

Croydon Adult Social Care & Housing Department  
**CARERS ASSESSMENT FORM**  
 (Assessment of carer's needs)

**Notes to Assessor:**

*If other carers providing significant and regular care are identified by this assessment, each must be advised of their right to request a Carer's Assessment. This includes young people under 18 providing care. Please ensure details on Swift system are entered correctly. This form may also be used for a review of the carers' assessment. A Carer's Assessment should also be offered to those carers who intend to take on the caring role.*

Is this a **new** Carer's Assessment?

Yes  No

Is this a **review** of the Carer's Assessment?

Yes  No

Date of previous assessment:

\_\_\_\_\_

**PART ONE – THE CARER'S DETAILS AND CARING TASKS**

<b>1a YOUR DETAILS:</b>				
<b>Your first language:</b>				
<b>Do you need an interpreter to complete this assessment?</b>	<b>Yes</b>		<b>No</b>	
<b>What is your ethnic origin?</b>				
<b>What is your family name?</b>				
<b>Given name (first name):</b>				
<b>What is your preferred name?</b>				
<b>What is your date of birth?</b>				
<b>Title: (Mr, Mrs, Miss, Ms, etc)</b>				
<b>Address:</b>				
<b>Postcode:</b>				
<b>Home telephone no:</b>				
<b>Mobile no:</b>				
<b>SWIFT No:</b>				

<b>1b DETAILS OF THE PERSON FOR WHOM YOU CARE</b>					
<b>Name of the person:</b>					
<b>Date of birth:</b>					
<b>SWIFT No:</b>					
<b>Nature of disability:</b>					
<b>Does the person you care for have:</b>					
Dementia?		Yes		No	
A learning disability?		Yes		No	
Mental health problems?		Yes		No	
A physical disability?		Yes		No	
A hearing impairment?		Yes		No	
A visual impairment?		Yes		No	
Dual sensory loss?		Yes		No	
Substance misuse problems?		Yes		No	
Frailty and / or temporary illness?		Yes		No	
Other: Please state:					
Is the person you care for known to Social services?		Yes		No	

<b>1c YOUR CIRCUMSTANCES</b>					
Do you care for the person in your own home?		Yes		No	
For how long have you been providing care?					
Approximately, for how many hours each week do you provide care?					
How many other people (including children) are there in your household?					
Do any of these people also provide care?		Yes		No	
If "yes" please give details, including ages:					
<b>(In Croydon, young carers can be referred to the "Young Carers Project" to get free support).</b>					
Do you care for anyone else?		Yes		No	
If "yes", please give details:					
Do you wish to have a separate assessment about caring for these people?		Yes		No	

### 1d CARING TASKS – (Which tasks you perform, how often and how much is this a problem for you)

Tell your assessor which letter below best fits the amount of time you spend caring, and the difficulties that you face in doing so.

If this is a review of your Carer's Assessment – think about how your caring role has changed - are you spending even more of your time caring for instance?

Aspects of caring	How often do help out with caring tasks on a scale A to D?				How much is this a problem for you on a scale of A to D?			
	A = Never C = Frequently		B = Sometimes D = Always		A = Never C = Frequently		B = Sometimes D = Always	
<b>Getting the person up and putting to bed</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Washing &amp; Bathing</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Toileting</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Managing incontinence</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Dressing &amp; Undressing</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Moving &amp; Handling</b>	A	B	C	D	A	B	C	D
Carer's comments								

Aspects of caring	How often do you help with caring tasks on a scale of A to D?				How much is this a problem for you on a scale of A to D?			
	A = Never C = Frequently		B = Sometimes D = Always		A = Never C = Frequently		B = Sometimes D = Always	
<b>Planning, shopping and preparing meals</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Feeding / encouraging eating</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Giving or monitoring medication</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Providing assistance during the night</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Providing emotional support</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Ensuring the person is safe inside the home</b>	A	B	C	D	A	B	C	D
Carer's comments								
<b>Ensuring the person is safe outside the home</b>	A	B	C	D	A	B	C	D
Carer's comments								

Aspects of caring	How often do you help with caring tasks on a scale of A to D?				How much is this a problem for you on a scale of A TO D?			
	A = Never C = Frequently		B = Sometimes D = Always		A = Never C = Frequently		B = Sometimes D = Always	
Dealing with difficult behaviour	A	B	C	D	A	B	C	D
Carer's comments								
Dealing with aggressive or verbally abuse behaviour	A	B	C	D	A	B	C	D
Carer's comments								
Managing finances and benefits	A	B	C	D	A	B	C	D
Carer's comments								
Dealing with crisis / emergencies	A	B	C	D	A	B	C	D
Carer's comments								
Dealing with laundry, cleaning, housework	A	B	C	D	A	B	C	D
Carer's comments								
Acting as an advocate e.g.: speaking or acting on behalf of the person for whom you care	A	B	C	D	A	B	C	D
Carer's comments								
Arranging and helping to attend appointments	A	B	C	D	A	B	C	D
Carer's comments								

<b>Aspects of caring</b>	<b>How often do you help with caring tasks on a scale of A to D?</b>	<b>How much is this a problem for you on a scale of A to D?</b>
	<b>A = Never      B = Sometimes</b> <b>C = Frequently   D = Always</b>	<b>A = Never      B = Sometimes</b> <b>C = Frequently   D = Always</b>
<b>Any other comments about caring tasks</b>		

## PART TWO – THE IMPACT OF THE CARING ROLE AND HOW IT AFFECTS YOU

<b>2a YOUR HEALTH AND WELL-BEING</b>				
<b>What is your GP's name:</b>				
<b>Your GP's address:</b>				
<b>Your GP's phone no:</b>				
Do you have any emotional or physical health problems that affect your ability to provide care?	Yes		No	
If "Yes", please provide brief details including any current treatment, medication and the frequency of visits e.g.: to your GP, hospital				
How does caring affect your health problems, and what help might you need?				
Is there any training that you need to help you care e.g.: "Lifting and Moving", First Aid?	Yes		No	
Is your GP aware of your role as a carer?	Yes		No	
Have you registered as a carer with your GP surgery?	Yes		No	

<b>2b YOUR OTHER COMMITMENTS</b>				
<b>Please tell us about your commitments and responsibilities outside your caring role</b>				
<b>EDUCATION AND EMPLOYMENT</b>				
Are you in paid employment?	Yes		No	
Are you studying / training?	Yes		No	
Are you involved in volunteering?	Yes		No	
Other: Please provide details				
Do you have any problems accessing education / training because you are a carer? If "yes" please provide details	Yes		No	
Would you like to be referred to another service for further information and support on study / training opportunities?	Yes		No	

<b>SOCIAL OPPORTUNITIES</b>				
Has access to outside interests been curtailed / limited because of your caring responsibilities?	Yes		No	
Are there any leisure activities in which you would like to be involved in but find it difficult because of your caring role?	Yes		No	

<b>MONEY AND LEGAL MATTERS</b>				
Are you, or the person you care for, receiving any benefits? If "yes" which benefits do you receive?	Yes		No	
Are there any money or benefit-related problems?	Yes		No	
If "yes" would you like to discuss these	Yes		No	
Would you like advice about benefits or a benefits assessment?	Yes		No	
Do you have Power of Attorney for the person for whom you care?	Yes		No	
Are there any other legal arrangements in place e.g.: Trusts? If "yes" please specify	Yes		No	
Would you like further information about where to find advice on legal issues?	Yes		No	

<b>HOUSING / SAFETY</b>				
<b>Housing</b>				
Do you feel that the accommodation where the person you care for lives is suitable?	Yes		No	
What else would be helpful to resolve these problems				
<b>Safety and Risk – being worried about your own safety and of the people you care for</b>				
Are you worried about the safety of the person for whom you care?	Yes		No	
Are you worried about your own safety?	Yes		No	
Is someone else you know worried about you or the person you care for?	Yes		No	
What would help to ensure that you and the person(s) you care for remain safe?				



## PART THREE – SUPPORTING YOU IN YOUR CARING ROLE

<b>3a SHORT BREAKS</b>				
Are you able to take short breaks away from the person for whom you care?	Yes		No	
<b>If you are unable to take breaks please explain why: for example does the person for whom you care refuse to accept services etc</b>				

<b>What type of help / break would you like (if any) to support you in your caring role? For example: stress management, relaxation classes, practical help around the home etc.</b>

<b>3b THE PERSON FOR WHOM YOU CARE</b>				
Are you involved in planning services for the person you care for?	Yes		No	
Are you aware of, or do you have a copy of their Care Plan?	Yes		No	
Do you think the person you care for has needs that are not being met?	Yes		No	
If "yes" please provide details	Yes		No	

<b>3c EMERGENCY CARE PLANS</b>				
Do you have a plan in place in case of an emergency? If "yes" please provide details	Yes		No	
If you qualify to join, can we make a referral for you to join Croydon's free emergency response service called "Croycare"?	Yes		No	

<b>4 MAKING A COMPLAINT</b>				
Do you know who to approach if you are unhappy with services?	Yes		No	
Do you know how to make a complaint?	Yes		No	
Would you like us to send you a leaflet which explains the Complaints Process?	Yes		No	

<b>5 PERMISSION TO SHARE INFORMATION</b>
<b>The information you have given us is confidential and will only be shared with your permission. We would only share information if it relates to providing services that will support you. Please state your wishes by ticking the relevant section :</b>
<b>I AGREE/DISAGREE for my information to be shared with the person for whom I care or any person who will provide services for me</b>
<input type="checkbox"/> <b>AGREE</b>
<input type="checkbox"/> <b>DISAGREE</b>

<b>CARER'S COMMENTS</b>
<b>Is there anything that you would like to add to this assessment? (This may include unresolved issues that you would like recorded.</b>

<b>CARER'S AGREEMENT</b>	
<b>I confirm that I have been fully involved in my Carer's Assessment (or review of Carer's Assessment) and my Care Plan and that these accurately reflect issues discussed.</b>	
<b>I understand that this document contains a summary of my support needs and that it is not a commitment to provide services.</b>	
<b>Carer's signature:</b>	<b>Date:</b>

**PART FOUR - SUMMARY/KEY ACTIONS FROM CARERS  
ASSESSMENT/REVIEW**

<b>a. ASSESSOR'S SUMMARY ARISING FROM CARERS ASSESSMENT</b>	
<b>Key Issue from carers' assessment</b>	<b>Action and by whom</b>
<b>Carers Assessment completed by:</b>	
<b>Assessing Officer: (print name)</b>	<b>Signature:</b>
<b>Team:</b>	<b>Date:</b>
<b>Care Management and Assessment Team use only</b>	
<b>Risk of caring role being unsustainable:</b>	
<b>Critical</b> <input type="checkbox"/>	<b>Substantial</b> <input type="checkbox"/>
<b>Moderate</b> <input type="checkbox"/>	<b>Low</b> <input type="checkbox"/>

## b. ASSESSOR'S SUMMARY OF REVIEW OF CARERS ASSESSMENT

Have the carer's circumstances changed?	Yes		No	
Have the circumstances of the client/cared for changed?	Yes		No	
Does the carer want a new assessment of need for the client/cared for?	Yes		No	
Does the carer want new or alternative services for themselves or the person cared for?	Yes		No	

Key Issue from review of carers assessment	Action and by whom

<b>Review of carers assessment completed by:</b>	
<b>Assessing Officer:</b> (print name)	<b>Signature:</b>
<b>Team:</b>	<b>Date:</b>
<b>Care Management and Assessment Team use only</b>	
<b>Risk of caring role being unsustainable:</b>	
<b>Critical</b> <input type="checkbox"/>	<b>Substantial</b> <input type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> <b>Low</b> <input type="checkbox"/>