

Bury Adult Care

Formal Carers Assessment Care manager guidance

A carer's assessment is a conversation which aims to establish what services and support would be helpful in your particular situation. It is your opportunity to talk about how your caring role effects your daily life and what support you may require in the future.

Introduction

The Department of Health Policy Guidance issued in 1990 provides that the Customers Support Plan and Assessment must take into account both the customer and the carer's preferences. It is not acceptable to assume the Carers willingness to continue caring. In all cases, Carers must be offered an assessment.

The aim of Bury Council is to enable Carers to remain caring for as long as possible, thereby ensuring that the cared for person remains in their own home for as long as possible. The assessment will allow the Carers' specific needs to be discussed, potential risks to the caring situation to be highlighted and appropriate services/resources to be identified. The Social Care Institute for Excellence has issued Practice Guide 5: Implementing the Carers Equal Opportunities Act (2004), which states:

"Services to Carers are discretionary. Although a Carers Assessment may identify that there is a risk to the sustainability of the caring role, there is no duty to provide services to Carers. However, if the assessment indicates that the risk to the ability of the Carer to continue caring is critical, the Local Authority has an obligation to make an appropriate response to address the risk."

This Guidance is designed to support you and act as a guideline for when you complete the Carers Assessment with a Carer. This Carers Assessment is intended to gather information to consider how much support the Carer is giving, the impact this has on them and the cared for, their ability to continue to offer this level of support and their own need for support.

This assessment is split into 7 sections and it is your responsibility to ensure that you complete all relevant parts with sufficient detail. Please complete the Assessment for someone reading it that has never met the Carer or the Customer. Do not assume anything, please record it in a clear concise manner using no jargon or acronyms. In each section there is a completed example and guidance notes to support you to completing your assessment.

Date Assessment Started	Start date
Assessment Completed by (include name, job title, team and contact details)	Name of care manager Job title and contact details

Section 1. Carers Details	
Name	A. Carer
Address	1 Bury Way, Radcliffe, Manchester
Postcode	M26 3PM
Contact Number(s)	0161 280 9022
Email Address	a.carer@someweb.com
Date of Birth	20/01/1953
Religion or Belief	Roman Catholic
Ethnic Origin	White British
Gender	female
Have you ever had any gender reassignment surgery?	no
Marital Status	married
Sexual Orientation	heterosexual
Are you pregnant?	no
GP Name & Address	Dr Smith Brook lane medical centre Whitefield M45 8NY
GP Telephone Number	0161 123456
Relationship to "Cared For"	Mother

Section 2. Details of person being cared for	
Name	A .Customer
Address	1 Bury Way, Radcliffe, Manchester

Post Code	M26 3PM
Contact Number(s)	0161 280 9022
Date of Birth	01/06/1983
Please confirm that the Cared for is over 18	YES
Protocol Number	2000001

2a. Does the Carer live with the person being cared for? (please tick)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Detail of their needs: Does the person you care for have support needs because of (please tick all relevant and provide details); 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. You may wish to look at the customers assessment, if we have one, to ensure this information is correct.	
A Physical Disability For example; A customer is a young woman with a severe learning disability and profound physical disabilities that impact greatly on her life and the assistance she needs to stay well. A Customer is unable to carry out any physical task without support. A Customer is unable to walk without support, she wears splints on both legs for support but still requires someone to hold to enable her to walk any distance. A Customer has non-verbal communication and is completely reliant on others to keep her well and ensure she is safe. A Customer has unpredictable body movements, which means she needs someone with her when walking. This makes stairs and steps unsafe for her.	✓
A Learning Disability	
A Physical Frailty/Temporary Illness	
A Visual Impairment	
A Hearing Impairment	
Mental Health Needs	

Dementia	
Other – please specify	
<p>Comments:</p> <p>Give as much detail as possible relating to the support needs the customer has, and how the needs identified above are met.</p>	

2b. Verification and support in your caring role

<p>Can you verify that the person being Cared for has received an assessment from Adult Care Services?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>What help is the person you care for receiving from Adult Services? (please include both formal support and adaptations or equipment)</p>	<p>This information is imperative for us to understand the level of support the customer receives, which then in turn gives the carer a break from their caring role. Also if the carer is paid from any source to do their caring role.</p> <p>Please also ensure you detail if there are any ongoing assessments and support plans being developed for the customer as this may impact on the carers role.</p>
<p>How many hours <u>per week</u> do they get this support?</p>	<p>This information will also be considered if the carer wishes to apply for a personal budget. It will be used to help decide if a carer is eligible for a Carers Personal Budget. For example, if a carer is paid as a PA through Direct Payments or SDS, they are not eligible for a CPB. This ensures that services are not being double funded through an SDS package and a CPB package.</p>
<p>What help is the person you care for receiving from health services e.g. CHC funding or district nurses input?</p>	<p>Please insert details of other support that is being received. This then gives us a full picture of the situation.</p> <p>Please detail any visits from community health</p>

	services and whether these are time limited or ongoing.
Is the person you care for supported by a Social Worker?	YES (if yes can you give us their details) NO
Is the person you care for supported by a Health Worker?	YES (if yes can you give us their details) NO

2c. Does anyone else assist in the caring role e.g. friends, family or volunteers?

Yes - everyday		
Yes – several times per week		
Yes – but on rare occasions		
No - never		

Section 3. Details of your caring role

3a. 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 they 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.

3b. On average how many hours of unpaid care per day do you support the person you care for?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 6.00- 12.00							
Afternoon 12.00- 18.00							
Evening 18.00- 22.00							
Night 22.00- 6.00							
TOTAL							
TOTAL PER WEEK							

3c. Do you provide significant night-time support to the person you care for?

Yes – every night	
Yes – several times per week	
Yes – but on rare occasions	
No – never	

Please tell us why you need to care for the person during the night.

To prevent danger to themselves	
Because the person I care for may wander	
To discourage antisocial or aggressive behaviour	

Because the person I care for may get confused	
Because the person I care for may hear voices or experience thoughts that disrupt their thinking	
Other	

3d. What sort of help do you offer the person you care for that is above and beyond what you would normally do in your role as relative/friend etc...?

Practical: Includes:- shopping, cleaning, laundry, cooking, financial matters, medication, household maintenance	Insert detail of all assistance the cared for needs in relation to all aspects of daily living
Emotional: Includes:- keeping safe, coping with behavioural problems, companionship, emotional support	Detail the support required to maintain emotional wellbeing
Personal: Includes:- assisting with washing/dressing, eating/drinking, toileting, assisting with activities	Insert detail of all assistance the cared for person needs in relation to managing all of their personal care needs

3e. Can the person being cared for be left alone without additional support?

Yes	
No	

If no, please explain why.

Identify any health, risk and safety factors which would affect the cared for if they were to be left unsupported

3f. Which parts of the role do you find particularly difficult and why?

This is the chance for the carer to explain what part of the role they are finding most difficult, which will then go towards helping the carer identify a particular need. This section should be from the carer's point of view only.

3g. Does the Carer have to care for someone else with a physical or learning disability, mental health or substance misuse problem?

Yes – this impacts on my ability to get a break	
Yes – but I am managing	
No other caring roles	

Please describe the wider caring responsibilities below

This section should give us more information on the bigger picture of other responsibilities the carer may have along with their caring role. It should detail all of these including; Are they in work? Are they parents? Do they volunteer their time? This section should allow us to see how the carer is coping with being a carer and with other responsibilities. This gives a better idea of how stress can build up based on the numerous responsibilities a carer may have.
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Section 4. Tell us about you and your needs

Your Health

4a. Do you consider yourself to be in;
(please tick)

Good health	
Average Health	
Poor Health	

4b. Would you say your health has been affected by your caring role?

Yes	
No	

4c. Do you have an identified health condition that impacts on your ability to sustain your caring role?

Yes	
No	

Please give details of any health problems you may have? e.g. do you get enough sleep? Are you anxious or stressed, do you have any health conditions that are made worse by caring?

Detail of your needs: In this section, insert diagnoses and specific details of their needs

(please tick all relevant and provide details);

<u>Needs</u>		<u>Details</u>
A Physical Disability		
A Learning Disability		
A Physical Frailty/Temporary Illness		
A Visual Impairment		
A Hearing Impairment		
Mental Health Needs		
Dementia		
Substance Misuse Problems		
Other – please specify		

Comments:

Give as much information as possible relating to the needs identified and how they impact on the carer on a daily basis.

Information given here needs to be clarified and explained thoroughly to give an idea of how the caring role affects the carer. Simply listing the carer's health problems would be insufficient. An explanation is needed as to how this affects the caring role or if the caring role is a contributory factor.

4d. When was the last time you visited your Doctor for your own health needs?

(please tick)

In the last month		
2-3 months ago		
4-6 months ago		
Over 6 months ago		

4e. Do you know if you are recorded as a Carer by your Doctor

Yes	
No	
Don't Know	
Not Aware of Carers Register	

4f. Do you feel you are supported by Health Services in your role as a Carer to stay healthy? (please tick)

Yes	
No	

4g. Do you have enough time away/breaks from your caring role? (please tick)

I manage to get break from my caring role, when I need it	
I am able to get a break from my caring role but I need support	
I am rarely able to get a break from my caring role	
Never	

Please explain.

Discuss any respite the carer currently receives and insert the details of this.
Discuss if the current support received is enough to enable the carer to feel able to continue in their caring role
Highlight the amount / type of support the carer feels would be appropriate to meet their needs

Your Hobbies and Interests

4h. Do you feel you have opportunities to pursue your hobbies and interests? (please tick)

Always	
Often	
Sometimes	
Infrequently (Please tell us why)	
Never (Please tell us why)	
Not applicable	

4i What are your hobbies and interests?

Give details of these areas of interest. Highlight any hobbies or interests currently being undertaken and/or any the carer would like to be able to do if they had the opportunity.

Please record interests that the carer may have had previous to taking on caring responsibility. Have they stopped doing that because of the caring role? Would they like to pursue it again? What benefit did they feel that hobby or interest was to them? How big or little a part of their life was it?

4j. Do you have any specific cultural/religious needs?

Do not simply state religion in this box. Talk to them about whether their religion is important to them and how they choose to express that. Do they feel they can do that at the moment? Are there cultural factors that we need to understand in relation to them being a carer? Are there cultural activities that are important to them and are they getting to participate in those at the moment?

Education, Employment, Training and Volunteering

4k. Do you feel you have the opportunities to access learning and training? (please tick)

Always	
Often	
Sometimes	
Infrequently	
Never	
Not applicable	

4l. Do you work?

Full time	
Part time	
Do not work	

If you do not work please go to Q4p

4m. Has caring had an effect on your work?
(please tick)

Yes	
No	

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4n. Have you had to cut down the hours you work or stop working altogether because of your caring role? (please tick)

Yes	
No	

(If Yes please give us the details)

When did they cut their hours? What impact did this have on them is any in terms of emotionally, financially, self esteem, socially and mental health?

This is the carers chance to tell the assessor what other information or guidance they need on employment, training, volunteering groups to support them as a Carer. You should ensure that this is detailed here and then ensure you take appropriate action as soon as possible after the assessment e.g. referral for benefits advice.

4o. If you work does your employer offer you flexible working to meet your needs as a carer? (please tick)

Yes	
No	
Sometimes	

4p. Are you getting the advice you need on employment? (please tick)

Yes	
No	
Sometimes	
Not required	

4q. Are you getting the advice you need on benefits and entitlements? (please tick)

Yes	
No	
Not required	

Other

4r. Do you have regular contact with other people, friends or family? (please tick)

Yes		
No		If No please give us some more details

4s. Do you feel the support you need as a carer in a crisis is available to you? (please tick)

Yes	
No	
Sometimes	

If No please give us the details:

Highlight areas that the carer feels they are receiving good support and areas that need to be addressed to provide further support to the carer

4t. Do you access the carers centre in Bury for Support, Information or Advice? (please tick)

Yes	
No	

If Yes please give us the details of what you get and when:

4u. 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:

Provide details of how the carer currently manages (if they do not require further support).

Highlight any specific support required to enable the carer to continue in their caring role (if they have indicated they need further support)

Give details of options discussed if the carer does not feel able to continue in the caring role

4v. Please add any additional comments/information you want.

Highlight the holistic needs of the carer, to include social, psychological, physical, mental and emotional needs.

Section 5 Support for you

Please tell us about the support you feel you need to continue caring.

5a. Do you need support to access a break from your caring role?

Yes	
No	

Please give details of what you may need

What kind of a break? How long for? How regularly? Little and often or in a large chunk?
How would that make a difference?

5b. Do you need support to access Bury Carers Centre?

Yes	
No	

5c. Do you need support to access Carers support groups?

Yes	
No	

Please give details of what you may need

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5d. Do you need support to access social, leisure, religious or cultural activities?

Yes	
No	

Please give details of what you may need

What kind of activities, are they things the carer has done in the past and wants to return to? What benefit would they have in the carers being able to sustain the caring role?

5e. Do you need support to access some equipment?

Yes	
No	

Please give details of what you may need

Is this about the carer in the caring role or are you going into the needs of the carer in terms of being a customer in their own right – please clarify with them that would be a different kind of assessment. Is their equipment that we could offer the cared for that may help? Telecare? Aides and equipment? Is the carer helping the cared for to move and this needs to be assessed by an occupational therapist or disability officer? Do you need to make a separate referral for that?
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5f. Do you need help to plan for emergencies?

Yes	
No	

Please give details of what you may need

Does the carer have a contingency plan in mind? Have they discussed it with the cared for and are they in agreement with the plan? Have they thought about the worst case scenario and what is realistic and possible? Do they need to consider practicalities like where things are left in the house, medications, keys, so that should anything happen to the carer they are clearly able to be found by whoever is going to support the cared for? Is the cared for able to instruct others in an emergency? Do they need to think about telecare? Has the carer considered using a "lions message in a bottle" to alert health staff to their needs or that of the cared for in case of emergency?

5g. Do you wish to take up any further education or learning, or continue something that has stopped since you began caring? (please tick)

Yes	
No	

Please give details of what you would like to study or take up

How would doing this support them in their role as carer? Would it relieve stress? Give them time out?
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5h. Would you like to speak to an employment advisor about what options may be available to you? (please tick)

Yes	
No	

5i. Do you need support to access voluntary opportunities?

Yes	
No	

Please give details of what you would like

Would doing this help give them time out of caring role? Would it help them get back into employment? Would it boost their mental health and self esteem?

5j. You may not be claiming all the benefits you, or the person you are caring for are entitled to. Would you like a benefits check? (please tick)

Yes	
No	

5k. Bury Council offers either a commissioned carers break service each week to provide Carers with respite, or you can be considered for a Carers Personal Budget. Which option would you prefer?

Commissioned Carers Break Service, or;	
Carers Personal Budget	
None of the above	

5l. Is there anything else that you feel you need support with in your Caring role?

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Section 6. Information to be completed by the Assessor

6a. Please summarise the needs identified for the Carer.

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.

6b. Please state what FACS rating you feel the Carer is;

Please place a tick next to the FACS criteria you feel is applicable after completing your assessment and considering the responses given. In order to be eligible for social care services, an individual must meet at least one of the criteria in either the CRITICAL or SUBSTANTIAL domains ONLY.

Critical	
Critical risk to sustainability of caring role arises when:	
<input type="checkbox"/>	Carers life may be threatened.
<input type="checkbox"/>	Major health problems have developed/will develop.
<input type="checkbox"/>	There is, or will be, an extensive loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role.
<input type="checkbox"/>	There is, or will be, an inability to look after their own domestic needs and other daily routines while sustaining their caring role.
<input type="checkbox"/>	Involvement in employment or other responsibilities is, or will be, at risk.
<input type="checkbox"/>	Many significant social support systems and relationships are, or will be, at risk.
Substantial	
Substantial risk to sustainability of caring role arises when:	
<input type="checkbox"/>	Significant health problems have developed or will develop.
<input type="checkbox"/>	There is, or will be, some significant loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role.
<input type="checkbox"/>	Involvement in some significant aspects of employment or other responsibilities is, or will be, at risk.
<input type="checkbox"/>	Some significant social support systems and relationships are, or will be, at risk.
Moderate	
Moderate risk to sustainability of caring role arises when:	
<input type="checkbox"/>	There is, or will be, some loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role
<input type="checkbox"/>	There is, or will be, some inability to look after their own domestic needs and other daily routines while sustaining their caring role
<input type="checkbox"/>	Several social support systems and relationships are, or will be, at risk
Low	
Low risk to sustainability of caring role arises when:	

	There is, or will be, some inability to carry out one or two domestic tasks while sustaining their caring role.
	One or two social support systems and relationships are, or will be, at risk.

6c. Please summarise why you feel the Carer meets the level of FACS you have given them.

You need to be very clear as to the evidence you have which has led you to the FACS level for the Carer.

Please then summarise any actions you have already taken and any actions you intend to take as a result of the assessment and to meet the needs of the carer.

6d. Please detail what support, advice, guidance or signposting you will be doing for the carer to meet their needs.

What needs to be done	Who will do it	When will this be done	Outcome this will achieve
Detail the actions that you have discussed with the carer whether they be referrals to another service, passed on information or advice, a carer PB or support groups etc.	This does not automatically have to be the care manager, it may be that informal supporter or the carer themselves is going to carry out some of the actions.	Put a date in here to make this goal specific and measurable – asap or TBC are not acceptable.	How will the carer feel when this has been achieved? What difference will it make to them?

6e. What are the assessment outcomes for the Carer?

<i>Outcomes for RAP report</i>	Please tick
Breaks for Carers	
Information and advice for carers	
Other specific carers services	
<i>Assessment Outcome for local indicators</i>	Please tick
Carers Commissioned Break service	
Referral to the Bury Carers Centre	

Signposting to other services i.e. benefits advisor, employment advisor	
Information given on Support groups for Carers	
Details given on Red Cross Emergency Card	
Details given on Bury Discount Cards for carers	
Referral for Carers Personal Budget	
Referral for Carers specific grants	
Details given on Carelink or other equipment	
Other (please provide details)	

Section 7. 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:

You will be sent a copy of this assessment.

[Ensure that the carer gets a copy of this assessment.](#)