



Carers Self Assessment

To be returned to:

**Inverclyde Carers Centre
68-70 Cathcart Street
Greenock
PA15 1DD**

01475 735180

enquiries@inverclydecarerscentre.org.uk



Inverclyde
council



ABOUT YOU AS A CARER

NAME	
ADDRESS	
TELEPHONE	
EMAIL	
BEST CONTACT METHOD	
DATE OF BIRTH	
GENDER	
ECONOMIC STATUS	

Please score out of 10

(1 being worst it could be, 10 being as good as it could be)

HOW INFORMED ARE YOU ABOUT SUPPORT AND SERVICES AVAILABLE FOR CARERS?	
HOW IS YOUR PHYSICAL AND EMOTIONAL WELLBEING?	
HOW CONFIDENT ARE YOU IN YOUR CARING ROLE?	
HOW INVOLVED IN PLANNING AND SHAPING THE SERVICES REQUIRED FOR YOU AND THE PERSON YOU CARE FOR DO YOU FEEL?	
HOW ABLE ARE YOU TO COMBINE CARING RESPONSIBILITIES WITH LIFE OUTSIDE?	
HOW DISADVANTAGED OR DISCRIMINATED AGAINST DO YOU FEEL BECAUSE OF CARING? (INCLUDING FINANCIALLY)	

How did you find out about us? _____

Is there something in particular you want to know about?

Using your personal information

The highlighted information is essential for registration, other information is optional but will help us personalise any information, advice and support we provide. If you would rather discuss this please leave it blank and one of our Carer Support Workers will contact you. Staff will process data about Carers on a regular basis such as carrying out registrations, completing Carers Self Assessments, dealing with enquiries, or arranging appointments internally or externally via a third party organisation. Further detail is available within the Data Protection Policy.

Media consent

Inverclyde Carers Centre produce a range of materials to tell Carers about our services. From time to time we take photographic images (moving and still) and use case studies which can include personal data (such as name and/or diagnosis where appropriate and consented to) to demonstrate the difference our work makes to Carers in Inverclyde.

By completing this form, you give us full permission to use these images and any personal information you supply to us in our media applications, which reasonably promote or advertise Inverclyde Carers Centre's work. (This may include our printed publications; adverts; audiovisual and electronic materials; media work; display materials; and any other media we may use in the future.) The images will not be used for any other purpose.

Please state here if there are any ways in which you do NOT want us to use photo(s) of you:

I understand that in completing this staff from Inverclyde Carers Centre will contact me to provide, information, support or advice which may benefit me as a Carer.

Signed _____

Date _____

PHYSICAL AND EMOTIONAL WELLBEING?

Do you have any illnesses/conditions? _____

Are you disabled? _____

I have concerns about the impact caring has on my physical health	
I have concerns about my own safety	
I have concerns about the impact caring has on my mental health or well being	

Please give additional information if you would like to discuss these further

Has your caring role affected your relationship with the person you care for? If yes, can you explain in what way?

Has your caring role affected your relationships with other people? If yes, can you explain in what way?

I feel listened to and supported emotionally	
I have contact with others in similar caring situations	
I manage to keep up with friends and family	

GP Name: _____ Practice: _____

Would you like to be added to your GP's Carer Register?

YOUR CONFIDENCE IN CARING

We have included space for two of the people you care for.
Please let us know if you care for more than this.

How many hours a week do you spend caring for other people?	1-19	20-34	35-49	50 or more
-------------------------------------------------------------	------	-------	-------	------------

What is your relationship to the first person you care for?	
How long have you been caring for them?	
Name:	
Address:	
Post Code:	
Illness/Conditions:	
Date of Birth:	
GP Name and Practice:	

Does this fluctuate due to the person's condition? (they may be well for long periods)

Are there things you feel you need to learn or get information about to help you in your caring role?

It will be helpful if you can give details of what your caring roles involve. There are many different caring roles, some Carers provide many different types of support, others provide quite specific support.

Type of care you provide	What does this typically involve?
Supervision	<i>e.g. not leaving them alone, attending appointments with them</i>
Emotional Support	<i>e.g. listening and reassuring</i>
Personal Care	<i>e.g. prompting or assisting with washing or dressing</i>
Domestic Chores	<i>e.g. housework and shopping</i>
Business and Financial Matters	<i>e.g. dealing with bills and banking</i>
Physical Support	<i>e.g. physically helping someone out of their chair or bed</i>
Other	

What is your relationship to the second person you care for?	
How long have you been caring for them?	
Name:	
Address:	
Post Code:	
Illness/Conditions:	
Date of Birth:	
GP Name and Practice:	

Does this fluctuate due to the person's condition? (they may be well for long periods)

Are there things you feel you need to learn or get information about to help you in your caring role?

It will be helpful if you can give details of what your caring roles involve. There are many different caring roles, some Carers provide many different types of support, others provide quite specific support.

Type of care you provide	What does this typically involve?
Supervision	<i>e.g. not leaving them alone, attending appointments with them</i>
Emotional Support	<i>e.g. listening and reassuring</i>
Personal Care	<i>e.g. prompting or assisting with washing or dressing</i>
Domestic Chores	<i>e.g. housework and shopping</i>
Business and Financial Matters	<i>e.g. dealing with bills and banking</i>
Physical Support	<i>e.g. physically helping someone out of their chair or bed</i>
Other	

INVOLVED IN PLANNING AND SHAPING SERVICES

Staff involved _____ Job Title/Organisation: _____

Do you feel involved by care staff in the planning and care of the person you look after?

If yes, in what way? _____

If no, in what way? _____

What are your thoughts on the level and amount of support you are providing?

Do you look after the financial affairs of the person you care for?	
Do you need advice about this?	

Do you have plans in place to ensure the person you care for is looked after in the event of a short term emergency?

Do you have plans in place to ensure the person you care for is looked after should you be no longer able to care for them?

	Do you have this in place?	Would you like information?
Appointeeship		
Power of Attorney		
Guardianship		

LIFE OUTSIDE CARING

I get a regular break from caring	
I get a break from caring but not regularly	
I don't get any break from caring	

Do you get a chance for leisure or social activities?

What would you like to do, but don't get time for?

Would you like to develop skills or interests in other areas of life, if so what?

As well as caring responsibilities what other responsibilities do you have and how much of your time does this take up?

If you are working...	
Does your employer know that you're a Carer?	
Do you feel supported as a working Carer?	
Do you know your rights as a working Carer?	
Would you like help to develop your skills to change your career?	
If you are not working at the moment ...	
Would you like help to find work?	

DISADVANTAGED OR DISCRIMINATED

Have you had a benefits check?

If yes, when? _____

If not, would you like one? _____

Are you currently experiencing disadvantage or discrimination, including financial hardship, due to your caring role?

Have you had a Carers Assessment before?

If yes, when? _____

Would you prefer to be referred to Inverclyde Health and Social Care Partnership for a full Carers Assessment? Yes/No

**TO BE COMPLETED FOLLOWING DISCUSSION BETWEEN CARER SUPPORT WORKER AND CARER
ACTION PLAN**

PRIORITY AREA	SCORE	ACTION TO IMPROVE OR SUSTAIN	BY WHO	BY WHEN	COMPLETION DATE	SCORE
BETTER INFORMED						
HEALTHIER						
CONFIDENCE IN CARING						
FEELING INVOLVED						
HAVING A LIFE OUTSIDE						
NOT DISADVANTAGED OR DISCRIMINATED AGAINST						

Carer Self Assessment Form 300617