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**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 website at:

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

**Part 1 – About you:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Date of birth: |  |
| Name: |  |
| AddressPostcode  |  |
| Contact number/s: |  |
| Email address: |  |
| Name of GP 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, and family members: |

|  |
| --- |
| Please provide information about any other commitments you have e.g. other dependents (child or adult), work commitments, and 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 [ ]  Day [ ]  Night [ ]  N/A

Personal care, for example, washing/

dressing/ toileting/ incontinence [ ]  Day [ ]  Night [ ]  N/A

Memory loss/confusion [ ]  Day [ ]  Night [ ]  N/A

Learning difficulties/ability to make

sense of daily activities [ ]  Day [ ]  Night [ ]  N/A

Meal times/nutrition/feeding [ ]  Day [ ]  Night [ ]  N/A

Taking to/picking up or helping the person

in exercise/ therapies for example

physiotherapy/ speech therapy [ ]  Day [ ]  Night [ ]  N/A

Assistance with medicines/

drug routines/ medical procedures [ ]  Day [ ]  Night [ ]  N/A

Dealing with the consequences of

substance/ alcohol misuse [ ]  Day [ ]  Night [ ]  N/A

Socialising with other people [ ]  Day [ ]  Night [ ]  N/A

Difficult/ behaviour that challenges [ ]  Day [ ]  Night [ ]  N/A

Getting around in the home, eg

lifting and moving/helping with spatial

problems/ avoiding falls [ ]  Day [ ]  Night [ ]  N/A

Helping the person with their own

family/ parenting responsibilities

(where you are not the other parent) [ ]  Day [ ]  Night [ ]  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 Yes [ ]  No [ ]

person? (include children under 18)

|  |
| --- |
|  |

If yes:

How many people?

|  |
| --- |
|  |

What is their relationship to you?

|  |
| --- |
| Please provide further details: |

**Part 4 – How caring affects you**

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

Yes [ ]  No [ ]

|  |
| --- |
| Please provide further details: |

1. 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 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 [ ]  No [ ]

Physical and mental and emotional wellbeing Yes [ ]  No [ ]

Protection from abuse and/or neglect Yes [ ]  No [ ]

Control over day to day life Yes [ ]  No [ ]

Participation in work, education, training or recreation Yes [ ]  No [ ]

Social and economic wellbeing Yes [ ]  No [ ]

Domestic, family and personal relationships Yes [ ]  No [ ]

Suitability of living accommodation Yes [ ]  No [ ]

Your contribution to society Yes [ ]  No [ ]

**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:Carers Support Centre Vassall CentreGill AvenueFishpondsBristol BS16 2QQ | 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

Any queries please contact

Integrated Carers Team

0117 35 21668

integratedcarersteam@bristol.gov.uk

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

Please return to:

Integrated Carers Team (100TS)

P.O. Box 3399

Bristol City Council

Bristol

BS1 9NE

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

**The person you support**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Date of birth: |  |
| Name: |  |
| AddressPostcode  |  |

Relationship to you:

[ ] Son/Daughter (18 or over) [ ]  Parent/ Parent-in-law

[ ]  Spouse/ Partner [ ]  Brother/ Sister

[ ]  Grandparent [ ]  Other (Please State)

|  |
| --- |
|  |

[ ]  Friend/ Neighbour

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

[ ]  Terminal illness [ ]  Long term condition

[ ]  Physical Impairment [ ]  Dementia

[ ]  Learning difficulty [ ]  Mental health problem

[ ]  Alcohol or drug dependency [ ]  Recovering from illness

[ ]  Frail and/or has limited mobility [ ]  Hearing impairment

[ ]  Autistic spectrum disorder [ ]  Visual impairment

[ ]  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](http://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](http://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](http://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](http://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](http://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/carer-s-emergency-card-application](https://www.bristol.gov.uk/social-care-health/plan-for-a-care-emergency/carer-s-emergency-card-application)