Carer Personal Details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Language |  |

|  |  |
| --- | --- |
| GP Name |  |
| Address |  |
| Telephone Number |  |

Person Being Cared For Personal Details

**1.**

|  |  |
| --- | --- |
| Name |  |
| Relationship to carer |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Language |  |

**2.**

|  |  |
| --- | --- |
| Name |  |
| Relationship to carer |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Language |  |

|  |  |
| --- | --- |
| Date Assessment requested |  |
| Actual start date of assessment |  |

Capacity and Consent

**Capacity**

|  |
| --- |
| Does the Carer have capacity to complete this assessment? |
| Yes | Continue to **Consent** |
| No | Please pause assessment and refer to Carers FIRST for face to face assessment. |

**Consent**

Please ensure the carer understand the statement below.

I understand that completing this form will lead to a computer record being made which will be treated confidentially. Lincolnshire County Council will hold this information for the purpose of providing information, advice and support to meet my needs. To be able to do this the information may be shared with relevant NHS Agencies and providers of Carers' Services. This will also help reduce the number of times I am asked for the same information.

I understand that the information I provide on this form will only be shared as allowed by the Data Protection Act 1998

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Carers Name  |  | ElectronicSignature |  | Date |  |
| Assessors Name |  | Electronic Signature |  | Date |  |

Assessment

|  |
| --- |
| Reason for contacting carer support service and summary of current situation. |
|  |

|  |
| --- |
| Is there a young person (under 18) involved in any care and support?(Be aware that carers under the age of 18 may be classed as a child in need.) |
| Yes |  | No |  | Not Applicable |  |  |

Information about the person / people you are caring for

|  |
| --- |
| Please tell us about the person / people you care for, e.g. diagnosis and situation, concerns/ problems etc. |
|  |

|  |
| --- |
| Do you feel you have enough information about the particular condition the person you provide care to has, and the treatment they are receiving? |
| Yes |  | No |  |  |

Your caring role

|  |
| --- |
| How do you help the person / people you care for? |
|  |

How often do you provide support as a carer per week?

|  |  |
| --- | --- |
| 1 -19 hours |  |
| 20 -49 hours |  |
| 50 plus hours |  |

When do you provide care?

|  |  |
| --- | --- |
| Day |  |
| Night |  |
| Both |  |

How long have you been in a caring role?

|  |  |
| --- | --- |
| Less than 1 year |  |
| 1 year |  |
| 2 years |  |
| 3 years |  |
| 4 years |  |
| 5 years plus |  |

Health and wellbeing

|  |
| --- |
| Please tell us about your overall physical and mental health and wellbeing, and whether your caring role is having an effect on any of your current medical conditions or impacting on your rest, sleep, diet, opportunity to exercise, etc. |
|  |

|  |
| --- |
| Does your caring role affect your physical or mental health? |
| Yes |  | No |  |  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

**Carers Outcomes**

Caring for children

Please consider any parenting or other caring responsibilities you have for a child in addition to your caring role. For example, you might be a grandparent with caring responsibilities for your grandchildren while their parents are at work.

|  |
| --- |
| Do you have any caring responsibilities for a child? |
| Yes |  | No |  |  |
| Does your caring role affect your ability to carry out your childcare responsibilities? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Caring for others

Please consider any additional caring responsibilities you may have. For example, you may also have caring responsibilities for a parent in addition to caring for your partner.

|  |
| --- |
| Do you provide care to anyone else? |
| Yes |  | No |  |  |
| Does your caring role affect your other caring responsibilities? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Home Environment

Please consider whether the condition of your home is safe and an appropriate environment to live in and whether it presents a significant risk to your wellbeing. A habitable home should be safe and have essential amenities such as water, electricity and gas.

|  |
| --- |
| Do you have any difficulties maintaining your home? |
| Yes |  | No |  |  |
| Does your caring role affect your ability to maintain your home? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Managing and maintaining nutrition

Please consider whether you have time to do essential shopping and to prepare meals for yourself and your family.

|  |
| --- |
| Do you have any difficulties managing and maintain your nutrition? |
| Yes |  | No |  |  |
| Does your caring role affect your ability to manage and maintain your nutrition? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Maintaining family and personal relationships

Please consider whether you are in a position where your caring role prevents you from maintaining key relationships with family and friends or from developing new relationships.

|  |
| --- |
| Do you have any difficulties maintaining relationships with family and friends? |
| Yes |  | No |  |  |
| Does your caring role affect your ability to maintain relationships with family and friends? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Work, training, education and volunteering

Please consider whether you can continue in your job, and contribute to society, apply yourself in education, volunteer to support civil society or have the opportunity to get a job, if you are not in employment.

Employment Status If in education, what is the status?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full time |  |  |  | Full time |  |
| Part time |  |  | Part time |  |
| Retired |  |  | N/A |  |
| Looking for employment |  |  |
| Other, please state  |  |  |

|  |
| --- |
| Does your caring role affect your ability to continue in employment / education or access training or volunteering opportunities? |
| Yes |  | No |  | N/A |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

|  |
| --- |
| Have you been informed of what benefits you may be entitled to as a carer? i.e. attendance allowance |
| Yes |  | No |  |  |

Community

Please consider whether you have the opportunity to make use of the local community services and facilities and for example use of recreational facilities such as gyms or swimming pools.

|  |
| --- |
| Are you able to access your local community? |
| Yes |  | No |  |  |
| Does your caring role affect your ability to access your local community services and facilities? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Recreation

Please consider whether you have leisure time, which might for example be some free time to read or engage in a hobby.

|  |
| --- |
| Di you have any hobbies or participate in recreational activities? |
| Yes |  | No |  |  |
| Does your caring role affect your ability to participate in leisure time activities? |
| Yes |  | No |  |  |

|  |
| --- |
| How does this impact your wellbeing? |
|  |

Personal Outcome

|  |
| --- |
| If you have difficulties, tell us how you want things to be and what you want to change |
|  |

Sustainability of Caring Role

We will consider all of your needs and whether any support in place will help sustain your caring role, in the short term and long term.

|  |
| --- |
| Can you continue to provide care?  |
| Yes |  | No |  |

|  |
| --- |
| How can we support you to continue in your caring role? |
|  |

Eligibility determination

Note – if 3 of the yellow boxes are ticked – Carer has eligible needs

|  |  |  |  |
| --- | --- | --- | --- |
| * Does the carer have needs which arise as a consequence of providing necessary care for an adult? (parent carers to be included)
 | Yes | No | N/A |
|  |  |  |
| * Is the carers physical or mental health at risk of deterioration due to their caring role?
 |  |  |  |
| **Does the caring role affect the Carers ability to achieve the following outcomes** |  |  |  |
| * Carry out any caring responsibilities the carer has for a child
 |  |  |  |
| * Provide care to other persons for whom the carer provides care
 |  |  |  |
| * Maintain a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care.
 |  |  |  |
| * Manage and maintain their own nutrition.
 |  |  |  |
| * Develop and maintain family or other personal relationships.
 |  |  |  |
| * Engage in work, training, education or volunteering
 |  |  |  |
| * Make use of necessary facilities or services in the local community, including recreational facilities or services
 |  |  |  |
| * Engage in recreational activities
 |  |  |  |
| * Does the inability to achieve one or more outcomes have a significant impact on the person's wellbeing?
 |  |  |  |

Assessment summary

 (Please delete bold type as appropriate)

You are ***eligible / not eligible*** for support because;

* You ***are /are not*** providing necessary care.
* Your physical or mental health ***is /is not*** at risk
* Or you are ***unable to achieve one or more of the carer outcomes / able to achieve all of the carer outcomes***
* As a consequence of your caring role there ***is / is not*** a significant impact on your wellbeing

|  |
| --- |
| Key points of the assessment include information and advice and eligible outcomes. |
|  |

Personal Budget

A carer’s Indicative personal budget is calculated by using the Resource Allocation System (RAS). This creates an indicative personal budget which is the amount of money that may be required to meet eligible support needs. The RAS does not determine the final allocation of a Personal Budget. The final personal budget awarded could be more of less than the RAS depending upon the support need. It is therefore important to identify which needs require resource / services to meet them and which do not as part of the assessment. A personal budget is awarded purely to meet a need as identified in the assessment and intended for the benefit of the Carer. It will not be offered where there has been no need identified.

|  |  |
| --- | --- |
| Indicative personal budget as per RAS score | £ |

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Assessors' details

|  |  |  |
| --- | --- | --- |
| This assessment was conducted | by phone |  |
|  | face to face |  |
|  | online |  |

|  |  |
| --- | --- |
| Assessor's Name  |  |
| Team |  |
| Contact details |  |
| Date completed |  |

|  |
| --- |
| Please give details of anyone involved in this assessment. |
|  |