



Your Carers Assessment Plan

(for carers of people with dementia)



If you feel that you are in crisis and are unable to continue with your caring role, please call the Community Mental Health Team for Older Adults (CMHTOA) as soon as possible on 01344 823 220 for assistance.

Introduction

This Carers Assessment Plan is to help you in your caring role. Along with lots of useful information it will also help the Health/Social Care Practitioners involved in your care to understand the impact caring has on your wellbeing and, if necessary, enable them to offer further appropriate support. You can complete the plan alone, with someone to help or with your Health/Social Care Practitioner.

Throughout the plan there are many weblinks for further information to support you in your caring role. Please take your time to follow the links as, sometimes, it can feel 'overwhelming' with the amount of information available. If you do not have access to the internet and would like further information, please click the relevant Yes box to request a conversation with your Health/Social Care Practitioner. Once the plan is completed, both you and your Health/Social Care Practitioner will have a copy for reference.

Your Health/Social Care Practitioner is: | |

Carers Assessment Plan Completed with Practitioner: Yes No

Telephone Number: 01344 823 220

About you

Name (if full)			
Date of Birth		NHS No:	
Address:			
Postcode:		Telephone No:	
Email:			
Nationality:		Preferred Language:	

About the person you care for

Name (if full)			
Date of Birth		NHS No:	
Address:			
Postcode:		Telephone No:	
Email:			
Nationality:		Preferred Language:	
Relationship to you:			

Supporting You

Do you require an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have any communication difficulties that would impact on your ability to complete this plan?

Yes

No

If yes, please provide details of difficulties and what would help you communicate more easily during this review in the space below

Please note: this Carers Assessment Plan is available in various formats/languages. Please discuss with your Health/Social Care Practitioner on 01344 823 220

Please tell us a little about your personal and family background, including important recent events or changes in your life?

Which areas of your life do you most enjoy or value? Please include where you feel you can most contribute?

Which of your strengths or abilities have helped you manage up to now – or may help you in the future?

The care and support you provide

Have you ever felt unsafe in your caring role? Yes No

If yes, please provide further information below. Alternatively, please contact your Health/Social Care Practitioner on 01344 823 220

Please tell us what help and support you provide for the person you care for:

	Yes	How often
Assistance with medication	<input type="checkbox"/>	<input type="checkbox"/>
Giving emotional support	<input type="checkbox"/>	<input type="checkbox"/>
Managing their money	<input type="checkbox"/>	<input type="checkbox"/>
Making sure the person is safe	<input type="checkbox"/>	<input type="checkbox"/>
Providing/arranging transport	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with crisis (e.g., person is at risk of harming themselves, has had an injury or has a serious illness)	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with difficult behaviour (e.g., restlessness, accusing, shouting)	<input type="checkbox"/>	<input type="checkbox"/>
Help with practical tasks (e.g., assisting a person to wash and dress)	<input type="checkbox"/>	<input type="checkbox"/>
Help with cooking, shopping	<input type="checkbox"/>	<input type="checkbox"/>
Home nursing tasks (e.g., changing catheter, special diet)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

What aspects of your caring role do you think are most important, valuable and positive

Your finances

Are you experiencing any financial difficulties? Yes No

Are you claiming Carers Allowance? Yes No
You may be entitled to Carers Allowance if you provide over 35 hours a week of support. Please contact your Health/Social Care Practitioner on 01344 823 220 for more information

Have you and the person you care for had a benefits check? Yes No
A benefits check can consider means tested and non-means tested benefits that you may be entitled to, e.g. Pension Credit, Attendance Allowance, Carers Allowance, Council Tax Exemption etc). Please contact your Health/Social Care Practitioner on 01344 823 220 to discuss further

Useful Weblinks for Information on Benefits

<https://www.bracknell-forest.gov.uk/benefits/other-benefits>

<https://www.bracknell-forest.gov.uk/dementia/support-people-living-dementia>

https://www.alzheimers.org.uk/info/20032/legal_and_financial/57/benefits

<https://www.gov.uk/support-visit-benefit-claim>

Please provide any further information regarding finances in the space below:

Support from others with caring

Do you share your caring role with another family member or friend? Yes No
You may like to inform them that they are also entitled to a Carers Assessment to obtain more information, advice and support)

If yes, please provide details

Are any of the carers under 18 years old Yes No
If yes you may like to contact Bracknell Forest Council for further information on support for young carers. Please contact 01344 351 500

Have you informed your GP that you are a carer? Yes No
If no, you may like to inform your GP so that you can be offered support/advice

Useful Weblink:

<https://www.carersuk.org/help-and-advice/health/looking-after-your-health/your-gp>

Do you have any arrangements in place in the event of you becoming unwell or unable to continue with your caring role? Yes No

If no, you may like to consider completing the Carers Emergency Plan – a plan that highlights who would support the person you look after if anything should happen to you in an emergency

Would you like to discuss the Carers Emergency Plan with your Health/Social Care Practitioner? Yes No

Would you like an opportunity to learn more about dementia and share your experiences with other carers? Yes No

Bracknell Memory Service hold regular Carers Understanding Dementia Courses that cover topics such as:

- What is dementia?
- Memory and Communication
- New Behaviour
- Physical Aspects and Mobility Problems
- Legal Issues
- Support Services
- Benefits

If you have answered yes to the question above, please indicate your preferred course duration	<input type="checkbox"/> Mornings (2 hours every week for 6 weeks)	<input type="checkbox"/> Evenings (Weekly for 3 weeks)	<input type="checkbox"/> One Day (10am – 4pm)
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Would you like to attend a 2 hour ‘Stress Management’ session specifically for carers? Yes No

Would you like the support of the Bracknell Forest Community Network team to learn about and attend more social groups and activities in the community? Yes No

Do you need any further training or support to help you in your caring role? Yes No

If yes, please contact Signal4Carers as they may be able to offer training options.

Please use the space below for any other information you feel is important

Your Wellbeing

Good mental wellbeing is about feeling good and functioning well. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) uses a scale which is often used by scientists and psychologists to measure wellbeing. To get your wellbeing score, go through the following statements and click the box that best describes your thoughts and feelings over the last two weeks. Make a note of how many points relate to your answers and note them down – you will need to add these together to get your own result.

Statement	None of the time (1 point)	Rarely (2 points)	Some of the time (3 points)	Often (4 points)	All of the time (5 points)
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>Warwick-Edinburgh Mental Health Wellbeing Scale (WEMWBS) © NHS Scotland, University of Warwick and University of Edinburgh, 2006. All rights reserved</small>					Total Score out of 70

Are you concerned about your score and would like to discuss it further? Yes No

Most people have score between 41 and 59. If you score below 41 it means your wellbeing is below average. To discuss your score or if you have selected any answers within the shaded area, please contact your Carers Link Worker (this could be the Dementia Advisor, CPN or Care Manager) on 01344 823 220.

Please could you tell us how lonely you feel at present?

<input type="checkbox"/>				
Not at all lonely		Quite lonely		Extremely lonely

Is there a risk of your mental health deteriorating due to your caring role? Yes No

If yes, what is the risk? Low Medium High

Is there a risk of your physical health deteriorating due to your caring role? Yes No

If yes, what is the risk? Low Medium High

Do you have difficulties with helping the person you care for move around, due to your own physical health issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please could you tell us what changes you think could most improve your wellbeing or quality of life:

Our Team is always eager for feedback on our services. If possible please complete the feedback form by clicking on the link below:
<https://secure.crtviewpoint.com/Online/Survey/4dc3d40c-d808-44d4-aa4e-abb239b84dfa>

If you would like to be more involved in improving local services, you can always become a member of our Dementia Focus Group. This group of people, with dementia and carers, meet regularly to discuss issues and ideas for service improvements.

Would you like to know more about this group? Yes No

Your home and living situation

Please tick the box that best describes how your caring role impacts on your ability to carry out the following tasks:

Task	No Impact	Moderate Impact	Significant impact
Getting out into the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining and cleaning your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping and preparing nutritious meals for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying out any childcare duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying out duties you have for other adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing new relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining contact with people you care about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in leisure, cultural or spiritual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in work, training, education or volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked 'moderate impact' or 'significant impact' to any of the tasks above, please explain how/why your wellbeing is impacted upon:

The care and support you are able and willing to provide on an ongoing basis

Please choose one of the following statements for each of the topics below that helps reflect your ongoing situation as a Carer:

Statement	I do not provide any support	I can provide full support at present	I can provide limited support, but need further help	I am unable to provide support
Managing personal care during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing personal care during the evening/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with medication during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with medication during the evening/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing/helping with meals/drinks during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing/helping with meals/drinks during the evening/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing paperwork/finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with social, leisure, cultural and spiritual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with working, training, education or volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for food/essential items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support with housework/laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure safety in the mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure safety during the daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure safety in the evenings/night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked 'I will provide limited support but need further help' or 'I am unable to provide support' to any of the statements above, please provide further details below:

About the person you care for

Has the person you care for had their own needs assessment?

Yes

No

Further information can be found on the Bracknell Forest Council website or telephone your Health/Social Care Practitioner on 01344 823 220 to discuss)

Does the person you support use any assistive technology?

Yes

No

(Electronic products and systems that use technology to promote health and wellbeing in the home, e.g. Forestcare pendants, medication reminders, clocks, falls detectors etc). Telephone your Health/Social Care Practitioner on 01344 823 220 to discuss)

Has the person you care for been referred to the Falls Clinic?

Yes

No

Further information can be found on the Bracknell Forest Council website or telephone your Health/Social Care Practitioner on 01344 823 220 to discuss)

Does the person you care for have all necessary mobility or physical aids?

Yes

No

(e.g. grab rails, walking frame, bath seat et) Further information can be found on the Bracknell Forest Council website or telephone your Health/Social Care Practitioner on 01344 823 220 to discuss)

Has the person you support completed a Lasting Power of Attorney for Finance and Health and Welfare?

Yes

No

Has the person you support completed a 'Planning Ahead' document?

Yes

No

Are you aware of the 'This Is Me' document that can be used when/if the person you support goes into hospital or an unfamiliar place?

Yes

No

Do you have a 'Message in a Bottle' at home with up-to-date details of medication and emergency contact details?

Yes

No

Have you recorded emergency contacts in your telephone (ICE = In Case of Emergency)?

Yes

No

Has the person you support got a completed 'Herbert Protocol' document?

Yes

No

Has the person you support received a free home fire safety check?

Yes

No

Are you aware of the following support?

Signal For Bracknell Forest Carers

<https://www.signal4carers.org.uk/bracknell-forest>

Yes

No

Alzheimer's Society

<https://www.alzheimers.org.uk>

Yes

No

Triple 'A'

<https://www.ascotareaalzheimers.co.uk/>

Yes

No

Carers UK

<https://www.carersuk.org/>

Yes

No

Dementia Adviser Newsletter

<https://www.bracknell-forest.gov.uk/dementia/support-people-living-dementia>

Yes

No

Dementia Directory https://www.bracknell-forest.gov.uk/health-and-social-care/dementia-support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Help Yourself (connecting you to information and support to stay independent and well in Bracknell Forest) https://www.helpyourself.bracknell-forest.gov.uk/kb5/bracknell/asch/home.page	<input type="checkbox"/> Yes	<input type="checkbox"/> No
National Dementia Helpline 0300 222 1122	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to discuss any of the above support options with a Health or Social Care Practitioner? <i>(if yes, please contact 01344 823 220)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If, as a result of your completion of this Carers Assessment, Bracknell Forest Council is able to offer further support to help you in your caring role, what would you find most useful?

I am satisfied the above is a fair reflection of my needs and the impact this has on my wellbeing.

Carer to complete	Health/Social Care Practitioner to complete
Signature: _____	Signature: _____
Print Name:	Print Name:
Date:	Date:



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NHS Foundation Trust

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