**Icon

Description automatically generatedInformation for family and friends about carers assessments**

**What is a ‘carers assessment’?**

It isn’t a test of your ability to care, it is designed to help you find out about and access things that could help you in your caring role, to look after your own health, and balance caring with other parts of your life, such as work or family.

**What is Rethink’s role?**

Rethink Carers Service is a Trusted Assessor for Bristol City Council, which means that we can carry out carers assessments for carers of people living in Bristol. This enables people who have a caring role for someone with mental health issues to obtain practical help, and to focus on their own wellbeing.

We may be asked by a mental health team or psychiatric ward to offer this to you as a family member or friend of a service user or inpatient.

Where a situation is complex, or has an ongoing impact that requires a more significant financial contribution by the council, we will refer you to the Integrated Care Team who will carry out the assessment themselves, but this will take longer.

**What information will I need to give?**

In the following pages you will find an example of the form we use. You will see that we will ask for some details about the person you care for (see the last page), but it will be you that the council contacts, not them. You don't need the permission of the person you're caring for to ask for a carer's assessment, but talk to us if you have any concerns.

**How do I get one?**

Contact us, or another carers organisation. If it is more than a year since you had a carers assessment, and you still have a caring role, you can ask for another one. Typically, it involves a phonecall of less than an hour, so you will need to make an appointment when you can be in a quiet place.

**What if the person who is ill doesn’t normally live in Bristol?**

Then the local authority where they live is responsible for doing it. We can help you to find out how if you know their postcode.

Any other questions? Have a look at the links on the next page.

**Carer’s Simple Assessment Form**

to be used by Trusted Assessors on behalf of Bristol City Council. For more info see:

[www.bristol.gov.uk/social-care-health/ask-for-a-carers-assessment](http://www.bristol.gov.uk/social-care-health/ask-for-a-carers-assessment)

**Do you look after someone?**

Families, friends and neighbours often provide the most support for vulnerable people. If you are a carer providing necessary care to another person and you don’t get paid, you have the right to have your own needs assessed independently of the person you are caring for, whether or not they are receiving help from us.

**Data protection and privacy**

Bristol City Council has a responsibility under the Care Act 2014 to undertake carers’ assessments. To do this we need to collect, process and store your personal data. The personal data you provide on this form will be used and shared in accordance with the General Data Protection Regulation. All data on this form will be used to deliver an effective, efficient and equitable service to carers.

For more information go to the council web site at:

<https://www.bristol.gov.uk/data-protection-foi/information-sharing-agreements>

PART 1- About You

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | |
| Date of birth |  | | | | | | | |
| Address |  | | | | | | | |
| Contact number |  | | | | | | | |
| Email address |  | | | | | | | |
| Name of GP and surgery |  | | | | | | | |
| Ethnicity: Please specify  African British, African non-British, Asian British, Asian non-British, Black British, Black non-British, Mixed heritage, British Mixed heritage, non-British White British White non-British, prefer not to say Other: | | | | | |  | | |
| Gender: Female, Male, prefer not to say, other | | | | | |  | | |
| Please give detail of any disabilities or health conditions: |  | | | | | | | |
| Please provide information about who else supports you to manage your caring responsibilities e.g. partner, friends, family members: |  | | | | | | | |
| Please provide information about any other commitments you have e.g. other dependents (child or adult), work commitments, community responsibilities: |  | | | | | | | |
| Part 2 – The care you provide  Please indicate the kind of support you provide: | | | | | | |  | |
| Mental health/ emotional difficulties Day Night N/A | | | | | | |  | |
| Personal care, for example washing/ dressing/ toileting/ incontinence Day Night N/A | | | | | | |  | |
| Memory loss/confusion Day Night N/A | | | | | | |  | |
| Learning difficulties/ability to make sense of daily activities Day Night N/A | | | | | | |  | |
| Mealtimes/nutrition/feeding Day Night N/A | | | | | | |  | |
| Taking to/ picking up or helping the person in exercise/ therapies for example physiotherapy/ speech therapy Day Night N/A | | | | | | |  | |
| Assistance with medicines/ drug routines/ medical procedures Day Night N/A | | | | | | |  | |
| Dealing with the consequences of substance/ alcohol misuse Day Night N/A | | | | | | |  | |
| Socialising with other people Day Night N/A | | | | | | |  | |
| Difficult/ behaviour that challenges Day Night N/A | | | | | | |  | |
| Getting around in the home, e.g. lifting and moving/ help with spatial problems/ avoiding falls Day Night N/A | | | | | | |  | |
| Helping the person with their own family/ parenting responsibilities (where you are not the other parent) Day Night N/A | | | | | | |  | |
| Are there any aspects of the caring role you no longer feel able to undertake? | | | |  | | | | |
| If you provide irregular but ‘crisis’ type support, how often do crises happen? | | | |  | | | | |
| Please summarise the support you provide: | | | |  | | | | |
| Part 3 – Do you provide care for anybody else? | | | | | | |  | |
| Do you provide care for more than one person? (include children under 18) Yes No | | | | | | |  | |
| How many people? | | | | | | |  | |
| What is their relationship to you? | | | |  | | | | |
| Please provide further details: | | | |  | | | | |
| **Part 4 – How caring affects you** | | | |  | | | | |
| A) Have you had a break from you caring role, for more than 24 hours, in the past year? Yes No | | | | | |  | | |
| Please provide further details: | | |  | | | | | |
| B) Does your caring role stop you from being able to do any of the following: | | | | | |  | | |
| Carrying out caring responsibilities for a child Yes No | | | | | |  | | |
| Providing care to another person(s) you care for Yes No | | | | | |  | | |
| Maintaining a habitable home environment (Safe, hygienic with adequate facilities) Yes No | | | | | |  | | |
| Managing and maintaining nutrition Yes No | | | | | |  | | |
| Developing and maintaining family or other personal relationships Yes No | | | | | |  | | |
| Engaging in work, training, education or volunteering Yes No | | | | | |  | | |
| Making use of necessary facilities or services (including recreational) in the local community Yes No | | | | | |  | | |
| Engaging in recreational activities Yes No | | | | | |  | | |
| **Do you feel that none of the above has an impact on you now, but may do within the next 6 months?** Yes No | | | | | |  | | |
| Please provide further details: | | |  | | | | | |
| **If you have answered Yes to any of the questions in Part 4B, do you feel that your caring role has a significant impact on your wellbeing in any of the following ways:** | | | | | | | | |
| Personal dignity Yes No | | | | | |  | | |
| Physical and mental and emotional wellbeing Yes No | | | | | |  | | |
| Protection from abuse and/or neglect Yes No | | | | | |  | | |
| Control over day to day life Yes No | | | | | |  | | |
| Participation in work, education, training or recreation Yes No | | | | | |  | | |
| Social and economic wellbeing Yes No | | | | | |  | | |
| Domestic, family and personal relationships Yes No | | | | | |  | | |
| Suitability of living accommodation Yes No | | | | | |  | | |
| Your contribution to society Yes No | | | | | |  | | |
| **Part 5 – What will help?**  What do you think might help you achieve a break from your caring role, or reduce the impact caring has on you? | | | | | |  | | |
| Take up a hobby/ social activity | | |  | | | | | |
| Activities to improve your physical health | | |  | | | | | |
| Relaxation/Therapy/ Pampering | | |  | | | | | |
| Emotional support/ Counselling | | |  | | | | | |
| Education/ Learning and Skills Development | | |  | | | | | |
| Equipment for yourself e.g. computer | | |  | | | | | |
| Equipment to help with your caring role e.g. telecom | | |  | | | | | |
| Taking a short break, yourself | | |  | | | | | |
| Family Break | | |  | | | | | |
| Help with your other responsibilities | | |  | | | | | |
| The person you care for receiving a service? | | |  | | | | | |
| How will you use a direct payment if one is authorised for you? | | |  | | | | | |
| **Part 6 – If this form has been completed by a Trusted Assessor, or any other professional, please give details below**  I confirm the person named in **Part 1** of this form has a caring role and has provided verbal consent for the sharing of information. The following terms and conditions have been read out to them.  Terms and Conditions:  Bristol City Council promises to keep information confidential and will check information to verify your application. With your agreement, we will refer you on to the relevant support services.  The carer has confirmed that:  • They provide care to a person who has the needs as stated above.  • They agree they have answered the questions honestly. | | | | | | | |  |
| (Please indicate if you feel a full assessment is required) | |  | | | | | | |
| Name | |  | | | | | | |
| Date | |  | | | | | | |
| Referring professional contact details, role and organisation: | |  | | | | | | |
| Address details: | |  | | | | | | |
| Phone number: | |  | | | | | | |
| Email: | |  | | | | | | |
| **The person you support** | |  | | | | | | |
| Title, Name & Surname: | |  | | | | | | |
| Date of birth: | |  | | | | | | |
| Address: | |  | | | | | | |
| Postcode: | |  | | | | | | |
| Relationship to you: | |  | | | | | | |
| Son/ Daughter (18 or over) | |  | | | | | | |
| Spouse/ Partner | |  | | | | | | |
| Grandparent | |  | | | | | | |
| Friend/ Neighbour | |  | | | | | | |
| Parent/ Parent-in-law | |  | | | | | | |
| Brother/ Sister | |  | | | | | | |
| Other (please state) | |  | | | | | | |
| Ethnicity: African British, African non-British, Asian British, Asian non-British, Black British, Black non-British, Mixed heritage, British Mixed heritage, Non-British, White British, White non-British, prefer not to say , Other | | | | | | |  | |
| Please tick if any of the following apply for the person you care for? | | | | | | |  | |
| Terminal Illness | | | | |  | | | |
| Physical Illness | | | | |  | | | |
| Learning Difficulty | | | | |  | | | |
| Alcohol or drug dependency | | | | |  | | | |
| Frail and/ or has limited mobility | | | | |  | | | |
| Autistic spectrum disorder | | | | |  | | | |
| Other | | | | |  | | | |
| Long term condition | | | | |  | | | |
| Dementia | | | | |  | | | |
| Mental health problem | | | | |  | | | |
| Recovering from illness | | | | |  | | | |
| Hearing impairment | | | | |  | | | |
| Visual impairment | | | | |  | | | |
| Other | | | | |  | | | |
| Please provide any further details | | | | |  | | | |
| Do they receive any other services or support? | | | | |  | | | |

END