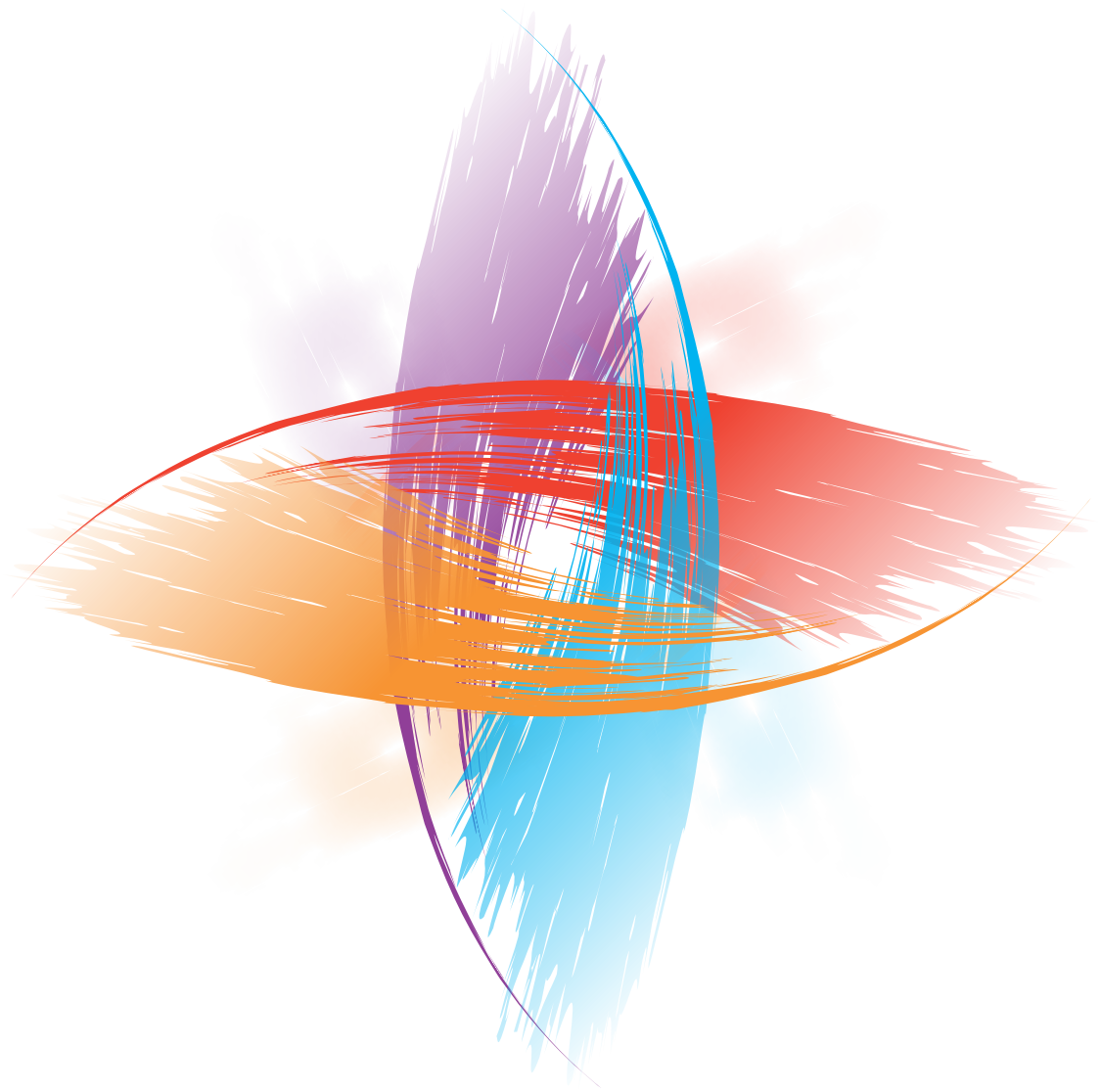


Do you look after someone?

Getting help and connected as a carer in South Gloucestershire: The Carers Assessment Review



Self Assessment for Carers who have already completed 'Getting Help and Connected'

Purpose of this review

This form is usually filled in within 24 months of completing the Getting Help and Connected Carers Assessment.

We are interested to know if what was put into place after the last assessment has helped you, and if your circumstances have changed.

As your local council, we want to encourage all carers to get the support they need as easily as possible.

We are working with our partners in South Gloucestershire's communities so that as many people as possible who give unpaid support to a relative or friend recognise themselves as carers.

This form has been designed for you to complete on your own, but help and support is available from Carers Support Centre if you would prefer.

Tel: **0117 965 2200**

When they receive your completed form, Carers Support Centre will call you to talk through the information you have provided and check that there is nothing else you would like to add. They will also be able to make possible suggestions for help.

What you need to do

Complete all pages with as much detail as possible. Please sign the back page and send the whole form to:

FREEPOST RSSU-EZEA-JLLR
Carers Support Centre, Vassall Centre,
Gill Avenue, Fishponds, Bristol BS16 2QQ

General information for South Gloucestershire Carers South Gloucestershire Council

Tel: **01454 868007**

You can visit one of the One Stop Shops and speak with a Customer Service Advisor at these locations:

- **Kingswood**
Civic Centre, High Street, Kingswood, BS15 9TR
- **Yate (access via West Walk)**
Kennedy Way, Yate, BS37 4DQ
- **Patchway**
The Patchway Hub, Rodway Road, BS34 5PE
- **Thornbury Library**
St Mary St, Thornbury, Bristol, BS35 2AA

Carers Support Centre

Carers Support Centre provides support, information and advice to carers of any age living in South Gloucestershire.

Tel: **0117 965 2200**

Web: www.carerssupportcentre.org.uk

Email: admin@carerssupportcentre.org.uk

WellAware

WellAware has information on more than 6000 health, wellbeing, community and support groups, organisations and activities in South Gloucestershire and Bristol.

Tel: **0808 808 5252** (freephone)

Web: www.wellaware.org.uk

About me

Title: (Mr/Mrs/Miss/Ms)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Full name:	
Date of birth:	
Full address and postcode:	
Email:	
Telephone number:	Home:
	Mobile:
	Work:
GP's surgery name:	
I am happy for my GP to be informed that I am a carer:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your health

Disability & Communication Needs

Please tell us about any disabilities and health conditions **you** have and how this affects you:

If you have any communication or language needs an interpreter can be arranged to help you with written or spoken communications.

Please describe your needs

About the person I care for

Title: (Mr/Mrs/Miss/Ms)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
First name:	
Last name:	
Date of birth:	
Full address and postcode:	
Telephone number:	Home:
	Mobile:
	Work:
GP's surgery name:	

The person I care for is (e.g. wife, son, friend, neighbour)

The person you care for has these difficulties/disabilities?

(Please tick all that apply)

Physical disability <input type="checkbox"/>	Hearing loss <input type="checkbox"/>	Sight loss <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Learning Difficulty <input type="checkbox"/>	Elderly frail <input type="checkbox"/>	Dementia <input type="checkbox"/>	Substance misuse <input type="checkbox"/>
Vulnerable <input type="checkbox"/>	Autism <input type="checkbox"/>		

Other (please specify)

What main illness/condition does the person **you care for** have?

If you care for more than one person an additional form will need to be completed. These are available upon request. Please contact the Carers Support Centre for additional forms. Tel: [0117 965 2200](tel:01179652200).

Please tick here if you care for another person and have requested an additional form.

Your Caring Role:

Please tell us about any changes that have taken place since last completing Getting Help and Connected:

Has anything put in place since your last assessment been helpful/unhelpful?

Please tell us about any new concerns that you have:

Please tell us about the things that would further help you:

Is there else anything you would like to tell us?

please include an extra form if more space is required.

How often my caring role affects me

	Never	Rarely	Sometimes	Regularly	All of the time
My physical health					
Caring is a physical strain e.g. lifting					
My eating habits and nutrition suffer due to caring					
My sleep is disturbed e.g. the person I care for wanders or is incontinent at night					
My emotional/mental wellbeing					
I get upset, stressed or low					
Some behaviour is upsetting e.g. shouting or violence					
There are arguments about caring					
I feel completely overwhelmed					
Other parts of my life					
Caring takes up my time					
I struggle to maintain my home					
I feel unable to leave the person for any length of time					
Caring limits the support I can give to my family e.g. partner or children					
Caring limits my social life e.g. I don't get to see my friends					
I worry about the future					
I am unable to carry out my interests and activities as a result of my caring role					
My caring role has affected my job or ability to work					
My finances					
I worry about paying the bills					

On average I provide care for hours a week

My Plan – next steps

What I want to change	What needs to happen/resources?	Who can make it happen?	By when
E.g. Time for self 1.			
2.			
3.			
4.			

The Carers Assessment

Do you look after someone? Getting help and connected as a carer in South Gloucestershire

Data Protection

The personal data you provide on this form will be used and shared in accordance with the Data Protection Act 1998. It will be processed by The Carers Support Centre and sent securely to South Gloucestershire Council. The Children, Adults and Health Department will hold the information, which will be used for your assessment as a carer. You may apply to see a copy of this information using the Council's Subject Access Request Form.

Tel: **01454 868009**

Web: www.southglos.gov.uk/dataprotection

Safeguarding

If you provide information in confidence it will be treated as such unless you disclose that you or the person you care for are being hurt, harmed or that health and/or safety is at risk. In this instance the Carers Support Centre have a duty to alert South Gloucestershire Council.

Information sharing

Information recorded about you will be shared with South Gloucestershire Council and will be used to support you with the care you provide. This may involve contacting organisations on your behalf that may be able to offer additional support or services.

Do you consent to information recorded about you being shared with other organisations who may be able to offer you additional support or services? Yes No

Avon and Wiltshire Partnership Trust (AWP)

Do you care for someone with mental health difficulties who is aged under 65?

Yes No

If yes, are they supported by AWP?

Yes No Don't know

I consent to my information being shared with AWP:

Yes No

Your signature

Please sign and date below to indicate that this form is a true representation of your personal circumstances, and that the facts you have given are true to the best of your knowledge.

Full name (please use capital letters):

Signature:

Date:

Thank you for completing this form, the council will be in touch with the outcome of your assessment. The council will then write to you in a year's time to review your needs. If your circumstances change and you feel you need an assessment before the annual review, please contact **0117 965 2200**.

For office use only

Carer support worker's name

(please use capital letters):

Signature:

Assessment date: