

# Shared Assessment Questionnaire

## *Personal Budgets V8.1*

**For Services Commencing After:  
March 2010**

If you have any queries when completing this questionnaire, please contact your Care Manager/Key Worker or email this address:  
[personalbudgets@iow.gov.uk](mailto:personalbudgets@iow.gov.uk)

For further support, information or advice regarding your Personal Budget please contact People Matter IW on  
[iwulo@hotmail.co.uk](mailto:iwulo@hotmail.co.uk) or visit [www.iwulo.com](http://www.iwulo.com)

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### OFFICE USE ONLY

FACS Eligibility completed?	<input type="checkbox"/> Yes
FACS Category:	<input type="checkbox"/> Critical <input type="checkbox"/> Substantial
Client Name:	
Client Swift Number:	
Worker's name completing SAQ:	
Name of worker signing off SAQ (must be LA worker):	
Date SAQ sent to PB Admin Officer:	

## Introduction

This is a Shared Assessment Questionnaire (SAQ). It has been given to you from Community Services at Isle of Wight Council. It is for people who under "Fair Access to Care Services" (FACS) are considered eligible for support. You can complete this yourself or with help. If you are not sure if this applies to you, please contact your Care Manager.

The purpose of the assessment is to inform you quickly and easily whether you can get financial support to meet your needs, and if so, how much. If you are entitled to a Personal Budget, you will need to make a plan for your support (this is called a support plan). This will tell us how you plan to achieve your personal outcomes identified within the Shared Assessment Questionnaire. This will include the cost of care and support you want to buy. We call this a costed support plan. This plan has to be agreed by your Care Manager/Key Worker before agreement of your final Personal Budget amount. We will also review your progress in achieving your outcomes on a regular basis.

The assessment will help Community Services to make a fair and open decision about how much money you will get to meet your care and support needs. This amount may change depending on your costed support plan.

There are spaces for you, your *unpaid* carer (if appropriate) and your Care Manager to fill in this form. You need to tick the box next to the statement which best says how things are for you. You need to fill in the form as if you were not getting any social care help (either paid or unpaid). You do not have to ask a carer to complete it; that is optional. However, you do need to come to a joint decision with your Care Manager on the box that you tick. You must tick only one statement per question, please don't leave any questions unanswered or amend any statements. There is space on page 22 to add any comments that you may have about the form or your statement choice.

When you have completed this form we will need to keep a copy.

## Contact information – about you

Name	<input type="text"/>	Title (Mr/Mrs/Miss)	<input type="text"/>	Address <input type="text"/>
Date of Birth	<input type="text"/>	Marital Status	<input type="text"/>	
Telephone number	<input type="text"/>	Ethnic Origin	<input type="text"/>	
Email address	<input type="text"/>	Religion	<input type="text"/>	

## Finances

We need to ask you about what money you have. You may have to contribute to the cost of your care and support depending on your financial circumstances.

If you have savings over £23,250 (as at 1 April 2010 – 31 March 2012) you may have to pay the maximum charge for your care and support.

- I currently have savings over £23,250
- I currently have savings below £23,250

**What support (from professionals) do you get now?**

Please tick all the services or people that you have support from at the moment or are registered with.

	Name
<input type="checkbox"/> Care Manager/Social Worker	
<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Occupational Therapist	
<input type="checkbox"/> Psychologist and/or Psychiatrist	
<input type="checkbox"/> Doctor (GP)	
<input type="checkbox"/> Doctor (specialist)	
<input type="checkbox"/> Community Nurse	
<input type="checkbox"/> Mental Health Practitioner	
<input type="checkbox"/> Key worker (residential service)	
<input type="checkbox"/> Key worker (day service)	
<input type="checkbox"/> Supporting People Support worker	
<input type="checkbox"/> Appointee/lasting power of attorney/someone to manage your money	
<input type="checkbox"/> Other: e.g. advocate, alternative therapist, criminal justice worker	

## About me – summary

To help us understand your needs and outcomes better, and to help us to make a decision, please tell us about you and your circumstances.

Include things like, if you are a young person going through transition from Children's to Adult Services, housing issues, health problems, mobility issues, carers that live with you, or hours you receive from Supporting People.

**About me**

**What's important to me**

**What do I want to change**

## Section 1 – Social Care Needs

The first section of this form is about your social care needs.

It looks at a range of things like personal care, communication, emotional & mental health, making decisions and nutrition.

By supporting you with your social care needs we aim to help you live independently, allowing you to continue to access your local community and maintain your wellbeing, giving you choice and control over your whole life.

**Please note:**

**Questions 1a – 1j:**

You need to choose the statement that would be true if you were not receiving any social care help (paid or unpaid).

However, you should include support/services from District Nurses, etc.

### 1a. Living independently in my home

This part is about the help that you may need to live independently in your own home. It may include keeping your home safe, secure, well maintained and support with tenancy issues or finding alternative accommodation.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I am able to live independently in my home without support in this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I need support, advice or prompting from time to time to stay independent in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To continue to live independently and stay safe in my own home.
c)	I need help to learn the skills for me to be able to live independently in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I need support once or twice a week to be able to live independently in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	I need some support every day and night to be able to live independently in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f)	I need constant support every day and night to be able to live independently in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 1b. Meals and nutrition

This part is about preparing meals and drinks, as well as any help you might need to eat or drink. You may need physical assistance to do these things, or you may just need reminding or encouraging.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I do not need any help with eating, drinking or preparing meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I need help with meal preparation but can eat and/or drink unaided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be well nourished and eat and drink when I choose.
c)	I sometimes need help from someone else with meal preparation and to eat and/or drink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I always need help from someone else to help me both prepare all my meals and to eat and/or drink every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



### 1c. Emotional health

This part is about how you feel about yourself and your mood.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I do not have any difficulties with feeling unhappy, anxious, frustrated, having low mood, memory loss, confusion or with my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I sometimes feel unhappy, anxious, frustrated, have low mood, memory loss, confusion, mental health problems and/or have been bereaved; but this has not affected my day-to-day living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To maintain my psychological, mental and emotional wellbeing.
c)	I sometimes feel unhappy, anxious, frustrated, have low mood, memory loss, confusion, mental health problems and/or have been bereaved; this has negatively affected my day-to-day living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I have significant difficulties with feeling unhappy, anxious, frustrated, having low mood, memory loss, confusion and/or with my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 1d. Communication

This part is about communicating with other people, making yourself understood and understanding others.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I can communicate with people without any need for assistance. I can understand what people are saying and they can understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I find it difficult to communicate with people in some situations (e.g. noisy environments, poor light, when issues are complex or conversations are complicated).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be able to communicate effectively.
c)	Although I use language, people do not always understand what I am saying. Or I may not understand them accurately. This can cause confusion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I cannot communicate with others without help from a person who knows my communication needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 1e. Being part of a community and keeping busy

This part is about being part of a community – like using local shops, the library, clubs, community centres, places of worship, helping neighbours, or being involved in local organisations, as well as learning new things and accessing work.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I am happy with what I do in the community, including training and looking for employment. I don't need any help in this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I access things in the community, including training and looking for employment. I need help, advice or support to continue to do these.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be able to access the community and keep busy.
c)	I don't access much in the community, including training and looking for employment. I need help, advice or support to do more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I don't access anything in the community, including training and looking for employment. I need help, advice or support to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	I am not able to go out because of my physical health. I need help to feel part of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To feel part of the community.

## 1f. Decision making

This part is about your decision making. It is about whether you experience any difficulties in your thought processes. This could be because you have received a brain injury, you have a learning disability, you have had a stroke, or you have another medical condition (such as dementia) that has affected your ability to make decisions and the risks involved around those decisions.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I make all important decisions. I have full capacity and understanding and I am aware of the risks involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I need occasional advice/support to make decisions and understand the risks involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To have choice and control over the decisions affecting my life.
c)	I decide most day to day things, but I will need support in making important decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	Other people make most important decisions about my life. I will need a lot of support to make decisions and take more control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	All important decisions are made on my behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 1g. Support to plan my life

This part is about the help needed to plan your life. These are things like support planning, managing your money and arranging services or support. Please note if you are applying for a Managed Account please select answer a.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I don't have any difficulties in planning my life and do not need any support in this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I need advice and information to plan my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To have the support required to plan my life.
c)	I need ongoing support to help me plan my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I cannot do this myself; I need someone else to plan my life on my behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 1h. Getting on with people

This part is about your behaviour and how this affects your relationship with other people.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I don't have any problems with getting on with people and I am happy with the number of relationships that I have. I don't need support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I have few or no problems with getting on with people and I am happy with the number of relationships that I have. I need a little support to maintain the relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To support me with my behaviour and getting on with people, and to help me maintain good relationships.
c)	I can have behaviour that other people have difficulty with and this can affect the number of relationships I have. I need some support with managing my behaviour and maintaining my relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I have behaviour that other people find very difficult and affects the number of relationships I have. I need a lot of support with managing my behaviour and maintaining my relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**1i. Personal care**

This part is about looking after yourself – things like washing, dressing and personal needs.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I am fully independent and need no help with this area of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	I need someone to prompt me occasionally with my personal hygiene (e.g. a telephone call).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be clean, dressed and maintain my personal hygiene in the way I choose.
c)	I need occasional physical help with personal care, but not every day (e.g. bathing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I need physical help with some personal care tasks once or twice a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	I need physical help with personal care tasks several times every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f)	I need physical help with personal care tasks throughout the day and night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 1j. Complex needs and risk

This part is about the things you may do. Can the things you do be dangerous for yourself or other people?

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement	Outcome
a)	I can decide when I am in a situation where the things I do can be dangerous for me or others and I am able to weigh up the risks and consequences for myself. I don't need help to stay safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	In the past I've done things that could be dangerous for me or others, or I've done things that were difficult for other people. But there's no problem now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For me to stay free from harm and not cause harm to others.
c)	In some circumstances (but not always) I know when I am in a situation that could be dangerous for me or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	I don't know when I am in a situation that could be dangerous for me or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



### 1k. Help you will be able to receive

This part is about the help that you will be able to get in the future that isn't paid for by the Isle of Wight Council. This could be someone such as a friend or relative, a health professional (eg, district nurses), supporting people or the support you get if you're in free education. This help could be to support you with personal care or other tasks, to keep you safe or because the things that you do may put yourself or others at risk. You will need to think about what you have said in the rest of this form when you choose which statement applies to you.

Tick **one** statement that best fits your circumstances:

		Your view	Carer's view	Worker's view	Final agreement
a)	I will be able to get <b>NEARLY ALL (around 90%)</b> of the total help I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	I will be able to get <b>MOST (around 75%)</b> of the total help I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	I will be able to get only <b>SOME (around 50%)</b> of the total help I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	I will be able to get only a <b>LITTLE (around 25%)</b> of the total help I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	I will be able to get only <b>VERY LITTLE (around 10%)</b> of the total help I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	I will receive <b>NO</b> help other than that paid for by the Isle of Wight Council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Work, education and training

Please tell us if you are in work, education or training. Tick all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time work | <input type="checkbox"/> Student                         |
| <input type="checkbox"/> Part-time work | <input type="checkbox"/> Government training or New Deal |
| <input type="checkbox"/> Voluntary work | <input type="checkbox"/> Other:                          |

## Where you live

Please tell us about the type of housing you currently live in. Tick **one** of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Social housing               | <input type="checkbox"/> Housing for older people         |
| <input type="checkbox"/> Private rented accommodation | <input type="checkbox"/> Residential care or nursing home |
| <input type="checkbox"/> Owner occupier               | <input type="checkbox"/> Living with family               |
| <input type="checkbox"/> Supported housing            | <input type="checkbox"/> Living with friends              |
| <input type="checkbox"/> Temporary accommodation      | <input type="checkbox"/> Other:                           |

## Services you receive

Please tell us if you receive either of the following services. Tick all that apply:

- A service from Social Services (like a day service, employment support, transport, etc.)
- A service from Supporting People. Please state number of weekly hours received
- Other:

## Section 2 – Carer Support Needs

The second section of this form is about the support required by carers.

We recognise the importance of carers and value the contribution they make to your care. This part of the form helps us to identify your carer's needs. We can support carers both directly (services specifically for carers) and indirectly (services that are given to you but that help your carer).

It is important for us to know how much care you get from family carers so that we can make sure you get the right amount of support and allow us to offer support to your carer.

Carers are entitled to an assessment. They can be assessed with the person they care for or they can have an assessment independently.

### Having a voice

Do you feel recognised and acknowledged for the valuable role that you undertake as a carer? We need to know this in order to evaluate whether your needs are being met. *Please explain.*

Yes

No

## 2a. Carer support

Do you have a family carer who gives you and will continue to give you regular and substantial support:

Yes  / No

If you ticked 'Yes', the family carer should complete this question.

Tick **one** statement that best fits your circumstances:

		Carer's view	Worker's view	Final agreement	Outcome
a)	My caring responsibilities <b>DO NOT</b> impact on my daily life. I am able and willing to continue in my current caring role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b)	My caring responsibilities have only a <b>SMALL</b> impact on my daily life. I am able and willing to continue in my current caring role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To be supported as a carer, flexibly and have choice.
c)	I have <b>SOME</b> difficulty and stress in carrying out my day-to-day caring tasks. But with support, I am willing to continue in my role as a carer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	My caring role has a <b>SUBSTANTIAL</b> impact on my lifestyle. But with support, I am able and willing to continue in my role as a carer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	My caring role has a <b>CRITICAL</b> impact on my lifestyle. But with support, I am able and willing to continue in my role as a carer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f)	My caring role has broken down and I am unable and unwilling to continue to provide support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

## How I want to organise my care and support

There are two ways you can organise your care and support. Please tell us which option you would like to use.

- Direct Payment Personal Budget**  
You have your Personal Budget paid into a bank account which has been set up specifically for this purpose. You use this money to organise, buy and manage your agreed care and support.
- Managed Account Personal Budget**  
The Isle of Wight Council will organise, buy and manage your agreed care and support for you through in-house or existing contracted services.

## Agreement

I agree that the answers I have given in this assessment are true.

Signature

Date

## Other information

Is someone helping you to complete this form (e.g. an advocate or friend)? If they are, please put their name here and how you know them. Thank you.

Name

Relationship to you

Signature

Date

## Your feedback

We would be grateful if you could provide us with your feedback about this questionnaire. Thank you in advance.

	Yes	No	Comments
1) Was the wording easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Was the layout easy to follow?	<input type="checkbox"/>	<input type="checkbox"/>	
3) a) Did you find it easy to complete?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Did you need support?	<input type="checkbox"/>	<input type="checkbox"/>	
c) How long did it take you?	<input type="text"/>		
4) a) Were there questions where you felt none of the responses applied?	<input type="checkbox"/>	<input type="checkbox"/>	
b) If yes, can you let us know which ones and suggest a statement that best fits your experience			<input type="text"/>
5) How would you change the form?			<input type="text"/>
6) Other comments:			<input type="text"/>

**Please send this completed form to your Care Manager/Key Worker.**