Thank you for letting us know that you are a carer. This assessment form will help us to understand your caring role better and help you to access any support or services available if appropriate. Services may include respite care, short breaks or carer support groups.

So that you do not have to complete an assessment process more than once, the same form is being used by Southwark Carers and Southwark Council. Any information you provide will only be shared if you agree to it. This will ensure that you are supported by the right organisations and have access to the full range of information and services available to carers within Southwark.

You may complete the form yourself or with a member of staff from the organisations mentioned above. Please let us know if you cannot understand something or need help to complete it. In order to help us respond promptly it would be very helpful if you could fill in as much of the form as possible.

You can download the form, or take a paper copy away to fill it in, and then post the completed form to the address below.

Freepost RSTY-KKJL-UZYE
Southwark Carers
Walworth Methodist Church
54 Camberwell Road
London
SE5 0EW
CARER’S REGISTRATION DETAILS

1. ABOUT YOU

Title:  
Mr / Ms / Mrs  

First Name  

Surname

1.1. Your contact details

Address  

Postcode

Telephone number

Home  

Mobile

Email Address

Are you:

Male?  
Female?

Date of birth:

Are you under 18?  yes  

Other communication needs (e.g. hard of hearing)

1.2. How would you describe yourself?

Do you consider yourself disabled?

Yes  

Brief description

No

Are you?

☐ Older Person (over 65)  
☐ Mental Health  
☐ Substance Misuse  
☐ Physical Disability (PD)/ Frailty  
☐ Learning Disability  
☐ PD / Frailty / Sensory Impairment  
☐ Hearing Impairment  
☐ Visual Impairment  
☐ Dual Sensory Loss  
☐ Other Vulnerable Person

COMPLETED ON:

DATE: __ __ / __ __ / __ __ __ __
1.3. Have you ever had a Carer’s Assessment from Social Services, or had a Social Worker ask about your needs as a Carer?

They may have done so at the same time as speaking to the person you care for about their needs, or they may have talked to you separately.

Yes ☐ No ☐ Don’t know ☐

If you answered Yes above (only):

Do you remember when this was, and which Social Worker spoke to you?

Did anything change for you as a result of your contact with Social Services?

1.4. Carers Support in Southwark

Have you heard about Southwark Carers? Yes ☐ No ☐

If yes, where did you hear about Southwark Carers?

Friend / family member ☐ GP surgery ☐
Social Worker ☐ Hospital staff ☐
Another charity or voluntary sector organisation ☐

Other ☐

I found them myself (called a ‘self referral) after hearing about them from:

Carers Direct (the national helpline) ☐ I saw your publicity ☐
I saw publicity at an event I attended ☐ I saw your publicity ☐
in the GP surgery

Other ☐

I don’t remember ☐

Are you registered with any other support organisation e.g. Alzheimer’s Society, Carers UK?

Yes ☐ No ☐ Please specify ________________________________
1.5. Your Background

Employment status

- Yes, employed (full time)
- Yes, employed (part time)
- No, ill or disabled
- No, looking after family / caring
- No, retired

Do you receive any state benefits?

- Employment Support Allowance
- Attendance Allowance
- Carers Allowance
- Disability Living Allowance

- Job Seekers Allowance
- Pension Credit
- Child Tax Credit
- Income Support

Other, please specify:

What is your national insurance number?

-----------------------------------------------

How would you describe your ethnic origin?

ASIAN OR ASIAN BRITISH

- Bangladeshi
- Indian
- Pakistani
- Other Asian

BLACK OR BLACK BRITISH

- African
- Caribbean
- Other Black

MIXED

- White and Asian
- White and Black African

OTHER ETHNIC GROUP

- Chinese
- Greek Cypriot
- Turkish Cypriot
- Vietnamese
- Other Group

WHITE

- British
- Irish
- Other White

Not Stated
1.7. Does your GP know that you are a carer?
Yes ☐ No ☐ Don’t know ☐

1.8. Your GP Surgery (so we can put you in touch with any support groups at the surgery)

What is your faith or belief?
Agnostic ☐ Buddhist ☐ Humanist ☐ Muslim ☐
Athiest ☐ Christian ☐ Jain ☐ Sikh ☐
Baha’i ☐ Hindu ☐ Jewish ☐ Prefer not to say ☐
Other religion ☐ (Please specify) ☐
Non-religious group (Please specify) ☐

Sexual Orientation
Heterosexual ☐ Gay / lesbian ☐ Bi-sexual ☐ Transgender ☐
Prefer not to say ☐

How would you prefer to receive information (e.g. carers newsletter)?
By post ☐ By email ☐ I don’t want to receive any information ☐
2. ABOUT THE PERSON YOU CARE FOR

Their name

Are they:

Male?  ❑  Female?  ❑  Date of birth: ______________________________________

Is your cared for person under 18? yes  ❑  no  ❑  If yes do they receive Med / High level DLA? yes  ❑  no  ❑

Do they live with you? (please tick)

Yes  ❑  No  ❑  Their telephone number if not ________________________

What is their address if they do not?

Address ________________________ Postcode _______________________

Emergency telephone / mobile contact number ________________________

2.1. What is your relationship to the person you care for?

I’m their parent  ❑  I’m their friend  ❑

I’m their partner  ❑  I’m a family member  ❑

I’m their neighbour  ❑  I’m their son/daughter  ❑

2.2. If the person you care for is a child in full time education, which school do they attend?

School ________________________

2.3. What is the nature of their illness or disability?

Condition ________________________

❑ Frail or ill older person (over 65)  ❑ Disabled child or young person (under 25)

❑ Adult with mental health problems (over 65)  ❑ Adult with mental health problems (under 65)

❑ Adult with a learning disability (under 65)  ❑ Physical Disability / Frailty (PD)

❑ Hearing Impairment  ❑ PD / Frailty / Sensory Impairment

❑ Visual Impairment  ❑ Adult with HIV / AIDS

❑ Dual Sensory Loss  ❑ Substance Misuse

❑ Other Vulnerable Person  ❑
2.4. Are you involved in the planning of this person’s treatment or care?

Yes ☐  No ☐  Don’t know ☐

If yes, please give details

2.5. Does the person you care for currently receive any support from Social Services?

Yes (see below) ☐  No ☐  Don’t know ☐

Brief description - for example, do they attend a day centre or do they receive respite care?

2.6. Is there anyone else in your family / household who provides care too?

Yes ☐  No ☐  Would they be interested in our services? ☐

2.7. How many hours per week do you spend caring?

0 - 14 hours ☐  15 - 30 hours ☐  31 - 50 hours ☐  50+ hours ☐  Unknown ☐

2.8. How many years have you been caring for somebody?

0 - 1 years ☐  2 - 5 years ☐  5 - 10 years ☐  10+ years ☐  Unknown ☐

IF YOU CARE FOR MORE THAN ONE PERSON PLEASE CONTACT 020 7708 4497 AND ASK FOR COPIES OF SECTIONS 2 AND 3 OF THIS FORM, YOU WILL NEED TO COMPLETE THESE SECTIONS FOR EVERY PERSON THAT YOU CARE FOR.
3. SUPPORT YOU ARE PROVIDING

3. 1. THINK ABOUT ANY HELP OR SUPPORT YOU GIVE IN THE FOLLOWING ASPECTS OF CARING. WHICH PARTS ARE REWARDING OR POSITIVE AND WHICH ARE DIFFICULT OR BURDENSOME?

<table>
<thead>
<tr>
<th>Aspect of caring</th>
<th>How often? 1 = Never 2 = Sometimes 3 = Often 4 = All of the time</th>
<th>Difficulty? 1 = Little difficulty 2 = Some difficulty 3 = Lots of difficulty 4 = Too much difficulty</th>
<th>Carers comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving or monitoring medication</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Making sure the person is safe indoors</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Giving emotional support</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Getting through the night</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Managing finances and benefits</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Good aspects of the relationship i.e. he/she is good company</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Dealing with verbal abuse, aggression or violence</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Advocating on your relatives behalf</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Support with socialising</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Personal tasks such as bathing, dressing or personal hygiene</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Practical tasks such as cooking shopping housework etc.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Dealing with crisis</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Do you worry about what would happen if you were unable to continue as a carer?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Providing financial support</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Help with mobility</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Does the caring role affect your ability to carry out paid work / studying?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>
3. 2. HOW DOES CARING AFFECT YOUR LIFE IN THE FOLLOWING AREAS? PLEASE GIVE DETAILS

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work/Training/Study</td>
<td></td>
</tr>
<tr>
<td>Leisure/social life</td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td>Emotional health (like stress)</td>
<td></td>
</tr>
<tr>
<td>Relationships</td>
<td></td>
</tr>
<tr>
<td>Opportunities</td>
<td></td>
</tr>
<tr>
<td>Finance - do you need any help with finance?</td>
<td></td>
</tr>
<tr>
<td>Safety/risks</td>
<td></td>
</tr>
<tr>
<td>Respite/Breaks? (rest)</td>
<td></td>
</tr>
<tr>
<td>Holidays</td>
<td></td>
</tr>
<tr>
<td>Accommodation</td>
<td></td>
</tr>
<tr>
<td>Time for yourself</td>
<td></td>
</tr>
</tbody>
</table>
3.3. WHAT IS YOUR CARING SITUATION?

Please briefly describe the tasks you do and the effect it has on you

Are you willing and able to continue to provide this level of care? Adult Services may be able to help you with this
Yes ☐ No ☐
If ‘no’, please give details

4. SUPPORT YOU ARE LOOKING FOR

4. 1. WHAT SUPPORT WOULD YOU LIKE?

For example, ‘time off’, help with applying for benefits, or getting adaptations or equipment in the home to make life easier.

4. 2. WHAT DIFFERENCE WOULD THAT SUPPORT MAKE TO YOU?

Impact on your health and well being.

4. 3. DOES YOUR CARING ROLE AFFECT OTHER MEMBERS OF THE FAMILY. IF SO NAME THE MEMBERS AND DESCRIBE THE IMPACT ON THEM

4. 4. CONTINGENCY PLAN - THIS PREVENTS A CRISIS DEVELOPING BY DETAILING THE ARRANGEMENTS TO BE USED AT KEY POINTS IN THE CARE OF THE PERSON

4. 5. CRISIS PLAN DETAILS OF WHAT SUPPORT IS AVAILABLE TO YOU AND WHAT YOU CAN DO IN A CRISIS
5. CONSENT TO SHARE INFORMATION ABOUT YOU

We can pass your details to other organisations which may be able to help you. This is called ‘making a referral’. We will never pass your details to any commercial organisation.

Would you be happy for us to refer you to other organisations who might be able to help you?

Yes ☐ No ☐ I would like further information or to discuss this ☐

WE ARE REQUIRED BY OUR FUNDERS, SOUTHWARK COUNCIL TO PROVIDE MONITORING DATA, WE NEED YOUR CONSENT IN ORDER TO BE ABLE TO PROVIDE THIS INFORMATION. UNLESS WE RECEIVE YOUR CONSENT WE ARE UNABLE TO OFFER YOU ANY OF THE SERVICES LISTED IN POINT 7 (ACTION PLAN).

PLEASE LET US KNOW WHETHER YOU CONSENT OR NOT:

I consent to information collected about me by Southwark Carers being passed to Southwark Social Services for linking with their records. This is for data monitoring purposes only is strictly confidential and does not affect my rights in any way.

I do not consent to information collected about me by Southwark Carers being passed to Southwark Social Services for linking with their records. Please note that under these circumstances we are not able to offer you specific services funded by Southwark Council.
6. DECLARATION

6.1. Do you receive funding for your caring role through Southwark Council as part of your cared for person’s care package

Yes (see below) ☐  No ☐

Brief description

6.2. Do you receive funding for breaks or respite through any department of Southwark Council

Yes (see below) ☐  No ☐

Brief description

6.3. Please sign and date below to indicate that this form is an accurate representation of your personal circumstances and that the facts you have given are correct to the best of your knowledge

Carers signature

Date

6.4. If somebody has helped you to fill in this form – for example, by interpreting or helping you with reading and writing, they should sign here:

Signed

Date

Designation (e.g. Friend, Interpreter, Advocate, Neighbour)

6.5. Please sign here if you are happy for information on this form to be shared with the person for whom you are caring, if they need to know.

Carers signature

Date

Print name
7. ACTION PLAN

This section summarises how we intend to help you.

**Advice and Information:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Action Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td></td>
</tr>
<tr>
<td>Debt</td>
<td></td>
</tr>
<tr>
<td>Counselling</td>
<td></td>
</tr>
<tr>
<td>Carer Support Groups</td>
<td></td>
</tr>
<tr>
<td>Therapies</td>
<td></td>
</tr>
<tr>
<td>Activities for Carers</td>
<td></td>
</tr>
<tr>
<td>Personal Budget (Short Breaks)</td>
<td></td>
</tr>
<tr>
<td>Emergency planning, including ‘Message in a Bottle’</td>
<td></td>
</tr>
<tr>
<td>Southwark Carers Newsletter and information about Carers services</td>
<td></td>
</tr>
<tr>
<td>Information about personalised services for the Carer or the person they care for (e.g. ‘Direct Payments’ or ‘Individual Budgets’)</td>
<td></td>
</tr>
<tr>
<td>Information about the role of professional carers</td>
<td></td>
</tr>
<tr>
<td>Information on how to become more involved in the planning and treatment and care</td>
<td></td>
</tr>
<tr>
<td>Referral to Southwark Carers</td>
<td></td>
</tr>
<tr>
<td>Referral to other agencies</td>
<td></td>
</tr>
</tbody>
</table>

Additional information
8. FOR OFFICE USE ONLY

Are there any limitations to the consent given? Is there anyone the carer does not wish the information to be shared with?

Please provide details

Yes ☐ No ☐

Personal Budget ☐ Value: .........................

Children’s Grant ☐ Value: .........................

Flexi-Respite ☐ Value: .........................

Emergency Respite ☐ Value: .........................

Total Value: .........................

Approval:

Authorised by Southwark Carers staff: .................................................................

Please Insert Care First ID number: .................................................................

Carers Assessment authorised by Southwark Council: .................................................................

Payment received from Southwark Council: Date: __/__/____

Payment sent to carer: Date: __/__/____

Receipts received: Date: __/__/____

Copy given to Carer ☐ Copy given to GP ☐ Copy give to other ☐

Please specify: ..............................................................................................................

For staff use only

Database ref: ........................................

Added by: ........................................

Date added: ........................................