



## Information for family & friends about carers assessments

Updated Jan 2024

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

Read on to see the questions on the form we use. We ask for some details about the person you care for on 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.

### **What is Rethink's role?**

Rethink Carers Service is one of several Trusted Assessors for Bristol City Council. This means we can carry out carers assessments for carers of people living in Bristol. This enables carers to get practical help, and think about 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 impact that requires a bigger financial contribution by the council, we will refer you to the Integrated Care Team or Care Direct who will carry out the assessment themselves, but this takes longer.

### **How do I get one?**

Contact us to make an appointment. Typically, it involves a phonecall of 30-45 minutes, so you will need to choose a time when you can be in a private, quiet place. If it is more than a year since you had one and you still have a caring role, you can ask for another one.

### **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 find out who to contact using their postcode.

# Carer's Simple Assessment Form

## 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	
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:	
<b>Part 2 – The care you provide</b>	
<b>Please indicate the kind of support you provide:</b>	
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 too/ 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:			
<b>Part 3 – Do you provide care for anybody else?</b>			
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:			
<b>Part 4 – How caring affects you</b>			
A) Have you had a break from your 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	
<b>Do you feel that none of the above has an impact on you now, but may do within the next 6 months?</b>	Yes	No	
Please provide further details:			
<b>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:</b>			
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	
<b>Part 5 – What will help?</b>			
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?			
<b>Part 6 – If this form has been completed by a Trusted Assessor, or any other professional, please give details below</b>			
I confirm the person named in <b>Part 1</b> 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.			
<b>Terms and Conditions:</b>			
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:			
<ul style="list-style-type: none"> <li>• They provide care to a person who has the needs as stated above.</li> <li>• They agree they have answered the questions honestly.</li> </ul>			
(Please indicate if you feel a full assessment is required)			
Name			
Date			
Referring professional contact details, role and organisation:			
Address details:			
Phone number:			
Email:			
<b>The person you support</b>			

Title:	
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:	
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