

<b>CARER ASSESSMENT</b>	<b>Assessor: Deborah Robinson Macmillan Social Worker</b>	<b>Date:</b>
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<b>Carers Name:</b>	<input type="text"/>	<b>Id. No. :</b>	<input type="text"/>
<b>Home Address:</b>	<input type="text"/>	<b>DOB :</b>	<input type="text"/>
		<b>Gender:</b> <input type="text" value="M/F"/>	<b>Ethnicity:</b> <input type="text"/>
<b>Tel. Number:</b>	<input type="text"/>	<b>GP details:</b>	<input type="text"/>
<b>Cared for Name:</b>	<input type="text"/>	<b>Id. No. :</b> (If applicable)	<input type="text"/>
<b>Address:</b>	<input type="text"/>	<b>DOB:</b>	<input type="text"/>
		<b>Gender:</b> <input type="text" value="M / F"/>	<b>Ethnicity:</b> <input type="text"/>

- 1) Do you have difficulty with the physical aspects of your carer role? (OT referral?) Y/N
- 2) Do you need to lift or move the person you care for? (OT referral?) Y/N
- 3) Do you feel lonely? (Carer breaks, Carer Centre?) Y/N
- 4) Would you like more time to yourself, for education, or social life with friends or other family if you have any? (Carer breaks/Client services?) Y/N
- 5) Do you feel providing care is causing difficulties for you in your family relationships? Y/N
- 6) Do you need a break? (Carer breaks?) Y/N
- 7) Are you worried about what will happen to the person you care for if you are temporarily unavailable or can't continue to manage? (Contingency plan?) Y/N
- 8) Does providing care prevent you from working or doing your job properly if you do work? (Client services?) Y/N
- 9) Is there anything you do that is embarrassing for you or the person you care for? Y/N
- 10) Do you feel you need more information about the condition of the person you care for and how it will affect them over time? (GP/DN/Consultant/Pharmacy etc.) Y/N
- 11) Are you in ill health or disabled yourself ? (Community Care Assessment needed?) Y/N
- 12) Do you need information and advice re financial benefits? (Welfare rights advice?) Y/N
- 13) Do you provide care to any one else? Y/N
- 14) Would you like to discuss what assistance you may get to help with all or some of the questions you have answered 'yes' to above. Y/N\*

**\* IF THE LAST QUESTION (14) IS ANSWERED YES, GO TO THE NEXT PAGE.**

**\*IF ANSWER TO Q.14 IS NO PLEASE RECORD WHY IN CARERS WORDS.**

ID: .....

<b>DESCRIPTION OF ISSUES FOR CARER</b>	
<b>How frequently do you provide care and how much time does it take in the average week?</b>	
<b>What do you do for the person you care for?</b> (Cont. on extra page/s if required)	
<b>Please detail the issues regarding any of the questions on page 1 that have an answer 'yes' or anything else that concerns you about being a carer.</b> (Continue on extra page/s if required)	
<b>What would you like doing about the issues above?</b>	
<b>Options to be pursued</b> – <i>this should detail the support / service options considered and discussed with the carer indicating in their words which they wish to take up and why. Direct Payments to be offered in respect of any services provided to the carer.</i>	
<b>I agree to information contained in this assessment being shared to enable assistance to be provided. I have been given a leaflet regarding information sharing. I am aware I can withdraw this consent.</b>	<b>Signed:</b>  <b>Date:</b>

ID: .....

## OUTCOME OF CARER ASSESSMENT

In every case the assessor will ensure the carer has copies of leaflets:

- **INFORMATION FOR CARERS OF ADULTS – Help for People Who Look After a Relative, Friend or Neighbour**
- **SBCRC INFORMATION FOR CARERS**

**ELIGIBLE / NOT ELIGIBLE / SPECIALA / SPECAPA** (Circle that which applies)

**Assessment offered to carer but declined** (tick box)

☐

**Joint assessment with client or separate carer assessment** (circle)

J/S

**Services provided to carer:** *These must be very specifically for the carer e.g. to provide a break or give direct support not, something the client receives the carer coincidentally benefits from.*

Y/N

**Further Information/Training to be arranged:**

*(e.g. specialist info. re a particular condition or training re management, moving and handling etc.)*

Y/N

**O.T. referral:**

**Date:**

Y/N

**Welfare Rights Referral:**

**Date:**

Y/N

**Services provided to cared for person:**

Y/N

**Separate care plan issued to carer:**

*(normally the carer's needs and services would be recorded on the clients care plan and copied to carer. Where there is an issue of confidentiality a separate carer care plan is required).*

Y/N

**Carer has needs in their own right:**

Y/N

**Community Care Assessment arranged:**

*( Arranged not completed as carer may live in another Local Authority area or may require assessment from another specialism)*

Y/N

**Assessors Signature:** .....

**ASSESSMENT MUST BE PASSED TO TEAM CLERK FOR INPUT TO CAREFIRST**