

Gateshead Carers Partnership

**Carers
Support
Needs
Assessment
in
Gateshead**

Carers Assessment

Introduction

1. Both Social Care services and National Health services rely heavily on carers committing to provide care and support for someone with care needs as part of care management. Carers are at the heart of every community and their contribution would cost the government an additional £119 billion (Carers UK 2010) if it was not there.

A caring responsibility is not without a cost to the carer however, and it is now recognised that Carers need to be supported throughout their period of caring to ensure they have both the capacity to manage to care **and** to have support to protect their own health and wellbeing and thereby sustain care arrangements.

2. **Definition of a Carer.** “A carer is someone who spends a proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems” (The National Carers Strategy June 2008).
3. Recognition and increasing awareness of the contribution carers make, together with an acknowledgement of their needs, has led to a number of legislative and policy developments from the 1995 Carers (Recognition and Services) Act, when carers assessments were first mentioned, to the 2008 National Strategy for Carers ‘Carers at the Heart of 21st Century Families and Community’.
4. Since April 2005 carers have had new rights under the Carers (Equal Opportunities) Act 2004 including an entitlement to have their **leisure, employment** and **training needs** taken into account as part of a Carers Assessment.

Even if the person with care needs refuses an assessment, the carer still has an entitlement to an assessment in their own right. There will also be no expectation that the carer will continue in this role and there will be recognition of their need to reduce the support that they offer.

Carers Assessment

Part 1: Carer / Person with Care Needs

Do you feel safe in your caring role? Yes No
E.g. Physically, emotionally, in your home, in your community
If no, please give details:

Is caring affecting your relationship with the person you care for, or with other members of the family? Yes No
If Yes, please give details:

Let us know if you think that this situation is likely to get worse without help

Social/ Leisure

Are you able to take part in activities which are important to you such as Faith based or other social activities? Yes No
If No, please give details:

Your Work or education opportunities

Are you in paid employment?

Yes No

If Yes, is this Full Time Part Time

Do you want to continue to work but feel caring will make this difficult?

Yes No

Would you like to be able to return to work?

Yes No

Would you like to go to college or other training opportunities?

Yes No

What support would you require to help you with your caring role and help you to work or access education or training opportunities? (This may be about benefits advice or about support offered)

Living Accommodation

Is it difficult to care for the person because of where they live? (e.g. distance away, transport, lack of time, condition of house).

Yes No

If Yes, Please give details

Could extra equipment or adaptations help? Yes No Not sure

If Yes, please give detail

Would more advice about other housing or support regarding accommodation help? Yes No Not sure

If Yes, please give details

Training

Do you want to develop your skills to help your caring role?

Yes No Not sure

If Yes, please give details:

Finance

Do you need help or advice about benefits or financial management?

Yes No

If Yes, please give details:

Details of the Care you give

The Care You Give

How long have you been caring for this person? (e.g. how many days or months or years)

How have you become involved? (e.g. discharge from hospital, medical condition, disability, deteriorating health)

If you do not live with the person you care for:
 How long does it take you to get to their home? _____
 How far away (approximately) do they live? _____
 How often do you visit them? (e.g. 2/3 times daily, daily, weekly) _____

Carers Tasks

The following is a range of tasks carers sometimes have. It is not a complete list and others may apply to the care you give. Please tick the relevant tasks you undertake.

Task	<input checked="" type="checkbox"/>	Task	<input checked="" type="checkbox"/>
Getting in and out of bed	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	Lifting and Handling	<input type="checkbox"/>
Dealing with incontinence	<input type="checkbox"/>	Emotional Support	<input type="checkbox"/>
Dressing and Undressing	<input type="checkbox"/>	Dealing with Finances	<input type="checkbox"/>
Washing and Personal Hygiene	<input type="checkbox"/>	Providing Transport	<input type="checkbox"/>
Grooming (Hair, Shaving etc)	<input type="checkbox"/>	Accompanying to Hospital	<input type="checkbox"/>
Lifting & turning	<input type="checkbox"/>	Keeping Safe and Secure	<input type="checkbox"/>
Bathing/Washing	<input type="checkbox"/>	Negotiating stairs – Room space	<input type="checkbox"/>
Dealing with Emergencies	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Housework	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	Other as below	<input type="checkbox"/>

The Care You Give

Please describe the type of things you have to respond to. Include the frequency and time taken:

Please describe areas of your caring role you find particularly difficult or stressful (e.g. intimate tasks, unpredictable behaviour):

Please describe how caring impacts on your life including family pressures, employment issues, social and leisure, time for yourself etc:

What help do you think you need?

Any Other information by the Carer

Notes

Is there anything you would like to add?

Information about the Person you Care For

Person with Care Needs Details
Name:
Address:
Postcode:
Telephone Number(s): Home: Mobile: Other:
Date of Birth:
If the person you care for lives at a different address to you, do they live alone? Yes <input type="checkbox"/> No <input type="checkbox"/>
Which of the following best describes the condition of the person you care for. Tick all that apply:
Physical Impairment/mobility Issues <input type="checkbox"/>
Sensory Impairment (e.g. Deaf, Blind, Deaf/Blind) <input type="checkbox"/>
Learning Disability <input type="checkbox"/>
Mental Health condition <input type="checkbox"/>
Substance Misuse <input type="checkbox"/>
Long standing illness (e.g. Alzheimer's, cancer, MS) <input type="checkbox"/>
Social Communication impairment (e.g. Aspergers) <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>
Frail <input type="checkbox"/>
What is your relationship to the person you care for? (e.g. mother, husband, sister)
Who provides care if you are not available?
Would you like to be referred to a carer support agency? Yes <input type="checkbox"/> No <input type="checkbox"/>

Would you like a referral to be made to the emergency care scheme?
 Yes No

Does the person you care for have any other professional involved (e.g. Nurse, Social Worker, GP?) Yes No
 If yes, please state name(s) and contact details if known:

Name	Profession (e.g. GP)	Contact No. / Address

Additional information to help us to assist you

Please state your ethnicity:

<p><i>White</i></p> <p style="padding-left: 100px;">British <input type="checkbox"/></p> <p style="padding-left: 100px;">Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p><i>Asian or Asian British</i></p> <p style="padding-left: 100px;">Indian <input type="checkbox"/></p> <p style="padding-left: 100px;">Pakistani <input type="checkbox"/></p> <p style="padding-left: 100px;">Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p> </p> <p><i>Any other ethnic background</i></p> <p style="padding-left: 100px;">Chinese <input type="checkbox"/></p> <p>Any other ethnic background <input type="checkbox"/></p>	<p><i>Mixed ethnic background</i></p> <p>White and black Caribbean <input type="checkbox"/></p> <p>White and black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p>Black or Black British <input type="checkbox"/></p> <p style="padding-left: 100px;">Caribbean <input type="checkbox"/></p> <p style="padding-left: 100px;">African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p>
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Is English your first language? Yes No

If no, please state your first language: _____

Do you require an interpreter? Yes No

Signed: _____ Date: _____
 (Carer)

Optional Diary

Carers Diary

The following chart is a timetable of tasks. Please fill in the boxes typical tasks that occupy you and estimate how much time in hours you spend doing this. You may wish to use examples from the list above or use your own words as given in the

Section B:

Part 2: Carers Assessment(To be completed by Assessor)

The assessor will discuss with you the information you have provided and will summarise the information and discuss with you the things that will help to support you and the person you care for

Together you will develop the care plan to enable you to continue in your caring role

Summary: Using information obtained above / carers diary etc. indicate the areas where help is required. Detail stress and pressure factors, difficulties, long term caring and capacity to manage.

Carer's View: Regarding Support to Date Carers opinion of their needs and support required now/in future.

Plan – Support offered to meet carer need:

See also separate document - the Carer's Assessment Support Plan Form (April 2014).