**My Carer’s Assessment Form**

Many carers find they need extra help with the care they provide. Please complete this form so your needs as a carer can be assessed. This will also help to identify any support that you may be entitled to.

**What we need to consider as part of your carers assessment:**

Under the Care Act 2014, if a carer’s caring responsibilities lead to a deterioration in mental or physical health and/or there is an impact in one or more of the areas of your life numbered in About Me section below, we need to consider if this will lead to having a significant impact on your wellbeing. ‘Wellbeing’ is described as:

* Personal dignity
* Physical and mental health and emotional wellbeing
* Protection from abuse and neglect
* Control by the individual over their day-to-day life
* Participation in work, education, training or recreation
* Social and economic wellbeing
* Domestic, family and personal domains
* Suitability of the individual’s living accommodation
* The individual’s contribution to society

See [www.york.gov.uk/CarersAssessment](http://www.york.gov.uk/CarersAssessment) for more information about assessments and guidance information to help you complete this form.

**Personal Details:s**

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|  **NHS Number ID Number**  **Name:** **Address:** **Telephone:****Email:****Date of Birth:****Gender: Male** [ ]  Female [ ]  Transgender [ ] **Preferred Communication Method** **Method of assessment:** ⭘Joint with cared for person ⭘ Separate carer’s assessment ⭘ Supported Self Assessment |
| **Is there anyone who you would like to support you with this assessment?**  ⭘ Yes ⭘ No**If yes, please give details** **Please indicate if you require an independent Advocate?** ⭘ Yes ⭘ No |
| **Please tell us if you do any paid or voluntary work, this is to help us find out:*** if being a working carer brings added pressures
* if you would like support to go to work

⭘ Full time employment ⭘ Part time employment ⭘Voluntary work⭘ Other - please give details: |
| **Information about the person you care for:** |
| **ID number** **NHS number** **Name:****Date of Birth:****What is your relationship to the person you care for?**⭘Spouse or Partner ⭘ Friend ⭘ Child ⭘ Parent ⭘ Other Relative ⭘ Neighbour **Do they live at the same address as you? ⭘** Yes ⭘ No Address if different to yours:**What is the primary reason for their needing care or support from you?**(Please tick one box only)Learning disability [ ]  Mental Illness [ ]  Physical disability/illness Dementia[ ]  Sensory Impairment Visual [ ]  Terminal Illness [ ]  Substance Misuse [ ]  Sensory Impairment Hearing [ ]  Dual sensory impairment [ ]  Other [ ] **Please give a brief outline/background of their situation, including any health conditions and difficulties that they may have:** |
| **Details of current situation:** |
| **Supporting the person you care for:**I am providing care and support that is “necessary” as the person I care for is not capable of meeting these needs themselves. ⭘ Yes ⭘ No  Do you provide help with any of the following? Tick all the boxes that apply.⭘ Meal preparation/help with eating/drinking ⭘ Washing/dressing ⭘ Help with using the toilet ⭘ Domestic support ⭘ Supervision/emotional support/prompting/guidance ⭘ Support with finances/correspondence⭘ Support with medication/health needs ⭘ Developing and maintaining family or other personal relationships ⭘ Accessing and engaging in leisure activities, work, education, volunteering or community facilities ⭘ Mobility/transport ⭘ Helping with caring responsibilities the adult has for a child. **Additional details: (Please give an indication of frequency of support you provide?)** |
| **Does the person you care for receive support from others (formal or informal) and if so, please provide details** |
| **Do you provide care and support for more than one person** ⭘ Yes ⭘No**If Yes, please tell us about the second person below** |
| **My health****Please could you indicate the risk of your physical health deteriorating due to your caring responsibility:**⭘ No Risk ⭘Low Risk ⭘Moderate Risk ⭘Significant Risk ⭘Serious Risk **Additional details:****Please could you indicate the risk of your emotional and/or mental health deteriorating due to your caring responsibility:** ⭘ No Risk ⭘ Low Risk ⭘ Moderate Risk ⭘ Significant Risk ⭘ Serious Risk **Additional details:** |
| **Please give details of any health conditions that you may have that would affect your ability to continue caring in the coming months:** |
| **What support you need as a Carer:** |
| Please complete the following to tell us about the effect of your caring responsibilities. It will also help us assess if you are entitled to any support.Please tell us about the impact your caring role has on you, giving details:   |

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| 1. **Do you have any caring responsibilities for a child (as a parent, grandparent or other)?**

  Yes [ ]  No [ ]  **If yes,** are you able to carry out this caring responsibility (tick as appropriate)? |
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| I manage to carry out my caring responsibilities, when I need to[ ]  | I am able to carry out my caring responsibilities but I need some support[ ]  | I am rarely able to carry out my caring responsibilities and I need lots of support [ ]  |
| Please tell us about the impact this has on you. |
| **2. Do you provide care for another person/other people?** Yes [ ]  No [ ]  **If yes,** are you able to carry out this caring responsibility (tick as appropriate)? |
| I manage to carry out my caring responsibilities, when I need to[ ]  | I am able to carry out my caring responsibilities but I need some support[ ]  | I am rarely able to carry out my caring responsibilities and I needs lots of support[ ]  |
| Please tell us about the impact this has on you. |
| **3. Are you able to keep your home in a satisfactory condition?** **Please tick as appropriate:** |
| I manage to keep my home in a satisfactory condition[ ]  | I am able to keep my home in a satisfactory condition, but I need some support[ ]  | I am unable to keep my home in a satisfactory condition[ ]  |
| Please tell us about the impact this has on you. |
| **4. Are you able to manage and maintain your own diet?** |
| I manage to eat, drink and enjoy a healthy diet [ ]  | I eat, drink and enjoy a healthy diet, but I need some support[ ]  | I struggle to eat, drink and enjoy a healthy diet[ ]  |
| Please tell us about the impact this has on you. |
| **5. Are you able to develop and maintain family or other significant personal relationships?** |
| I manage to maintain the relationships I have and develop new ones when I need to[ ]  | I need some support to maintain the relationships I have and develop new ones[ ]  | I am unable to maintain the relationships I have or develop new ones [ ]  |
| Please tell us about the impact this has on you. |
| **6. Are you able to take part in work, training, education or volunteering?** |
| I manage to access work, training, education or volunteering, when I need to[ ]  | I am able to access work, training, education or volunteering, but I need some support[ ]  | I am rarely able to access work, training, education or volunteering[ ]  |
| Please tell us about the impact this has on you. |
| **7. Are you able to make use of necessary facilities or services in the local community?** |
| I manage to access facilities or services in the local community, when I need to[ ]  | I am able to access facilities or services in the local community, but I need some support[ ]  | I am rarely able access facilities or services in the local community[ ]  |
| Please tell us about the impact this has on you. |
| **8. Are you able to take part in leisure activities?** |
| I have leisure time, when I need to[ ]  | I am able to have leisure time, but I need some support[ ]  | I am rarely able to have any leisure time[ ]  |
| Please tell us about the impact this has on you. |
| **9. Please tell us about any financial difficulties you are** experiencing as a result of your caring rolePlease indicate whether you would like further advice on managing your finances:⭘ No ⭘ Benefits advice ⭘ Debt management ⭘ Managing the finances of the cared for Other: |
| **10. Please tell us about any other way your caring role has an effect on you** |
| **What changes would most improve your wellbeing and quality of life?** |
| **What kind of support or information would help you in your caring role?** |

**My Safety**

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| **Do you feel at risk from the person you care for in any way?****e.g. they exhibit challenging behaviour towards you.**  | ⭘Yes | ⭘No |
| **Do you feel that the person you care for is at risk of harm in any way?****e.g. they are at risk of falls, or of wandering if left alone.** | ⭘Yes | ⭘No |
| **If you have ticked any YES above please provide additional comments below (including any other information relevant to your role as carer that you have not previously provided):** |

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| **Are you willing and able to continue providing help and support to the person you care for?**  ⭘ Yes ⭘ No **If no ,** please give more information: |
| **More information**Please add anything else below: |

**Carer’s Eligibility Decision**

A member of staff will discuss further with you the needs that you have identified as a result of your caring role and complete the section below with you. If your needs are ‘eligible’ we will prepare a support plan with you. If you are entitled to some support, we will consider how those needs could be met. This could be through your own or community resources, as well as through support services for carers. If there is a charge for any services provided to the person you care for, then a financial assessment of the cared for person may be carried out.

If you do not have ‘eligible’ needs we must still provide information and advice that you feel might help you in your caring role and help prevent your need for support in the future.

**My assessed needs:** (**to be completed by the Assessor** in discussion with you).

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| I have a need for support because I am providing care to another person (ie my needs do not result from something other than caring): | ⭘ Yes⭘ No |
| My needs are as a result of providing necessary care: | ⭘ Yes⭘ No |
| My physical and mental health is deteriorating or at risk of deteriorating as a result of providing care: | ⭘ Yes⭘ No |
| The caring role has an effect on my life as identified in the ‘About Me’ section of ‘My carer’s assessment form’ and is an area where I need support: |  |
| 1. Caring responsibilities for a child
 | ⭘ Yes⭘ No |
| 1. Providing care for another person
 | ⭘ Yes⭘ No |
| 1. Keeping my home in satisfactory condition
 | ⭘ Yes⭘ No |
| 1. Managing and maintaining my diet
 | ⭘ Yes⭘ No |
| 1. Developing and maintaining family and other significant personal relationships
 | ⭘ Yes⭘ No |
| 1. Taking part in work, training, education or volunteering
 | ⭘ Yes⭘ No |
| 1. Making use of necessary facilities or services in the local community
 | ⭘ Yes⭘ No |
| 1. Taking part in leisure activities
 | ⭘ Yes⭘ No |
| There is likely to be a significant impact on my wellbeing as a consequence of the effects of caring: | ⭘ Yes⭘ No |

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| Does the carer have eligible needs | ⭘ Yes ⭘ No |
| Support plan to be drawn up: | ⭘ Yes ⭘ No |
| **Information and advice provided**Please provide details of all information and advice provided to the Carer |
| **Consent for sharing information**I understand that information on this form will be used to assess my need for help advice and support and to manage and plan services for me now and in the future. I understand that CYC and York Carers Centre will only share the information provided by me with other organisations and/or the person or people I care for, on a need to know basis in order to provide me with help and support. All information will be held in accordance with the Data Protection Act 1998 .I understand that I have a right to see information held by CYC about me at any stage.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Completion details:**Name & Designation Team Date completedThis assessment was conducted⭘ By phone ⭘ Face to face ⭘ On line |