

Carers Needs Assessment

Supported Self Assessment Questionnaire

A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age.

Many carers do not consider themselves to be a carer; they are just looking after their mother, son, or best friend, just getting on with it and doing what anyone else would in the same situation.

This form is for you to tell us what impact caring has on you and your life, and whether you are willing and able to continue to provide this care. It also looks at whether you would like to change anything about your caring role at the moment. For example, you may find that you have less time to spend with other members of your family, or are finding it hard to have time for yourself.

This is a **supported self assessment**, which means you can complete this form on your own or with support from someone, for example a social worker, family, friends or someone from a voluntary organisation.

You will see in the assessment areas for the person supporting you to add in comments, this is to make sure the assessment is a true reflection of your situation. Our experience is that carers tend to underestimate the amount of care they provide.

You may hear people referring to a '**SAQ**', which is what this form is.

We have divided the form into 5 sections. In each section, please tick the box that best describes your situation. There is space at the end of each section for you to add in anything else that will help us to understand your situation and what you want to achieve better.

Once you have completed the form, please return it to the **Access Service, 57 Calshot Street, N1 9XH**, or if you have completed it with the help of a social worker or support worker, they will take it back with them.

Once social services have received your form, someone will be in touch to discuss support options with you and information and advice that may be helpful in your caring role.

If you already have a social worker or support worker then they will discuss what options may be available with you and whether you are eligible for funding to support you in your caring role, such as money towards gym membership or a break from caring.

1. Information about you and the person or people you care for

About you	
Your first name	Your last name
Your Date of birth	Your Tel Number
Your address	
Your Postcode	
Your ethnicity	

About the person you care for	
First name	Last name
Date of birth	Tel Number
Address (if they do not live with you)	
Postcode	
Their relationship to you (e.g. son, mother, friend etc.)	
Have they been assessed by Social Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Their ethnicity	
Their GP (name & practice)	

Date that this Supported Self Assessment Questionnaire was completed:
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Do you care for anyone else, including children? If so, please give their details below				
Name	Date of birth	Address (if different from yours) including postcode	Relationship to you	Does this person have a disability?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. What you do for the person you care for

Please tell us about the help that you give now (or think you may have to give in the near future) and whether you are willing and able to continue to give this. Please check all boxes that are relevant.

	I don't help the person I care for with this	I sometimes help with this	I do all of this for the person I care for	I can't / don't want to continue to do this
Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of eating and drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management for them, e.g. paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correspondence and paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving / arranging transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escorting to keep in touch with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escorting to use community facilities and services (e.g. the library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure they are safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with crises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping them to take medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting them emotionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising appointments / visits. E.g. with GPs, hospital, social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a direct payment / other support for them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to tell us about what you do for the person you care for?
What impact does doing these things have on you and your life?

What would you like to change, if anything, about any of these things?

Other support

Please let us know if the person or people you care for get support from anyone else, for example, social services, family, friends, neighbours etc. Please let us know what they do for the person you care for.

Office use only – this section is for the social worker or support worker assisting you with this assessment

Does the carer’s view match your own?
If you have had to moderate anything, please explain what and why.

3. Time for you

a) Keeping yourself well

Physical Health

When considering the support you provide how does this affect your health and well-being? For example, are you able to get a full night’s sleep? Do you have back problems or get headaches that are made worse by caring?

Please choose the sentence that most closely applies to your situation. Please check **one** box only.

	Carer’s view	Assessor’s view
a. My role as a carer does not affect my own physical health.	<input type="checkbox"/>	<input type="checkbox"/>
b. My role as a carer <i>sometimes</i> affects my own physical health.	<input type="checkbox"/>	<input type="checkbox"/>
c. My role as a carer <i>often</i> affects my own physical health.	<input type="checkbox"/>	<input type="checkbox"/>
d. My role as a carer means that I am not able to look after my own physical health.	<input type="checkbox"/>	<input type="checkbox"/>

Mental Wellbeing

When considering the support you provide how does this affect your mental well-being? For example, do you find caring very stressful? Do you often feel unable to cope or feel depressed?

Please choose the sentence that most closely applies to your situation. Please check **one** box only.

	Carer's view	Assessor's view
a. My role as a carer does not affect my mental well-being.	<input type="checkbox"/>	<input type="checkbox"/>
b. My role as a carer <i>sometimes</i> affects my mental well-being.	<input type="checkbox"/>	<input type="checkbox"/>
c. My role as a carer <i>often</i> affects my mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>
d. My role as a carer means that I am not able to look after my mental well-being.	<input type="checkbox"/>	<input type="checkbox"/>

b) Having a break

This is about having some time to yourself during the week away from the demands of your caring role. This could mean you are able to practise your religion, meet up with friends or family, spend quality time with your children and other family members, or have a social life.

Please choose the sentence that most closely applies to your situation. Please check **one** box only.

	Carer's view	Assessor's view
a. I am able to have time for myself and do the things that are important to me when I need to.	<input type="checkbox"/>	<input type="checkbox"/>
b. I have some time for myself, but I feel that more time off from my caring role would enable me to do the things that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>
c. I have little time for myself. The opportunity to have some more time off would enable me to do the things that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>
d. I have no time for the things that are important to me. Without some more time off I will have great difficulty continuing my caring role, because of my high levels of stress.	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to tell us about your health (both physical and mental), the way caring affects it, or your ability to have time for yourself?

What would you like to change, if anything, about any of these things?

Office use only – this section is for the social worker or support worker assisting you with this assessment

Does the carers view match your own?

If you have had to moderate anything, please explain why.

4. Work and learning

You may be working or studying at school, college or university at the moment or you may feel that going back to work or studying is not even a possibility.

Please let us know whether you are working or studying at the moment. Please choose the sentence that most closely applies to your situation. Please check **one** box only.

a. I work / study full time and combine work / studying and caring	<input type="checkbox"/>
b. I work / study part time and combine work / studying and caring	<input type="checkbox"/>
c. I am retired / I am not studying / I am unemployed	<input type="checkbox"/>

Please let us know what your situation is. Please choose the sentence that most closely applies to your situation. Please check **all** the boxes that apply.

a. I have had to reduce my hours at work / study because of my caring role.	<input type="checkbox"/>
b. I am finding it hard to stay in work / keep up with my studies because of my caring role	<input type="checkbox"/>
c. I have had to stop working / studying because of my caring role	<input type="checkbox"/>

Please tell us some more about your working or studying situation. Is caring affecting your ability to work or study? Would you like to return to work or studying?

What would you like to change, if anything, about any of these things?

5. Support for you in your caring role

a) Training for you in your caring role

You may feel that you would like some support in how to carry out some aspects of your caring role. You may also like some more information on the condition of the person you care for.

Please check **all** the boxes that apply.

a. Do you need any training to support you in your caring role? <i>This could be stress management, first aid, moving and handling, managing continence, managing medication etc.</i>	<input type="checkbox"/>
b. Would you like more information on the condition of the person you care for?	<input type="checkbox"/>

b) Emotional support

This is about whether you feel able to talk about your caring role with someone you are comfortable with and to discuss it honestly. For example, if you are feeling under stress or finding life particularly difficult, are you able to talk about this openly, honestly and in confidence? Would you like more emotional support?

Please choose the sentence that most closely applies to your situation. Please check **one** box only.

a. I am always able to discuss my feelings about my caring role.	<input type="checkbox"/>
b. I am sometimes able to discuss my feelings about my caring role.	<input type="checkbox"/>
c. I rarely have the opportunity to discuss my feelings about my caring role. I feel I would like more emotional support.	<input type="checkbox"/>
d. I have no opportunity to discuss my feelings about my caring role and I feel I need more emotional support.	<input type="checkbox"/>

c) Financial Support

Would you like some information or advice on benefits? Yes No

Is there anything else you would like to tell us about the support that you need in your caring role? Are there any specific training courses you would like to go on? Is there anything else you would like to add to this assessment? (Please continue on another sheet if you need to)

Thinking about the answers you have given, are you willing to continue being a carer?

Yes with support

No

If you have ticked 'No', please let us know why, and what you would like to happen next:

Thank you for completing this assessment. Please sign and date it and return it to the Access Team, 57 Calshot Street, N1 9XH, or to your allocated worker. Once we receive the form, we will discuss your needs with you and send you a support plan based on what we agree.

In the meantime, if you have any questions about this assessment, please contact either your nominated worker or the Access Team on 020 7527 2299.

I confirm that the information provided on this form is a true statement of my situation and needs at this time

Carer's Signature.....

Carer's Name.....

Date.....

Office use only– this section is for the social worker or support worker assisting you with this assessment

Does the carers view match your own? If you have had to moderate anything, please explain why. Make sure the following points are covered and agreed:

- Does the person cared for have eligible needs?
- What are the risks for the carer?
- Is a specialist assessment needed?
- Is there an emergency plan in place?
- Has the carer thought about the outcomes they would like to achieve?

Social Worker / Assessor's Signature.....

Social Worker / Assessor's Name.....

Date.....

Manager's Signature.....

Manager's Name.....

Date.....

DECLARATION OF CONSENT TO SHARE INFORMATION

Family Name:	First Name:	
NHS ID:	Social Services ID:	Date of Birth:

I understand that the information I give may need to be seen by other health and social services staff in supporting me and sharing information to facilitate beneficial communication. I understand that information about me may be exchanged and stored on computer, and that this will only be used in accordance with the Data Protection Act 1998. I agree to information about me being shared as specified below where this is necessary to assess my health and social care needs and facilitate agreed support, treatment or services. *Please check only one, as appropriate*

I agree to all information being shared with all the people who need it

OR

I agree to information being shared only as specified below:

Information is <i>not</i> to be shared with the following people or organisations
The following type of information is not to be shared (<i>e.g. types of medical information/diagnosis or social/personal information</i>)
Please note that in exceptional circumstances, where this is necessary to protect a person's safety, we may have to share information without specific permission.

Carer's Signature:

Date:

Islington NHS and Social Services uphold the Data Protection Act of 1998 and would therefore be obliged to use any information about you, collected, stored, or exchanged, only for the purposes of providing you assistance or support as expressed by statute.
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Planning for Emergencies

It's important that you try to think about what you would like to happen for the person or people you care for in an emergency, so we would like to enrol you on our Carers Emergency Card scheme.

This scheme allows you to log an emergency plan with us that we will follow in an emergency. We ask you to nominate two people who could take over from you in an emergency. The nominated people must be people you trust, who know you and the person you care for. They must have access to the property and be able to fill in or know what to do in an emergency. Make sure you tell them that they are a part of this plan. Once you register, you will then be sent your Carers Emergency Card to carry with you at all times.

Don't worry - you can still register with the scheme if you don't have anyone to nominate.

If in an emergency, the people you nominate are not able to help out, or you don't have any nominated people, social services will provide short term support in the home of the person you care for with no charge for up to 72 hours.

Carers Emergency Plan

Carers' Name				
Contact details and key holders - Make sure you tell them that they are a part of this plan.				
1st Contact Person				
Name	Address	Telephone	Mobile	Key Holder?
Relationship to the person you care for:				
2nd Contact Person				
Name	Address	Telephone	Mobile	Key Holder?
Relationship to the person you care for:				

<p>Medication – where is it kept, dosage etc. (do you / the person you care for have a 'message in a bottle' containing information on all the medicines the person takes – available free from any Islington pharmacy?)</p>
<p>Entry requirements e.g. will not hear doorbell, entrance at the back, “key with neighbour at number 9”</p>
<p>Risks e.g. any pets, unable / slow to answer door, communication difficulties etc.</p>
<p>Anything else you would like us to know about not covered already, for example routines or habits of the person you care for (continue on another sheet if needed)</p>

This information will be reviewed every year with you. You will receive your card in the post with your name and the 24 hour emergency number on it. Card holders also get an extra allowance and reduced fees in Islington Libraries and discounts in some local shops – see www.islington.gov.uk/carers for more information on these. If anything in this plan or assessment changes before your 12 month review, please contact either your nominated worker or the Access Service on 020 7527 2299.

Please tick this box to confirm the person you care for has seen this plan and agrees to it.

<p>Office use: To register the carer onto the Emergency Card scheme, please email the completed SAQ to carers@islington.gov.uk. Call 020 7527 8154 for more information.</p>
