Carer's self assessment form

Data protection and privacy
We are collecting this information to assess your need for help. It is being collected by Care Direct which is part of Bristol City Council Adult Community Care. It will be used to work out if you qualify for support and will be stored on our computer database.
The data may be shared with other agencies on a need to know basis. By sending this self assessment, you give your consent for your information being shared for these purposes.
For more information go to the Council web site at:
www.bristol-city.gov.uk/disclaimer

We Need to Check

Are you a carer?  □ yes  □ no
Are you Over 18?  □ yes  □ no
Do/Does the person/s you care for live in the Bristol City Council area?
□ yes  □ no
Is/are the person/s you care for over 18?
□ yes  □ no
About you

Title __________________________________________________________
First name ______________________________________________________
Family name _____________________________________________________
Your address _____________________________________________________
____________________________________________________________________
____________________________________________________________________
Your postcode _____________________________________________________
Your e-mail address _________________________________________________
Your daytime telephone number _________________________________________
Your mobile telephone number _________________________________________
Your date of birth (dd/mm/yyyy) _________________________________________

Gender: □ female □ male

GP’s Name _________________________________________________________
GP’s address _________________________________________________________
GP’s Phone _________________________________________________________

Have you made your doctor/GP aware that you are a carer?
□ yes □ no
Your commitments

Dependant children and/or family commitments  □ yes  □ no

Please give details

Do you have any other commitments such as:

Paid employment  □ yes  □ no
Study or training  □ yes  □ no
Voluntary work  □ yes  □ no
Attend regular leisure activities/groups?  □ yes  □ no

Please give details of these commitments:

Does your caring role prevent you from doing any of these commitments?
□ yes  □ no
About you and your family's health and well being

The Carers Self Assessment Preparation Guide will help you answer this section.

Do you have any health needs / disabilities / sensory needs?
☐ yes ☐ no

Please give details of your health needs / disabilities / sensory needs

Have you recently had any health concerns or issues?
☐ yes ☐ no

Do you have any planned hospital admissions?
☐ yes ☐ no

Do you have any cultural, faith and/or religious needs?
☐ yes ☐ no

Please tell us below how your caring role affects you physically and emotionally
Has caring affected you financially?

Do you receive carers allowance?
☐ yes  ☐ no
About the person you care for

Title __________________________________________________________
First name ______________________________________________________
Family name ____________________________________________________
Date of birth (dd/mm/yyyy) __________________
Gender: □ female       □ male
Address _________________________________________________________
____________________________________________________________________
____________________________________________________________________
Their postcode ____________________________________________________
Their contact telephone number _____________________________________
What relationship to you is this person? _____________________________
Do you live with this person? □ yes       □ no
GP’s Name ________________________________________________________
GP’s Address _____________________________________________________
GP’s Telephone number _____________________________________________
____________________________________________________________________
Learning Difficulty □ yes       □ no
Physical Impairment □ yes       □ no
Sensory Impairment □ yes       □ no
Mental ill health □ yes       □ no
Dementia-type Illness □ yes       □ no
Older and Frail □ yes       □ no
Other Problem □ yes       □ no
Specification of Other Problem _______________________________________
About the Care You Provide

How long have you been caring for this person?
☐ less than a month
☐ 1-3 months
☐ 3-6 months
☐ 6-12 months
☐ 1-2 years
☐ 2-5 years
☐ more than 5 years

Time you spend caring
☐ Only in Emergencies
☐ Occasionally
☐ Several times a month
☐ Weekly
☐ Daily

Hours a month
☐ 10 hours or less
☐ more than 10 hours

Hours a week
☐ 1-5 hours
☐ 6-10 hours
☐ 11-15 hours
☐ 16-21 hours
☐ more than 21 hours

Hours a day
☐ 1-5 hours
☐ 6-12 hours
☐ 13-18 hours
☐ 19-24 hours
☐ other - give details below

Does the person you care for receive services from anyone else?
☐ yes
☐ no

Are you the main carer AND involved in planning their care?
☐ yes
☐ no
How do you feel?

☐ I feel able to continue with the level of care I am providing
☐ I need more support to enable me to carry on
☐ I can only carry on if I reduce the amount of caring I am providing
☐ I feel I cannot carry on caring at all

Tell us more about how you feel about the care you provide
Tell us about the assistance you provide

The Carers Self Assessment Preparation Guide will help you answer this section.

We know it is often difficult for carers to be frank about their feelings but it is important that we have as much information as possible to carry out a full assessment.

Please tell us about assistance you provide for the person you care for.
(Please tick all the help that you give and indicate how often and whether it is difficult to give this help)

<table>
<thead>
<tr>
<th>Tasks</th>
<th>How often?</th>
<th>How difficult?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>daily</td>
<td>weekly</td>
</tr>
<tr>
<td>Help with taking medication (obtaining and taking)</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Giving emotional support</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Managing their money</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Other financial support</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Making sure the person is safe</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Dealing with crisis</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Dealing with difficult behaviour</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Driving/arranging transport</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Dealing with aggression, violence or verbal abuse</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Help with personal care (for example, washing &amp; dressing, toilet needs)</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Help with practical tasks (for example, personal carer, cooking, shopping)</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Home minor health tasks (for example, changing catheter, special diet)</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
In the space below please identify other caring tasks that you carry out

What would help support you in your caring role?

Advice and information  ☐ yes  ☐ no
Aids for the home  ☐ yes  ☐ no
Telecare  ☐ yes  ☐ no
Carers breaks  ☐ yes  ☐ no
Other help is needed  ☐ yes  ☐ no

If yes, then please tell us about the support you need
Changes to the home environment
For example provision of the aids, adaptation and telecare items from the list below that may support you in your caring role for instance by assisting you to promote the independence of the person you care for.

Rails
☐ stair rail (not supplied on open sided staircase).
☐ toilet grab rail(s) - (fixed at a height of - 18" (45cm))
☐ grab rail(s) for internal step between rooms - for example between lounge and kitchen.
☐ grab rail to wall of front or back door (18", 45cm) to aid access over single step.

Personal care equipment
☐ commode - fixed height (weight and height must be given below)
☐ folding bottom wiper
☐ long handled sponge or toe wiper
☐ stocking aid
☐ long shoe horn

In order for the correct size to be delivered you must give the weight and height of the person
Their weight __________________ (tell us if this is stones or kilogrammes)
Their height __________________ (tell us if this is feet and inches or metres)

Food and drink aids
☐ insulated mug
☐ caring cup (two handled mug)
☐ plate guard

Other equipment
☐ key safe (a secure box to leave your key outside)
☐ yale knob turner
☐ long handled reachers
☐ cross head tap turners

Other Items
Does this person rent or own their home?
☐ They are a home owner
☐ Tenant renting from the Council
☐ Tenant renting from a Housing Association
☐ Tenant renting from private landlord
☐ Not a home owner or tenant

Telecare items
Telecare consists of various sensors placed around the home, monitored 24 hours a day, 365 days a year. If a sensor detects an incident it will raise an alert at the monitoring centre, and either the carer, another key holder or a response service will be notified. Telecare provides a safety net and gives increased peace of mind for carers who can be safe in the knowledge that if an incident were to occur they would be notified immediately.

Basic items available for carers include:
☐ Silver Phone
☐ Fall detector (alerts if the wearer has a fall, even if they are unable to press their alarm)
☐ Flood detector (alerts if a bath etc. is overflowing)
☐ Smoke detector (makes a sound, like a 'normal' smoke detector, but also calls the monitoring centre)
☐ Magi plug for sink
☐ Magi plug for bath

Other items
Other items are available to meet other specific needs. What other items would be useful to support you in your caring role?

Taking a break
Someone to stay with the person you care for to allow you to have a break or holiday. This is to cover a period of time you would normally be there. For example: a couple of hours a week; a regular day a week; or a week's break on a regular basis; or an occasional break.
Kind of break that would help you

(Please note that 'taking a break' provision would normally require face to face assessment by a professional to agree the arrangements.)

How could someone help you with caring tasks?

Advice and information
☐ about carers' support networks
☐ benefit advice
☐ domestic cleaning agencies
☐ advice on moving and handling
☐ advice about managing difficult behaviour
Health information, support and advice
☐ how to keep healthy (e.g. diet, fitness or giving up smoking advice)
☐ managing long term illness and conditions
☐ understanding specific illnesses
☐ accessing community services (e.g. continence service, communication aids)
☐ accessing health services (e.g. getting doctor and hospital appointments, getting to hospital appointments)

Other advice
Equal opportunities monitoring

Bristol City Council is committed to promoting equality of opportunity for everyone. Our aim to provide services fairly and without discrimination. Please provide the following information to help us monitor which groups in our community are using our services.

How would you describe your race or ethnic origin?
- White - British
- White - Irish
- White - Gypsy/Traveller
- Any other White background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Any other mixed background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Any other Asian background
- Black or Black British - Caribbean
- Black or Black British - African Somalian
- Black or Black British - African Other
- Any other Black background
- Chinese
- Any other ethnic background (specify below)
- I do not wish to give this information

If other ethnic background, please describe

Do you consider yourself a disabled person?
- disabled
- not disabled

Religion and belief
- Christian
- Muslim
- Hindu
- Sikh
- Jewish
- other
- none
You have finished the self assessment form

Did you have assistance to complete this self assessment?
☐ yes    ☐ no

If yes, please give details of any voluntary group that assisted you

What did you think about this form?

Please send this form to:
Care Direct, Adult Community Care
Bristol City Council
PO Box 30, Amelia Court, Pipe Lane
Bristol BS99 7NB

You will receive a response within two working days from receipt of your application. If it seems that your needs are complex and we think you would benefit from a professional face to face assessment we will tell you this. If we agree that you qualify for support, you will be offered services matching your assessed needs.

If you have any questions, please contact Care Direct on telephone 0117 903 6684, email caredirect@bristol-city.gov.uk.