

# Personal Needs Questionnaire

Taking pride in improving lives: putting people first in Wandsworth



The aim of this questionnaire (known as a PNQ) is to give an indication of how much money you may need to spend in order to live your life as an equal citizen and achieve outcomes in the following areas:

1. Staying healthy, safe and well
2. Having the best possible quality of life, including life with other family members
3. Participating as an active and equal citizen, increasing independence where possible
4. Having maximum choice and control
5. Living your life safely, free from discrimination or harassment
6. Achieving economic well-being and having access to work and/or benefits
7. Maintaining your personal dignity and being respected by others

### **What is a Personal Needs Questionnaire?**

The aim of the Personal Needs Questionnaire is to give an indication of how much money you may need to spend in order to live your life as an equal citizen and achieve some, or all, of the outcomes listed on the first page.

This is your personal needs questionnaire. It includes a number of questions for you to answer. It is not a test and there are no right or wrong answers. It is only a guide. The aim is for you to work out what support you may need.

### **I DO NOT currently receive care and support from Adult Social Services. How do I complete the Personal Needs Questionnaire?**

There are nine questions for you to answer. Each question has some examples for you.

Please tick the statement that best describes your current situation. We would like you to think about your situation on an average day. It is important that you complete questions 1 to 9 without taking account of care and support that you receive from family, friends and neighbours. You will be asked about this in questions 10 and 11.

You can complete the questionnaire by yourself or with the support of someone else.

### **I DO currently receive care and support from Adult Social Services. How do I complete the Personal Needs Questionnaire?**

We want all adults in Wandsworth who are eligible for care and support from Adult Social Services to have the same choice and control over their lives. Previously, if you were eligible to receive care and support from us, your social worker would have arranged for you to receive the support you need (called a 'care package'). This may have included visits to a day centre, transport to the centre, home care and meals-on-wheels.

All adults eligible for care and support from Adult Social Services will receive a Personal Budget. This will give you much more choice and control over how you live your life. You may, for example, want to attend college, go swimming or go to the cinema with friends instead of going to a day centre. You **can** still choose the care and support that you are used to, if this works well for you. The important thing is that with a Personal Budget it is your choice to make.

There are nine questions for you to answer. Each question has some examples for you.

We want to make sure you receive a fair indication of how much money you may need to spend in order to meet your needs and live the life you want to. To help us work out your indicative budget, please tick the statement that best describes what your situation would be without the current care and support you receive from Wandsworth Adult Social Services. We would like you to think about your situation on an average day.

It is important that you complete questions 1 to 9 without taking account of care and support that you receive from family, friends and neighbours. You will be asked about this in questions 10 and 11.

You can complete the questionnaire by yourself or with the support of someone else, including your social worker.

### **What do I do when I have completed it?**

Please complete all sections of this questionnaire and return it in the stamped addressed envelope provided. Please ring (020) 8871 8807 if you have not received a stamped addressed envelope.

### What will happen when I send it back?

For each question a number of points will be allocated depending upon the answers given. These will be used to work out if, and how much, money you could be offered as part of your personal budget. This will be your indicative budget, which is an indication of how much money you might need to spend to achieve these outcomes.

The exact support you may need to achieve these outcomes will be discussed and planned once you have been advised of your indicative budget. You may be asked to make a contribution towards the cost of your support.

### Your Details

<b>Name*:</b>	
<b>Address*:</b>	
<b>Phone Number/s*:</b>	
<b>Date of Birth*:</b>	
<b>Gender:</b>	
<b>Ethnicity:</b>	

<b>Religion:</b>	
<b>First Language:</b>	
<b>Name of GP:</b>	
<b>NHS Number:</b>	
<b>Do you already receive services from Wandsworth Adult Social Services?*</b>	

\* **Mandatory question**

**1a Meeting personal care needs** - This part is about the support and encouragement you need with things like personal hygiene, dressing, prompting to take medication and moving around your home in order to do such tasks. This could also include supporting you to get in and out of bed.

<b>Outcome: I am able to meet my personal care needs</b>	<b>My view</b>	<b>Assessor's View</b>
<b>A)</b> I do not need any support to manage my <b>personal care</b> – I am fully independent at meeting my personal care needs, with or without equipment		
<b>B)</b> I need occasional support and / or encouragement with my <b>personal care</b> i.e. this is on a less than daily basis or based on my experience so far, for a few short periods a year as my health fluctuates		
<b>C)</b> I need support and / or encouragement once a day with my <b>personal care</b>		
<b>D)</b> I need support and / or encouragement twice a day with my <b>personal care</b>		
<b>E)</b> I need frequent support and / or encouragement with <b>my personal care</b> i.e. I require assistance three times or more each day and / or, I require the assistance of two people on a daily basis, both helping me at the same time to meet my personal care needs		

**ANY OTHER COMMENTS**

**1b Meeting personal care needs at night** - By night we mean after your usual bedtime.

If you answered B, C, D, or E above, please indicate if you also need support and / or encouragement with personal care at night	My view	Assessor's View
<p><b>A)</b> I do not need any support to manage my <b>personal care</b> at night- I am fully independent at meeting my personal care needs once I am in bed with or without equipment</p>		
<p><b>B)</b> I occasionally need support with my <b>personal care</b> at night – This is on less than a nightly basis or based on my experience, for a few short periods a year as my health fluctuates.</p>		
<p><b>C)</b> I need active help with <b>personal care</b> most nights or every night with or without equipment</p>		

**ANY OTHER COMMENTS**

**2a Keeping you safe** - This part is about you being able to stay safe inside and outside of your home. Staying safe means different things to different people, but some examples include: needing support to prevent falls; needing reminders to do certain things like turn off gas and electrical appliances; or needing assistance to safely travel on public transport

<b>Outcome: I am able to keep safe</b>	<b>My view</b>	<b>Assessor's View</b>
<b>A) I am able to keep myself safe</b> all of the time		
<b>B) I need occasional support to keep myself safe</b> i.e. this is on a less than daily basis or based on my experience, for a few short periods a year as my health fluctuates		
<b>C) I need some support once a day to keep myself safe</b>		
<b>D) I need support twice a day or more to keep myself safe</b> i.e. 'I am unable to stay safe without many interventions/support each day to ensure my safety		

**ANY OTHER COMMENTS**

**2b Keeping you safe at night - By night we mean after you usual bedtime**

If you have answered B, C or D above, please indicate if you need support at night to stay safe	My view	Assessor's View
A) I do not need any support to stay safe once I am in bed		
B) I occasionally need support to stay safe once I am in bed – This is on less than a nightly basis or based on my experience for a few short periods a year as my health fluctuates.		
C) I need active help with keeping myself safe most nights or every night.		

**ANY OTHER COMMENTS**

**3. Eating and drinking** - This part is about the support and / or encouragement you need to eat, drink and prepare your meals

Outcome: I am able to eat and drink and prepare my meals	My view	Assessor's View
A) I am able to eat, drink and prepare my meals without support		
B) I need occasional support in order to be able to eat, drink and / or prepare my meals i.e. this is on a less than daily basis or based on my experience for a few short periods a year as my health fluctuates		
C) I am unable to eat, drink and / or prepare my meals without support and/or encouragement		

**ANY OTHER COMMENTS**

**4. Making decisions and organising your life** - This part is about who helps you to decide things or organises your life on a daily basis because there are times when you are not able to do this by yourself. Things like what I'm going to eat, how I am going to spend my day and helping me to organise things like getting to hospital appointments or seeing the optician.

<b>Outcome: I am able to make decisions and organise my life</b>	<b>My view</b>	<b>Assessor's View</b>
A) I do not need any support to make decisions and/or organise my life		
B) I need occasional support to enable me to make decisions and/or organise my life – i.e. this is on a less than daily basis or based on my experience for a few short periods a year as my health fluctuates.		
C) I need support each day to enable me to make decisions and/or organise my life		
D) I need other people to make decisions for me and/or organise my life and this involves many interventions every day. This includes, for example, day to day decisions such as what I'm going to eat, how I am going to spend my day and helping me to organise things like getting to hospital appointments or seeing the optician.		

**ANY OTHER COMMENTS**

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**5. Being part of your community** - This part is about doing things in your local community to prevent isolation, like using the library, going to the cinema, community centre, or place of worship, or meeting up with friends. It also includes personal development opportunities like learning new skills, or becoming involved in volunteering. (There is a specific question about work-related learning later in the questionnaire).

<b>Outcome: I am able to be part of my community</b>	<b>My view</b>	<b>Assessor's View</b>
<b>A)</b> I am able to participate in my local community if I wish to without support		
<b>B)</b> I need occasional support to be part of my local community. I.e. This is on a less than daily basis or based on my experience for a few short periods a year as my health fluctuates		
<b>C)</b> I need support at least once a week to be part of my local community		
<b>D)</b> I need support most days to be part of my local community		

**ANY OTHER COMMENTS**

**6. Your role as a parent** - This question is about the support you may need to care for your child / children who are under the age of 18.

Outcome: I am able to play my full role as a parent	My view	Assessor's View
<p><b>A)</b> I am not a parent of a child under the age of 18 Or I do not need any support to be able to fulfil my parenting role am not a parent</p>		
<p><b>B)</b> I need occasional support to be able to fulfil my parenting role i.e. This is on a less than daily basis or based on my experience for a few short periods a year as my health fluctuates</p>		
<p><b>C)</b> I need support at least once a week to be able to fulfil my parenting role</p>		
<p><b>D)</b> I need support most days to be able to fulfil my parenting role</p>		

The Disabled Children's Team is a specialist service working with *ELIGIBLE* children with disabilities or long-term illnesses, and their parents / carers. The team: provide information, advice and guidance; link to local schools; undertake children in need assessments; identify resources; provide direct payments; and ensure children's safety. They can be contacted Monday to Friday between 9am and 5pm on 020 8871 7192.

**ANY OTHER COMMENTS**

**7. Running and maintaining your home** - This part is about the support you need to manage day-to-day tasks such as housework, shopping for essentials or paying bills

<b>Outcome: I am able to run and maintain my home</b>	<b>My view</b>	<b>Assessor's View</b>
<b>A)</b> I do not need any support to be able to run and maintain my home		
<b>B)</b> I need occasional support to run and maintain my home i.e. This is on a less than daily basis or based on my experience for a few short periods a year as my health fluctuates		
<b>C)</b> I need support at least once a week to run and maintain my home		
<b>D)</b> I need support most days to run and maintain my home		

**ANY OTHER COMMENTS**

**8. Having work or learning opportunities that are likely to lead to work** - This part is about working and learning. The work may include voluntary work or paid work. This part is also about any learning opportunities that might enable you to have work opportunities in the future, such as learning new skills at a local college or community centre, or taking work experience opportunities

<b>Outcome: I am able to have work and learning opportunities</b>	<b>My view</b>	<b>Assessor's View</b>
A) I do not require support with work or learning opportunities		
B) I need occasional support with work or learning opportunities i.e. based on my experience for a few short periods a year as my health fluctuates.		
C) I need support at least once a week with work or learning opportunities		
D) I need support most days with work or learning opportunities		

**ANY OTHER COMMENTS**

**9a Positively managing your actions and behaviour** - This part is about how your actions and behaviour can affect you and other people and the support you may need to manage this positively. It is about factors that may impact upon the safety of others, for example needing support to help you to control your anger.

<b>Outcome: I am able to positively manage my actions and behaviour</b>	<b>My view</b>	<b>Assessor's View</b>
<b>A)</b> I do not need any support to manage my actions or behaviour		
<b>B)</b> I need occasional support to help me to manage my actions or behaviour i.e. based on my experience for a few short periods a year as my health fluctuates		
<b>C)</b> I often need support at least once a week to help me manage my actions or behaviour		
<b>D)</b> I need support most days to help me manage my actions or behaviour		

**ANY OTHER COMMENTS**

**9b Managing my actions at night** - By night we mean after your usual bedtime.

<b>If you have answered B, C or D above, please indicate if you need support at night</b>	<b>My view</b>	<b>Assessor's View</b>
<b>A)</b> I do not need support at night to help me to positively manage my actions and / or behaviour		
<b>B)</b> I need support most nights or every night to help me to positively manage my actions and / or behaviour		

**ANY OTHER COMMENTS**

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**10a Informal support** - This part is about the support you receive that is unpaid – for example from family, friends and / or neighbours

<b>Outcome: I am able to draw on support from friends and family without placing an undue burden on them</b>	<b>My view</b>	<b>Assessor's View</b>
A) I have adult family members or friends who provide me with care and/or support	Yes / No	Yes / No
B) I receive some care and/or support from family members or friends aged under 18	Yes / No	Yes / No

**10b Informal support (continued)**

<b>If you answered yes to A above, please choose one of the following options:</b>	<b>My view</b>	<b>Assessor's View</b>
A) My family and/or friends provide ALL of the essential care and support that is required. e.g. around 100% of the care and support		
B) My family and/or friends provide ALL of the essential care and support that is required; however they require respite breaks to continue this role.		
C) My family and/or friends provide MOST of the essential care and support that is required. e.g. around 80% of the care and support		

D) My family and/or friends provide MORE THAN HALF of the essential care and support that is required. e.g. around 60% of the care and support		
E) My family and/or friends provide NOT QUITE HALF of the essential care and support that is required. e.g. around 40% of the care and support		
F) My family and/or friends provide SOME care and support e.g. around 20% of the care and support		
G) My family and/or friends provide A LITTLE care and support e.g. around 10% or less of the care and support		
H) My family and/or friends are unable and/or unwilling to provide ANY regular care and support		

**ANY OTHER COMMENTS**

**This part needs to be completed by your family member, friend or neighbour who provides you with care and support. If more than one person provides you with care and support then you are welcome to make additional copies of these questions. If you would like us to provide you with more copies of these questions then please contact us on 020 8871 7707.**

A carer is an adult who provides help and support to a partner, child, relative, friend, or neighbour who could not manage without their help due to frailty, disability, mental health condition or addiction. The care they provide is unpaid. Carers may live with, or apart from, the cared-for person. A carer may share responsibility of care with others, or they may be the sole carer.

A carer is not someone looking after a child who does not have a long-term illness or disability. Carers are not people in care professions such as care workers, medical staff or community workers.

<b>Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	

The information you give in Section 11a will be shared with the person you care for. If you would like a separate discussion to look at your own needs, please tick the box in Section 11b.  
You also need to sign Section 12 at the end of the form.

**11a Family carer and support from friends and/or neighbours**

Please tell us about the care and support you provide

Free text

Please tell us how providing this care and support affects your life

Free text

Please tell us what opportunities you have to take a break from your caring role

Free text

	<b>My view</b>	<b>Assessor's view</b>
A) I am willing and able to provide ALL of the essential care and support that is required. e.g. around 100% of the care and support		
B) To support 100% of essential care and support I am giving to the cared for person, I would like to be considered for respite.		
C) I am willing and able to provide MOST of the essential care and support that is required. e.g. around 80% of the care and support		
D) I am willing and able to provide MORE THAN HALF of the essential care and support that is required. e.g. around 60% of the care and support		
E) I am willing and able to provide NOT QUITE HALF of the essential care and support that is required. e.g. around 40% of the care and support		
F) I am willing and able to provide SOME care and support e.g. around 20% of the care and support		
G) I am willing and able to provide A LITTLE care and support e.g. around 10% or less of the care and support		
H) I am unable and/or unwilling to provide ANY regular care and support		

### 11b Family carer and support from friends and/or neighbours (continued)

The information you have provided in Section 11a will help us identify what your needs are in relation to your caring role, any difficulties you are having and what might help. This could include:

- Information and advice;
- More direct help to the person you care for
- Respite services for the person you care for to enable you to take a break from your caring role;
- Developing an emergency plan, to give you peace of mind, should you unexpectedly be unable to care

Extra help is available to carers who provide (or intend to provide) a substantial amount of care on a regular basis, if caring poses a serious risk to their own health and wellbeing and is affecting their ability to carry on caring and to have a life of their own. This help can only be provided following a separate discussion that focuses on the carer's own needs and is subject to eligibility criteria.

A) I would like to have a separate discussion to look at my own needs	
B) I do not wish to have a separate discussion to look at my own needs	
C) I have already had a separate discussion within the last year that looked at my own needs	

**Carer's Signature**

**ANY OTHER COMMENTS**

For more information about support and services for carers in Wandsworth, contact Adult Social Services on 020 8871 8807.

Alternatively, contact the Wandsworth Carers' Centre on 020 8877 1200 or visit [www.wandsworthcarers.org.uk](http://www.wandsworthcarers.org.uk). They can give you information and advice about looking after someone in Wandsworth and can also offer counselling, reflexology, massage and back care, help with planning for emergencies, help with organising holidays and breaks, specialist support for Asian Carers and support group meetings.

## **12. Comments and signatures**

### **STATEMENT OF CONFIDENTIALITY AND AUTHORISATION FOR INFORMATION SHARING**

The information you give will be kept in confidence under the terms of the Data Protection Act 1998. If you give us your permission, information collected in the course of this assessment may be shared between health and social care organisations and other agencies to help us to arrange the help and services that you need now and for the future.

The council is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

<b>My comments</b>	
<b>My signature</b>	
<b>Date</b>	

Did someone help you complete this form? If they did then we would like to know if they have any additional comments:

<b>Comments</b>	
<b>My signature</b>	
<b>Date</b>	

### Carer's authorisation for Information Sharing

<b>Carer's Comments</b>	
<b>Carer's signature</b>	
<b>Date</b>	

<b>Assessor's comments</b>	
<b>Assessor's signature</b>	
<b>Assessor's Team</b>	
<b>Date</b>	

<b>PNQ Completion Date:</b>	
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