

Carer's Assessment and Support

Form Details

Form Start Date:	Worker Name:
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Person Details

Name:	CareFirst ID:
DoB / EDD:	Gender:
Address:	Tel No:

Associated Person

Associated Person

Relationships to cared-for person

Summary of Caring Situation

Has the cared-for person(s) had an assessment of their needs?	Not Answered
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If YES, provide details of assessor and date of assessment

If NO, provide reasons:

Summary of cared-for person's situation:

Reason given for requesting carer's assessment:

Unpaid Carer Responsibilities

What support do you give to the person/people you care for?

e.g. What tasks does the carer carry out?

How often?

What other support is in place?

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e.g. Current Services Other people who are carers If none, what would help?	
Does the carer have any of the following responsibilities?	
Appointee	Not Answered
If you have answered NO or Not Answered, please state the reasons.	
Guardian: Financial	Not Answered
If you have answered NO or Not Answered, please state the reasons.	
Guardian: Welfare	Not Answered
If you have answered NO or Not Answered, please state the reasons.	
Guardian: Both	Not Answered
If you have answered NO or Not Answered, please state the reasons.	
Named person	Not Answered
If you have answered NO or Not Answered, please state the reasons.	
Power of attorney: Continuing (financial)	Not Answered
If you have answered NO or Not Answered, please state the reasons.	

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Welfare	Not Answered
If you have answered NO or Not Answered, please state the reasons.	
Any support required in managing any of the above responsibilities?	Not Answered
If YES, provide details:	
Does your caring role impact on other responsibilities, for example - childcare, family?	Not Answered
If YES, describe:	
How do you feel about your caring role?	
<i>e.g. Satisfaction with current services and support</i>	
<i>Do you feel confident in your role as a carer?</i>	
<i>Do you feel able to manage your caring role or would you like more help and support?</i>	
Health and Wellbeing	
Do you feel your role as a carer affects your health?	Not Answered
If YES, provide details:	
What would help?	

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Do your own health problems affect your ability to care?	Not Answered
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If YES, provide details:

What would help?

Education, Training and Lifelong Learning

Does your role as a carer affect your ability to continue or undertake education or training?	Not Answered
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If YES, describe specific issues:

What would help?

Employment

Does your role as a carer affect your work?	Not Answered
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Have you ever had to reduce your working hours?

Have you stopped working because of your caring role?

If YES, describe specific issues:

What would help?

Would you be interested in finding out more about employment issues?	Not Answered
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Social Life/Leisure Time

Does your role as a carer affect your ability to have a social life and/or leisure time?	Not Answered
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If YES, describe specific issues:	
What would help?	

Relationships

Does your role as a carer affect your relationship with the person you care for?	Not Answered
If YES, describe specific issues:	
What would help?	
Does your role as a carer affect other relationships?	Not Answered
<i>e.g. Other family members and friends</i>	
If YES, describe specific issues:	
What would help?	

Level and Management of Finances

Does your role as a carer affect your financial situation?	Not Answered
If YES, describe specific issues:	
Would you like advice or help with benefits?	

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If NO, provide reasons:	

Emergency/Crisis Planning

Are there any measures in place for emergency or crisis planning?	Not Answered
If YES, what are these measures?	
If NO, what would need to be done if an emergency arose?	

The Future (explore concerns and plans for the future)

Are there any potential changes in the future which may affect your role as a carer?	Not Answered
If YES, what are these?	
What would help?	
What are your hopes, plans for the future?	
Do you feel able to continue with your caring role?	Not Answered
If NO, what would help?	

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Do you feel satisfied with your involvement in the design of the cared-for persons care?	Not Answered
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If NO, provide reasons:

Identified Actions and Agreements

Summary of support needs which have been identified during the assessment process to support the carer in their caring role. The summary should include support needs regarding tasks that the carer would prefer not to do.

Are there any identified needs that cannot be met at the moment?	Not Answered
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Identified actions and agreements to address the support needs of the carer. The services/activities/resources that are required to address the support needs may relate to particular tasks, or behaviour and may also relate to the requirement for a further assessment. The actions should reflect the carer and assessor's agreement regarding the services/action/resource which is best suited to address the support needs. Several resources may be required to meet one support need or one resource may address more than one support need.

Examples of services/activities/resources:

Information

Breaks from caring

Carer training

Emotional support

Practical support

Financial advice

If YES, detail these and possible consequences:

Date Support Plan agreed	
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Date Support Plan ended	
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Reason Support Plan Ended

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A record of why the Support Plan has been ended

e.g. All support needs have been addressed
Assessment of person's needs is required
Support was refused

Arrangements For Review

Anticipated/Planned Review Date of the Carer Support Plan	
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Do you feel that your needs are being addressed/met?	Not Answered
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If NO, provide reasons:

(Note: Agreement should be reached and recorded as to whether the carers review should be carried out at the same time as that of the cared for person.)

Informed of Contact

Has the carer been verbally informed/given written advice as to who is the single point of contact to co-ordinate the contributions to assessments and the delivery of support?	Not Answered
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If NO, provide reasons:

Outcome Details

Outcome Date:	
Outcome: Form Completed	Outcome Reason:

Completion

Completed By:	Date:
Worker:	
Tel:	
Address:	