

Adult Social Care Services

Carer's Self-Assessment

Please return your completed form to:

The Intermediate Care Team
Reading Borough Council
The Avenue Centre
Tilehurst
Reading RG30 4BZ

www.reading.gov.uk/carers

Should I complete this assessment?

You should complete this assessment, if you are:

- aged 18 or over AND
- you provide unpaid care and support to an adult who is ill, frail, has a physical disability, has a learning disability, has sight or hearing loss, has mental health difficulties, is dependent on drugs/ alcohol OR you are the parent/guardian of a disabled child AND
- the person you care for lives within Reading borough (pays Council Tax to Reading Borough Council). *If the person lives in a different local authority area please contact that local authority to request your carer's assessment.*



If you need support urgently contact us straight away on 0118 937 3747 (01344 786 543 out of hours).

If someone is abusing you or the person you look after contact us straight away on 0118 937 3747 (01344 786 543 out of hours).

If you have immediate concerns about the wellbeing of a young person/carers call MASH on 0118 937 3641 (01344 786 543 out of hours).

If you have a health question which needs an immediate response, phone 111.

ALL unpaid carers are entitled to a FREE assessment of their own needs. Please note:

- Carers support is not linked to your income or savings.
- You don't have to provide care for a minimum number of days/hours -
- You don't have to live with the person you care for.
- You may have other responsibilities like a job or looking after your family

Young carers are likely to face some issues which are different from adult carers - we have a separate process for assessing young carers' needs.

If you are a young carer (under 19 years of age) or are supporting a young carer you can request a whole family/young carers assessment through the Early Help Hub. Call 0118 937 6545 or visit www.reading.gov.uk/earlyhelp.

This information can be made available in alternative formats (such as Braille, audiotope or large print), or in other languages, on request. Please contact the Reading Adult Contact Team on 0118 937 4737.

About this assessment

Your Carer's Assessment will show whether you are eligible for support from Reading Social Care Services. You can complete this assessment if you:

- have had no previous contact with Social Care or
- your situation has changed and you would like us to review how we can support you or
- it is more than a year since your last Carer's Assessment.

Even if you are not eligible for support your Carer's Assessment can clarify your needs help identify other sources of support which could help you.

Section 1: Your details (carer)

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

First name

Last name

Date of birth

Gender

☐

Male

☐

Female

NHS No.

(On letters from GP/hospital or ask your GP surgery)

Tel. No.

Email

Permanent Address

Postcode

What is your preferred language?

What is your religion?

☐

Agnostic

☐

Atheist

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jehovah Witness

☐

Jewish

☐

Muslim

☐

Sikh

☐

None

☐

Other

☐

Prefer not to say

If other please state:

Which of the following options describes how you think of yourself?

☐

Heterosexual/straight

☐

Gay/lesbian

☐

Bisexual

☐

Prefer not to say

☐

Other

What is your ethnicity?

Asian or Asian British

- ☐ Bangladeshi *inc British*
- ☐ British Asian
- ☐ Chinese
- ☐ East African Asian
- ☐ Filipino
- ☐ Indian/British Indian
- ☐ Japanese
- ☐ Malaysian
- ☐ Pakistani/British Pakistani
- ☐ Punjabi
- ☐ Sinhalese
- ☐ Sri Lankan
- ☐ Tamil
- ☐ Vietnamese
- ☐ Other Asian *please state*

Other Asian or Asian British background *please state*

Black or black British

- ☐ Black African
- ☐ Black British
- ☐ Black British/African
- ☐ Black British/Caribbean
- ☐ Black Caribbean
- ☐ Black mixed
- ☐ Black Nigerian
- ☐ Black Somali
- ☐ Ethiopian
- ☐ North African

Other black or black British background *please state*

Mixed

- ☐ Caribbean & Asian
- ☐ Asian & Chinese
- ☐ Black & Asian
- ☐ Black & Chinese
- ☐ Black and White
- ☐ Chinese & White
- ☐ White/Asian White
- ☐ White/black African
- ☐ White/Black Caribbean
- ☐ Mixed other *please state*

Other mixed background *please state*

White

- ☐ Albanian
- ☐ Bosnian
- ☐ Croatian
- ☐ Cypriot
- ☐ Greek
- ☐ Greek Cypriot
- ☐ Gypsy Romany
- ☐ Irish
- ☐ Italian
- ☐ Kosovan
- ☐ Polish
- ☐ Romanian
- ☐ Serbian
- ☐ Traveller
- ☐ Traveller Irish Heritage
- ☐ Turkish
- ☐ Turkish Cypriot
- ☐ USSR former republics
- ☐ White (English, N Irish, Scottish, Welsh)
- ☐ White mixed specified
- ☐ Yugoslavia former republics

Other white European or white background *please state*

Section 2: About the person you look after

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

First name

Last name

Date of birth

Gender

☐

Male

☐

Female

NHS No.

(On letters from GP/hospital or ask your GP surgery)

Tel. No.

Email

Permanent Address

Postcode

What is your relationship to this person?

e.g. partner/spouse, parent, brother/sister, friend, neighbour etc.

Has this person completed a care and support needs assessment for children's or adult social care?

☐

Yes

☐

No

☐

Don't know

☐

N/A – cared for is a child

If yes, would you like your assessment to be combined with their assessment?

☐

Yes

☐

No

If you look after another adult/disabled child please provide their details below:

Section 3: Caring Responsibilities

When answering the following questions parents/carers of disabled children should only consider the difference between help/support your child needs over the support a similarly aged child without disabilities would be expected to need.

Personal Hygiene

This includes any help you provide to support the person to maintain their personal hygiene and includes things like washing, bathing, grooming, tooth care, make-up, managing pressure sores/skin conditions, nail care etc.

Do you support/can you continue to support the person you care for with their personal hygiene?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Twice a day or more
- ☐ Once a day
- ☐ Once a week
- ☐ Less often

Being appropriately clothed

This includes any help you provide to help the person you care for be appropriately dressed - this includes help with choosing suitable clothing for the weather, getting dressed, putting glasses on, putting in hearing aids etc.

Do you support/can you continue to support the person you care for with dressing?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Twice a day
- ☐ Once a day
- ☐ Less often

Toilet needs

This includes any help you provide to support the person to get to the bathroom /toilet, get on/off the toilet or using incontinence aids.

Do you support/can you continue to support the person you care for with their toilet need?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Throughout the day and overnight
- ☐ Twice or more during the day but not overnight
- ☐ Once during the day
- ☐ Less often

Managing and maintaining nutrition

This includes any help you provide to support the person to manage their nutritional needs such as help with preparing meals, hot drinks and snacks, making healthy food choices, help with eating (cutting up food, feeding, encouraging or prompting to eat or PEG Gastro feeding) and help to manage any special dietary needs and preferences (allergies, diabetes, food allergies, cultural/religious needs and other preferences).

Do you support/can you continue to support the person you care for with their nutrition?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Three times a day
- ☐ Twice a day
- ☐ Once a day
- ☐ Less often

Living in and using the home safely

This includes any help you provide to support the person to live in and use the home safely - such as help with moving between rooms and floors, lifting in and out of a chair or bed, help with using stairs, accessing the garden, getting out of the house, help with taking medication, locking doors/windows and managing risks from drugs, alcohol or smoking.

Do you support/can you continue to support the person you care for to live in and use their home safely?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Throughout the day and overnight
- ☐ Twice or more during the day but not overnight
- ☐ Once during the day
- ☐ Less often

Maintaining a habitable home

This includes any help you provide to support the person to maintain their home environment such as doing laundry, changing bed linen, housework, putting rubbish/bins out, shopping, paying bills etc.

Do you support/can you continue to support the person you care for to maintain a habitable home?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Twice a day or more
- ☐ Once a day
- ☐ Once a week
- ☐ Less often

Developing and maintaining relationships

This includes any help you provide to support the person to develop and maintain personal relationships - such as help to see/stay in touch with family and friends, taking the person out or to social groups/lunch clubs etc., supporting them to make decisions and choices about their day to day life?

Parents/carers of disabled children should only consider the difference between help/support your child needs over the support a similarly aged child without disabilities would be expected to need.

Do you support/can you continue to support the person you care for to develop and maintain their personal relationships?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ More than once a week
- ☐ Once a week
- ☐ Less often

Making use of community facilities and services

This includes any help you provide to support the person you look after to get around (providing transport, help with public transport or taxis) and/or supporting them to access community services, leisure facilities and social activities.

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ More than once a week
- ☐ Once a week
- ☐ Less often

Accessing work, training, education or volunteering

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ More than once a week
- ☐ Once a week
- ☐ Less often

Caring responsibilities for a child/children

This includes any help you provide to support the person you care for to carry out their caring responsibilities for their children.

Do you support/can you continue to support the person you look after to manage their caring responsibilities for their child/children?

- ☐ He/she does not need help with this
- ☐ I can continue to provide the support he/she needs on my own
- ☐ I can continue to provide support but need help to meet all his her needs
- ☐ I can't continue to provide this support
- ☐ I don't provide this support

If you provide this support how often do you currently provide it?

- ☐ Throughout the day and overnight
- ☐ Twice or more during the day but not overnight
- ☐ Once during the day
- ☐ Less often

Please provide details of any other support you provide:

Are you the primary carer for this person?

☐ Yes ☐ No

Could any of the things you do now be done by the person you look after?

☐ Yes ☐ No

If yes, what could they do?

Does the person you look after also get any help from paid carers or other professional services? *(day services, cleaner, gardener)*

☐ Yes ☐ No

If yes, please give details:

Does anyone else share caring responsibilities with you?

☐ Yes – another adult ☐ Yes – a young person under 19 years ☐ No

Adults who share caring responsibilities are entitled to their own Carer's Assessment - please encourage them to complete one or contact us on 0118 937 3747

Young carers are entitled to a Young Carer's Assessment - please contact the Early Help Hub on 0118 937 6545

Do you have a back-up plan for emergencies?

☐ Yes ☐ No

This is a plan to ensure the person you look after would still get help they depend on if you were suddenly not able to provide support.

If yes, please describe your plan:

Would you like help to make or review a back-up plan?

☐ Yes ☐ No

Section 4: How caring affects you

Do you feel caring has had an effect on your physical or mental health? (This can include feeling tired, low mood or stressed)

☐ Yes ☐ No

If yes, please give details:

Does caring prevent you from achieving everything you want to?

Although caring can be very rewarding, it can limit your ability to do other things. Please tell us if:

- caring means you are unable to manage any of the following without help
- caring means you can only achieve these things with some pain, distress or anxiety or
- you can manage, but only at the cost of putting someone's health or safety at risk (yours, the person you care for other people you look after).

Caring limits my ability to care for children who are dependent on me

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to care for other adults who are dependent on me

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to keep my own home clean and comfortable

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to eat healthily to stay well

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to stay in touch with family and friends

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to take part in work, training, education or volunteering

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to use community facilities services

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

Caring limits my ability to take part in leisure activities

- ☐ This doesn't apply to me
- ☐ I can manage without help
- ☐ I need some help with this because of my caring role

If you indicated you are unable to achieve at least one of these things without assistance, what would change that?

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Impact on your wellbeing

To assess the impact your caring role has on your wellbeing, please say how often you feel the following statements are true for you:

Caring means I don't get enough time to myself

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring makes me very tired

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring means I don't always feel able to take care of myself properly

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring means I don't get as much sleep as I need.

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring leaves me isolated

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring makes me feel stressed.

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring has put me under financial strain

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

I worry about being able to cope with my caring responsibilities

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Caring has put my relationship with the person I look after under a lot of strain.

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

I feel unsafe in my caring role.

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Please describe any other ways you feel caring has impacted on your wellbeing:

Do you have concerns about the long term future? If so, what would you like to plan for?

If you qualify for help

If your Carer's Assessment shows that you qualify for your own services we can help you work out, in detail, what services would support you best and what these would cost.

You can choose to be assessed to receive a lump sum (a Simple Carer's Direct Payment) based on the amount of funding other carers in a similar situation have found will buy the support they need.

You have the right to a personalised Support Plan if you would prefer this. The amount of funding you get could be more or less than your Simple Carer's Direct Payment entitlement.

If you qualify, would you prefer a Simple Carer's Direct Payment or an individual Personal Budget and Support Plan?

- ☐ Simple Carers Direct Payment
- ☐ Personal Budget & Support Plan

Protecting your personal information

We keep the information you give us confidential. We only use it to decide what support you may be eligible for, and to help us arrange the support you need. Where necessary, we may share this with other social care and health agencies – unless you ask us not to. See www.reading.gov.uk/dataprotection for more information about how we use, store and share your information.

Please tick one of the following:

- ☐ I agree to my information being used as in 'Your Information' above.
- ☐ I agree to my information being used as in 'Your Information' above, except for: *Please say what information you do not want shared, and/or the people/agencies you don't want it to be shared with below*

Signed

Date

Your feedback on this form

We are interested to find out about your experience of completing this form and any comments and/or suggestions you have that could help us improve the assessment process.

How easy did you find this form to complete?

- ☐ It was very clear and easy to complete
- ☐ It was very clear and easy to complete
- ☐ It was mostly unclear and difficult to complete
- ☐ It was all very difficult to complete

Please give details of any specific difficulties:

Do you have any suggestions to help us improve this form?

Please return your completed form to:

Intermediate Care Team
The Avenue Centre,
Conwy Close,
Tilehurst,
Reading RG30 4BZ

Reading Services Guide

Now that you have completed this questionnaire, you may have a better idea what sort of things you want to find help with. The Reading Services Guide (servicesguide.reading.gov.uk) has information on lots of community based services which support carers.

Some of these services are free and available to anyone. Other services have specific eligibility criteria or there may be a charge.

The Guide also has handy information sheets to help you to understand and manage your caring role, including the “About Me” free online training course for carers. The course will guide you through how to build networks of support and identify the help that is available to you as a carer. This should help you to prepare for some of the challenges of caring.

Carers Assessment - OFFICE USE ONLY

Independent advocacy:

Simple Direct Payment:

☐ Yes ☐ No

Offer declined on:

date

Advocate details:

Name/organisation

Eligibility Decision:

	Y/N	Comment
Providing necessary care		
Health at risk/unable to achieve one or more outcomes		
Impact on wellbeing		

Support provided:

Simple Direct Payment:

☐ £175 ☐ £200 ☐ £300

Personal Budget:

£

to achieve the following outcomes:

Carer offered the following preventative advice

Date	Details