# Self Assessment for Carers

London Borough of Sutton





#### **Section One: What is this form for?**

This form is used to determine what your social care needs are to promote your well being, and whether you are eligible for statutory social care support. The National Eligibility Criteria can be found at the end of this form.

#### What happens if I am eligible for support?

If you are eligible for support a social care worker will develop a support plan with you detailing how your eligible needs will be met and how much money Sutton Council will contribute towards meeting your assessed eligible needs – this is called your 'personal budget.

#### What happens if I am not eligible for support?

Not everyone who completes a form will be eligible for support. If this is the case we can provide you with details of several voluntary organisations who can provide information and advice on local organisations that are available to provide support.

#### **Sharing of Personal Information**

To ensure that we can provide a joined up service we sometimes need to share your information with other organisations such as the NHS or providers of care and support. To allow us to do this we need you to consent to share information. If you wish to have more information regarding this, please request this from your social care worker.

#### **Section Two: Completing the form**

#### What do I have to complete

We ask that you complete as much of the Self Assessment sections as possible. The remaining sections will be completed by a social worker or an assessment officer.

#### Does the form have to be completed by me?

If you do not want to complete it, or cannot, then you can ask someone else to complete the form on your behalf. Wherever possible the answers given on the questionnaire should be from your point of view, not the view of the person who is completing on your behalf. Please note, the person being assessed needs to answer the questions on page 3.

#### What happens if I get stuck?

Please ring 020 8770 6080: there will be someone there to answer your queries between the hours of 9 am and 5 pm Monday to Friday.

# Once all the questions have been answered, please send the completed form back to:

London Borough of Sutton, Referral Point, Civic Offices, St Nicholas Way Sutton, SM1 1EA.

email: referralpoint@sutton.gov.uk

## **Section 3 - Consent to share Information**

# To be completed by the person being assessed. Please tick the appropriate statement

	My information can be shared within the London Borough of Sutton and other agencies
	My information can be shared within the London Borough of Sutton
	Some of my information can be shared within the London Borough of Sutton and other agencies
	(NOTE: If your answer to this is yes please state the information
	that can be shared in the box below)
Please	state the information that can be shared
	Some of my information can be shared within the London Borough of Sutton (NOTE: please state the information that can be shared in the box below)
Please	state the information that can be shared
	My information can be collected but must not be shared
Signatu	ure of person who provides consent to
_	nformation. (If completed electronically
nlassa	type your name)

#### <u>Section 4 - Steps in the Assessment and Support Planning Process</u>

At the end of the descriptions of the steps below you are asked if you have understood the process being explained. If you do not understand any of the steps below the assessment officer will explain the process the process to you.

#### **Step 1 - Supported Self Assessment**

Assessments are used to find out about you and what sort of support you need and identify anything that you may not be being supported with already. You may be eligible for support in meeting these needs. To understand you and your needs for support there are a number of questions in the assessment that you will be asked to answer.

You can fully complete the assessment and return to us or request for a social worker to visit and complete with you. By completing the questions, answering any supplementary questions and, where appropriate, being observed in your activities, the assessment will provide us with a good idea of your circumstances.

Following the assessment you will be provided with a Statement of Need. The assessment process should normally be completed within 4 weeks of it being started.

#### Do you understand the Supported Self Assessment process?

Statement	Response - Yes / No
I confirm that I understand the Supported Self	
Assessment process	

#### Statement of Need

A Statement of Need is a document that is provided to you based on the assessment of your needs. This will give information about the areas of daily living that you may need support with and whether you are eligible to be provided with support from the London Borough of Sutton

You should be provided with your Statement of Need within 1 week of the assessment being completed. You will be provided with a Statement of Need even if you are not eligible for support.

#### Do you understand the Statement of Need Process?

Statement	Response - Yes / No
I confirm that I understand I will be provided with	
a Statement of Need, even if I am not eligible for	
support from the London Borough of Sutton	

#### **Support Plan**

If the assessment shows that you are eligible for support then a plan for providing that support will be produced with you.

The Support Plan will give a list of your needs and the support that will be provided to meet these needs together with the cost of the support.

Depending on your finance circumstances you may not have to pay for some or all of the support that is planned for you. The level of contribution that you will have to make to the cost of the services is established by an assessment of your financial situation.

The Support Plan should normally be completed within 2 weeks of the assessment being completed.

#### Do you understand the Support Planning Process?

Statement	Response - Yes / No
I confirm that I understand the Support	
Planning process	

# **Section 4: Carer Personal details**

Please provide the details of the person being assessed in the box below.

Name	
Address	
All Phone numbers	
Email address	

### **Section 4: Cared for Personal details**

Please provide the details of the person you are caring for in the box below.

Name	
Address	
All Phone numbers	
Email address	
What is the person being cared for relationship to the carer	
Is the person being cared for a resident of the London Borough of Sutton (Yes/ No)	

# Ethnicity of Carer: Please tick the box that best describes the ethnicity of the person who the assessment is for:

White					
English	British	Northern Irish	Scottish	Welsh	Irish
Albanian	Bosnian	Cornish	Croatian	Cypriot	Former USSR Republic
Former Yugoslav Republic	Greek	Greek Cypriot	Gypsy / Romany	Irish Traveller	Italian
Kosovan	Mixed White	Other White	Other White European	Polish	Serbian
Traveller	Turkish	Turkish Cypriot			

Mixed					
Asian and Chinese	Black and Asian	Black and Chinese			
Black and White	Chinese and White	Other mixed / mixed unspecified			
White and Asian	White and Black African	White and Black Caribbean			

Asian and Asian British					
Bangladeshi	British Asian	Caribbean Asian	East African Asian		
Indian	Kashmiri	Mixed Asian	Other Asian / Asian unspecified		
Pakistani	Punjabi	Sinhalese	Sri Lankan		
Tamil					

Black or Black British					
African	Black British	Caribbean	Mixed Black		
Nigerian	Other Black / Black Unspecified	Somali			

Other Ethnic Groups						
Chinese	Filipino	Japanese	Malaysian			
Vietnamese	Any Other Group - Please state		·			

I do not wish to reply	
I am unable to choose an option	

# Religion of Carer: Please tick the box to indicate your religion below:

Baptist	Buddhist	Catholic	Christian	Church of
				England
Church of	Greek	Hindu	Islam	Jehovah's
Scotland	Orthodox			Witness
Jewish	Methodist	Morman	Pentecostal	Quaker
Serbian	Seventh Day	Sikh	Jain	Rastafarian
Orthodox	Adventist			
Agnostic	Atheist	None	Declined to	Other Please state
			say	in box below
			<u>.</u>	

# Sexual Orientation of Carer: Please tick the box that best describes the person for whom the assessment is for

Bisexual	Gay / Lesbian	Heterosexual / straight	Other	Do not wish to
				say

### **Gender Reassignment: Please tick the appropriate box**

	Yes	No
I have not undergone gender reassignment		
I am proposing to undertake gender reassignment		
I am presently undergoing gender reassignment		
I have completed gender reassignment		
I do not wish to answer this question		

### Pregnancy and Maternity: Please tick the appropriate box

	Yes	No
I am not pregnant		
I am pregnant		
I have given birth in the last 26 weeks		
I do not wish to answer this question		

## **Section 5 – Carer Self Assessment**

### Please tick in appropriate box

	Yes	No
Are you a resident of the London Borough of Sutton?		
Are you willing and able to continue in your caring role?		

The following questions are for you to tell us what you help with as part of your role as a carer.

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		What you do and ho		
b) Is this necessary	care? (please tick re	elevant box)		
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My domestic, family and	personal arrangements			
The suitability of my living	g accommodations			
The contribution I can ma	ake to society			
h) Do you require as	ssistance to continue to provide ca	are in t	this area	
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Yes	No			

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g) Which areas of relevant boxes) My personal dignity and Being safe from abuse a Control over my day to How I take part in work, My social and economic My domestic, family and The suitability of my living The contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the contribution I can mean to the suitability of my living the suitability of my livi	your wellbeing are si respect health and emotional well and neglect day life including how care education, training or recre wellbeing personal arrangements ng accommodations nake to society ssistance to continue	above, does this have box)  No  ove please tell us where the please tell us where tell	upon (please tick

7. Developing and n	naintaining family or	other personal relat	ionships – Suppor	ting
	eting and staying in t	touch with new peop	le or people that the	ney
already know				
a) Tell us about how	you help with this.	What you do and ho	w often.	
b) Is this necessary	care? (please tick ro	elevant box)		
Yes	Care: (picace tien i	No		
c) As a result of pro	viding this care do y	ou think that your p	hysical or mental	
health is at risk of d		_	•	
Yes	•	No		
		you unable to achiev	e any of the follow	/ing
areas of your life (pl				
Carrying out any caring r		for a child		
Providing care to other p	· · · · · · · · · · · · · · · · · · ·			
Maintaining a habitable h				
Shop for or prepare mea				
Developing and maintain	<u> </u>	<u> </u>		
Accessing and engaging				
	<u> </u>	services in the local comm	nunity	
Engaging in recreational				
, , , , , , , , , , , , , , , , , , , ,		Ith is at risk of deteri		
		above, does this hav	e a significant imp	act
on your wellbeing?	(please tick relevant	,	1	
Yes	s to the guestion abo	No No place tell us wh	<u> </u>	
i) ii your ariswer yes	s to the question abo	ove please tell us wh	y:	
g) Which areas of v	our wellbeing are si	gnificantly impacted	upon (please tick	,
relevant boxes)	our womoung are or	gpactou	apon (prodeo non	_
My personal dignity and	respect			
My physical and mental h	nealth and emotional well	being		
Being safe from abuse a	nd neglect			
Control over my day to d	ay life including how care	and support is provided		
How I take part in work, e	education, training or reci	eation		
My social and economic	wellbeing			
My domestic, family and	personal arrangements			
The suitability of my living	g accommodations			
The contribution I can ma	ake to society			
h) Do you require as	ssistance to continu	e to provide care in t	his area	
(please tick relevant		•		
Yes	,	No		

8. Supporting the c volunteering	ared for to access and en	gage in work, t	raining, educatio	n or
a) Tell us about how	you help with this. What	you do and ho	w often.	
b) Is this necessary	care? (please tick relevan	t box)		
Yes	No	•		
-	viding this care do you thi eterioration? (please tick	•	hysical or mental	
Yes	No			
-	viding this care are you u	nable to achie	ve any of the follo	wing
T W	ease tick relevant boxes)			
	esponsibilities you have for a ch	ild		
Providing care to other p	<del>-</del>			
Maintaining a habitable h				
Shop for or prepare mea				
· •	ing relationships with family and			
	Accessing and engaging in work, training, education or volunteering			
Being able to make use of necessary facilities or services in the local community				
Engaging in recreational				
, ,	ohysical/mental health is a		•	
	of the areas listed above	, does this hav	ve a significant in	npact
<u>-</u>	(please tick relevant box)		<u> </u>	
Yes	No No	oaco tall uc wh	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
i) ii your ariswer yes	s to the question above plo	case tell us wi	ıy :	
a) Which areas of v	our wellbeing are significa	antly impacted	Lunon (nlease tid	·k
relevant boxes)			rapori (prodocino	, K
My personal dignity and	<u> </u>			
My physical and mental health and emotional wellbeing				
Being safe from abuse and neglect				
Control over my day to day life including how care and support is provided				
How I take part in work, e	education, training or recreation			
My social and economic	wellbeing			
My domestic, family and	personal arrangements			
The suitability of my living	g accommodations			
The contribution I can ma	ake to society			
(please tick relevant		rovide care in	this area	
Yes	No			

	ared for to make use cluding public transp			
	you help with this.			
b) Is this necessary	care? (please tick re	elevant box)		
Yes		No		
health is at risk of d	viding this care do y eterioration? (please		hysical or mental	
Yes		No		
-	viding this care are		e any of the follo	wing
	lease tick relevant be			
	esponsibilities you have f	or a child		
Providing care to other p	· ·			
Maintaining a habitable h				
Shop for or prepare mea				
· •	ing relationships with fam			
	in work, training, education		.,	
Being able to make use of necessary facilities or services in the local community				
Engaging in recreational				
, ,	physical/mental heal			
	e of the areas listed		e a significant im	pact
Yes Yes	(please tick relevant	No		
	s to the question abo		v2	
i) ii your ariswer yes	s to the question abo	ve piease tell us wil	y:	
g) Which areas of v	our wellbeing are si	gnificantly impacted	upon (please tic	k
relevant boxes)	our monitoring and on	giiiii gaataa	apon (prodeo no	
My personal dignity and	respect			
My physical and mental health and emotional wellbeing				
Being safe from abuse and neglect				
Control over my day to day life including how care and support is provided				
How I take part in work, e	education, training or recr	eation		
My social and economic	wellbeing			
My domestic, family and	personal arrangements			
The suitability of my living	g accommodations			
The contribution I can ma	ake to society			
h) Do you require as (please tick relevant	ssistance to continue box)	<u> </u>	his area	
Yes		No		

ro. oupporting the t	10. Supporting the cared for to maintain caring responsibilities for a child				
a) Tell us about how you help with this. What you do and how often.					
h) le this necessary	care? (please tick rel	evant hox)			
Yes	***	No			
c) As a result of pro	viding this care do yo	ou think that your p	hysical or mental		
	eterioration? (please	-	•		
Yes		No			
-	viding this care are y		e any of the following	g	
	lease tick relevant bo				
, ,	esponsibilities you have fo	r a child			
Providing care to other p	· · · · · · · · · · · · · · · · · · ·				
Maintaining a habitable h					
Shop for or prepare mea	ing relationships with famil	y and friends			
· •		•			
	Accessing and engaging in work, training, education or volunteering  Being able to make use of necessary facilities or services in the local community				
Engaging in recreational	<u> </u>	11000 111 1110 10001 0011111	larity		
	physical/mental healt	h is at risk of deteri	orating or you canno	t	
, ,	e of the areas listed a				
	(please tick relevant l		- a - g	_	
Yes		No			
f) If your answer yes	s to the question above	ve please tell us wh	y?		
a) Which gross of v	our wellbeing ere sig	nificantly imposted	unan (place tiek		
<i>-</i>	our wellbeing are sig	nificantly impacted	upon (please tick		
relevant boxes)		nificantly impacted	upon (please tick		
relevant boxes) My personal dignity and	respect	· ·	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I	respect nealth and emotional wellbe	· ·	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a	respect nealth and emotional wellboard nd neglect	eing	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d	respect nealth and emotional wellboard nd neglect ay life including how care a	eing and support is provided	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d	respect nealth and emotional wellboard nd neglect	eing and support is provided	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d How I take part in work, of My social and economic	respect nealth and emotional wellboard neglect ay life including how care and additional training or recreased wellbeing	eing and support is provided	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d How I take part in work, or	respect nealth and emotional wellboard neglect ay life including how care and additional training or recreased wellbeing	eing and support is provided	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d How I take part in work, of My social and economic	respect nealth and emotional wellboard neglect ay life including how care and additional training or recrewellbeing personal arrangements	eing and support is provided	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d How I take part in work, My social and economic My domestic, family and	respect nealth and emotional wellboard neglect ay life including how care and addition, training or recrewellbeing personal arrangements g accommodations	eing and support is provided	upon (please tick		
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d How I take part in work, o My social and economic My domestic, family and The suitability of my livin The contribution I can ma	respect nealth and emotional wellboard neglect ay life including how care and addition, training or recrewellbeing personal arrangements g accommodations	eing and support is provided ation			
relevant boxes) My personal dignity and My physical and mental I Being safe from abuse a Control over my day to d How I take part in work, o My social and economic My domestic, family and The suitability of my livin The contribution I can ma	respect nealth and emotional wellband neglect ay life including how care and aducation, training or recrewellbeing personal arrangements g accommodations ake to society ssistance to continue	eing and support is provided ation			

11. Other activities			
a) Tell us about how you help with this. What you do and how often.			
,	•		
	care? (please tick re	,	T
Yes	viding this care do y	No	hysical or montal
-	leterioration? (please	-	nysical of memal
Yes	eterioration: (pieasi	No	
	viding this care are		ve any of the following
-	lease tick relevant be	_	3
	esponsibilities you have f		
Providing care to other p	eople that you care for		
Maintaining a habitable h	nome environment		
Shop for or prepare mea			
. ,	ning relationships with fam	<u> </u>	
	in work, training, educati	<u>~</u>	
Being able to make use of necessary facilities or services in the local community			
Engaging in recreational			
, ,			orating or you cannot
			e a significant impact
Yes Yes	(please tick relevant	No	
	s to the question abo		v?
ij ii your amomor yo	o to the queenen and	to prodes ten de mi	.,, .
g) Which areas of y	our wellbeing are si	gnificantly impacted	upon (please tick
relevant boxes)			
My personal dignity and	respect		
My physical and mental health and emotional wellbeing			
Being safe from abuse and neglect			
Control over my day to day life including how care and support is provided			
How I take part in work, education, training or recreation			
My social and economic	wellbeing		
My domestic, family and			
The suitability of my livin	<u> </u>		
The contribution I can m	<del>-</del>		
	<u>,                                      </u>	o to provide care in t	his area
h) Do you require assistance to continue to provide care in this area (please tick relevant box)			
Yes		No	
	1		

#### **National Eligibility Criteria**

#### Needs which meet the eligibility criteria: Carers

- 1. A carer's needs meet the eligibility criteria if:
  - a) the needs arise as a consequence of providing necessary care for an adult;
  - b) the effect of the carer's needs is that any of the circumstances specified in paragraph (2) apply to the carer; and
  - c) as a consequence of that fact there is, or is likely to be, a significant impact on the carer's well-being.
- 2. The circumstances specified in this paragraph are as follows:
  - a) the carer's physical or mental health is, or is at risk of, deteriorating;
  - b) the carer is unable to achieve any of the following outcomes:
    - i. carrying out any caring responsibilities the carer has for a child;
    - ii. providing care to other persons for whom the carer provides care;
    - iii. maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care);
    - iv. managing and maintaining nutrition;
    - v. developing and maintaining family or other personal relationships;
    - vi. engaging in work, training, education or volunteering;
    - vii. making use of necessary facilities or services in the local community, including recreational facilities or services; and
    - viii. engaging in recreational activities.
- **3.** For the purposes of paragraph (2) a carer is to be regarded as being unable to achieve an outcome if the carer:
  - a) is unable to achieve it without assistance;
  - b) is able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety; or
  - c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.
- **4.** Where the level of a carer's needs fluctuates, in determining whether the carer's needs meet the eligibility criteria, the local authority must take into account the carer's circumstances over such period as it considers necessary to establish accurately the carer's level of need.