

Communities Directorate

Carer's Assessment and Eligibility

Adult Social Care Services

Policy

April 2015 - 2017

DRAFT

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INFORMATION SHEET

| Service area | Adult Services |
|---|--|
| Date effective from | 01/April 2015 |
| Responsible officer(s) | DM Care Management DM Mental Health Policy Officer P&P Communities |
| Date of review(s) | 01/April 2017 |
| Status: • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) | Mandatory |
| Target audience | All Adult Services Staff |
| Date of committee/SMT decision | xx/March 2015 |
| Related document(s) | Care Management Manual 2014 |
| Equality Impact Assessment Completed | March 2015 |
| Safeguarding Audit Tool | March 2015 |
| Superseded document(s) | FACS Policy May 2014 |
| File reference | CAE/GGC/APR/2015 |

POLICY

1.0 Introduction - Carer's and the Care Act

- 1.1 This policy needs to be read in conjunction with the Assessment and Eligibility Policy for Adults which details eligibility and assessment within a national and local context. It also discusses the changes introduced by the Care Act 2014 which emphasises needs, outcomes and wellbeing within an overall context of prevention and information sharing.
- 1.2 A carer is an individual who helps another person, frequently a relative or friend in their day-today-life. This is quite different from someone who provides care professionally or through a voluntary organisation. There are 7 million unpaid Carers in the UK which translates into 10% of the population. The person they are caring for may be:
 - > Elderly, ill or frail;
 - Have a long-term health issue;
 - Be dependent on or have problems with drug or alcohol abuse:
 - > Have mental health issues;
 - > Have learning difficulties;
 - Have an eating disorder.
- 1.3 Carers provide a wide range of support which may include:
 - Practical help, cooking, cleaning, washing shopping;
 - Arranging and taking people to and from appointments:
 - Keeping close watch on the cared for to ensure their safety;
 - Assist with finances and paperwork;
 - Physical support such as assisting with bathing, washing, dressing, lifting and mobility.
- 1.4 For the first time Carers will be given the same legal recognition as those they care for. This policy details a Carer's legal rights to assessment, eligibility and support. The Act gives local authorities a responsibility to assess a Carer's needs for support, where the Carer appears to have such needs.
- In essence, Halton has the responsibility for undertaking Carer's assessments and meeting eligible needs. The aim is to determine whether the Carer has support needs and what those needs may be. This assessment will consider the impact of caring on the Carer. It will also look at what Carers want to achieve for themselves. In this context the Carer's assessment will focus on important issues such as whether

Practice

Assessment & Eligibility Policy, Adult Social Care Services (April 2015).

they are still able or willing to continue in the role as Carer, whether they work or want to work and whether they would want to study, or be more involved in social activities that have particular appeal.

1.6 Overlap with Children and Families Act

The Children and Families Act 2014 introduced a system of support which extends from birth to 25 and the Care Act 2014 deals with adult social care for anyone 18 and over. This means there is a group of young people aged 18-25 who are entitled to support from both pieces of legislation. Both Acts have the same emphasis on outcomes, personalisation and integration of services. The following table summarises what both Acts have to say about Assessment and Planning. Areas relating specifically to Carers are shown in bold:

1.7

| Children and Families Act 2014 | Care Act 2014 | | |
|--------------------------------------|--|--|--|
| Single coordinated assessment | Duty to carry out an assessment for | | |
| process; | young people over 18; | | |
| Single education, health and care | Duty to produce a Care and Support | | |
| plan for young people with SEN, that | Plan for anyone over 18 where | | |
| can potentially continue to age 25; | eligible needs are identified; | | |
| Emphases person-centred practice; | Duty to carry out a Child's Needs | | |
| | Assessment (CNA) if there is likely to | | |
| | be care and support post 18; | | |
| Children and young people are | Duty to carry out a CNA at a time | | |
| engaged, empowered and supported | during transition when it is of | | |
| to participate in planning for their | significant benefit to the young | | |
| future; | person's preparation for adulthood; | | |
| Focus on preparation for adulthood | A CNA can be requested by young | | |
| from year 9 at the latest; | people or parents at any age; | | |
| Duty to assess a parent carer or a | Adult Needs Assessments carried | | |
| young carer if it appears they may | out for individuals over the age of 18 | | |
| have needs for support, or if they | must include a personal budget; | | |
| request an assessment where the | | | |
| local authority are satisfied that | Duty to carry out a Child's Carer's | | |
| they may provide or arrange for | Needs Assessment and Young | | |
| the provision of services under | Carer's Needs Assessment where | | |
| section 17 of the children's Act | there is ' <u>likely need'</u> for support | | |
| 1989. | post 18 and when there is | | |
| | 'significant benefit'; | | |
| Parent Carers' needs assessment | A Carer's Assessment must | | |
| must have regard to: the wellbeing | include an assessment of: | | |
| of the parent carer; the need to | | | |
| safeguard and promote the welfare | Whether the Carer is able | | |
| of the disabled child for whom the | and is likely to continue to | | |
| parent carer has parental | be able to provide care | | |
| responsibility. | and whether the Carer is | | |
| | willing to do so; | | |
| Young Carers' needs assessment | > The outcomes that the | | |
| must have regard to: the extent to | Carter wishes to achieve | | |
| which the young carer is | in daily life; | | |
| participating in or wishes to | Whether and if so to what | | |
| participate in: education, training | extent, the provision of | | |
| or recreation and the extent to | support could contribute | | |
| which the young Carer works or | to the achievement of | | |
| wishes to work | those outcomes. | | |

See also Transition Assessment 3.10 1.8 An adult caring for a disabled child can get support through children's services. This is usually the best way to meet their needs. In the Care Act however, there is provision for an adult Carer of a disabled child to ask for an assessment of their caring needs in advance of the child reaching 18. When Halton carries out such an assessment, it has the power to provide support to the Carer even though they are caring for a child not an adult. Typically this kind of support would be made available through an Adult Carer's Centre.

1.9 Transition Assessment

The Care Act by means of a Transition Assessment contains provisions to help the following three particular groups of people to prepare for adulthood: children, young Carers and child Carers. Each group has their own specific transition assessment. Respectively these are: a child's needs assessment; a young carer's assessment; and a child carer's assessment.

1.10 A transition assessment must be conducted for all those who have likely needs. It should be carried out when it is most likely to be of *significant* benefit to the young person or Carer. A young person or Carer or someone acting on their behalf has the right to request a transition assessment. Halton B.C. must consider such requests and whether the likely need and significant benefit conditions apply - if so they must undertake a transition assessment. If it refuses an assessment it must document why and in a timely manner.

The guidance to the Act uses the term 'transition assessment' to refer to all three. (see 3.10).

PROCEDURE

2.0 Assessment -

- 2.1 An overview of the Adult Assessment process is given in Appendix 1 and the process specific to a Carer in Appendix
 2. To be eligible for a Carer's Assessment, the cared for must be ordinarily resident in Halton.
- Often the immediate focus might be on the individual who requires care and support, however, the needs of any carer that the person has may require a separate assessment. The situation is not always clear cut. For example, a person providing care either under contract or through voluntary work, may also be providing care to the same adult outside of those arrangements. In such a situation the assessor would have to consider whether to carry out an assessment for that portion of care that is not being provided on a contractual or voluntary basis.
- 2.3 Throughout the assessment process the assessor must take into account the impact of the adult's needs on the whole family network and identify those adults and children who are providing care. This may require the identification of other adults in need of care and support, who are part of the support network. For example, the assessor may find that an adult has a carer who in turn has parenting and caring responsibilities in addition to the adult with care needs. Such a situation would constitute an 'appearance of need.'
- 2.4 In considering the impact on the wellbeing of carers and others in the adults support network and how the assessor can help the following are important:
 - Where Carers or others are identified as being affected by their caring role, the assessor must consider whether the provision of information or signposting to relevant services or a Carer's assessment, would be of benefit;
 - Where a child is identified as being involved in the provision of care, the needs of the child must be considered, the impact of their role as carer on their wellbeing and whether it is inappropriate for them to be in this role. Inappropriate tasks could include: lifting and handling; personal care (bathing and toilet needs), handling cash transactions, looking after the family budget and providing emotional support. For example it may be necessary to refer the child or young person for a young carer's assessment under the Children Act 1989.
 - Any decisions made should include the young

A cross-border protocol for the assessment of Carers who live in a different authority is currently under review by the NW ADASS group for Carers. people's views.

- 2.5 <u>Duty To Assess Carers</u> The authority must provide an assessment for any carer who appears to have any level of need for support.
- 2.6 The local authority must:
 - Offer an assessment to any carer with an appearance of need for support;
 - Ensure the carer is involved in their assessment along with anyone else they might want involved;
 - Seek to establish the total extent of needs through the assessment before considering the person's eligibility for support;
 - Consider whether the Carer's needs impact upon their wellbeing in any way, including those areas of wellbeing that the person hasn't identified and must establish the impact of this on the Carer's desired outcomes;
 - Establish whether the carer is willing and able to continue to provide care;
 - Establish whether the carer has substantial difficulty in being involved in the assessment process and, if there is no appropriate person to support them, appoint an independent advocate.
- 2.7 The local authority must ensure that any carer who may have support needs is offered a carer's assessment. This must happen irrespective of any future determination of eligibility and is important in establishing the fullest picture of the carer's needs and, importantly, the sustainability of the individual's current arrangements as a Carer.
- 2.8 <u>Purpose of the Carer's Assessment</u> -The assessment must seek to establish:
 - The carer's needs for support
 - The practical and emotional sustainability of the caring role
 - The willingness and ability of the carer to continue to provide this support.
- 2.8.1 It must also consider:
 - The impact of their support needs on their wellbeing
 - The outcomes the carer desires from daily life
 - The impact of their caring responsibilities on their ability to work, access education, training or recreation
 - Whether support could help achieve these outcomes
 - Whether the adult, their support network and the

- wider community can contribute towards meeting the outcomes the person wants to achieve
- Whether the carer would benefit from preventative support or information and advice;

2.9 Needs and Carer's Assessment

- 2.9.1 The requirement for Halton is to ensure that any assessment is appropriate and proportionate to the needs and circumstances of the individual and remains so for the duration of the assessment process. To achieve this, the assessment must be conducted in a manner which is appropriate and proportionate to the needs and the circumstances of the individual to whom it relates. It must also ensure the individual is able to participate in the process as effectively as possible (Appendix 4 is an example of the Carer's assessment form on CF6 and Appendix 5 is a copy of the Support Plan/ Finance form which is linked to it).
- 2.9.2 The principle of proportionality means that an assessment goes as far as is necessary to establish a complete picture of the person's needs. The principle of appropriateness means that an assessment must be carried out in a manner that has regard to the person's wishes, preferences and outcomes, the complexity of the person's needs and any potential fluctuations of those needs.
- 2.9.3 Additional support may need to be provided (e.g. understanding may be aided through the provision of accessible information or independent advocacy).
- 2.9.4 Assessments can be undertaken via telephone or online, provided that the local authority has made sure it has fulfilled its duties in relation to the assessment and the need for safeguarding, independent advocacy and assessing mental capacity (see 2.9.10).
- 2.9.5 The local authority must ensure the assessment is personcentred, which may include provision of support in circumstances where there are capacity issues or specific difficulties in communication.
- 2.9.6 What constitutes an appropriate and proportionate assessment needs to be kept under constant review throughout the assessment and eligibility process to ensure the process fits the person's overall needs.
- 2.9.7 The SCIE Care Act hub provides practice examples of good practice to ensure the assessment is proportionate and

In practice the assessor will determine such needs from the dialogue with the Carer, observations of their home situation (if the assessment is being carried out in their home) and further discussion with any other relevant person, including the individual being cared for. A specific type of assessment may be appropriate (e.g. face-toface, supported selfassessment, online or phone assessment, joint assessment or combined assessment. All of these are defined in Halton's Assessment and Eligibility (Adult Social Care Services) Policy April 2015-16.

See Appendix 4. For the Carer's Assessment Form.

appropriate. This is at: http://www.scie.org.uk/care-act-2014/.

- 2.9.8 In considering the specific assessment to be applied, the following checklist is a guide to choose which format to use:
 - Where can the assessment take place?
 - Who will conduct the assessment?
 - Are there any specific communication needs to be addressed?
 - When will the assessment take place?
 - What is the mental capacity of the adult with care needs?
 - Who has been consulted?
 - Who will be involved?
- 2.9.9 During assessment it is important to ensure the process remains person-centred, the impact of preventative services is considered in maintaining or improving the individual's wellbeing and the outcomes that the person sets for themselves are considered at all times.
- 2.9.10 It is also important to establish the needs of any carers in the process as an ongoing part of the assessment of an individual's needs and the impact these have on those around them.
- 2.9.11 Depending on the answers to these questions, any of the following forms of assessment may be deemed appropriate. They do not constitute an exhaustive list:
 - Face-to-face
 - Supported self-assessment
 - Online or phone assessment
 - Online or phone assessment
 - Joint assessment
 - Combined assessment
- 2.12 Having determined the type of assessment, the local authority must identify the person's needs, how these impact on their wellbeing, and the outcomes that the person wishes to achieve in their day-to-day life.
- For details on each see Adult Assessment and Eligibility Policy 2015-16.
- 2.13 The Importance of Outcomes The outcome of the carer's assessment will provide an understanding of the sustainability of the carer's input in the short, medium and long term. The general principles of assessment still govern a carer's assessment. For instance, the format of assessment must be appropriate to the carer's circumstances.

- 2.14 <u>Refusal</u> In common with any individual with care needs, there is no absolute requirement for a Carer with support needs to have a Carer's Assessment. If an individual refuses to have an assessment, the assessor on behalf of Halton is not required to conduct one. People for example. May chose not to have an assessment if they do not feel they have a need of care or do not want local authority support.
- 2.14.1 However, if the assessor believes that the Carer lacks capacity, or is at risk of abuse and neglect, then it is required to carry out an assessment regardless of the person's refusal.
- 2.14.2 A Carer who has previously refused can also change their mind and in such a case the local authority would have to assess the person.
- 2.15 Needs, outcomes and impact on wellbeing
- 2.15.1 The assessor must provide summary of the individual's care needs, their desired personal outcomes and the impact of their condition and circumstances on their wellbeing.
- 2.15.2 Core duties The local authority must:
 - Seek to establish the total extent of needs through the assessment before considering the person's eligibility for care and support
 - Consider whether the individual's needs impact upon their wellbeing in any way, including those areas of wellbeing that the person hasn't identified, and establish the impact of this on the adult's desired outcomes
 - Consider how the adult, their support network and the wider community can contribute towards meeting the outcomes the person wants to achieve.
- 2.15.3 The assessment must provide sufficient information for the assessor to be able to establish what the person's needs are and how they impact on the person's wellbeing, what outcomes they are seeking to achieve in their day-to-day life, and how care and support, or in the case of a Carer, support, can contribute to the achievement of those outcomes.
- 2.15.4 Following the assessment the carer must be given a written record of their needs and assessment. If the person asks the local authority to share the record with anyone, the local authority must do so. If an independent advocate has been involved in the process, the local authority should also inform them of the outcome of the assessment in order for

the advocate to help the person understand the implications of the assessment.

2.15.5 As a minimum this must record:

- The person's care needs including any supporting information from any combined or joint assessment;
- The carer's support needs including any support information from any combined or joint assessment;
- The individual's outcomes which in this context refer to the outcomes set by the person for themselves and not those associated with the eligibility determination;
- The impact on the individual's wellbeing of their care needs:
- Any care being provided by a carer (this should still be recorded for the care planning process, if the person has eligible needs.

2.16 Indicative Personal Budget

- 2.16.1 In addition, on Completion of the Assessment, the Carer will be given an 'Indicative Personal Budget.' This is not a final amount but an indication of it that is used as a basis for discussing how the Carer's support needs will be met. After completion of the care and support plan the actual personal; budget will be confirmed. This will be the final agreed amount of money the Carer will have to help them meet their own care and support needs. This actual budget may be the same as, lower, or higher than the indicative budget.
- 2.16.2 Most commonly, it will be in the form of a Direct Payment held and managed by the Carer with support if necessary from a provider such as a user led organisation.

See 3.4 Direct Payment.

3.0 Eligibility

3.1 Meeting The National Eligibility Threshold

- 3.1.1 This section considers the local authority's duty to establish eligibility in relation to the minimum threshold set out in regulations for adults and carers. The use of the word 'eligible' here refers only to the needs of adults with care needs and carers with support needs, not to their financial resources or other circumstances. In order to make an eligibility determination, the assessor ought also to establish how the person's desired outcomes fit with the specified outcomes in the eligibility criteria.
- 3.1.2 A carer's needs are eligible where they meet all of the following three conditions:

For a carer's needs to be considered eligible for support by the local authority

1. Needs arise as a consequence of providing necessary care for an adult

2. The effect of the needs is that any of the circumstances specified in the Care and Support (Eligibility) Regulations 2014 apply to the carer, namely:

f the criteria.

they must meet all three

3.

- **a.** The carer's physical or mental health is, or is at risk of, deteriorating
- **b.** The carer is unable to achieve any of the following outcomes:
 - I. Carrying out any caring responsibilities the carer has for a child:
 - II. Providing care to other persons for whom the carer provides care;
 - III. Maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care;
 - IV. Managing and maintaining nutrition;
 - V. Developing and maintaining family or other personal relationships;
 - VI. Engaging in work, training, education or volunteering;
- VII. Making use of necessary facilities or services in the local community, including recreational facilities or services:
- VIII. Engaging in recreational activities.
- 3.1.3 As a consequence of meeting these conditions local authorities must consider whether, as a consequence of caring there is, or there is likely to be, a significant impact on the carer's wellbeing. They need to determine whether:
 - The Carer's needs impact on an area of wellbeing in a 'significant way'; or,
 - The cumulative effect of the needs impact on a number of the areas of wellbeing to such an extent they have a 'significant impact' on the Carer's overall wellbeing.
- 3.1.4 The Care Act guidance provides examples of how these outcomes could be interpreted or be relevant in a given situation.
- 3.1.5 Following the outcome of the eligibility determination the local authority must provide the person to whom the determination refers with a copy of the decision (in the form of a letter). If the needs have been deemed not eligible, the local authority has to explain how they have reached this decision.

Assessing 'significant impact' on a Carer's wellbeing is determined through the use of the shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS). This is a standardised and validated tool for assessing a person's wellbeing. It is being used locally by the Wellbeing Project and Liverpool Carer's Centre, while regionally it is supported by Public Health.

3.2 If Needs Are Not Eligible

- 3.2.1 This step details the requirements on the local authority to provide information to adults who are determined as ineligible for support and care as well as providing preventative services.
- 3.2.2 *Core duties* The local authority must:
 - Establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers
 - Ensure appropriate steps are taken to prevent, delay or reduce the escalation of care and support needs.
- 3.2.3 If, following completion of the assessment, the local authority deems that a person's needs are not eligible, it must provide information and advice on:
 - Meeting or reducing the needs e.g.:
 - the choice of types of care and support, and the choice of providers available in the community for the adult or their carer
 - how to access the care and support that is available
 - planning for future care and support needs
 - how to access independent financial advice on matters relevant to the meeting of needs for care and support.
 - Any package of information provided to the adult or carer should be tailored to reflect the needs of the individual, to prevent future needs and delay deterioration. This will ensure people are helped to access local services, which may be provided by the local authority or by another organisation.
- 3.2.4 The local authority must also take action to prevent or delay the development of needs, considered at different levels:
 - primary prevention/promoting wellbeing (e.g. by supporting access to universal services);
 - secondary prevention/early intervention (e.g. targeted support to provide a few hours of support to a Carer, or adaptations at home to reduce the likelihood of falls);
 - tertiary prevention/intermediate care and reablement (e.g. support to regain specific skills or provide support to improve a carer's life).
- 3.2.5 The process of assessment ends for people with needs that have been deemed ineligible.
- 3.2.6 The local authority should maintain a record of the person's need to be able to provide support in the future if their

circumstances change.

3.3 Support Planning

- 3.3.1 Following assessment, Care Act guidance prescribes that the local authority and the carer will agree a support plan. The support plan should include;
 - a) The needs that have been identified and how they are going to be met.
 - b) The outcomes the carer wishes to achieve
 - c) The needs that will be met by a Direct Payment, and the amount and frequency of that payment.
- 3.3.2 In Halton's approach to support planning it is proposed that wherever possible, the needs identified through the assessment process should be met through existing service provision, for example, Halton Carers Centre, Primary Care, the Wellbeing Project, the Health Improvement Team, Telecare, Counselling etc.
- 3.3.3 It may be the case that the best way to meet a carer's needs is to provide care and support directly to the person that they care for. So for example, by providing replacement care to allow the carer to take a break. However, where that is not possible, then the carer, subject to meeting the eligibility criteria, could receive a Direct Payment.

3.4 <u>Direct Payment</u>

3.4.1 The level of Direct Payment will be determined by the degree of impact of caring on the carer. The Short Warwick-Edinburgh Mental Wellbeing Survey will be used to support the assessment of impact on a carer's wellbeing.

Levels of payment are set using local data and are broadly in line with other local authorities across the North West. However, in exceptional circumstances, where the support plan identifies needs that require a Direct Payment in excess an upper limit, it is proposed that these cases are taken to the weekly panel meetings for consideration.

3.5 Reviews

3.5.1 Reviews of carers support plans will be carried out 6 to 9 weeks after the assessment. Where there has been a subsequent improvement in a Carers circumstance, the case will be closed and the carer advised to contact the local authority with a view to a further assessment if their situation changes and/or deteriorates.

- 3.5.2 Where the review indicates that the impact of caring is still having a significant impact on a carers wellbeing, a further support plan will be agreed. If it is also identified that there is a risk of likely 'Carer breakdown', then additional support to prevent that breakdown will be provided by Halton Carers Centre.
- 3.5.3 Where a Carer and/or their advocate disagree with any aspect of the outcome of their assessment, then this should be taken through the complaints process.

3.6 Charging Carers

- 3.6.1 The Care Act provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person's care and support needs or a carer's support needs.
- 3.6.2 Where a Carer has eligible support needs of their own, the local authority has a duty, or in some cases a power, to arrange support to meet their needs. Where a local authority is meeting the needs of a Carer by providing a service directly to a Carer, it has the power to charge the carer. However, a local authority must not charge a carer for care and support provided directly to the person they care for under any circumstances.
- 3.6.3 If a local authority takes the decision to charge a Carer, it must do so in accordance with the non-residential charging rules. In doing so, it should usually carry out a financial assessment to ensure that any charges are affordable.
- 3.6.4 In undertaking a financial assessment, the guidance indicates that for a Carer, a 'light touch' assessment may be most appropriate, although the carer does have the right to a full financial assessment if they so wish.
- 3.6.5 Department of Health Guidance is clear about the charging issue and the Act stresses that local authorities are not required to charge a carer for support.
- 3.6.6 "Local authorities should consider carefully the likely impact of any charges on carers, particularly in terms of their willingness and ability to continue their caring responsibilities (Department of Health: Care & Support Statutory Guidance)."
- As a consequence, Halton has decided that Carers should not be subject to financial assessment and charging for

2015-2016 and that this decision will be reviewed in six months when further information on the level of demand will be available.

3.8 <u>Transition for Children to Adult Care and Support Services</u>

- 3.8.1 Young people and Carers of children have the legal right under the Act to request an assessment before they turn 18. The council will need to undertake this assessment if there is 'significant benefit' in doing so. This is regardless of whether the person currently receives Children's services.
- The Act also states that the LA must assess the needs of a child's carer where that child is already receiving support and can provide services to them.
- The actual age of when someone can request an assessment is not clear, but the LA must determine 'significant benefit'. The important principle is continuity. No one reaching the age of 18 who is already receiving support of some kind, under the relevant legislation that relates to children, will suddenly find themselves without care and support.

3.9 Complaints

- 3.9.1 Halton has a well-established complaints system and anyone wishing to query their assessment or who feels it is not representative of their needs should in the first instance discuss this at the time of the assessment. The entire assessment process and individual outcomes stemming from it result from a constructive dialogue between the person and the assessor. In addition any decisions taken will be thoroughly documented and signed by the individual assessed. If the person feels they must make a formal complaint about some aspect of the process, they can do so by ringing **0151 511 6941**.
- 3.9.2 If they subsequently feel their complaint has not been dealt with appropriately or they disagree with the outcome they have the option to approach the local Ombudsman for Adult Social Care. This is a free service and a person has access to the same independent Ombudsman service regardless of how the service is funded. The Ombudsman can be contacted via **0300 061 0614.** They can also complete an online form.

3.10 Information Sharing

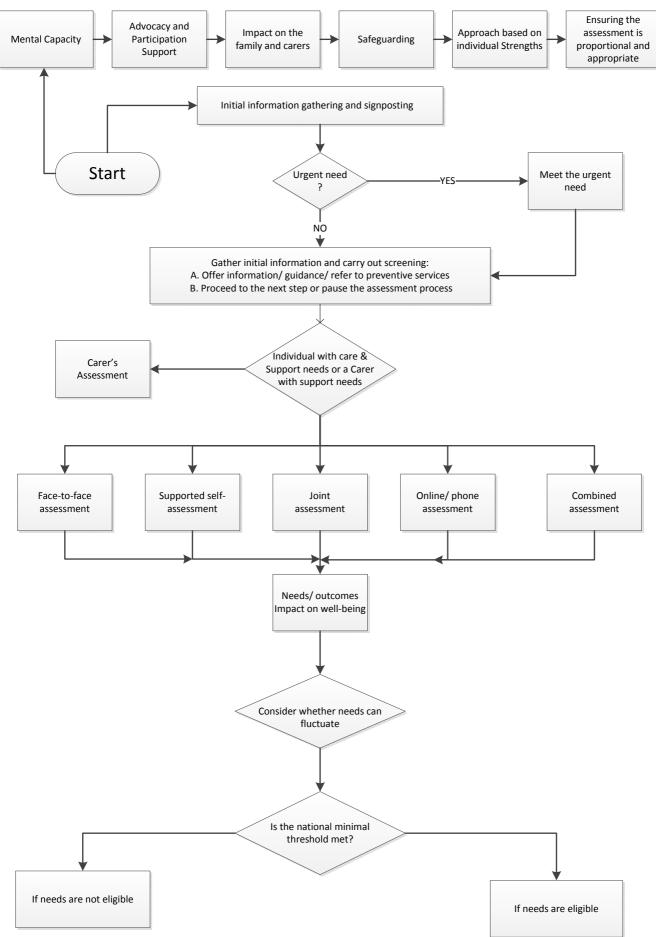
3.10.1 There are many advantages to sharing information between professional organisations and individuals. This is particularly important as the Care Act typically involves a wide range of health and social care services and professionals. All too often these work independently of each other with the result that the individual receiving care can be asked the same information many times as they are passed around from one professional to another.

Halton health and social care teams are working closely with its IT department to develop an information sharing protocol. This will greatly reduce repetition and duplication of information, enabling the individual's records (with their permission) to be transferred.

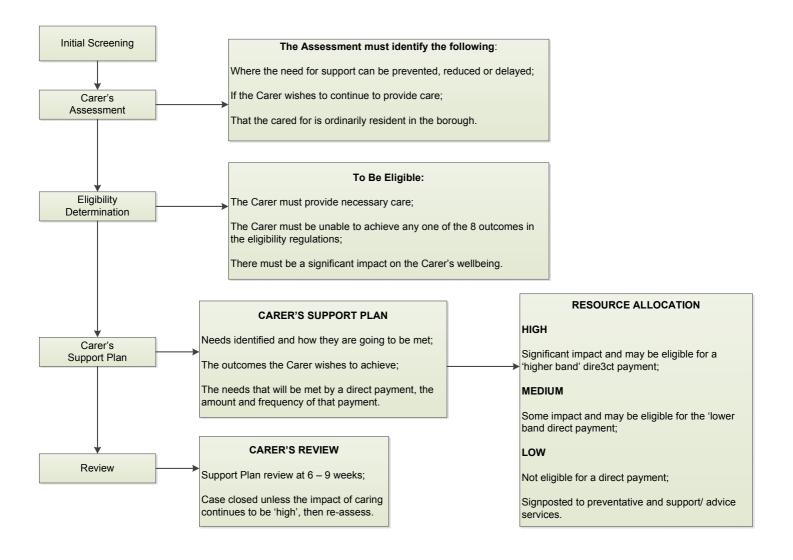
Appendix 3 is a letter to Carers outlining the importance of information sharing and asking for their consent to do so.

Assessment and Eligibility Process

Consider these at every stage



Carer's Assessment (Adult Social Care) Flow Chart



Letter to Carers for Consent to Share Information.

Dear CARER

Privacy Notice - Data Protection Act 1998

As providers of care and support to people in Halton we recognise that carers are typically involved with a wide range of health and social care services – not just their GP but also hospital specialists, early help and support services, social care and the carers centre. Too often, these services work independently of each other. This means that people can often feel that they are being sent from pillar to post.

One of the ways in which we can improve this situation is by those services being able to share your personal information, allowing them to work together more effectively.

Over the coming months you will be asked if you would like your personal information shared between your GP, Halton Borough Council's social care services and Halton Carers Centre. We believe that there are many benefits in sharing information, both for you personally and ourselves as the providers of services to carers. However, this is a decision only you can make. To help you come to your decision we have provided you with some additional information, outlining some of the advantages of sharing information, your legal rights and protections.

If you would like to discuss this issue further, and how it affects your own, personal circumstances then please contact HALTON CARERS CENTRE (insert contact details).

Cliff Richards

Paul McWade

Carl Harris

Marie Wright

C&YP OD

Sharing Your Information with Health, Social Care & Carer Services

Whenever you go to seek help from your GP, the council's social care services, or Halton Carers Centre, you tell them about yourself so that they can treat you or meet your care needs. In turn they make sure this important information is included in your notes. This makes perfect sense – after all, if you don't tell them what's wrong or what you think you need help with, they can't support you.

You rightfully expect these organisations to protect this personal and clinical information and maintain your privacy. But you also probably expect anyone involved in your care to have access to this information so that they can give you the treatment and support that you need.

You might not think much more about what happens to your information beyond this. The idea then of these different organisations sharing your personal information can sound worrying. However, there are real benefits to both yourself and these organisations, in being able to share information about you.

So when would it be helpful to both you, and these organisations, to share information about you?

- When there are a number of different health and social care professionals working with you, being able to share your information should reduce the need for you to repeat the same information over and over again.
- It should also mean that the different services can provide a much more joined up response to supporting you. This approach means that the people working with you can often prevent problems happening, rather than reacting to them.
- This joined up approach to your care between your GP, Social Care and Halton Carers Centre also helps to improve the planning and delivery of these services. At a time when budgets are tight, improved planning means that we can make the money we invest in services to support you go further, and importantly, reach even more carers.

Your personal information, as well as how it is used and who it is shared with, is protected under law by the Data Protection Act 1998, the Common Law Duty of Confidentiality and your right to privacy under the Human Rights Act 1998. Your GP, Halton Borough Council and Halton Carers Centre all have a legal duty to comply with these laws.

Under the Date Protection Act 1998, Halton Borough Council is a 'data controller'. This means that the council must exercise control over the processing of personal data and carry the responsibility for protecting that data. In effect, any records we hold on you, both paper and electronic, we must always make sure that they are held securely.

In order to share your personal information we must obtain your consent. If you agree that we can share your personal information we will make sure that it is only seen by those who are directly involved in your care.

You also have the right to refuse to have your personal information shared. Bear in mind though that limiting the information we can share may make it more difficult for us to provide you with the best possible care.

For further information on protecting your confidential information see

http://systems.hscic.gov.uk/infogov/caldicott

Carer's Assessment Form

Is Next of Kin a Keyholder?

| Worker Name | Assessment Date | |
|-------------|----------------------------|--|
| | 7 100 000 1110 1110 2 0110 | |

| Personal Information | |
|---|--|
| Name | CareFirst ID |
| OOB | Gender |
| Address | Tel No |
| NHS Number | |
| | |
| Ethnicity | |
| Religion | |
| Name and Address of Doctor | |
| value and Address of Doctor | |
| Marital Status | |
| Civil Partnership | Separated |
| Married | Single |
| Divorced | Widow/Widower |
| Partnered | |
| Accommodation Type | |
| Fenure Type | |
| Household Composition | |
| | |
| Do you have any communication needs? | |
| Not applicable | Needs Interpreter |
| 3.S.L. Signer | Other Sign Language |
| Makaton Signer | Specialised Equipment Required (specify) |
| How would you like to be contacted (add | |
| Day time phone number | Emergency Phone Number |
| Email | Minicom |
| -ax | Mobile Phone Number |
| Home Phone Number | Work Phone number |
| _etter | Other (please specify) |
| | |

| Emergency Contacts (Name and Address) |
|---|
| |
| Main Carer (Name and Address) |
| |
| Is Main Carer a Keyholder? |
| |
| Other Professional Relationships e.g Health contacts (district nurse / community psychiatric nurse, consultant) |
| |
| Current Services the individual is receiving |
| |

| Carer's Personal Info | | | | T | | | |
|--|---|----|--|---|-----------------------|-----|--------|
| Is the cared for an ordinar | • | 1? | | Yes | | No | |
| Details of the adult in your | r care | | | | | | |
| CareFirst Number | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| Telephone | | | | | | | |
| Relationship to person car | ed for | | | | | | |
| Son / Daughter | | | Sibling | | | | |
| Son / Daughter in Law | | | Friend / Neighbour | | | | |
| Spouse / Partner | | | Other family | | | | |
| Adult Long Term Support | | | | | | | |
| Sts – Social Support – Supp | oort for Carer | | | | | | |
| Reported Health Condition | าร | | | | | | |
| · | | | ness, disability or condition (| ,, | | | |
| diagnosed by a healthcare | professional and are | | + + + + + + . + | | | 4 | |
| J , | projessional and are | no | t relatea to the request for s | support sh | nould | not | be |
| recorded. | | | t related to the request for s | support sh | nould | not | be |
| recorded. Please specify any Medical | Conditions / Allergie | | | support sh | noula | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi | Conditions / Allergie | | Neurological - Stroke | support sh | nould | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism | l Conditions / Allergie | | Neurological - Stroke | | | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi | l Conditions / Allergie | | | | | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S | l Conditions / Allergie | | Neurological - Stroke | alth Conditi | | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning | I Conditions / Allergie | | Neurological - Stroke No Relevant Lt Reported Hea | alth Conditi | | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning L.D – Learning Disability | I Conditions / Allergie | | Neurological - Stroke No Relevant Lt Reported Hea Physical – Acquired Physical | alth Conditi Injury | ions | not | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning L.D – Learning Disability L.D – Other Learning/Develop | I Conditions / Allergie igh Functioning syn/High oment/Intellectual | | Neurological - Stroke No Relevant Lt Reported Hea Physical – Acquired Physical Physical - Cancer Physical – Chronic Obstructiv | alth Conditi Injury | ions | | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning L.D – Learning Disability L.D – Other Learning/Develop Mental Health - Dementia | I Conditions / Allergie igh Functioning Syn/High oment/Intellectual | | Neurological - Stroke No Relevant Lt Reported Hea Physical – Acquired Physical Physical - Cancer Physical – Chronic Obstructiv Disease | alth Conditi Injury ve Pulmona | ions | | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning L.D – Learning Disability L.D – Other Learning/Develop Mental Health – Dementia Mental Health – other Mental | I Conditions / Allergie igh Functioning Syn/High oment/Intellectual al Health Condition in Injury | | Neurological - Stroke No Relevant Lt Reported Hea Physical – Acquired Physical Physical - Cancer Physical – Chronic Obstructiv Disease Physical – HIV / Aids | alth Conditi Injury ve Pulmona Health Cond | ions ary dition | | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning L.D – Learning Disability L.D – Other Learning/Develop Mental Health – Dementia Mental Health – other Mental Neurological – Acquired Brain | I Conditions / Allergie igh Functioning Syn/High oment/Intellectual al Health Condition in Injury ine Disease | | Neurological - Stroke No Relevant Lt Reported Hea Physical – Acquired Physical Physical - Cancer Physical – Chronic Obstructiv Disease Physical – HIV / Aids Physical – Other Long Term H | alth Conditi Injury ve Pulmona Health Cond | ions ary dition | | be |
| recorded. Please specify any Medical L.D – Aspergers Syndrome/Hi Autism L.D – Autism Excl Aspergers S Functioning L.D – Learning Disability L.D – Other Learning/Develop Mental Health - Dementia Mental Health – other Mental Neurological – Acquired Brain | I Conditions / Allergie igh Functioning Syn/High oment/Intellectual al Health Condition in Injury ine Disease | | Neurological - Stroke No Relevant Lt Reported Hea Physical – Acquired Physical Physical - Cancer Physical – Chronic Obstructiv Disease Physical – HIV / Aids Physical – Other Long Term H Sensory Impairment – Hearin | alth Conditi Injury ve Pulmona Health Cond | ions ary dition | | be |

| Employment Status | | |
|--|----------------------------------|--|
| This question is in relation to Learning Disabilit | y Clients Only. | |
| Unknown | N/A – Non Ld Client | |
| Not in Employment (Not Seeking Work / Retired) | Paid (16 Hours or More a Week) | |
| Not in Employment (Seeking Work) | Paid (Less than 16 Hours a Week) | |
| Allocated Worker | | |
| | | |
| Allocated Team | | |
| | | |
| | | |

| Carer's Views | | | |
|------------------------------------|--------------------------------|---|---------------------------------------|
| Summary of the perso | n cared for circumsta | ances | |
| | | | |
| Reason for Referral – \ | What do you feel you | ı need help with? | |
| | | | |
| Carer's View of Preser | nt Situation | | |
| | | | |
| Carer's Tasks Underta | | | |
| | Task carried out – Yes / No | Are you able to continue to provide care – Yes / no / Assistance Required | Any additional / relevant information |
| Washing | | | |
| Dressing | | | |
| Bathing | | | |
| Feeding | | | |
| Food Preparation | | | |
| Medication | | | |
| Mobility | | | |
| Finances | | | |
| Social | | | |
| Emotional | | | |
| Shopping | | | |
| Cleaning | | | |
| Doing Washing | | | |
| Helping them to get up / go to bed | | | |

| Translating / | | | | | |
|-------------------------|-----------------------|-----------------------------------|-------------|---------|--|
| Interpreting | | | | | |
| Other (please give | | | | | |
| details) | | | | | |
| Support with agencies | / voluntary sector | | | | |
| | | | | | |
| | | | | | |
| Do you have lifeline in | stalled? | | Yes | No | |
| Are there any other pe | eople that support yo | ου with your caring e.g. neighboυ | ır? Provide | details | |
| | | | | | |
| | | | | | |

| GP Registration and Referrals | | | |
|--|-----|----|--|
| Would you like your Doctor's surgery to know that you are a carer and the information to be added to your patient records? | Yes | No | |
| Would you like a health check? | Yes | No | |
| Would you like a flu vaccination? | Yes | No | |
| Would you like a referral to the Carer's Centre for you and the person you care for? | Yes | No | |
| Would you like the Financial Assessment Team to complete a benefit check to ensure that you are maximising your income? | Yes | No | |

| About Me |
|--------------------------------|
| Information about me |
| |
| About where I live |
| |
| What works well for me |
| |
| What does not work well for me |
| |
| |

| Support for Child | | | | | | | |
|---|-------------------------|--|--------|--|--|--|--|
| Do you have caring responsibilities for a child? Yes No | | | | | | | |
| What are you able to do? | | | | | | | |
| | | | | | | | |
| What would you like to be ab | ole to do in this area? | | | | | | |
| | | | | | | | |
| Are you able to carry out this caring responsibility? | | | | | | | |
| Yes | Yes – with support | | Rarely | | | | |

| If you are unable to carry out affects you and makes you fe | t the caring responsibilities you have eel | e for a child, ple | ase tell us hov | v this |
|--|---|--------------------|------------------|--------|
| | | | | |
| Please describe the support y for the adult | you need to carry out this responsib | ility, in addition | to your caring | g role |
| | | | | |
| | | | | |
| Support for Other care | ed for people | | | |
| Do you provide care to anybo | ody else? | | Yes | No |
| Other people cared for detail | ls | | | |
| | | | | |
| What are you able to do? | | | | |
| | | | | |
| What would you like to be ab | ole to do in this area? | | | |
| | | | | |
| Are you able to carry out this | caring responsibility? | | | |
| Yes | Yes – with support | Rarely | | |
| If you are unable to carry out this affects you and makes you | t the caring responsibilities you have ou feel | e for other peop | ole, please tell | us how |
| | | | | |
| Please describe the support y for the adult | you need to carry out this responsib | ility, in addition | to your caring | g role |
| | | | | |
| | | | | |
| Support for maintaining | ng home | | | |
| What are you able to do? | | | | |
| | | | | |
| What would you like to be ab | ole to do in this area? | | | |
| | | | | |
| Are you able to keep your ho | me habitable? | | | |
| Yes | Yes – with support | No | | |
| If you are unable to carry out tell us how this affects you ar | t the caring responsibilities you have | e for maintainin | g your home, | please |
| ten us now this affects you af | iu makes you leel | | | |
| | | | | |
| Please describe the support y live in | you need to keep your home safe ar | nd an appropria | te environmer | nt to |
| | | | | |

Support with Nutrition

| What are you able to do? | | |
|---|---|---|
| | | |
| NAVI - 11 11 - 1 1 | 1 | |
| What would you like to be at | ole to do in this area? | |
| | | |
| Are you able to manage and | maintain your nutrition? | |
| Yes | Yes – with support | No |
| • | and maintain your nutrition, please | e tell us how this affects you and |
| makes you feel | | |
| | | |
| Please describe the support v | you need to do essential shopping, | tell us how this affects you and |
| makes you feel | , | , |
| , | | |
| | | |
| | | |
| Support with Relation | ships | |
| What are you able to do? | 5 p 5 | |
| 700000000000000000000000000000000000000 | | |
| | | |
| What would you like to be at | ole to do in this area? | |
| | | |
| Are you able to develop and | maintain vour family or other signi | figure parsonal relationships? |
| Yes | maintain your family or other signi Yes – with support | No |
| . 99 | • | us how this affects you and makes |
| you feel | , | , |
| | | |
| -1 1 1 | | |
| Please describe the support y | you need to avoid feeling lonely or | isolated |
| | | |
| | | |
| | | |
| Support with Work, Tr | aining, Education or volun | teering |
| What are you able to do? | | |
| | | |
| NA/bot would you like to be ab | المعتبد وتطلع منا مام معاملا | |
| What would you like to be at | ole to do in this area? | |
| | | |
| Do you feel you have the opp | portunity to access work, training, e | education or volunteering? |
| Yes | Yes – with support | Rarely |
| If you are unable to work, lea | arn or volunteer, please tell us how | this affects you and makes you feel |
| | | |
| Diago dosaribo the average to | you need to work loom an valuet- | |
| riease describe the support | you need to work, learn or volunte | El |
| | | |

Support for Involvement in Local Community

| What are you able to do? | | | | | |
|--------------------------------|--|--------------------------------------|--|--|--|
| | | | | | |
| | | | | | |
| What would you like to be at | ole to do in this area? | | | | |
| | | | | | |
| Are you able to make use of | necessary facilities or services in th | e local community? | | | |
| Yes | Yes – with support | Rarely | | | |
| If you are unable to access se | ervices in your local community plea | ase tell us how this affects you and | | | |
| makes you feel | | | | | |
| | | | | | |
| | | | | | |
| Please describe the support y | you need to have an opportunity to | make use of the local community's | | | |
| services and facilities | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Support with Recreational Activities | | | | | |
|--------------------------------------|--------|-----------------------------------|-------|--------------------------------|--|
| What are you able to do? | | | | | |
| | | | | | |
| AND A LL PLANT L | | 1 | | | |
| What would you like to be ab | ole to | do in this area? | | | |
| | | | | | |
| | | | | | |
| Are you able to have leisure t | time | ? | | | |
| Yes | | Yes – with support | | Rarely | |
| If you are unable to engage in | n rec | reational activities, please tell | us h | low this affects you and makes | |
| you feel | | | | | |
| | | | | | |
| | | | | | |
| Please describe the support y | ou r | need to engage in recreational | activ | vities | |
| | | | | | |
| | | | | | |

| Summary and Outcomes | | | | | |
|--|---|---------------------------|------------|-------|--|
| Assessor's Summary of Carers needs | | | | | |
| | | | | | |
| Is the care provided to the cared for necessary | by t | the Carer | Yes | No | |
| Outcome of Assessment | | | | | |
| Completed – Carers Emergency Card Terminated – Declined Assessment | | | | | |
| Scheme only | | | | | |
| Completed – GP Referral | Terminated – Cared for person admitted to | | | | |
| | | hospital | | | |
| Completed – Information and Advice only | | Terminated – Cared for pe | erson dece | eased | |
| Completed – Mental Well Being Check | | Terminated - Carer admitt | ed to hos | pital | |
| Completed – Referred to Adults Services | Terminated – Carer deceased | | | | |
| Completed – Referred to Universal Services | | Terminated – Carer withd | rew | | |
| / Carer | | | | | |
| Completed – Welfare benefits check only | | | | | |

| Emergencies and Alternative Arrangements |
|--|
| If you were suddenly ill, what would happen to the person you care for |
| |
| |
| Who would need to be contacted in an emergency? |
| |
| |
| What networks are there to support you in an emergency? |
| |
| |
| Can an emergency / contingency plan be made? |
| |
| |

Emergency / Contingency Plan

This Emergency / Contingency Plan will be used to access the Emergency Respite Service provided by the Council's Home Care Service. If this is not completed, and an emergency occurs out of normal working hours, then the Emergency Duty Team will be called on to do an assessment. This may result in a delay in providing the service, which could be avoided of the plan is completed.

Agreement of Actions; If it is identified that carers will need contingency planning put into place then details will be written into the Care Plan - Copy of matrix of Care Plan to be attached detailing all services/care currently provided. At the very least, the matrix should include consideration of:

- Personal Care Needs
- Food / Eating requirements
- Specific medication, including timing and location of where medication is kept

Carers are responsible for informing Social Services of any changes within the Contingency Plan

| Carers Emergency / Contingency Plan | |
|--|--|
| Identified need of person cared for (including | How your needs will be met |
| any associated risks identified through | |
| assessment - and how these are to be managed) | |
| | |
| | |
| | |
| | |
| | |
| | |
| Risk Assessment / Management | |
| Areas of Risks Identified | Options to Minimise Risk (must be included in Matrix |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Is a separate risk assessment required, give details | ·? |

| Yes | No | |
|-----|----|--|
| Yes | No | |
| | | |
| | | |
| | | |

| Signatures | | |
|--|------------|----------------|
| Confirm carer offered separate Support Plan | Yes | No |
| If no, give details | | |
| | | |
| Separate Support Plan completed? | Yes | No |
| If no, give details | | |
| | | |
| If 'yes' will a copy of the Support Plan be sent to the carer and / or other relevent provider)? | ant indivi | duals (not the |
| Which Administration Team will distribute the copies of Support Plan? | | |
| | | |
| If yes, please provide details of who this information will and will not be sent | out to | |
| It is important that the details of any information that needs restricting / details should not be sent to and details of any changes to addresses are provided in | - | • |
| should not be sent to and details of any changes to dadresses are provided in | the box b | EIUW |
| | | |
| Have you completed a SWEMWBS | Yes | No |
| Do you require a copy of the Support Plan to be sent to the service provider? | Yes | No |
| Has the carer signed the separate signature document? | Yes | No |
| If no, give details | | |
| | | |
| Has the person cared for signed the separate signature document? | Yes | No |
| If no, give details | | |
| | | |
| Will a copy of the Carer's Assessment be sent out? | Yes | No |
| If Yes, which Administration Team will distribute the copies of Support Plan? | | |
| | | |
| If yes, who do you want to send the assessment/review to? | | |
| | | |
| Is a Carers Finance form required? | Yes | No |
| If you are not completing the Carers Finance form, is a short term carers review required | Yes | No |
| If yes, in how many weeks and which team will be completing it? | | |
| | | |
| | | |

Carer's Support Plan/ Finance Form

| Personal Information | | | | | |
|----------------------|--|--------------|--|--|--|
| Name | | CareFirst ID | | | |
| DOB | | Gender | | | |
| Address | | Tel No | | | |

| Religion Name and Address of Doctor Marital Status Civil Partnership | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Religion Name and Address of Doctor Marital Status Civil Partnership Separated Single Divorced Widow/Widower Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable Need's Interpreter Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Email Minicom Fax Mobile Phone Number Letter Other (please specify) Next of Kin (Name and Address) | NHS Number | | | | | | | | |
| Religion Name and Address of Doctor Marital Status Civil Partnership Separated Single Divorced Widow/Widower Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable Need's Interpreter Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Email Minicom Fax Mobile Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Name and Address of Doctor Marital Status Civil Partnership | Ethnicity | | | | | | | | |
| Name and Address of Doctor Marital Status Civil Partnership | | | | | | | | | |
| Marital Status Civil Partnership | Religion | | | | | | | | |
| Marital Status Civil Partnership | | | | | | | | | |
| Civil Partnership Separated Single Divorced Widow/Widower Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable S.S.L. Signer Other Sign Language Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Letter Other (please specify) Next of Kin (Name and Address) | Name and Address of Doctor | | | | | | | | |
| Civil Partnership Separated Single Divorced Widow/Widower Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable S.S.L. Signer Other Sign Language Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Civil Partnership Separated Single Divorced Widow/Widower Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable S.S.L. Signer Other Sign Language Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Married Single Widow/Widower Partnered Widow/Widower Partnered Par | | | | | | | | | |
| Divorced Widow/Widower Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable Needs Interpreter B.S.L. Signer Other Sign Language Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | · | | | | | | | | |
| Partnered Accommodation Type Tenure Type Household Composition Do you have any communication needs? Not applicable B.S.L. Signer Other Sign Language Makaton Signer Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Email Minicom Fax Mobile Phone Number Home Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Tenure Type Household Composition Do you have any communication needs? Not applicable B.S.L. Signer Makaton Signer How would you like to be contacted (add actual number / email) Day time phone number Email Minicom Fax Mobile Phone Number Home Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | Widow/Widower | | | | | | | |
| Tenure Type Household Composition Do you have any communication needs? Not applicable B.S.L. Signer Makaton Signer How would you like to be contacted (add actual number / email) Day time phone number Email Minicom Fax Mobile Phone Number Home Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Household Composition Do you have any communication needs? Not applicable B.S.L. Signer Other Sign Language Makaton Signer Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | Accommodation Type | | | | | | | | |
| Household Composition Do you have any communication needs? Not applicable B.S.L. Signer Other Sign Language Makaton Signer Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
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| Not applicable B.S.L. Signer Other Sign Language Makaton Signer Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Email Minicom Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | Household Composition | | | | | | | | |
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| B.S.L. Signer Other Sign Language Makaton Signer Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Makaton Signer Specialised Equipment Required (specify) How would you like to be contacted (add actual number / email) Day time phone number Emergency Phone Number Email Minicom Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
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| Fax Mobile Phone Number Home Phone Number Work Phone number Letter Other (please specify) Next of Kin (Name and Address) | - a, a p | | | | | | | | |
| Home Phone Number Letter Other (please specify) Next of Kin (Name and Address) | Email | Minicom | | | | | | | |
| Home Phone Number Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Letter Other (please specify) Next of Kin (Name and Address) | Fax | Mobile Phone Number | | | | | | | |
| Letter Other (please specify) Next of Kin (Name and Address) | | | | | | | | | |
| Next of Kin (Name and Address) | Home Phone Number | Work Phone number | | | | | | | |
| Next of Kin (Name and Address) | | | | | | | | | |
| | Letter | Other (please specify) | | | | | | | |
| | | | | | | | | | |
| Is Next of Kin a Keyholder? | Next of Kin (Name and Address) | | | | | | | | |
| Is Next of Kin a Keyholder? | | | | | | | | | |
| is next of kill a keyflolder? | Is Novt of Kin a Kauhaldara | | | | | | | | |
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| Г | | | | | | | | |
|---------------------------------------|-----------------------------|-------------------------------|--------------------------|--|--|--|--|--|
| | | | | | | | | |
| Emergency Contacts (Name and Address) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Main Carer (Name and Address) | | | | | | | | |
| | | | | | | | | |
| | 2 | | | | | | | |
| Is Main Carer a Keyholde | r? | | | | | | | |
| Other Des Constant Delait | l. ² 11 lul | | . 21 | | | | | |
| | onsnips e.g Health contac | cts (district nurse / commu | inity psychiatric nurse, | | | | | |
| consultant) | | | | | | | | |
| | | | | | | | | |
| Current Services the indiv | vidual is receiving | | | | | | | |
| Current Services the indiv | ridual is receiving | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Worker &Team Allo | cation | | | | | | | |
| | Cation | | | | | | | |
| Allocated Worker | | | | | | | | |
| Allocated Team | | | | | | | | |
| Allocated ream | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| REFER | TO CARING RESPONSIB | ILITES FROM THE CARERS | ASSESSMENT FORM FOR | | | | | |
| | FU | IRTHER INFORMATION | | | | | | |
| | | | | | | | | |
| About Me & Assess | ed Area | | | | | | | |
| Information about me | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| About where I live | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| What works well for me | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| What does not work well | for me | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| To complete this table - Ref | er to the Assessment Sectio | on of the Assessment to see v | vhat was documented | | | | | |
| , | Areas I need support in | What support I need or I | How will this improve my | | | | | |
| | , , | am already getting | life (my outcome) | | | | | |
| Carrying out any caring | | | | | | | | |
| responsibilities you have | | | | | | | | |
| for a child | | | | | | | | |

Providing care to other persons for whom you

Maintaining a habitable home environment
Managing and

maintaining nutrition

Developing and

provide care

| Tota Info give Will | Il weekly cost of Il cost of any one rmation / advice n must be persone | e-off payments that e for carer can only on centred and spec dvice be provided / on Team will Load Se | will be ma be provid ifically tai ended for | ed for the lored to the the carer? | carer and the info | ormation | | |
|---------------------------------------|---|--|--|------------------------------------|--------------------|---------------------------|--------|--|
| Tota Info give Will | Il weekly cost of Il cost of any one rmation / advice n must be persone | e-off payments that e for carer can only on centred and spec | will be ma be provid ifically tai ended for | ed for the lored to the the carer? | carer and the info | ormation , Is of the c | arer. | |
| Do y Tota Tota | I weekly cost of | Carers Funding if age e-off payments that e for carer can only | will be ma | ed for the | carer and the info | ormation | | |
| Do y Tota | Il weekly cost of | Carers Funding if ag | will be ma | - | | - | | |
| Do y | Il weekly cost of | Carers Funding if ag | | ide as nart | of Carers Funding | 7 | | |
| Do y | | · | reed | | | | | |
| Do y | | · | | | | | | |
| ро у | Do you want to notify Care Arrangers Yes No | | | | | | | |
| Do you want to notify Direct Payments | | | | | | Yes | No | |
| Run | corn Care Mana | gement - ALD | | Widnes | Care Managemen | t - ALD | | |
| Run | corn Care Mana | gement – Older Peo | ple | Widnes | Care Managemen | t – ALD | - | |
| | ntal Health | | | | Care Managemen | | People | |
| | | isabled Children | | | Care Manageme | nt - PSD | | |
| | | Cost Centre the serv | | | ded by | | | |
| | • | ⊥ re a break from their | caring rol | e? | | Yes | No | |
| | phone | | | | | | | |
| Add | | | | | | | | |
| Care Nam | First Number | | | | | | | |
| | ails of the person | n cared for | | | | | | |
| | Other | | | | | | | |
| | Universal Servic | es | | | | | | |
| | Information / ac | | | | | | | |
| | | Budget One Off; | | | | | | |
| • | Carers Personal | Budget On-going; | | | | | | |
| • | Sitting Service; | | | | | | | |
| | includes: | | | | | | | |
| Car | ers Break Fu | Inding | | | | | | |
| activ | ities | | | | | | | |
| | ging in recreation | nal | | | | | | |
| | community | | | | | | | |
| | ing use of necessa ties or services in | | | | | | | |
| | ation or voluntee | | | | | | | |
| | ging in work, train | | | | | | | |
| | ionsinps | | | | | | | |
| relat | ionshins | | | | | | | |

| Details of th | Details of the service(s) requested | | | | | | | | | |
|---|-------------------------------------|--------|------------------|---------------|----------------|-------------------|----------------|------------|--|--|
| | | , | • | | | | | | | |
| Provide ful | l details | of ea | ch service req | uested in the | 'Descripti | on of service' co | olumn. | | | |
| | | | | | | | | | | |
| | • | | | _ | | ice a client rece | | - | | |
| | _ | | • | | | Support, (4) Ong | - | | | |
| | • | • | • | | · · | gement staff to | • | | | |
| DUSIS SO LITE | at the Co | ure Al | rrungers will k | now what be | isis to spec | cify when loadir | ig the service | | | |
| If the service | re is not | hein | a funded from | Carers Brea | k Fundina i | (CBF) please sta | ate where the | nonev | | |
| | | | 'Funding strea | | K r arraning (| CDI , picase ste | ite where the | inoney | | |
| This is a | Descrip | | Reablement | Expected | Weekly | One-off | Frequency | Funding | | |
| request to? | of servi | ce | Support | end date | cost | cost | of payment | stream (if | | |
| and start | | | | of service | | | (if not 4 | not from | | |
| date (if | | | | (if known) | | | weekly) | CBF) | | |
| known) | | | | | | | | | | |
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| Dlassa usa t | he helo | w tov | t box if either | of the above | matricas | are full | | | | |
| r lease use t | TIE DEIO | W LCA | t box ii eitilei | of the above | Hatrices | are ruii | | | | |
| | | | | | | | | | | |
| Is a short te | rm revie | ew re | guired? | | | | Yes | No | | |
| If Yes, how many weeks and who will conduct the review? | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Is an End of Worker form required? | | | | | | | | | | |
| If you are competing this form for the Short Term Review please provide the date of the review | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| If you are competing this form for the three / six / nine / twelve month Review please provide the date of the review | | | | | | | | | | |
| uate of the | review | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |