

Carers Assessment Form

Carer's Details

Name: _____

Address: _____

Post Code: _____

Home Tel. No.: _____ Mobile No.: _____

Email address: _____

Date of Birth: _____ Ethnicity: _____

Name of cared for person: _____

Address: _____

(if different
from above)

Post Code: _____

Do you care for more than one person? Yes No

If Yes, please provide the name and address of the second cared for person.

Name: _____

Address: _____

(if different
from above)

Post Code: _____

Have you read the supporting Carers Assessment Factsheet? Yes No

Have you had a previous assessment? Yes No

Are there young carers assisting you in your caring role who may need their own assessment? Yes No

Do you provide regular and substantial care? Yes No

Assessment Details (for office use only)

Assessor's Name: _____

Assessment Start Date: _____ Assessment Completion Date: _____

Review Date:

Has the carer received a copy of DCC's Complaints leaflet? Yes No

Has the carer been set up on CareFirst with a role of 'Carer' and a relationship created that links to the cared for person? Yes No

Has an SS1(APC) been completed so that the Carers Assessment details can be input onto CareFirst? Yes No

1. Your Health and Well Being

Consider

- How would you describe your current health?
- Are you currently receiving treatment, or should you be receiving treatment, for yourself?
- Do you feel your own health is affecting your caring role?
- Does your caring role interfere with your sleep?
- How would you describe your mood?
- What would help you improve your own well being?
- Does your GP know that you have caring responsibilities?

2. Quality of Life and Social Support

Consider

- Do you have breaks from your caring role or do you need respite?
- Do you have reliable support networks?
- Would you welcome contact with others in a similar role?
- Have you received practical help in your caring role i.e. moving and handling or guidance in back care?
- What would most assist you in your caring role?
- Are there any cultural or religious factors that affect you as a carer?

3. Information Requirements

Consider

- Do you know where to go for advice and information on carers services?
- Are you sure you are getting the correct benefits?
- Is there additional information relating to the needs of the cared for person that would assist you?
- Are you in need of advocacy support or legal advice?

4. Access to Leisure, Education, Training or Work

Consider

- Are you currently working or training and have you the relevant support?
- Would you wish to access education, training or work in the future?
- Do you have opportunity to pursue activities outside of the home?
- What help might you need to achieve the above?
- If you live in a rural area, do you have access to transport?

5. Contingency Planning

Consider

- Have you thought of alternative care arrangements in the event of an emergency?
- Do you know who to contact in an emergency?
- What would help you plan alternative care and who would you wish to involve?
- Do you have other responsibilities that affect your caring role?
- Would the cared for person want to be involved in the planning?
- Is there anything else that needs to be considered?

6. Risk Management

Consider

- What are the hazards to care?
- What would a new carer need to know?
- Are there behavioural challenges or emotional issues?
- What risks have been identified that need further action?

Action Plan and Outcomes

It is important that the action plan reflects what is most important to you as the carer. This will be your document. It may not be possible to achieve all the desired outcomes immediately. You may wish to prioritise what you feel is most important.

Consider

- What additional help, support or action would you like to happen next?
- What help would you need to achieve this?
- What can you do to progress this?
- When should the action plan be reviewed?
- Would you like to continue the assessment process by talking with a specialist worker dealing with Mental Health, Learning Disability, Older Persons, or Substance Misuse Team etc?

Are you a member of the Carers Link? Yes No

Do you require an assessment as a client in your own right? Yes No

Are there any identified risks to you as a carer? Critical Substantial Moderate None

Are there any identified risks to the cared for person? Critical Substantial Moderate None

What action is needed to address risks?

Referral made to: _____ By: _____ Date: _____

Agreed Outcomes Following Assessment (for office use only)

Advice and information Respite / break services Other services

Details of any agreed services (start date, service provider etc)

Review Date: _____

Data Protection Statement

Your information will be held and stored securely on file and on computer, and will inform your action plan. Please complete the Consent to Share and Protect Your Personal Information Form (SAP6).

Assessment Signed and Agreed By

Carer: _____ Date: _____

Assessor: _____ Date: _____

Practice / Line Manager: _____ Date: _____