

Self Assessment for Carers

London Borough of Sutton



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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 |

| | |
|--|--|
| Signature of person who provides consent to share information. (If completed electronically please type your name) | |
|--|--|

Section 4 - Steps in the Assessment and Support Planning Process

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 Scotland | | Greek Orthodox | | Hindu | | Islam | | Jehovah's Witness | |
| Jewish | | Methodist | | Mormon | | Pentecostal | | Quaker | |
| Serbian Orthodox | | Seventh Day Adventist | | Sikh | | Jain | | Rastafarian | |
| Agnostic | | Atheist | | None | | Declined to say | | Other Please state in box below | |
| | | | | | | | | | |

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.

1. Managing and maintaining nutrition – Supporting the cared for in accessing food and drink to maintain nutrition, and prepare and consume the food and drink

a) Tell us about how you help with this. What you do and how often.

| |
|--|
| |
|--|

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

2. Maintaining personal hygiene – Supporting the cared for in washing themselves and laundering clothes

a) Tell us about how you help with this. What you do and how often.

| |
|--|
| |
|--|

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

3. Managing toilet needs – Supporting the cared for in being able to access and use a toilet and manage their needs

a) Tell us about how you help with this. What you do and how often.

| |
|--|
| |
|--|

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

4. Being appropriately clothed – Supporting the cared for to be dressed appropriately, for instance in relation to the weather to maintain their health

a) Tell us about how you help with this. What you do and how often.

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

5. Being safe in the home – Supporting the cared for in being safe at home – such as using steps, kitchen facilities or accessing the bathroom, and entering or leaving their home

a) Tell us about how you help with this. What you do and how often.

| |
|--|
| |
|--|

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

6. Maintaining a habitable home environment – Supporting the cared for in keeping their home clean, safe and fit for living in

a) Tell us about how you help with this. What you do and how often.

| |
|--|
| |
|--|

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

7. Developing and maintaining family or other personal relationships – Supporting the cared for in meeting and staying in touch with new people or people that they already know

a) Tell us about how you help with this. What you do and how often.

| |
|--|
| |
|--|

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

8. Supporting the cared for to access and engage in work, training, education or volunteering

a) Tell us about how you help with this. What you do and how often.

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

| |
|--|
| |
|--|

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

9. Supporting the cared for to make use of necessary facilities or services in the local community including public transport and recreational facilities or services

a) Tell us about how you help with this. What you do and how often.

b) Is this necessary care? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes)

| | |
|---|--|
| Carrying out any caring responsibilities you have for a child | |
| Providing care to other people that you care for | |
| Maintaining a habitable home environment | |
| Shop for or prepare meals for myself or family | |
| Developing and maintaining relationships with family 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 activities | |

e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

f) If your answer yes to the question above please tell us why?

g) Which areas of your wellbeing are significantly 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 personal arrangements | |
| The suitability of my living accommodations | |
| The contribution I can make to society | |

h) Do you require assistance to continue to provide care in this area (please tick relevant box)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

| | | | |
|---|--|----|--|
| 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. | | | |
| | | | |
| b) Is this necessary care? (please tick relevant box) | | | |
| Yes | | No | |
| c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box) | | | |
| Yes | | No | |
| d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes) | | | |
| Carrying out any caring responsibilities you have for a child | | | |
| Providing care to other people that you care for | | | |
| Maintaining a habitable home environment | | | |
| Shop for or prepare meals for myself or family | | | |
| Developing and maintaining relationships with family 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 activities | | | |
| e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box) | | | |
| Yes | | No | |
| f) If your answer yes to the question above please tell us why? | | | |
| | | | |
| g) Which areas of your wellbeing are significantly 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 personal arrangements | | | |
| The suitability of my living accommodations | | | |
| The contribution I can make to society | | | |
| h) Do you require assistance to continue to provide care in this area (please tick relevant box) | | | |
| Yes | | No | |

| | | | |
|---|--|----|--|
| 11. Other activities | | | |
| a) Tell us about how you help with this. What you do and how often. | | | |
| | | | |
| b) Is this necessary care? (please tick relevant box) | | | |
| Yes | | No | |
| c) As a result of providing this care do you think that your physical or mental health is at risk of deterioration? (please tick relevant box) | | | |
| Yes | | No | |
| d) As a result of providing this care are you unable to achieve any of the following areas of your life (please tick relevant boxes) | | | |
| Carrying out any caring responsibilities you have for a child | | | |
| Providing care to other people that you care for | | | |
| Maintaining a habitable home environment | | | |
| Shop for or prepare meals for myself or family | | | |
| Developing and maintaining relationships with family 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 activities | | | |
| e) If you think your physical/mental health is at risk of deteriorating or you cannot achieve one or more of the areas listed above, does this have a significant impact on your wellbeing? (please tick relevant box) | | | |
| Yes | | No | |
| f) If your answer yes to the question above please tell us why? | | | |
| | | | |
| g) Which areas of your wellbeing are significantly 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 personal arrangements | | | |
| The suitability of my living accommodations | | | |
| The contribution I can make to society | | | |
| h) Do you require assistance to continue to provide care in this area (please tick relevant box) | | | |
| Yes | | No | |

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.