

Are you looking after someone?

This Carers' Supported Self-Assessment form is a way to find out if you are receiving the help and support that is needed for you to continue to provide care.

If you are an unpaid carer you can complete this Carers' Supported Self-Assessment form yourself and send it to your local Social Work/Care Management office or you can ask a Carers' Support Worker, Local Area Coordinator, Care Manager or Social Worker to complete it with you. Address and contact details are at the end of this form.

Carers' Supported Self-Assessment Form

Carer Information

Mr / Mrs / Miss / Ms / Other _____

Full Name _____

Address _____

Telephone No. _____

Mobile No. _____

Email _____

Date of Birth _____

Relationship to cared for person _____

Assessment was carried out by: *(please tick as appropriate)*

Self-Assessment

☐

Assistance provided by Carers' Support Worker, Local
Area Coordinator, Care Manager or Social Worker

☐

Carers' Support Worker, Local Area Coordinator, Care Manager or Social Worker details:

Name _____

Address _____

Telephone No. _____

Email _____

What are your caring responsibilities?

What type of things do you have to do to help the person you care for?

Include personal, domestic and any other - for assistance please refer to the general information booklet:

How often do you provide the above?

Try to estimate how many hours a week are spent providing care and how many of these are through the night:

Do you have any of the following responsibilities?

Please refer to the **guidance on page 13** which will help you clarify if you have any of these responsibilities:

Access to Funds Withdrawer

Yes ☐ No ☐

Department for Work and Pensions Appointee

Yes ☐ No ☐

Guardian: Financial

Yes

☐

No

☐

Guardian: Welfare

Yes

☐

No

☐

Guardian: Both

Yes

☐

No

☐

Named Person

Yes

☐

No

☐

Power of Attorney: Continuing (Financial)

Yes

☐

No

☐

Power of Attorney: Welfare

Yes

☐

No

☐

Do you need support to manage any of the above responsibilities?

Yes

☐

No

☐

If yes, please give details:

Have you received training to help you in your caring role?
e.g. object and people handling training.

Yes

☐

No

☐

If yes, please give details of the training and when you received it:

If no, what training, if any, would help you carry out your caring role?

How is your own health and well being?

Does your caring role affect your physical, mental and emotional health and well-being?

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

Does your health affect your ability to care?

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

Do you have a life of your own?

Do you have difficulty balancing caring with further education or training?

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

Is your caring role affecting your ability to continue working?

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

If you are not in paid employment are you interested in finding out more about employment opportunities?

Yes ☐ No ☐

Do you have difficulty balancing caring with your social life, leisure, religious and cultural activities?

Yes ☐ No ☐

If yes, please give details:

What do you feel could be done to address this?

Does your caring role impact on other responsibilities, e.g. childcare/family?

Yes ☐ No ☐

If yes, please give details:

What do you feel could be done to address this?

Are there any relationships within your family that make a difference to your caring role? e.g. relationships with siblings etc.

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

Does your caring role impact on your other relationships?
e.g. relationship with wife/husband, other family members.

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

What is your financial situation?

Do you have difficulty managing your finances?

Yes ☐ No ☐ Not Disclosed ☐ Not Assessed ☐

If yes, please give details:

Would you like a benefits check to make sure you are getting everything you are entitled to?

Yes ☐ No ☐

If no, please give reason:

How could we support your caring role?

If there was an emergency and you were unable to care, are there any plans in place?

Yes ☐ No ☐

If yes, please give details:

If no, what would need to be done if there was an emergency?

Is there anything likely to happen in the future which may affect your caring role?

Yes

☐

No

☐

If yes, please give details:

What do you feel could be done to address this?

How do you feel about your caring role?

Do you feel able to continue in your caring role?

Yes ☐

No ☐

If no, please give details:

What are your hopes and plans for the future?

Are you satisfied with your current services and support?

Yes ☐

No ☐

If no, please give details:

Do you feel you have been involved in the care arrangements for the person you are looking after?

Yes ☐

No ☐

If no, please give details:

We now need to find out some information about the person that you care for, your caring situation and the day to day support that you may already receive as a carer.

Cared for Person Information

Mr / Mrs / Miss / Ms / Other _____

Full Name _____

Address _____

Telephone No. _____

Mobile No. _____

Date of Birth _____

What is your caring situation?

Has the person you care for had an assessment of their needs? Yes ☐ No ☐

If yes, who carried out this assessment?

When did the assessment take place?

If no, can you give reasons why not?

Can you give us some information about the person you care for?

What is their illness/disability etc?

Please tell us why you are completing this Carers' Supported Self-Assessment:

What support are you receiving?

Are you the only unpaid carer?

Yes

☐

No

☐

If no, please tell us who else provides unpaid care and how often:

Are you currently receiving any support in your caring role and how often? e.g. carers support, befriending service, short breaks etc.

Are there any services/supports that you feel would help you carry out your caring role?

Yes

☐

No

☐

If yes, please give details:

What are your caring responsibilities? Guidance notes

Responsibility	Notes
Access to Funds Withdrawer	The Access to Funds scheme is a method for allowing one or more individuals or an organisation to have access to the bank or building society account/s of an adult with incapacity, to meet his/her living costs. All applications to access funds are made to the Public Guardian who is responsible for granting authority. The Public Guardian supervises withdrawers. It was introduced by the Adults with Incapacity (Scotland) Act 2000 and amended by the Adult Support and Protection (Scotland) Act 2007.
Department for Work and Pensions Appointee	An appointee is a person who exercises, on behalf of the person who is unable to act, any right to which that person may be entitled and to receive and deal on his behalf with any sums payable to him. An appointment to act is made under Regulation 33 of the Social Security (Claims and Payments) Regulations 1987 and is exercised by the Department for Work and Pensions.
Guardian: (Welfare and/or Financial)	Guardianship orders (welfare and/or financial) may be applied for by one or more individuals acting together, or a local authority, and granted by the Sheriff. This is appropriate where the person requires someone to make specific ongoing decisions on his/her behalf. Financial guardianship may be appropriate where the person's finances are complex. Guardianship orders are made and exercised under The Adults with Incapacity (Scotland) Act 2000.
Named Person	A named person can help to protect the interests of an individual if they have to be given care or treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003. They can have a named person who will have to be informed and consulted about all aspects of their care, and who can make certain applications and decisions about their care and treatment.
Power of Attorney: Continuing (Financial)	A Continuing Power of Attorney is made under the Adults with Incapacity (Scotland) Act 2000 and allows the person to choose someone to make decisions in relation to financial matters. This power can either begin immediately or at a later date, for example, if they lose capacity to make decisions.
Power of Attorney: Welfare	A Welfare Power of Attorney is made under the Adults with Incapacity (Scotland) Act 2000 and allows the person to choose someone to make decisions about their health or personal welfare or both. This power can begin if they lose capacity to make these decisions for themselves. It is possible to make a combined power of attorney which is known as Continuing and Welfare Power of Attorney.

What is your ethnic group?

A. White:

☐

Scottish

☐

Northern Irish

☐

Gypsy/traveller

☐

English

☐

British

☐

Polish

☐

Welsh

☐

Irish

Any other white ethnic group, please write in:

B. Mixed or multiple ethnic groups:

Any mixed or multiple ethnic groups, please write in:

C. Asian, Asian Scottish or Asian British:

☐

Pakistani, Pakistani Scottish or Pakistani British

☐

Indian, Indian Scottish or Indian British

☐

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

☐

Chinese, Chinese Scottish or Chinese British

Other, please write in:

D. African, Caribbean or Black:

☐

African, African Scottish or African British

☐

Caribbean, Caribbean Scottish or Caribbean British

☐

Black, Black Scottish or Black British

Other, please write in:

E. Other ethnic group:

☐

Arab

Other, please write in:

What is the cared for person's ethnic group?

A. White:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Gypsy/traveller |
| <input type="checkbox"/> English | <input type="checkbox"/> British | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Irish | |

Any other white ethnic group, please write in:

B. Mixed or multiple ethnic groups:

Any mixed or multiple ethnic groups, please write in:

C. Asian, Asian Scottish or Asian British:

- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British

Other, please write in:

D. African, Caribbean or Black:

- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British

Other, please write in:

E. Other ethnic group:

- ☐ Arab
- Other, please write in:

If you have completed this Carers' Supported Self-Assessment form without the assistance of a Carers' Support Worker, Local Area Coordinator, Care Manager or Social Worker then **please send this form to your local Social Work/Care Management office.**

Someone from your local Social Work/Care Management office will contact you to discuss your Carers' Supported Self-Assessment form and identify any actions and agreements to support your needs as a carer.

Contact details for your local Social Work/Care Management offices:

Aboyne

Low Road
Aboyne
AB34 5GW

Tel: 013398 87096

Banchory

45 Station Road
Banchory
AB31 5XX

Tel: 01330 824991

Banff

Winston House
39 Castle Street
Banff
AB45 1DQ

Tel: 01261 812001

Ellon

Schoolhill Road
Ellon
AB41 9AH

Tel: 01358 720502

Fraserburgh

14 Saltoun Square
Fraserburgh
AB43 9DA

Tel: 01346 513281

Huntly

25 Gordon Street
Huntly
AB54 8AJ

Tel: 01466 794488

Inverurie

67 Market Place
Inverurie
AB51 3PY

Tel: 01467 625567

Laurencekirk

Laurencekirk Health
Care Centre
Blackiemuir Avenue
AB30 1EX

Tel: 01561 376490

Peterhead

53 Windmill Street
Peterhead
AB42 1UE

Tel: 01779 477333

Portlethen

Rowanbank Road
Portlethen
AB12 4NX

Tel: 01224 783880

Stonehaven

Carlton House
Arduthie Road
Stonehaven
AB39 2DL

Tel: 01569 763800

Turriff

Turriff Community Hospital
Balmellie Road
Turriff
AB53 4DQ

Tel: 01888 564117

Westhill

Skene Healthcare Centre
Arnhall Business Park
Westhill
AB32 6FG

Tel: 01224 849499

**This section is to be completed by
the Local Area Coordinator,
Care Manager or Social Worker**

Date assessment
received:

Support Plan – Identified actions and agreements

Please record the identified actions and agreements to address the support needs of the carer. Several resources may be needed to meet one need or one resource may address several needs.

What is going to be done? *(needs identified)*

Who is going to do it? *(resources identified)*

When are they going to do it? *(date to be achieved by and the frequency thereafter)*

Date Support Plan agreed by all contributors:

Date Support Plan ended:

Reason the Support Plan ended:

Arrangements for review

Anticipated/planned review date of the Carer Support Plan:

This should be no more than a year from the date of the agreed Plan. Please note that agreement should be reached and recorded as to whether the carer's review should be carried out at the same time as that of the cared for person.

Have the carer's needs been met?

Does the carer feel that their needs have been met through this Carers' Supported Self-Assessment?

Yes ☐ No ☐

If no, please provide details:

Point of contact

Has the carer been advised as to who their Local Area Coordinator/Care Manager/Social Worker is?

Yes ☐ No ☐

If no, please provide reasons:

Does the carer know who to contact if things change and they need different sorts of help?

Yes ☐ No ☐

Has the carer been given the details for Aberdeenshire Carers' Support provided by VSA?

Yes ☐ No ☐

Information sharing

In order to support you in your caring role we may need to share the information within this assessment with appropriate services/professionals. If you consent to this please sign in this box.

Carer's signature _____ Date _____

I have seen this completed Carers' Assessment and agree with the content and any specified actions within it.

Carer's signature _____ Date _____

Assessor's signature _____ Date _____

Notes:



English

If you need a copy of this document in an alternative language or in large print or in Braille please telephone 01224 664991.

Polish

Jeśli chcesz otrzymać kopię tego dokumentu w innym języku, napisanego dużą czcionką lub w języku Braille'a, proszę zadzwonić pod numer 01224 664991.

Latvian

Ja Jums ir nepieciešama šī dokumenta kopija citā valodā, lielformāta drukā vai braila rakstā, lūdzu, zvaniet pa tālruni: 01224 664991.

Russian

Если Вы нуждаетесь в копии этого документа на другом языке, укрупненным шрифтом или шрифтом Брайля, просим Вас позвонить по телефону 01224 664991.

Lithuanian

Prašau skambinkite tel. 01224 664991, jei jums reikalinga į jūsų kalbą išversto dokumento kopija ar pageidaujate didelėmis raidėmis ar Brailiu.