



# Adult Carers Support Plan

## Basic Details Section

Form Details (this section will be generated automatically in CareFirst version)	
Form Start Date: Date of Referral: Does the Unpaid Carer wish to proceed with Adult Carer Support Plan?:            YES            NO Are there any known risks to the worker:	Worker Name:
Unpaid Carer Details	
Name:	CareFirst ID: VSA ID Carer:
DOB: Age: Gender:	Address: Postcode:
Ethnicity: Preferred first language of the unpaid carer: GP Practice: Source of Referral: Is there a Young Carer?: If there is a Young Carer, do they consent to their details being forwarded to their Named Person?	Tel No: Email address:

Initial reason for contact	
Is this a first adult carer support plan for a new client or an update to a client's existing adult carer support plan following a review?	Select One (will be drop down): First Adult Carer Support Plan [ ] Revised Support Plan following review [ ] First review: at 6 weeks then annually

### Cared for person details

**Name:**

**Carefirst ID**

**Date of Birth: (DD/MM/YYYY)**

**EMERGENCY PLAN**

**Do you have arrangements in place for the provision of care in an emergency?**

**Would you like support to complete an Emergency Plan?**

**About your caring situation**

Please tell us about your caring situation

How long have you been providing care?

One year or less      Less than 5 years      Less than 10 years      Less than 20 years      Over 20 years

How many days a week do you provide care?

1      2      3      4      5      6      7

How many hours a week do you estimate that you provide care?

Up to 4 hours      5 – 19 hours      20 - 34 hours      35 - 49 hours      50 + hours

Please tell us what care and support you provide and when you provide it:

- Mobility and transfers, including getting in and out of bed
- Personal care
- Shopping, preparing and cooking meals
- Eating and/or drinking
- Medication
- Emotional support
- Transport
- Finances, bills, etc
- Household support, for example housework, laundry, shopping
- Keeping the cared for person safe, for example providing supervision
- Other

Carers Personal Circumstances/Background Situation:

We recognise that caring affects people differently and that your experience may vary greatly from the experience of other unpaid carers. Please use this section to tell us about your personal circumstances, about what matters to you and the person you care for. This will enable us to identify how we can support you to continue in your caring role.

## Outcomes Section

### Health

- Please tell us about the impact of your caring role on your own health.
- Do you feel your role as an unpaid carer affects your own health?
- What needs can you identify in relation to your health?
- Do you have existing supports in relation to your own health?
- What support would help you in relation to your own health?

Identified outcomes related to Health

**Need 1:**  
**Input:**  
**Outcome:**

**Need 2:**  
**Input:**  
**Outcome:**

**How will the outcomes be achieved?**

**Answer:**

### Identified risks related to Health

**Risk 1**

**How risk could occur in terms of unpaid carer's Health**

No impact/no risk	low impact/low risk	mod impact/mod risk	Substantial impact /substantial risk	critical impact/critical risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Emotional Wellbeing

- Please tell us about the impact of your caring role on your own emotional wellbeing.
- Do you feel your role as an unpaid carer affects your own emotional wellbeing?
- What needs can you identify in relation to your emotional wellbeing?
- Do you have existing supports in relation to your own emotional wellbeing?
- What support would help you in relation to your own emotional wellbeing?

### Identified outcomes related to Emotional Wellbeing

**Need 1:**  
**Input:**  
**Outcome:**

**Need 2:**  
**Input:**  
**Outcome:**

**How will the outcomes be achieved?**

**Answer:**

### Identified risks related to Emotional Wellbeing

<b>Risk 1</b>				
<b>How risk could occur in terms of unpaid carer's Emotional Wellbeing</b>				
<b>No impact/no risk</b>	<b>low impact/low risk</b>	<b>mod impact/mod risk</b>	<b>Substantial impact /substantial risk</b>	<b>critical impact/critical risk</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relationships**

- Please tell us about the impact of your caring role on your relationships, including the impact on your relationship with the cared for person.
- Do you have concerns regarding your relationship with the cared for person?
- Do you have existing supports in relation to your relationships?
- What support would help you with your relationships?

**Identified outcomes with regards to Relationships**

**Need 1:**  
**Input:**  
**Outcome:**

**Need 2:**  
**Input:**  
**Outcome:**

**How will the outcomes be achieved?**

**Answer:**

<b>Identified risks related to Relationships</b>				
<b>Risk 1</b>				
<b>How risk could occur in terms of unpaid carer's Relationships?</b>				
<b>No impact/no risk</b>	<b>low impact/low risk</b>	<b>mod impact/mod risk</b>	<b>Substantial impact /substantial risk</b>	<b>critical impact/critical risk</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Managing at Home/Your Living Environment

- Please tell us about the impact of the caring role on how you manage at home.
- Do you have existing supports in relation to how you manage at home and your living environment?
- What support would help you in relation to your living environment and managing at home.

### Identified outcomes related to Home/Living Environment

Need 1:

Input:

Outcome:

Need 2:

Input:

Outcome:

### How will the outcomes be achieved?

Answer:

### Identified risks related to Home/Living Environment

Risk 1

How risk could occur in terms if unpaid carer's Home/Living Environment

No impact/no risk

low impact/low risk

mod impact/mod risk

Substantial impact  
/substantial risk

critical impact/critical  
risk

## Work (Employment, Training and Education)

- Please tell us about how your caring role impacts on your ability to work, or engage in training and/or education.
- Do you have existing supports in relation to work, training and/or education?
- Are there supports that can be identified to help you in relation to work, training and/or education.

### Identified outcomes related to Work (Employment, Training and Education)

Need 1:

Input:

Outcome:

Need 2:

Input:

Outcome:

### How will the outcomes be achieved?

Answer:

### Identified risks related to Work (Employment, Training & Education)

Risk 1

How risk could occur in terms of Work (Employment, Training & Education)

No impact/no risk	low impact/low risk	mod impact/mod risk	Substantial impact /substantial risk	critical impact/critical risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Finances

- Does your role as an unpaid carer affect your financial situation?
- Do you have existing supports in relation to finances?
- What supports can be identified to help you in this area?

### Identified outcomes related to Finances

Need 1:

Input:

Outcome:

Need 2:

Input:

Outcome:

### How will the outcomes be achieved?

Answer:

### Identified risks related to Finances

Risk 1

How risk could occur in terms of Finances

No impact/no risk	low impact/low risk	mod impact/mod risk	Substantial impact /substantial risk	critical impact/critical risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Life Balance/Time for Yourself

- Please tell us about how your role as an unpaid carer affects your ability to have a social life and/or time for yourself.
- Do you have concerns in this area?
- Do you have access to existing supports in relation to your life balance and time for yourself?
- What supports can be identified to help you improve your life balance.

### Identified outcomes related to Life Balance/Time for Yourself

Need 1:

Input:

Outcome:

Need 2:

Input:

Outcome:

### How will the outcomes be achieved?

Answer:

### Identified risks related to Life Balance/Time for Yourself

Risk 1

How risk could occur in terms of Life Balance/Time for Yourself

No impact/no risk	low impact/low risk	mod impact/mod risk	Substantial impact /substantial risk	critical impact/critical risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The Caring Role and Future Planning

- Do you feel you have the skills, understanding and information you need to plan ahead?
- What are your hopes for the future?
- How do you feel about your caring role?
- Do you feel able and willing to continue in your caring role?
- Do you have existing supports in relation to the caring role and future planning?
- What supports can be identified to enable you to continue in your caring role?

### Identified outcomes related to the Caring Role and Future Planning

Need 1:

Input:

Outcome:

Need 2:

Input:

Outcome:

How will the outcomes be achieved?

Answer:

### Identified risks related to the Caring Role and Future Planning

Risk 1

How risk could occur in terms of Caring Role and Future Planning

No impact/no risk	low impact/low risk	mod impact/mod risk	Substantial impact /substantial risk	critical impact/critical risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the carer meet the eligibility threshold for support?		YES	NO
If YES, have the four options under Self Directed Support been offered to the carer? YES NO			
Date when the 4 options were discussed with the carer			
Which of the 4 options has the carer chosen.			
Option 1 Direct Payment	Option 2	Option 3	Option 4
If any of the 4 options could not be offered provide the reason			
Option 1 Direct Payment	Option 2	Option 3	Option 4
Has the carer been informed of the planning amount of each option			
Date of the assessment			
Is this a review of the adult carer support plan			
Date of the review			
Has the carer been given a copy of the Adult Carer Support Plan?		YES	NO

## Adult Carer Support Plan Confirmation

### Review

**Date Adult Carer Support Plan will be reviewed:**

### Your Data, Your Rights

#### How we use and manage your data

We use the information you've provided to put in place an Adult Carer Support Plan for you. Voluntary Service Aberdeen normally carry out this service on our behalf. We make sure that they process your data appropriately through our contractual arrangements with them. As part of our integrated working arrangements the Council also shares limited relevant information with the Scottish Government and NHS for the purposes of planning, delivering and monitoring services, and to inform the strategic design of integrated services. Apart from this, we don't normally share information from your care plan unless we're required or allowed to by law, for example, to protect you or someone else from harm. We keep your Support Plan on our electronic case management system and retain Support Plans for five years, plus the current year from the date that you no longer have an Adult Carer Support Plan in place.

#### Your Rights

You have rights to your data, including the right to ask for a copy of it. More information on all the rights you have, and how they work in practice, is available on the Council's website at:  
[www.aberdeencity.gov.uk/your-data](http://www.aberdeencity.gov.uk/your-data)

#### Our legal basis

We have a duty under the Carers (Scotland) Act 2016 to prepare adult carer support plans for unpaid carers. This means that we understand our legal basis for processing personal information required to take referrals, undertake assessments, and put in place and review care plans is Article 6(1)(c) and Article 6(1)(e) of the

General Data Protection Regulation because these activities are both part of our public task, and things which we are required to do by law. The Council understands our legal basis for doing so as Article 9(2)(h) of the General Data Protection Regulation, because processing is necessary for the provision of health or social care or treatment or the management of health or social care systems and services.

**Signature (This question will be produced on "Support Plan report")**

**Carer Signature:**

**Date:**

SAMPLE