

Bury Adult Care

My Initial Carers Assessment

Care Manager Guidance Notes

This assessment is to gather some further information about your caring role and offer you some information, advice and guidance where required.

Date Assessment Started	
Assessment Completed by (include name, job title, team and contact details)	

Personal Details	Carers Details	Cared For Details
Name	A. Carer	A .Customer
Address	1 Bury Way, Radcliffe, Manchester	1 Bury Way, Radcliffe, Manchester
Postcode	M26 3PM	M26 3PM
Contact Number(s)	0161 280 9022	0161 280 9022
Email Address	a.carer@someweb.com	
Date of Birth	20/01/1953	01/06/1983
Religion or Belief	Roman Catholic	Christian
Ethnic Origin	White British	White British
Gender	female	male
Have you ever had any gender reassignment surgery?	no	Prefers not to say
Marital Status	married	single
Sexual Orientation	heterosexual	homosexual
Are you pregnant?	no	
GP Name & Address	Dr Smith Brook lane medical centre Whitefield M45 8NY	Dr Smith Brook lane medical centre Whitefield M45 8NY
GP Telephone Number	0161 123456	0161 123456
Is your GP aware of your caring responsibilities?	Yes	
Relationship to "Cared For"	Mother	

Details on your caring role

Please provide us with details of the needs of person you care for.

In this section you should ensure a clear description is given of the support needs of the Customer. State what is fact and has been diagnosed and clearly show when it is information gathered from the carer or customer themselves.

How long have you been caring for?

This can be difficult to answer as a carer may feel they have only been caring since things got the point when the perhaps had to give up work and do this full time, but regular and substantial care could have been provided by them to the customer for a long time before that.

On average how many hours a week do you support the person you care for?

This is an average and does not have to be calculated, however if they are saying that they provide care 24/7 and the previous answers report that the customer attends day care 5 days a week then this would be picked up on as contradictory.

What sort of help do you offer the person you care for that is not what you would normally do in your role as relative/friend etc...?

Practical: Includes: - shopping, cleaning, laundry, cooking, financial matters, medication, household maintenance	A Carer ensures the home is kept clean, all laundry and cooking is done and deals with financial matters because A Customer cannot do them herself due to the nature of the disability. She does however have some support from her husband on this.
Emotional: Includes: - keeping safe, coping with behavioural problems, companionship, emotional support	A Carer ensures that A Customer is kept safe and well because A Customer has no awareness of consequences. A Carer will often have to deal with A Customers' challenging behaviours in public.
Personal: Includes: - assisting with washing/dressing, eating/drinking, toileting, assisting with activities	A Customer requires assistance with all personal care tasks; she needs food cutting up, assistance washing/dressing and assistance with all aspects of personal care.

Do you feel able to continue with your Caring responsibilities? (please tick)

Yes, and I do not need any support.	
Yes, but I will need some further support to continue to do this.	
No	

Please give us details:

If the answer is yes without support – what contingency plans do they have in place in case anything happens to them? Is the situation sustainable?

If the answer is that they feel they need some support what support do they feel would be most beneficial.

If the answer is No then what are the reasons for that decision and does the carers feel that is something that could change with the right support?

Information to be completed by the Assessor

Please summarise the Carers Needs

Summarise all the information you have gathered so far keeping in mind the key point is to identify the impact of the caring role upon the carer and actions could be taken to support the carer to sustain that role.

Have you provided Information, Advice or guidance to the Carer? (please tick)

Yes	
No	

Summary and recommendations

This can be recommendations that do not need formal services but signposting elsewhere if that is appropriate. If it is services from Bury Adult care specify what these are.

Carers Outcomes	Please tick
Outcomes for RAP report	
Information and advice for carers	
Assessment Outcome for local indicators	
Referred for formal assessment	
Refused formal assessment	
Referral to the carers centre	

Consent and signatures

I have had the assessment process explained to me and consent to this assessment. I am aware that other professionals from other agencies such as my GP, District Nurse and Health Providers may share this information.

☐ Yes ☐ No

Signature of Carer*:

Date:

*if not signed please state reason why:

Are there any persons who you would not wish us to share this information with?

☐ Yes ☐ No

If yes, please give details:

Signature of Assessor:

Date: