Am I a Carer?

A Carer is someone who helps another person, usually a relative or friend, in their day to day life. This is not the same as someone who provides care professionally or through a voluntary agency.

A Carer has the right to an assessment of their needs regardless of their financial means or the level of support they provide.

About this form

This form can be completed by the Carer themselves or with a worker. The information provided will help to identify the impact of the caring role on you and your life and help identify any needs.
# Consent Details

I understand that by completing my Carer’s Assessment Form a computer record will be created in my name. The council will hold this information for the purpose of providing care services and to meet my needs (including emergency planning). To be able to do this the information may be shared with NHS Agencies and providers of Community Services. This will also help to reduce the number of times I am asked for the same information. If I have given details about someone else I will make sure they know about this.

I understand that the information I provide on the form will only be shared as allowed by the Data Protection Act.

I consent to:

- [ ] The assessment of needs being carried out.
- [ ] Providing accurate information and notifying of any changes in circumstances.
- [ ] Information being shared with others involved in my support.
- [ ] Information being shared with the person(s) cared for.

<table>
<thead>
<tr>
<th>Name of Carer (Please print)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Cared for Person (Please print)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
# Carer’s Assessment and Review

## Section 1: Person Details

<table>
<thead>
<tr>
<th>Form Start Date:</th>
<th>Worker Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>CareFirst ID:</th>
</tr>
</thead>
</table>

### Person Details

<table>
<thead>
<tr>
<th>DOB:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Tel No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Email Address: | |
|----------------| |

## Section 2: Consent for Assessment

<table>
<thead>
<tr>
<th>Consent to Share the Information:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Please see statement below about consent (you will be asked to complete a form and provide a signature confirming this):

I understand that by completing my Carer’s Assessment Form, a computer record will be created in my name. The council will hold this information for the purpose of providing support to meet my needs (including emergency planning). To be able to do this the information may be shared with NHS and providers of community services. This will reduce the number of times I am asked for the same information. If I have given details about someone else I will make sure they know about it and have given their consent.

I understand that the information I provide will only be shared as allowed by the Data Protection Act.

<table>
<thead>
<tr>
<th>I would like an assessment of my needs as a Carer jointly with the person I care for:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If Yes please contact the Family Carer Team (01724 298393) before proceeding with this form. If No and you would like an assessment in your right please proceed with this form.

## About The Person I Support: consent needed from the person supported to record this information

### Relationship:

Name:

DOB:

Brief details if no consent obtained:

Brief description of the support needed:
Section 3: CARER’S PERSONAL DETAILS

<table>
<thead>
<tr>
<th>NHS number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity:</td>
</tr>
<tr>
<td>Communication/language needs:</td>
</tr>
<tr>
<td>Employment status:</td>
</tr>
</tbody>
</table>

**Current situation**

A Day/Week in My Life

*Describe a typical day/week of your life; include what is a good day and what is bad day*
## My Support Network

### My informal network, family and friends:

*Think of who supports you with your caring role and how they support you*

### Professional Network:

*Please include your GP and any other professional who supports you with your caring role*

**Name:**

**Relationship:**

---

**I am on my GP’s Carer Register**

- [ ] Yes  
- [ ] No  
- [ ] Don’t know

**I feel that I have enough support from others to help in my caring role**

- [ ] Yes  
- [ ] I have some support but feel I need more  
- [ ] I have no other support

**I am on the Carer’s Register at the Carers Support Centre?**

- [ ] Yes  
- [ ] No  
- [ ] Don’t know

**There are children (under 18) living at home**

- [ ] Yes  
- [ ] No

**If yes, do they help with caring? (e.g. physical tasks, emotional or practical support?)**

- [ ] Yes  
- [ ] No

**If yes, I would like to speak to the Young Carers Team (01724 407988)**

- [ ] Yes  
- [ ] No

**I care for more than one person**

- [ ] Yes  
- [ ] No

**If yes, please give details:**
**My Support Network (continued)**

<table>
<thead>
<tr>
<th>I have been the main carer for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 Year</td>
</tr>
<tr>
<td>1-5 years</td>
</tr>
<tr>
<td>6-10 years</td>
</tr>
<tr>
<td>More than 10 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I live with the person I provide care for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

If no, how often do you have contact?

<table>
<thead>
<tr>
<th>I visit the person I provide care for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily / several times a day</td>
</tr>
<tr>
<td>Few times a week</td>
</tr>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Less than once a week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I provide care and support for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10 hours a week</td>
</tr>
<tr>
<td>10 – 25 hours a week</td>
</tr>
<tr>
<td>25 – 50 hours a week</td>
</tr>
<tr>
<td>More than 50 hours a week</td>
</tr>
</tbody>
</table>

The person I provide care for receives the following services; tick which apply (there may be more than one):

<table>
<thead>
<tr>
<th>Personal Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Health Care package</td>
</tr>
<tr>
<td>No services</td>
</tr>
<tr>
<td>Privately purchased</td>
</tr>
<tr>
<td>Rehabilitation/Reablement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have power of attorney for the person I care for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

If Yes which do you have; tick which applies:

<table>
<thead>
<tr>
<th>Lasting power of attorney (LPA) for health and welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lasting for finance</td>
</tr>
<tr>
<td>Lasting for health and welfare and finance</td>
</tr>
<tr>
<td>Enduring power of attorney for finances</td>
</tr>
</tbody>
</table>
## My lifestyle

Think about what is important in your life. Are you able to do what you need to do and what you enjoy while caring; please explain:

I am willing and able to continue in my caring role:

- [ ] Yes
- [ ] No

I think the following would help me to continue caring (please explain):
### Section 4: My Needs

**The effect caring has on my physical, mental and emotional health and wellbeing:**
- [ ] No impact
- [ ] Moderate
- [ ] Significant
- [ ] Great

Please tell us how this is for you:

**I am able to get enough sleep:**
- [ ] Usually
- [ ] Sometimes
- [ ] Never (due to stress/worry)
- [ ] Never (as providing care at night)

Please tell us how this is for you:

**I am able to shop, cook and eat properly while caring:**
- [ ] Usually
- [ ] Sometimes I don’t cook and eat properly
- [ ] I often don’t cook or eat properly

Please tell us how this is for you:

**I am able to keep up with household tasks while caring:**
- [ ] Usually
- [ ] Sometimes
- [ ] Never but have help
- [ ] Never and have no help

Please tell us how this is for you:

**Would any equipment or adaptations to the house make things easier?**
- [ ] Yes
- [ ] No

If Yes what would help?

**I am able to spend the time I want with family and friends:**
- [ ] Always
- [ ] Mostly
- [ ] Sometimes
- [ ] Never

Please tell us how this is for you:
### Carer’s Assessment and Review

#### Section 4: My Needs (continued)

**I am able to look after my children / grandchildren / other caring responsibility:**
- [ ] No other caring responsibilities
- [ ] Yes I am able to
- [ ] I am able to with difficulty
- [ ] I am unable to because of my caring role

Please tell us how this is for you:

**I am able to be part of the community and have time for hobbies, interests and physical activity:**
- [ ] Always
- [ ] Often
- [ ] Occasionally
- [ ] Never

Please tell us how this is for you:

**I am able to go to work or participate in training, education or volunteering:**
- [ ] No commitments
- [ ] Yes I am able to
- [ ] Yes but with difficulty
- [ ] I am unable to because of caring

Please tell us how this is for you:

**I have my own health problems which affect my daily life and impact on my caring role:**
- [ ] No health problems
- [ ] My health has some impact
- [ ] My health has a significant impact
- [ ] My health impacts greatly

Please tell us how this is for you:

**I am able to keep safe:**
- [ ] Yes
- [ ] No

Please tell us your concerns:

**Emergency Plan**

I have completed an Emergency Plan:
- [ ] Yes
- [ ] No

If yes is it up to date?
- [ ] Yes
- [ ] No

If no, I would like to complete / update an Emergency Plan:
- [ ] Yes
- [ ] No
### Section 4: My Needs (continued)

#### Extra Support Needs:

I would like more information about the condition affecting the person I care for:

- [ ] Yes
- [ ] No

I would like more information about Telecare Services:

- [ ] Yes
- [ ] No

I would like more information about training available for Carers:

- [ ] Yes
- [ ] No

I would like more information on housing:

- [ ] Yes
- [ ] No

I would like information about Community Wellbeing Hubs:

- [ ] Yes
- [ ] No

I would like further information about what is available at the Carers Support Centre (01652 650585):

- [ ] Yes
- [ ] No

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Please email the completed form to [FamilyCarerTeam@northlincs.gov.uk](mailto:FamilyCarerTeam@northlincs.gov.uk) or post to:

The Family Carer Team  
Church Square House  
30-40 High Street East  
Scunthorpe  
North Lincolnshire  
DN15 6NL

Someone will be in touch with you to explain what happens next.

If you have any questions or you would like someone to complete this form with you please telephone the Family Carer Team on 01724 298393 and speak to the Duty Worker.