

Supported Self Assessment for Citizens

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. Additionally, you will be asked to provide information on your financial position because you may have to contribute towards your social care. We will calculate what you need to pay (if anything) for your support and will let you know how much money (if any) Sutton Council will contribute towards meeting your assessed eligible needs – this is called your ‘personal budget’. This assessment covers all presenting needs but the Council will only ever contribute towards supporting you with unmet eligible needs

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 . If some one else is completing the form on your behalf then they should also complete the questions on pages 5 and 11.

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 write yes against 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)	
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Section 3 (continued) - Consent to share Information

To be completed by the person completing the assessment on behalf of the person being assessed. Please write yes against the appropriate statement

	I have Power of Attorney for the health and wellbeing for the person who is the subject of the assessment and I consent that the person's information can be shared within the London Borough of Sutton and other agencies
	I have Power of Attorney for the health and wellbeing for the person who is the subject of the assessment and I consent that the person's information can be shared within the London Borough of Sutton
	I have Power of Attorney for the health and wellbeing for the person who is the subject of the assessment and I consent that some of the person's 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	
	I have Power of Attorney for the health and wellbeing for the person who is the subject of the assessment and I consent that some of the person's information can be shared within the London Borough of Sutton (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	
	I have Power of Attorney for the health and wellbeing for the person who is the subject of the assessment and I consent that the person's 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)	
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If you are completing the assessment on behalf of the person being assessed and do not have Power of Attorney, please ask them to complete the section on Page 4.

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 it to us or request for a social worker to visit and complete it 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?

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 financial 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	

Financial Assessment Process

An assessment of your finances is undertaken to establish if you will contribute to the cost of your support and if so how much you will contribute. The assessment takes into account all aspects of your finances including the value of property, savings, income and expenditure. You will be asked to provide evidence of your financial situation.

The assessment of your finances usually takes place at the same time as the creation of your support plan.

The Financial Assessment should normally be completed within 2 weeks of the assessment being completed.

Further information is available in our leaflet 'paying for your care' which is available on our webpage or you can ask for it to be sent to you.

Do you understand the Financial Assessment Process?

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

Section 4: Personal details of the person being assessed

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

Name	
Address	
Date of birth	
Gender	
All Phone numbers	
Email address	
Preferred method of contact	
NHS ID	
GP Practice	

Ethnicity: 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: 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: 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		

Details of the person helping to complete the assessment		
		Please tick relevant box
Who Completed this form?	Family member or friend on behalf of you	<input type="checkbox"/>
	Appointed advocate	<input type="checkbox"/>
	Member of an organisation	<input type="checkbox"/>
Name		
Date of birth		
Relationship to person who is the subject of the assessment		
Organisation person represents if applicable		
All phone numbers		
Email address		
Preferred method of contact		

Section 5 - Self Assessment

	Yes	No
Are you a resident of the London Borough of Sutton		

	Yes	No
Do you have an illness or a physical or mental impairment		

Tell us about your life now and what would you like to be different. Tell us about anything that has happened recently that has changed things for you.

Tell us about any health conditions or other impairments that affect how you are able to do things		
Condition or illness	Yes / No	Description of this impairment or illness
Physical Impairment / Illness		
Sensory Impairment		
Learning/Cognitive impairment		
Mental Illness		
Substance misuse		

The following questions are for you to tell us what you are able or unable to do.

If you are able to do something without assistance then please tell us, however if you need any assistance with doing something then please choose the appropriate option.

Being able to do something by yourself includes the activity not causing you pain, distress or anxiety while carrying it out. Nor should doing something by your yourself put you or others in danger or take much longer than would normally be expected.

If any of these apply to how you do things by yourself then please let us know that you need assistance to complete them and that you either need occasional, regular or frequent assistance

1. Managing and maintaining nutrition – being able to access food and drink to maintain nutrition, and be able to prepare and consume the food and drink

Tick one box

Tell us what is important to you and what your personal goals are in this area of your life	
Ability to do this	I don't need help in this area
	I can do this but it is difficult / takes me a long time
	I can't do this without someone helping me
	I can't do this
If you are not able to do this, tell us how your condition or illness stops you being able to do this	
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?	
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation
	The contribution I can make to society
	Not being able to do this does not have an effect on me.
Tell us more about how you are affected	

2. Maintaining personal hygiene – being able to wash yourself and launder your clothes

Tick
one
box

Tell us what is important to you and what your personal goals are in this area of your life

Ability to do this

I don't need help in this area

I can do this but it is difficult / takes me a long time

I can't do this without someone helping me

I can't do this

If you are not able to do this, tell us how your condition or illness stops you being able to do this

Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?

If you are not able to do this, what aspect of your well being do you consider is most affected?

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 accommodation

The contribution I can make to society

Not being able to do this does not have an effect on me.

Tell us more about how you are affected

3. Managing toilet needs - being able to access and use a toilet and manage your toilet needs.

Tick one box

Tell us what is important to you and what your personal goals are in this area of your life	
Ability to do this	I don't need help in this area
	I can do this but it is difficult / takes me a long time
	I can't do this without someone helping me
	I can't do this
If you are not able to do this, tell us how your condition or illness stops you being able to do this	
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?	
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation
	The contribution I can make to society
	Not being able to do this does not have an effect on me.
Tell us more about how you are affected	

4. Being appropriately clothed - being able to dress yourself and to be appropriately dressed, for instance in relation to the weather to maintain your health.

Tick one box

			Tick one box
Tell us what is important to you and what your personal goals are in this area of your life			
Ability to do this	I don't need help in this area		
	I can do this but it is difficult / takes me a long time		
	I can't do this without someone helping me		
	I can't do this		
If you are not able to do this, tell us how your condition or illness stops you being able to do this			
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?			
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation		
	The contribution I can make to society		
	Not being able to do this does not have an effect on me.		
Tell us more about how you are affected			

5. Being able to make use of your home safely - such as getting up steps, using kitchen facilities or accessing the bathroom, and steps leading up to the home.

Tick one box

Tell us what is important to you and what your personal goals are in this area of your life

Ability to do this

I don't need help in this area

I can do this but it is difficult / takes me a long time

I can't do this without someone helping me

I can't do this

If you are not able to do this, tell us how your condition or illness stops you being able to do this

Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?

If you are not able to do this, what aspect of your well being do you consider is most affected?

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 accommodation

The contribution I can make to society

Not being able to do this does not have an effect on me.

Tell us more about how you are affected

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6. Maintaining a habitable home environment - keeping your home clean, safe and fit for living in.

Tick
one
box

Tell us what is important to you and what your personal goals are in this area of your life		
Ability to do this	I don't need help in this area	
	I can do this but it is difficult / takes me a long time	
	I can't do this without someone helping me	
	I can't do this	
If you are not able to do this, tell us how your condition or illness stops you being able to do this		
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?		
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation	
	The contribution I can make to society	
	Not being able to do this does not have an effect on me.	
Tell us more about how you are affected		

7. Developing and maintaining family or other personal relationships - meeting and staying in touch with new people or people that you already know.

Tick one box

		Tick one box
Tell us what is important to you and what your personal goals are in this area of your life		
Ability to do this	I don't need help in this area	
	I can do this but it is difficult / takes me a long time	
	I can't do this without someone helping me	
	I can't do this	
If you are not able to do this, tell us how your condition or illness stops you being able to do this		
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?		
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation	
	The contribution I can make to society	
	Not being able to do this does not have an effect on me.	
Tell us more about how you are affected		

8. Accessing and engaging in work, training, education or volunteering - being able to take part in these activities should you wish to do so.

Tick one box

Tell us what is important to you and what your personal goals are in this area of your life		
Ability to do this	I don't need help in this area	
	I can do this but it is difficult / takes me a long time	
	I can't do this without someone helping me	
	I can't do this	
If you are not able to do this, tell us how your condition or illness stops you being able to do this		
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?		
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation	
	The contribution I can make to society	
	Not being able to do this does not have an effect on me.	
Tell us more about how you are affected		

9. Making use of necessary facilities or services in the local community including public transport and recreational facilities or services.

Tick one box

Tell us what is important to you and what your personal goals are in this area of your life		
Ability to do this	I don't need help in this area	
	I can do this but it is difficult / takes me a long time	
	I can't do this without someone helping me	
	I can't do this	
If you are not able to do this, tell us how your condition or illness stops you being able to do this		
Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?		
If you are not able to do this, what aspect of your well being do you consider is most affected?	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 accommodation	
	The contribution I can make to society	
	Not being able to do this does not have an effect on me.	
Tell us more about how you are affected		

10. Carrying out my caring responsibilities for a child

Tick
one
box

Tell us what is important to you and what your personal goals are in this area of your life

Ability to do this

I don't need help in this area

I can do this but it is difficult / takes me a long time

I can't do this without someone helping me

I can't do this

If you are not able to do this, tell us how your condition or illness stops you being able to do this

Tell us more about how you do this and if anyone helps you do this. If you get help with this, how often do you get help, who helps you and what do they do to help?

If you are not able to do this, what aspect of your well being do you consider is most affected?

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 accommodation

The contribution I can make to society

Not being able to do this does not have an effect on me.

Tell us more about how you are affected

11. Other activities that you are not able to do without help

Tick
one
box

Tell us about any other activities that you are not able to do and if anyone helps you to do this. If you get help with this, who helps you, what do they do and how often do they help.

Tell us what is important to you and what your personal goals are in this area of your life

If you are not able to do this, what aspect of your well being do you consider is most affected?

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 accommodation

The contribution I can make to society

Not being able to do this does not have an effect on me.

Tell us more about how you are affected?

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Section 6 – Carers Details

	Yes	No
Do you have an unpaid carer (family or friend) who gives significant and necessary support?		

Identified Carers 1	
Name	
Role that the Carer provides	
Question	
Yes / NO	
Is the carer willing and able to continue their caring role?	
Does your carer know about a carer's assessment?	
Would they like a carers assessment?	
Is the identified carer a young carer under the age of 18 ?	

Identified Carers 2	
Name	
Role that the Carer provides	
Question	
Yes / NO	
Is the carer willing and able to continue their caring role?	
Does your carer know about a carer's assessment?	
Would they like a carers assessment?	
Is the identified carer a young carer under the age of 18?	

National Eligibility Criteria

Needs which meet the eligibility criteria: Adults who need care and support

1. An adult's needs meet the eligibility criteria if:-

- a) the adult's needs arise from or are related to a physical or mental impairment or illness;
- b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
- c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being

2. The specified outcomes are:-

- a) managing and maintaining nutrition;
- b) maintaining personal hygiene;
- c) managing toilet needs;
- d) being appropriately clothed;
- e) being able to make use of the adult's home safely;
- f) maintaining a habitable home environment;
- g) developing and maintaining family or other personal relationships;
- h) accessing and engaging in work, training, education or volunteering;
- i) making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- j) carrying out any caring responsibilities the adult has for a child.

3. For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult:-

- a) is unable to achieve it without assistance;
- b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- d) is able to achieve it without assistance but takes significantly longer than would normally be expected.

4. Where the level of an adult's needs fluctuates, in determining whether the adult's needs meet the eligibility criteria, the local authority must take into account the adult's circumstances over such period as it considers necessary to establish accurately the adult's level of need.