**

The answers to these questions will help us to understand more about what matters to you, your strengths and what your care and support needs are. This information will help us to understand how best to support you.

**B1. Please tell us a bit about yourself. Can you tell us about the things you enjoy doing and what matters to you?**

This may include activities such as spending time with family and friends, your pets, leisure activities and more practical activities (e.g. going to the shops).

## B2. \*How do you find completing the following day to day activities (please tick)?

Please indicate if you:

- feel comfortable doing these activities independently;
- find them challenging at any time, even if some days you find them easier than others;
- need someone else to complete the activity for you or with you

Activities may be challenging because you experience pain, anxiety or distress when doing these things on your own, or the activity may take a long time and is tiring. Carrying out the activity independently may also be a risk to yourself or others.

|   | I feel comfortable doing this activity independently (including with use of equipment) | I find this activity challenging and/or I need some help | This activity is done by someone else or with the support of someone else | Please provide any further details about this activity that you wish to (e.g. any equipment you use to support you, who may support you with this exercise – including paid support) |
|---|--|--|---|--|
| 1. Looking after my home (Maintaining your home and keeping it clean, warm, and fit to live in)   |  |  |   |  |
| 2. Making use of my home safely (moving around your home, managing steps, getting in/out of your home, accessing, and using rooms that are essential for you)       |  |  |   |  |
| 3. Having the food and drink I need and like to keep myself healthy and well (Shopping, preparing food and drink, cooking, eating, and drinking, taking medication) |  |  |   |  |

|  | I feel comfortable doing this activity independently (including with use of equipment) | I find this activity challenging and/or I need some help | This activity is done by someone else or with the support of someone else | Please provide any further details about this activity that you wish to (e.g. any equipment you use to support you, who may support you with this exercise – including paid support) |
|--|--|--|---|--|
| 4. Managing to go to the toilet                                    |  |  |   |  |
| 5. Keeping myself clean and tidy (personal hygiene and washing)    |  |  |   |  |
| 6. Getting dressed   |  |  |   |  |
| 7. Developing and maintaining family relationships and friendships |  |  |   |  |

|   | I feel comfortable doing this activity independently (including with use of equipment) | I find this activity challenging and/or I need some help | This activity is done by someone else or with the support of someone else | Please provide any further details about this activity that you wish to (e.g. any equipment you use to support you, who may support you with this exercise – including paid support) |
|---|--|--|---|--|
| 8. Parenting/caring responsibilities                      |  |  |   |  |
| 9. Accessing services and activities in the community     |  |  |   | Please say if this is not something you are interested in or see as relevant to you  |
| 10. Engaging in work, training, education or volunteering |  |  |   | Please say if this is not something you are interested in or see as relevant to you  |

**B3. Are there any other activities not discussed already that you may find more difficult to carry out than you used to? If so please list them in the box below and describe your experience of carrying them out:**

**B4. Do you have any health issues or conditions that impact your wellbeing? If so, please describe them in the box below:**

**B5. How are you currently supported?**

Is there any other support that you receive from others that you have not already mentioned? This could include support from family members, neighbours or friends, your GP or a local community organisation. Please also provide details of any private, paid for care that you currently have in place.



**B6. Have you sought any support from other places before contacting us (please tick)?**

Yes. If yes, please give details:

No

Not sure

**Section C: Personal details**

**C1. Personal details of the person this assessment form is being completed for**

**Please complete this as fully as you can.**

The answers to these questions will help us to understand more about you and to build a picture of the residents of Camden who draw on care and support. Under the Equality Act 2010, local authorities in England have a duty to identify any equality issues, so that we can address them and ensure everyone can access and draw on the services they want.

This data will be held on our computer system and retained until we no longer have a legal reason to keep your information. Please see our privacy notice for further information [camdencarechoices.camden.gov.uk/ascprivacynotice](http://camdencarechoices.camden.gov.uk/ascprivacynotice)

Ethnicity

Religion

First language

Any additional communication needs (e.g. interpreter)

Employment status (please tick)

Employed

Self employed

Unemployed

Retired

Unable to work

Other (please provide details)

What is your sexual orientation (please tick)?

- Bi
- Gay Man
- Gay Woman/Lesbian
- Heterosexual/Straight
- Prefer not to say
- Prefer to self-describe

Are you open with people you know about your sexual orientation (please tick)?

- Yes
- No
- Prefer not to say
- Other (please give details)

What best describes your gender (please tick)?

- Female
- Male
- Prefer not to say
- Prefer to self-describe (please give details)

Now please recheck the form has been fully completed – Thank you

## **Data Protection and Privacy Policy**

We will only ask for, hold or use information that we need to provide a service to you. We will only share this information when the law requires us to; when it is necessary to safeguard or promote the welfare of a person; when it is in the public's interest to do so, or when we have the consent of the person the information relates to. The information will be held on the department's computer system.

Please see our privacy notice for more information on how we process personal data, including how we store and protect personal data and who it may be shared with.  
<https://camdencarechoices.camden.gov.uk/care-and-support-rights/adult-social-care-privacy-notice/>

### **Please indicate below that you have read the information above**

I have read the information above about Camden's Data Protection and Privacy Policy

Please send your completed form to: **adultsocialcare@camden.gov.uk** or  
**Adult Social Care, Town Hall, Judd Street, London WC1H 9JE**

Please use this blank page to continue any of your answers to questions in the form.

[adultsocialcare@camden.gov.uk](mailto:adultsocialcare@camden.gov.uk)

