

**Carers Assessment**

**October 2018**

**Carers Assessment**

Carer’s Assessments are for unpaid carers who give regular care and support to someone else and are not paid for doing so *(Carers Allowance is not classed as a payment and if in receipt of Carer’s Allowance, you can still access a Carers Assessment).*

You are entitled to a free Carer’s Assessment if you are aged 18yrs or above and care for someone who is a Sefton resident.

**What is a Carers Assessment?**

The Carers Assessment is about YOU and your needs as a carer. The person/people you support can have separate assessments to assess their needs.

This is your opportunity to discuss the way caring affects you and the impact it has on all aspects of your life.

The Carer’s Assessment will consider:

* Choice, whether the amount of care you give is your choice and you feel it’s manageable
* Health, the impact of your own health and wellbeing of providing care
* Daily tasks, the impact on your own domestic tasks such as cleaning, gardening, home maintenance etc.
* Your needs, the time you have available to see family and friends, leisure time and social activities including your ability to engage in any regular hobbies

This is your opportunity to look at the support you need and how you feel about your caring role. Once you’ve completed your carer’s assessment the type of support that may be available to you can then be discussed.

**How do I access a Carers Assessment in Sefton?**

Step 1

Ask your social worker (if you have one) to refer you for a Carers Assessment or contact Sefton Carers Centre on 0151 288 6060 to self-refer

Step 2

You will be sent a pre-assessment questionnaire through the post to complete. This questionnaire will ask some basic questions about your caring role.

Step 3

Once the pre-assessment questionnaire has been completed and returned to Sefton Carers Centre a member of the Carer Support Team from Sefton Carers Centre will contact you to complete your full Carers Assessment (usually between 4-8 weeks).

Step 4

The Carers Assessment helps to identify any areas of support, following the assessment a Support Plan will be produced and a copy of both assessment and support plan will be sent to you. Sefton Council will make the final decision when approving specific support highlighted on the Support Plan.

Step 5

 Depending on the outcome of the assessment, a member of Sefton Carers Centre Carer Support Team may contact you either in writing or by telephone. Please discuss any queries you may have with your Sefton Carers Centre Carer Support Worker.

**Carers pre-assessment guidance notes**

This form is designed to be as straightforward as possible to complete and will give you chance to think about the extent your caring role affects your life and any areas that you would currently like more information or support in. The Carers pre-assessment helps you to focus on key needs and areas. The following guidance notes are to help you to complete each section.

**Who can complete the pre-assessment?**

You can complete your own carer’s pre-assessment or you can ask for support and complete it with either a family member or friend or with help from Sefton Carers Centre. If you would like help from Sefton Carers Centre to complete the pre-assessment please call 0151 288 6060.

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| --- | --- |
| **Section 1 – About you** | Please fully complete this section with your name, address, date of birth, gender, contact number and email. There is also space here for you to list any disabilities or any long-term conditions you may have including but not limited to the following examples; diabetes, Chronic Obstructive Pulmonary Disease (COPD), heart disease, cancer, arthritis and mental health issues. |
| **Section 2 - About the person you care for** ***If you care for more than one person, please complete the first section about the person you provide the most care to and there is space at the end of this section to give information about any additional people you provide care to.*** | Please fully complete the details of the person you care for including their name, address, date of birth, gender contact number and their relationship to you; e.g. are they your daughter, son, mother, father, friend, neighbour etc. Please state if you are aware if the person you care for has been assessed by social services and what the main health conditions are.If you care for more than one person please provide details of this other person, stating their name, relationship to you and their health conditions.  |
| **Section 3 - Your caring role** | Please tick the box that best describes the length of time you have been providing care to the person you support. |

**Section 4 - To what extent does your caring role affect your life?**

Please tick the most appropriate column which identifies best with the impact the following areas have on your life, the options range from no impact, mild impact, moderate impact and severe impact. Examples of issues that fit into each category are shown below:

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| --- | --- |
| **Section 4** | **Please tick as appropriate** |
| **To what extent does your caring role affect your life?** | **No Impact** | **Mild Impact** | **Moderate Impact** | **Severe****Impact**  |
| **Physical health and wellbeing**This includes looking at mobility issues, lifestyle choices, management of your own long-term health conditions  | 0 | 1 | 2 | 3 |
| **Emotional wellbeing and mental health** Think about how you feel on most days, do you ever feel stressed, anxious, worried, low mood or depression.  | 0 | 1 | 2 | 3 |
| **Choice and control over daily activities and daily life** How much does your caring role impact on other daily activities? | 0 | 1 | 2 | 3 |
| **Ability to maintain a healthy balanced diet**Are you able to have regular healthy meals and snacks? | 0 | 1 | 2 | 3 |
| **Ability to have a restful night sleep**Consider here how often you may tend to caring needs throughout the night? If you don’t tend to any caring needs through the night are you able to relax your mind to have restful night’s sleep? | 0 | 1 | 2 | 3 |
| **Ability to maintain any additional caring responsibilities**Do you care for more than one person? e.g. younger children of your own or helping with grandchildren? | 0 | 1 | 2 | 3 |
| **Ability to maintain your home environment, i.e. cleaning, DIY etc.**Can you maintain your home, cleaning, garden, home tidiness etc. as well as you would like to? | 0 | 1 | 2 | 3 |
| **Opportunity to partake in employment/education/volunteering**Would you like to take part in any employment, education or volunteering and if so are you able to do so? | 0 | 1 | 2 | 3 |
| **Ability to have some leisure time** Do you have any leisure time; e.g. going out for a walk, to a gym, attending sports matches/ cinema/theatre etc? | 0 | 1 | 2 | 3 |
| **Ability to maintain important relationships i.e. friends and family**Are you able to visit and meet up with family and friends as often as you would like to?  | 0 | 1 | 2 | 3 |
| **Ability to use services within your community**Do you have time to access community groups/centres, dentists, GP, hairdressers etc in your community? | 0 | 1 | 2 | 3 |

**Section 5**

This section looks at different statements that help determine the effect caring has on your mental health and wellbeing. Please tick the most appropriate column; if you feel the statement has no affect (none of the time), rarely, some of the time, often or all of the time, thinking about your thoughts over the last 2 weeks.

**Section 6 – Which area would you like further information in?**

Please tick the box next to the area you would like further information about, some examples of support are shown below:

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| --- | --- |
| **Section 6****In which areas would you like further support?**  | **Please tick as appropriate** |
| **Employment or training**(Sefton Carers Centre offer courses and training which you can access and we can signpost you to Sefton @ Work for employment support) |  | **To develop a plan in case of emergency situations**(Access to Sefton’s Emergency Card Scheme) |  |
| **To exercise more often**(Signpost to Living Well Sefton or apply for one-off support exploring other options for fitness) |  | **Eating healthier and having a balanced diet** (Information and guidance through living Well Sefton) |  |
| **To extend my skills and knowledge of my caring role** (Access to Sefton training courses such as dementia friends training and signpost to other relevant courses in the borough) |  | **To have somebody to talk to discuss my feelings**(Sefton Carers Centre can refer you to in house listening ear/counselling services) |  |
| **To possibly reduce my number of caring hours**(Referral for a social care assessment for the person you support to see if they are eligible to any additional help) |  | **To reduce or stop smoking** (Information and guidance through living Well Sefton) |  |
| **To access welfare benefits advice** (Signpost to Sefton Carers Centre welfare benefits advice) |  | **Help or advice for keeping warm and safe within my home** (Signpost to local energy efficiency teams in Sefton) |  |
| **Support with keeping my home and garden clean and tidy**(Explore options to look for any help that would assist with one off garden/home support to get your garden/home back to a manageable level that you are able to maintain) |  | **To improve my level of health and wellbeing**(Signpost to Sefton Carers Centre courses and Living Well Sefton service in addition to any other community based services in your local area)  |  |
| **Help with equipment / adaptations in the home to enable me to carry out my caring role safely**(Referral for an occupational health assessment and if required a social care assessment for the person you care for) |  | **To get involved with a group of other carers to improve services for carers**(Signposting to Sefton carers Centre Carers Voice project) |  |

**Section 7 - Data Protection Act** This section you need to sign and date to say you are happy for your information (data) to be held in accordance with the Data Protection Act 1998 by Sefton Carers Centre.