

Carer's Simple Assessment Form

Do you look after someone?

Families, friends and neighbours often provide the most support for vulnerable people. If you are a carer providing necessary care to another person and you don't get paid, you have the right to have your own needs assessed independently of the person you are caring for, whether or not they are receiving help from us.

Data protection and privacy

Bristol City Council has a responsibility under the Care Act 2014 to undertake carers' assessments. To do this we need to collect, process and store your personal data. The personal data you provide on this form will be used and shared in accordance with the General Data Protection Regulation. All data on this form will be used to deliver an effective, efficient and equitable service to carers.

For more information go to the council web site at:

<https://www.bristol.gov.uk/data-protection-foi/information-sharing-agreements>

Part 1 – About you:

Title:		Date of Birth:	
Name:			
Address:			
Post Code:			
Contact number/s:			
Email address			
Name of GP and Surgery			

Ethnicity:

African British
 African non-British
 Asian British
 Asian non-British

Black British
 Black non-British
 Mixed heritage British
 Mixed heritage non-British

White British
 White non-British
 Prefer not to say

Other:.....

Gender:

Female
 Male
 Prefer not to say

Other:.....

Please give detail of any disabilities or health conditions:

Please provide information about who else supports you to manage your caring responsibilities e.g. partner, friends, family members:

Please provide information about any other commitments you have e.g. other dependents (child or adult), work commitments, community responsibilities:

You will be able to tell us about the person you care for at the end of this form

Part 2 – The care you provide

Please indicate the kind of support you provide:

Mental health/ emotional difficulties	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Personal care, for example washing/ dressing/ toileting/ incontinence	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Memory loss/confusion	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Learning difficulties/ability to make sense of daily activities	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Meal times/nutrition/feeding	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Taking to/picking up or helping the person in exercise/ therapies for example physiotherapy/ speech therapy	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Assistance with medicines/ drug routines/ medical procedures	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Dealing with the consequences of substance/ alcohol misuse	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Socialising with other people	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Difficult/ behaviour that challenges	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Getting around in the home, eg lifting and moving/ help with spatial problems/ avoiding falls	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A
Helping the person with their own family/ parenting responsibilities (where you are not the other parent)	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	N/A

Are there any aspects of the caring role you no longer feel able to undertake?

If you provide irregular but 'crisis' type support, how often do crises happen?

Please summarise the support you provide:

Part 3 – Do you provide care for anybody else?

Do you provide care for more than one person? (include children under 18)

Yes No

If yes:

How many people?

What is their relationship to you?

Please provide further details:

Part 4 – How caring affects you

A) Have you had a break from your caring role, for more than 24 hours, in the past year?

Yes

No

Please provide further details:

B) Does your caring role stop you from being able to do any of the following:

Carrying out caring responsibilities for a child Yes No

Providing care to another person(s) you care for Yes No

Maintaining a habitable home environment
(Safe, hygienic with adequate facilities) Yes No

Managing and maintaining nutrition Yes No

Developing and maintaining family or
other personal relationships Yes No

Engaging in work, training, education or
volunteering Yes No

Making use of necessary facilities or services
(including recreational) in the local community Yes No

Engaging in recreational activities Yes No

Do you feel that none of the above has an impact on you now, but may do within the next 6 months? Yes No

Please provide further details:

If you have answered Yes to any of the questions in Part 4B, do you feel that your caring role has a significant impact on your wellbeing in any of the following ways:

- | | | |
|--|------------------------------|-----------------------------|
| Personal dignity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Physical and mental and emotional wellbeing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Protection from abuse and/or neglect | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Control over day to day life | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Participation in work, education, training or recreation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Social and economic wellbeing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Domestic, family and personal relationships | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Suitability of living accommodation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Your contribution to society | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Part 5 – What will help?

What do you think might help you achieve a break from your caring role, or reduce the impact caring has on you?

- Take up a hobby/ social activity
- Activities to improve your physical health
- Relaxation/Therapy/ Pampering
- Emotional support/ Counselling
- Education/ Learning and Skills Development
- Equipment for yourself e.g computer
- Equipment to help with your caring role e.g telecom
- Taking a short break yourself
- Family Break
- Help with your other responsibilities
- The person you care for receiving a service?

How will you use a direct payment if one is authorised for you?

Part 6 – If this form has been completed by a Trusted Assessor, or any other professional, please give details below

I confirm the person named in **Part 1** of this form has a caring role and the following support/advice has been provided:

(Please indicate if you feel a full assessment is required)

Name..... Signature..... Date.....

Referring professional contact details, role and organisation:

Address details:

Phone number:

Email:

Terms and Conditions:

Bristol City Council promises to keep information confidential and will check information to verify your application. With your agreement, we will refer you on to the relevant support services.

I confirm that:

- I confirm that I provide care to a person who has the needs as stated above.
- I agree I have answered the questions honestly.

Name.....Signature.....Date.....

Thank you for taking the time in completing this form

Please return to:

Integrated Carers Team (100TS)
P.O. Box 3399
Bristol City Council
Bristol
BS1 9NE

Any queries please contact

Integrated Carers Team

0117 35 21668

integratedcarersteam@bristol.gov.uk

The person you support

Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>		
Address:	<input type="text"/>		
Post Code:	<input type="text"/>		

Relationship to you:

- | | |
|--|--|
| <input type="checkbox"/> Son/Daughter (18 or over) | <input type="checkbox"/> Parent/ Parent-in-law |
| <input type="checkbox"/> Spouse/ Partner | <input type="checkbox"/> Brother/ Sister |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other (Please State) |
| <input type="checkbox"/> Friend/ Neighbour | <input type="text"/> |

Ethnicity:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> African British | <input type="checkbox"/> African non-British | <input type="checkbox"/> Asian British | <input type="checkbox"/> Asian non-British |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Black non-British | <input type="checkbox"/> Mixed heritage British | <input type="checkbox"/> Mixed heritage non-British |
| <input type="checkbox"/> White British | <input type="checkbox"/> White non-British | <input type="checkbox"/> Prefer not to say | |

Other:.....

- | | | | |
|---------|-------------------------------------|-------------------------------|--|
| Gender: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Other..... | | |

Please tick if any of the following apply for the person you care for:

- | | |
|--|--|
| <input type="checkbox"/> Terminal illness | <input type="checkbox"/> Long term condition |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Learning difficulty | <input type="checkbox"/> Mental health problem |
| <input type="checkbox"/> Alcohol or drug dependency | <input type="checkbox"/> Recovering from illness |
| <input type="checkbox"/> Frail and/or has limited mobility | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Autistic spectrum disorder | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Other:..... | |

Please provide any further details:

Do they receive any other services or support?

Helpful information

Websites:

Well Aware 0808 808 5252 <https://www.wellaware.org.uk/>
An online directory with the most up-to-date information on support for carers in Bristol

Bristol City Council carer's page <https://www.bristol.gov.uk/social-care-health/carers>
Information, advice and guidance for carers on what support is available for Bristol City Council and local organisations that offer support. Information on short breaks, financial support and emergency planning.

Local support organisations:

Carers Support Centre 0117 965 2200 www.carerssupportcentre.org
Services: telephone information & advice carers support groups
One-to-one support activities/events training courses

Rethink 0117 903 1803 www.rethink.org/services-groups/services/bristol-carer-service
For carers who support someone with mental health and emotional support needs
Services: telephone support carers support groups
One-to-one support information on local services

Dementia Wellbeing Service 0117 904 5151 www.bristoldementiawellbeing.org
For carers who support someone who has been diagnosed with dementia
Services: telephone support carer support groups
Memory cafe's information on dementia and how best to manage the condition

We Care & Repair 0300 323 0700 <http://www.wecr.org.uk/>
Work with disabled people and those over 60 to live independently in their own homes
Services: handyperson larger repairs/adaptations
Housing advice support leaving hospital home adaptations showrooms

Carers Allowance:

Turn2us www.turn2us.org.uk/Your-Situation/Carers/Carer-s-Allowance
Turn2us is a national charity helping people when times get tough. They provide financial support to help people get back on track.

WRAMAS www.bristol.gov.uk/benefits-financial-help/welfare-rights-and-money-advice-service
WRAMAS is part of Bristol City Council but offer's independent advice.

Apply for Carer's Allowance www.gov.uk/carers-allowance/how-to-claim
This is the Government website where you can apply for Carer's Allowance. It also provides information on guidance on applying.

Carer's Emergency Card:

A Carer's Emergency Card should form part of your emergency planning. The Card also gives carer's discounts in a range of shops across Bristol and South Glos.

For more information and to apply for a card please visit www.bristol.gov.uk/social-care-health/plan-for-a-care-emergency/carers-emergency-card-application