

*Carers Assessment*  
**ASSESSMENT**

**Generic Assessment**

SUNDERLAND CITY  
COUNCIL

**Client ID**

**Case ID**

**Client Name**

**Date of Birth**

**Current Address**

**Home Address**

**Assessment Type**      **Carers Assessment**

**Assessment Start Date**

The purpose of the Carer's Assessment is for you as a carer to be supported to identify desired 'outcomes' for yourself that will help you to continue in your caring role if you are still willing and able to do so. These outcomes will be very individual to each caring situation but the questions that follow will help you to think about key areas in your life that you may not have been able to focus on because of your caring role.

When completing the assessment please include those aspects of your caring role that you feel are most important, valuable and positive as well as things you cannot manage alone or that cause you distress, anxiety or pain. This will help assist in identifying areas of strength as well as potential areas for support.

<b>Consent / Permission to Share</b>
<p>Consent for the local authority to undertake an assessment and share/gather information.</p> <p>The Care Act 2014 requires the local authority to make decisions about your eligibility for support. These decisions are made as a result of an assessment. Your views about what is important to you are central to this assessment. In order for this assessment to be full and well informed it may be necessary to share and gather information from other organisations or people (eg your GP). This consent gives permission to the local authority to both engage with you to make an assessment and to share and gather relevant information from other organisations or people who can assist with the assessment.</p> <p>Are there any people you do not wish us to contact? Please detail below.</p>

**Identification:**

Who do you care for (this can be more than one person)

Name

Address (if different)

Date of Birth

GP

Name

Address (if different)

Date of Birth

GP

**Other Support:** Does the person you care for receive support from any other person or agency?

(A) Yes - Please give details in the free text field provided

(B) No

**What do you do for the person you look after?**

Please describe the care and support you give. This can include (but is not limited to) personal care, emotional support, practical help such as shopping, cooking etc. Please also provide detail of the medical and support needs of the person you look after.

What aspects of your caring role do you find most valuable or positive?

What areas of your life do you most enjoy or value? (including your main interests and where you can most contribute)

**1- Recognition:** Carers will be respected as expert care partners

Do you have enough information about: The condition of the person you care for? What health services are available to them (and you)? What social care services are available if you need them? Other local advice services (e.g. benefits advice, carers centre etc)? Do you feel as involved as you want to be with professionals when talking about the person you care for?

Thinking of the above, what would benefit you most in your caring role and improve your wellbeing or quality of life at this time?

**2 - Raising and Realising Potential:** Carers will be supported to engage in employment, education and training opportunities.

Are you currently working or in education? If so what are your hours of work / training? How does caring affect your prospects for employment, education or training? Would you like to return to work or education?

Thinking of the above, what would benefit you most in your caring role and improve your wellbeing or quality of life at this time?

**3 - Ensuring a Life Outside Caring:** Carers will be able to have a life alongside their caring role

How does caring affect your ability to engage in social and leisure activities? Do you feel as involved in your local community as you would like? Are there any activities you would like to continue but feel you can't because of your caring role? Do you feel you are able to spend enough time with friends and family?

Thinking of the above, what would benefit you most in your caring role and improve your wellbeing or quality of life at this time?

**4 - Staying Healthy:** Carers will be supported to stay healthy

How has caring affected your physical health? Do you feel you are eating enough / a healthy diet / regularly? Are you able to get enough exercise? How has caring affected your emotional and mental wellbeing? Are you able to get enough sleep? Are you able to maintain your home to a habitable standard?

Thinking of the above, what would benefit you most in your caring role and improve your wellbeing or quality of life at this time?

## **5 - Young Carers / Whole Family Approach**

Are you providing care for any other adults? Is there anyone else in your family affected by the caring role (children / grandchildren / other relatives)? If so how does caring affect them?

Who else lives in your household? (please give details of everyone who lives with you including any children).

Thinking of the above, what would benefit you most in your caring role and improve your wellbeing or quality of life at this time?

**6 - Confident in the Future**

Considering everything that has been discussed, are you willing and able to continue to provide care to the person you look after? Do any of the things we have discussed cause you significant pain, distress or anxiety? (please give details) What information, advice or support would help you feel confident in continuing to care?

How much care do you provide each week? Please tick the hours that applies:
1-5 hours Yes <input type="checkbox"/>
5-19 hours Yes <input type="checkbox"/>
19-49 hours Yes <input type="checkbox"/>
50 hours plus Yes <input type="checkbox"/>

Is your GP aware you are a carer?	
(A) Yes	<input type="checkbox"/>
(B) No	<input type="checkbox"/>
Have you had a GP carer health check?	
(A) Yes	<input type="checkbox"/>
(B) No	<input type="checkbox"/>
If you answered no to either of the above can we contact the GP?	
(A) Yes	<input type="checkbox"/>
(B) No	<input type="checkbox"/>

## **(8)SUMMARY OF NEEDS AND ELIGIBILITY**

***THIS SECTION IS TO BE COMPLETED BY A SUNDERLAND CITY COUNCIL ASSESSOR***

Describe the needs that arise as a consequence of providing necessary care for an adult which a) the carer is unable to achieve without assistance, b) is able to achieve without assistance but doing so causes the carer significant pain, distress or anxiety; or c) is able to achieve without assistance but doing so endangers or is likely to endanger the health and safety of the carer or others:

### **Outcome - Accessing and engaging in work, training, education or volunteering**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

### **Outcome - Engaging in recreational activities**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome - Making use of necessary facilities or services in the local community** *(including public transport, and recreational facilities/services -)*

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome - Developing and maintaining family or other personal relationships**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome - Maintaining the carers physical or mental health**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome - Managing and maintaining nutrition**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome - Maintaining a habitable home environment in the carers home (whether or not this is the home of the adult needing care)**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome - Providing care to other persons for whom the carer provides care (5)**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing?

Details

**Outcome (5) - Carrying out any caring responsibilities the carer has for a child**

**Is the carer able to do this?**

**(a) Yes**

**(b) No**

If no what is the current or likely impact of this on wellbeing

Details

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**Are one or more outcomes above ticked as 'No'? (i.e. cannot do)**

**Yes**

**No**

**If yes, is there, or is there likely to be, a significant impact on wellbeing?**

Wellbeing should be considered across all the areas listed below:

Personal dignity and being treated with respect

Protection from abuse and neglect

Participation in work, education training or recreation

Domestic, family and personal relationships

Control over day to day life (including over care and the way it is provided)

Physical and mental health and emotional wellbeing

Suitability of living accommodation

Social and economic wellbeing

Contribution to society

**Yes**

**No**

**Details of decision regarding impact on wellbeing: (free text box)**

**Summary of identified eligible outcomes: (free text box)**

**Whole family approach – have any young carers been identified through this assessment?**

**Yes**

**No**

**If yes, what action is to be taken?**

**Referral to Carers Centre Young Carer Scheme**

**Young Carer Assessment**

**Information and Advice (covering all eligible and non-eligible needs identified in the assessment):**

**Information and advice about your current needs: (free text box)**

**Information and advice about preventing or delaying the development of needs in the future: (free text box)**

I agree this assessment is a true reflection and confirm that I understand the decisions reached

Signed (carer)..... Date.....

Signed (SW/ARO)..... Date.....

### Next Steps

	Y/N	Details
Referral to Carers Centre		
Complete Carer Support Plan		
Benefits maximisation		
Provide Carer Break via Cared For		
Other e.g Emergency Plan, Telecare		

Once completed please send your form to the following Sunderland City Council email address: [ASC.Admin@sunderland.gov.uk](mailto:ASC.Admin@sunderland.gov.uk)

Or post to:PA and Admin Support Service, Room 1.83, Civic Centre, Burdon Road, Sunderland, SR2 7DN