

# West Berkshire Council Carers - Understanding your needs

Do you regularly provide unpaid care for an adult family member, friend or relative? If you do, there are a variety of ways in which we may be able to support you.



This could be by putting you in touch with other carers or organisations that provide support, arranging time out for you or practical assistance.

As a carer, your own health and wellbeing is important. We would like to know more about the sort of help you think you need.

## **You have a choice of how you can provide us with this information:**

- You can complete this form online or by downloading a copy and sending it to West Berkshire Council - address at the end. Alternatively you may request a hard copy by calling 01635 503050. This form aims to gather information about your caring role to inform your Carers assessment. A copy of this form may also be completed online at **<http://info.westberks.gov.uk/carersassessments>**
- Call Adult Social Care on **01635 503050** and one of our staff will help to complete this form with you over the phone, Or We will make an appointment for a worker to visit you to complete a Carers assessment
- Complete a Carers Assessment form online at **[www.westberks.gov.uk/carers](http://www.westberks.gov.uk/carers)** You can also Find Help with Care and Support online - our self-referral form contains useful information and advice. **[www.westberks.gov.uk/adultselfreferral](http://www.westberks.gov.uk/adultselfreferral)**

Please make us aware of any communication needs you may have e.g. Language, Vision, Hearing etc.

This form can be made available on request in large print, on audiocassette, in Braille or other languages



## Who is a carer?

You are entitled to a carer's assessment if you provide (or intend to provide) unpaid care by looking after an adult family member, friend or partner.

As a carer, you may be invited to be part of any social care assessment of the person you look after. A carer's assessment is different – it is an opportunity to focus on you, how caring affects you, and any support you may need. Your carer's assessment can be combined with the needs assessment of the person you look after, or it can be separate.

## Understanding Your Needs

West Berkshire Council have developed this form to give you the opportunity to tell us what impact caring has on you. This form will provide prompts that may be helpful in your consideration of your caring role by focusing on how you are managing areas of your life such as your health, your ability to work or study, your leisure time, the choices you have about caring, your finances and any family or other responsibilities you may have.

You do not have to complete this form all at once. You may want to take time to think about some of your answers or complete this with support from family or friends. This form is available for completion on our [www.westberks.gov.uk/carers](http://www.westberks.gov.uk/carers) where you will also find a link to a self-referral that may help you identify sources of information and support for yourself and the person you care for.

## What Happens Next?

If you send this form to us we will arrange for someone to contact you to go through the details you have given us and discuss ways in which you may be supported.

If it is appropriate we will complete a Carers Assessment with you (you can also find this [www.westberks.gov.uk/carersassessments](http://www.westberks.gov.uk/carersassessments)) which will consider if you meet the Carers national eligibility criteria and how any eligible needs will be met, by developing a Carers Support Plan with you. This may also affect the support we offer the person you care for.

## Caring for someone under 18

Parents who are looking after a child who needs more help than other children of their age because of an illness or disability should call the **Contact Advice and Assessment Service (CAAS) on 01635 503090**.

## Young Carers

Young carers are children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

West Berkshire Young Carers Project <https://info.westberks.gov.uk/youngcarer> can help by linking you up with other young carers, providing support and giving you time out from caring.

[EarlyRHub@westberks.gov.uk](mailto:EarlyRHub@westberks.gov.uk) or phone **01635 503090**

**If you feel your caring role has become unmanageable, or if someone is hurting you or the person you care for in anyway, contact us straightaway on telephone number 01635 503050.**

**If you have a health question which needs an immediate response phone 111**

## What do we mean by outcomes?

Completing this form will help us identify if you need help to enable you to carry on in your caring role. This may include:

- Claiming Benefits
- Emotional Support
- Having a break
- Meeting other people
- Training/Education
- Getting time to enjoy a hobby
- Help in an Emergency



This information can be used to complete a Carers Assessment with you when we will consider your ability to achieve the following outcomes and whether this has a significant impact on your wellbeing:

- carrying out any caring responsibilities you have for a child in addition to your caring responsibilities for an adult
- providing care to other persons for whom you provide care
- maintaining a habitable home environment
- managing and maintaining nutrition
- developing and maintaining family or other significant personal relationships
- engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community
- engaging in recreational activities

## Section 1 - Your details

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone No</b>		<b>Mobile</b>	
<b>Email address</b>			
<b>Do you have access to the internet?</b>			
<b>How would you like us to contact you?</b>			
<b>Date of Birth</b>		<b>Religion</b>	
<b>Ethnicity</b>	African Any other Asian background Any other Black background Any other ethnic group Any other mixed background Any other White background Arab Bangladeshi Caribbean Chinese	Gypsy Romany Indian Pakistani Refused Traveller of Irish Heritage White and Asian White and Black African White and Black Caribbean White British White Irish	
<b>Preferred Language</b>			
<b>GP's Name</b>			
<b>GP's Surgery Address</b>			

## Your health

Do you have a long-standing health condition or disability? Please tick any that apply.

- Learning Disability
- Physical Disability
- Sensory Impairment
- Mental ill Health
- Dementia
- Memory Problems
- Physical Frailty
- Trips or Falls
- Substance misuse
- Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*If you have ticked any boxes on the left how does your condition affect you?*

## Details of the main person you care for

Name			
Address <i>(If different from yours)</i>			
Postcode			
Telephone No		Mobile	
Relationship to you			
Date of Birth		Religion	

## Details of the main person you care for

<b>Ethnicity</b>	African Any other Asian background Any other Black background Any other ethnic group Any other mixed background Any other White background Arab Bangladeshi Caribbean Chinese	Gypsy Romany Indian Pakistani Refused Traveller of Irish Heritage White and Asian White and Black African White and Black Caribbean White British White Irish
<b>GP's Name</b>		
<b>GP's Surgery Address</b>		

<b>List main condition/ diagnosis where known</b>	
<b>If you are caring for more than one person please include relevant information here including any children you care for:</b>	
<b>If any young people under 18 are assisting with any aspects of the caring role please provide details or contact the young carers service on 01635 503400</b>	

## Section 2 - The care you give

Below please indicate which best describes the level of care you give and how you feel about it.

Care given	When				How demanding			Comments	
	Never	Sometimes	Weekly	Daily	Positive	Not demanding	Difficult		Very difficult
Help with washing & dressing									
Help with medication									
Help during the night									
Help with household chores									
Help with nursing tasks & using equipment (blood testing, stoma bag replacement etc)									
Helping with mobility, lifting someone or using aids and equipment									
Making sure the person is safe indoors & outdoors									
Dealing with challenging behaviour									
Help with transport and getting to appointments									
Managing their money									
Help with socialising									
Support with emotional needs									
Other									

## Section 2 - The care you give

How long have you been offering support to the main person you care for?		
Does the person you care for receive support from anyone else?	Yes	No
Please specify, including name of professionals they received support from:		
Do you receive support from family and friends <i>(please specify)</i>		

### Where you provide care.

	Yes	No
I think my caring environment is unsafe		
I have concerns with regards to my caring environment		
I would like information about aids and adaptations		
I cannot leave the person I look after on their own		

### Choices about caring.

	Yes	No
Do you wish to continue giving the same level of care?		
Are you able to carry on giving the same level of care?		
If not, what would you like to change?		
My relationship for the person I care for has changed		
Does any aspect of your caring role make you feel unsafe? <i>(For example, this could be helping with physically moving or lifting a person, it could be supporting someone who may show signs of aggression etc?)</i>		

**Outcome for you.** Here we would like you to think about any changes you would like to make with regards to your ability to continue in your caring role.



## Section 3 - Work/Education/Employment

Please tick any that apply

I am:

Working full time		Studying part time	
Working part time		Volunteering	
I want to return to work		Retired	
Studying full time			

**If you are working, please complete the following:**

	Yes	No
I am struggling to combine my work with my caring role		
I have had to take time off work because of my caring role		
I may have to give up work because of my caring role		
I have concerns about combining work with my caring role		
I would like to know about my rights as a working carer		
I have concerns about work		

**If you are in education or training, please complete the following:**

	Yes	No
I am struggling to combine my study with my caring role		
My studies have suffered because of my caring role		
I may have to give up my studies because of my caring role		
I have concerns about combining my studies with my caring role		
I would like to know about training courses that may help me		

Thinking about the answers you have given is there anything else you would like to tell us about how your caring situation affects your work or education?

**Outcome for you.** Are there any changes you would like for yourself with regards to your work or education?

## Section 4 - You time

	Yes	No
I feel isolated		
I don't have enough leisure time or the chance to have a break		
I have not been able to see friends or family because of caring		
I need a break from my caring role		
I feel my own health and wellbeing is affected		
I am unable to participate in hobbies		
I have concerns about my leisure time presently		

Thinking about the answers you have given is there anything else you would like to tell us about your situation regarding your leisure time and how this affects you?

**Outcome for you.** Thinking about your leisure time are there any changes you would like for yourself in this area of your life?

Is there anything specific you can identify in the way of support that may help you achieve the changes for yourself with regards to your leisure time?

## Section 5 - Your other responsibilities

	Yes	No
I am finding it hard to juggle my caring role and my family responsibilities		
I find I cannot keep up with my own household tasks		
I feel anxious that I cannot always keep up with my other responsibilities		
If you have younger family members (under 18) are you able to give them sufficient time alongside your caring role?		
If you have younger family members (under 18) do they assist you with your caring role or are they helping their siblings or undertaking household tasks		
I have concerns about managing my responsibilities with my caring role		

Thinking about the answers you have given is there anything else you would like to tell us about your other responsibilities you may have outside caring and how they affect you?

**Outcome for you.** Are there any changes you would like for yourself with regards to your other responsibilities?

Is there anything specific you can identify in the way of support that may help you achieve changes for yourself with regards to your other responsibilities?

### Carers Booklet

We have a Carers Booklet which provides information about local organisations. If you would like a copy please tick the box and we will send you one.

## Section 6 – Financial Wellbeing

	Yes	No
Caring affects me financially		
I would like information about benefits and grants I may be entitled to		
I am struggling to pay day to day living expenses		
I am unable to work or study which impacts on my financial situation		
I have concerns about my financial wellbeing		

Thinking about the answers you have given is there anything else you would like to tell us about your situation regarding your finances and how this is affecting you?

**Outcome for you.** Are there any changes you would like for yourself with regards to your finances?

Is there anything specific you can identify that may help you achieve the above outcome?

## Section 7 - Your health and wellbeing

	Yes	No
I have felt emotional, anxious or depressed because of my caring role		
I am physically exhausted		
I struggle to do my own shopping and/or prepare meals for myself		
My own health is poorer now		
I often put off managing my own health needs such as attending medical appointments		
When my health is not good I feel I have no choice but to carry on caring		
My GP is aware of my caring role		
I have concerns about my own health and wellbeing		

Thinking about the answers you have given is there anything else you would like to tell us about your health and wellbeing?

**Outcome for you.** Are there any changes you would like to make to improve your health and wellbeing?

Is there anything specific you can identify in the way of support that may help you achieve changes for yourself with regards to your health and wellbeing?

# Section 8- Planning for an Emergency

	Yes	No
Do you have an emergency plan in place in case of a crisis?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anyone else who would be willing, in an emergency to provide care if you were unable to do so?	<input type="checkbox"/>	<input type="checkbox"/>
Would this person be happy to have their details recorded?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, please give details of name, contact number and relationship to the person cared for:</p>          		
Would this person be happy to have their details recorded?	<input type="checkbox"/>	<input type="checkbox"/>

## Data Protection Act

To find out more about how we use the data you give us on this form, visit [www.westberks.gov.uk/pnasc](http://www.westberks.gov.uk/pnasc)

This information is strictly confidential and for use by those agencies involved in the care of the person. This is intended for the individual and/or organisation to which it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication and its attachments is strictly prohibited.

### Please return this form to:

West Berkshire Council, Adult Social Care,  
West Street House, West Street  
Newbury, RG14 1BZ

or by email to: [adultcare@westberks.gov.uk](mailto:adultcare@westberks.gov.uk)

## What Happens Next?

If you send this form to us we will arrange for someone to contact you to go through the details you have given us and discuss ways in which you may be supported.

To work out the best way forward to support you, we will talk to you to understand what you want and need.

Where appropriate this discussion can take place with the person you care for, but we recognise it may be more helpful to have this discussion on your own.

This may involve a discussion about resources in your community that might be helpful for you. It will also look at your strengths and things where your family or wider community can help you. We'll work with you to work out ways we can help maintain or improve your wellbeing and enable you to receive the support you need.

If it is appropriate we will complete a Carers Assessment with you (you can also find this at [www.westberks.gov.uk/carersassessments](http://www.westberks.gov.uk/carersassessments) which will consider if you meet the Carers national eligibility criteria and how any unmet eligible needs will be met, by developing a Carers Support Plan with you. This may also affect the support we offer the person you care for.

With your permission we would like to share the assessment with TuVida Carers Hub who provide free information, advice and support to Carers.

Can we share the assessment with TuVida Carers Hub Yes      No

To find out about TuVida Berkshire Carers Hub

Telephone: 0118 324 7333  
email: [berkshire@tuvida.org](mailto:berkshire@tuvida.org)

[www.tuvida.org/berkshire](http://www.tuvida.org/berkshire)

# Useful contacts

This information is for you to keep, please detach this sheet before returning this form

## Carers UK

Lots of helpful advice, information and resources to support you in your caring role. The UPFRONT guide to caring is an online tool to help you find your way through the maze of benefits and entitlements. Telephone Helpline is available on 0808 808 7777 from Monday to Friday, 9am – 6pm or you can contact by email [advice@carersuk.org](mailto:advice@carersuk.org) [www.carersuk.org/home](http://www.carersuk.org/home)

## GOV.UK

The GOV.UK website provides information on a wide range of public services. Pages dedicated to carers and disability benefits can be accessed via: [www.gov.uk/carers-allowance](http://www.gov.uk/carers-allowance)

## Citizens Advice West Berkshire

Citizens Advice provide information and advice about legal and money matters. Visit the national website: [www.adviceguide.org.uk](http://www.adviceguide.org.uk) or Citizens Advice West Berkshire Advice Line: 0300 222 5941 or <https://citizensadvicewestberkshire.org.uk/>

## West Berkshire Council

### Carers Booklet

If you would like a hard copy please tick the box on Section 5. Alternatively you can access the [booklet](#) from the 'Help for carers from West Berkshire Council' webpage: <https://info.westberks.gov.uk/carersassessments>

### The West Berkshire Directory for local information and support

If you need support there are a number of organisations that offer practical and emotional support for carers along with financial advice and information to support you in your caring role: <https://directory.westberks.gov.uk>

## Young Carers

You can find information about young carers here: <http://info.westberks.gov.uk/youngcarers>

## TuVida Carers Hub

Provide free information, grants, advice and support to Carers. Helpline: 0118 324 7333 email: [berkshire@tuvida.org](mailto:berkshire@tuvida.org) [www.tuvida.org/berkshire](http://www.tuvida.org/berkshire)

## GP Out-of-Hours Service

The GP out of hours service for patients in West Berkshire can be accessed by calling NHS111. You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation. Dial **111**