

# Assessment of Carers Needs

## \*Initial Assessment/Review

(\*Please delete as necessary)

eICPA4b

Name of Carer	Name of person you care for:
Hosp No:	D.o.b.:
Carer's D.o.b.:	Carer's ethnic origin:
Do you think of yourself as a carer?	<i>(Before you start the assessment ensure that the carer understands that this is not an assessment of their abilities; it is intended to help us to help them in that role.)</i>
What do you do for the person you care for?	<ul style="list-style-type: none"> <li>• <i>Do you and (insert name of service user) live together?</i></li> <li>• <i>How many times a week do you have contact with (insert name of service user)?</i></li> <li>• <i>Do you help (insert name of service user) with his/her shopping?</i></li> <li>• <i>Do you help him/her with any personal care or domestic chores?</i></li> </ul>
Do you know how this is reflected in the Care Plan? Do you have a copy of the Care Plan? Yes/No	<ul style="list-style-type: none"> <li>• <i>Do you know what a care plan is?</i></li> <li>• <i>Have you had a copy of the Trust leaflet that explains the care planning process?</i></li> <li>• <i>Are you happy with the way you are included in the care planning process?</i></li> </ul>
Does your caring role put pressure on you: e.g. work, financially, with other family members	<ul style="list-style-type: none"> <li>• <i>Does what you do for (insert name of service user) stop you feeling free to spend time as you would wish?</i></li> <li>• <i>Do any other family members lose out because of (insert name of service user)'s needs?</i></li> <li>• <i>Does your carer role put pressure on your financial position?</i></li> </ul>
What information or support might help you to manage your role	<ul style="list-style-type: none"> <li>• <i>Have you been given a copy of the Trust Carers' Information Pack?</i></li> <li>• <i>Do you know any other carers?</i></li> <li>• <i>Have you heard of voluntary organisations that support</i></li> </ul>

<p>better? Is there anything you would like to change about your role as a Carer, if other services could be put in place?</p>	<p><i>carers?</i> <i>(Link this section to information already given.)</i></p>
<p>Do you know what to do if you feel unsafe or unable to cope?</p>	<ul style="list-style-type: none"> <li>• <i>Does (insert name of service user)'s care plan identify any risks?</i></li> <li>• <i>Do you know who to contact and how to get hold of them if you feel unsafe or need extra help?</i></li> <li>• <i>Would the numbers you might need in an emergency be easy to find if you needed them in a hurry?</i></li> </ul>
<p>Other information it may be useful for us to know?</p>	<p><i>(Before ending the assessment encourage the carer to talk about anything that is important to them that they have not already covered; schedule a second assessment meeting if necessary. Arrange to meet again to discuss the carer's care plan if necessary.)</i></p>

Is a more detailed assessment required?       Yes                       No

Is this needed urgently?                       Yes                       No

How often would you like your situation reviewed?

Monthly                      Quarterly                      6 Monthly                      Annually

Name of Carer	
Signature	Date

Name of Assessor	
Signature	Date

Name of Care Co-ordinator <i>(if different)</i>	
Signature	Date

***Give a copy of this Carer's Assessment/Review to the Carer and keep one in Carer section of case notes***