

## Carer's Assessment

Family Name				Given name			
Preferred name					Gender		
Date of birth		Age		Telephone number (this is the number we will call you on to discuss your assessment)			
Your address							
<b>Supporting you in your assessment</b>							
Preferred language				Do you need an interpreter?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you consider yourself to be any of the following?			Deaf <input type="checkbox"/>		Blind <input type="checkbox"/>		Deafblind <input type="checkbox"/>
Do you have communication difficulties?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you have any difficulties with understanding and/or retaining information?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you have any difficulties making decisions and/or understanding their impact?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>If you have difficulties in communication, understanding or decision-making, you may need support for your involvement in your assessment, an advocate to represent you and help you explain your views, or a mental capacity assessment.</b>							
Details of difficulties and what would help you communicate more easily during your assessment. (e.g. a family member or friend present, an independent advocate, specialist communication support)							
Details:							
Other people you would like to be involved in your assessment (e.g. advocate, family, friend, other professionals)							
Details (including names, roles/relationships and contact details):							
What is the best time to contact you? Please let us know which days and times you would prefer to be contacted							
Details							

About You		
Your personal and family background (including important recent events or changes in your life)		
Details:		
What areas of your life do you most enjoy or value? (including your main interests and where you can most contribute)		
Details:		
What changes would most improve your wellbeing or quality of life?		
Details:		
Are you, or is a member of your immediate family, currently serving in the British Armed Forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you, or is a member of your immediate family, a British Armed Forces Veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you, or is a member of your immediate family, a reservist or in part time service? i.e. Territorial Army)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>The care and support you provide</b> Summary of the care and support you currently provide (including type of care/support, how often, time usually taken, etc.)		
Details:		
<b>You may be entitled to Carer's Allowance if you provide over 35 hours a week of support. For more information contact the Carers Allowance Unit Telephone: 0345 608 4321 Textphone: 0345 604 5312</b>		

# Adult Social Care



What aspects of your caring role do you think are most important, valuable and positive?		
Details		
Have you ever felt distressed or in danger due to the behaviour of the person you care for? (e.g. accusations, threats, actual harm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
<b>Support from others with caring</b>		
Do you share your caring role with another family member or friend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
If 'Yes', are any of the other carer(s) under the age of 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details		
Does your GP know you are a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are arrangements in place for when you might be ill or unavailable? (e.g. contingency plan)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If 'No', you should consider drawing-up an CRESS emergency plan.</b>		
Details (including location of contingency plan):		
<b>Your home and living situation</b> <i>Includes the eligibility outcome: Maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care)</i>		
Do you live with the person you care for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

# Adult Social Care

If 'No', do you have difficulties getting to the person? (e.g. long journey, transport issues)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Does your caring role make it difficult to keep your home sufficiently clean and safe?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?			
No or little impact	<input type="checkbox"/>	Significant impact	<input type="checkbox"/>
		Major impact	<input type="checkbox"/>
Details:			
Are you experiencing any financial difficulties?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Have you or the person you care for had a benefits check?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Eating healthily and safely</b> <i>Includes the eligibility outcome: Managing and maintaining nutrition</i>			
Does your caring role make it difficult to shop for and prepare adequate meals for yourself/your family?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?			
No or little impact	<input type="checkbox"/>	Significant impact	<input type="checkbox"/>
		Major impact	<input type="checkbox"/>
Details:			
<b>Caring for others</b> <i>Includes the eligibility outcomes: Carrying out any caring responsibilities the carer has for a child; Providing care to other persons for whom the carer provides care</i>			
Is there any child who is dependent on you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', does your caring role impact on carrying out your childcare duties?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

# Adult Social Care

If 'Yes', what is the current or likely impact of this on your wellbeing?		
No or little impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>	Major impact <input type="checkbox"/>
Details:		
Do you have caring responsibilities for other adults?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', does your caring role make it more difficult to meet these responsibilities?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?		
No or little impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>	Major impact <input type="checkbox"/>
Details:		
<b>Social relationships and activities</b> <i>Includes the eligibility outcomes: Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; Engaging in recreational activities</i>		
Does your caring role make it difficult to maintain contact with people important to you?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?		
No or little impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>	Major impact <input type="checkbox"/>
Details:		
Does your caring role make it difficult for you to get out into the community?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?		
No or little impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>	Major impact <input type="checkbox"/>
Details:		
Does your caring role make it difficult to undertake leisure, cultural or spiritual activities?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?		
No or little impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>	Major impact <input type="checkbox"/>

Details:			
<b>Work, training, education and volunteering</b> <i>Includes the eligibility outcomes: Engaging in work, training, education or volunteering</i>			
Current paid employment or voluntary work situation			
Current education/training situation			
Does your caring role impact on your involvement in work/training/education/volunteering?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', what is the current or likely impact of this on your wellbeing?			
No or little impact <input type="checkbox"/>	Significant impact <input type="checkbox"/>	Major impact <input type="checkbox"/>	
Details:			
<b>For information on carers' rights to flexible working contact</b>			
Southdown Housing Ambitions call 01323 340151			
Carers UK Advice line call 0808 808 7777			
<b>Your mental health and wellbeing</b>			
Is (or is there a risk of) your mental health deteriorating due to your caring role?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of risk of your mental health deteriorating due to your caring role:			
No risk <input type="checkbox"/>	Low risk <input type="checkbox"/>	Significant risk <input type="checkbox"/>	Serious risk <input type="checkbox"/>
Details:			
<b>Your physical health</b>			
Is (or is there a risk of) your physical health deteriorating due to your caring role?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of risk of your physical health deteriorating due to your caring role:			
No risk <input type="checkbox"/>	Low risk <input type="checkbox"/>	Significant risk <input type="checkbox"/>	Serious risk <input type="checkbox"/>

Do you have difficulty with assisting the person you care for to move around?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
<b>The care and support you are able and willing to provide on an ongoing basis (e.g. over the next year)</b>			
Are you <b>able</b> to continue with your caring role?	Yes <input type="checkbox"/>	Yes, with some help <input type="checkbox"/>	No <input type="checkbox"/>
Are you <b>willing</b> to continue with your caring role?	Yes <input type="checkbox"/>	Yes, with some help <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Do you have concerns about the longer term future? (e.g. finances, security of tenancy, maintaining your caring role as you or the person you care for get older)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
<b>Please choose a statement for each area that reflects your ongoing situation (e.g. over the next year):</b> <i>The statements to choose from can be found on pages 7 and 8 of the Supported Self-assessment Carers guidance</i>			
Housework/laundry			
Managing paperwork/finances			
Shopping for food/essential items			
Preparing meals/snacks/drinks and helping to eat and drink	Mornings:		
	Daytimes:		
	Evenings:		
Managing personal care tasks; using toilet/managing continence, washing, dressing/undressing	Mornings:		
	Daytimes:		
	Evenings:		
Supporting with medication	Mornings:		
	Daytimes:		
	Evenings:		
Social, leisure, cultural and spiritual activities			
Work, training, education or volunteering			

# Adult Social Care

Ensuring safety during the day	Mornings:		
	Daytimes:		
	Evenings:		
Supporting during the night			
Other ongoing support you will provide	<input type="checkbox"/> Escorting person/providing transport	<input type="checkbox"/> Help communicating with others	
	<input type="checkbox"/> Providing company/emotional support	<input type="checkbox"/> Help caring for children	
<b>Details of the person you care for</b>			
Is the person you care for aware that you are having an assessment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the person you care for had their own needs assessed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name			
Address			
Postcode		Date of birth	
Gender		Social care ID	
Relationship to you	Family member <input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>		
<b>What is the longest period you regularly leave the person you care for alone?</b>			
<b>During the day</b>			
<input type="checkbox"/> More than a day	<input type="checkbox"/> About half the day	<input type="checkbox"/> About an hour	
<input type="checkbox"/> A day or so	<input type="checkbox"/> Three to four hours	<input type="checkbox"/> 15 to 30 minutes	
<input type="checkbox"/> Most of the day	<input type="checkbox"/> A couple of hours	<input type="checkbox"/> Not at all	
<b>During the night</b>			
<input type="checkbox"/> All night	<input type="checkbox"/> Part of the night	<input type="checkbox"/> I can't – I need to sleep in the same home	<input type="checkbox"/> I can't – I need to be awake with them all night
<b>Please choose the statement which in your opinion best describes the needs of the person you care for:</b>			
He/she is able to manage well in all areas as there are no significant physical or mental health issues.			<input type="checkbox"/>
He/she needs a small amount of weekly support as there are some minor physical/mental health issues or social difficulties, but he/she can manage alone for more than one day at a time.			<input type="checkbox"/>
He/she needs a small amount of daily support with one or two physical tasks and/or requires regular support to avoid low mood, loneliness or harm. He/she needs checking most days or daily to stay safe.			<input type="checkbox"/>
He/she needs support more than once a day with a number of physical tasks and/or requires significant support to avoid low mood, loneliness or risk of harm. He/she can be left alone for extended periods but needs support more than once a day to stay safe.			<input type="checkbox"/>



## Adult Social Care

He/she needs support with most physical tasks and/or has mental health issues or social/learning difficulties which make it difficult to manage day-to-day life. He/she can only be left alone for up to 2-3 hours and/or needs checking at night but doesn't need someone present all of the time.	<input type="checkbox"/>
He/she has difficulties in many/most areas and needs someone present all the time or nearly all the time to stay safe during the day or during the night but does not need 24 hour support.	<input type="checkbox"/>
He/she cannot be safely left alone during the day or at night, needing a high level of 24 hour support. He/she may need specialist care and support and/or may need the support of more than one carer.	<input type="checkbox"/>