



## Supporting Carers in Dumfries and Galloway

# Adult Carer Support Plan

### Do you look after someone?

*“A Carer is someone of any age who provides support to a family member or a friend who is affected by long term illness, disability, age or addiction.”*

Carer’s Strategy 2012 - 2017

You may not see yourself as a Carer. You may feel that you are simply looking after your partner, child, relative or friend. However, one in six people are Carers and may require information and support to carry out this role.

This Carer Support Plan is an opportunity to express your feelings and needs as a Carer. The aim is to find out what impact your caring responsibilities have on your life and aims to support you in your caring role. In the past, this document has been referred to as a Carers Assessment.

The Carer Support Plan does not have the intention of judging your ability to care or the way in which you carry out your caring role, we just want to ensure your own needs are being taken into account.

This support plan looks at 7 areas of your life, your caring role, how you are feeling, time for yourself, your health, how you manage at home, your finances and your work situation.

Completing a Carer Support Plan is entirely up to you. You can complete the form with help from a person or organisation of your choice (Route 1) or by yourself (Route 2) - see the ‘Carer Pathway - Process Flow’ for further information.

Carer’s Name

Enquiry No.

(For Carers Centre Use Only)

## Adult Carers Support Plan

If you are completing this Support Plan on your own but would like some help, please phone Dumfries and Galloway Carers Centre on 01387 248600 and you will be allocated a Carers Support Worker from the most appropriate support service.

This Carer Support Plan will enable you to tell us about your needs as a Carer, either now or in the future. If you already receive services but think you would like more help or your circumstances have changed, please complete this Carer Support Plan and return it to:

Dumfries and Galloway Carers Centre  
FREEPOST SC01597  
DUMFRIES  
DG1 2PW

A Carers Support Worker will be allocated to you and will be in touch within 28 days.

If English is not your first language or if you have a hearing or visual impairment, please let us know and we will ensure you are supported during the completion of this Support Plan.

## 1. Your Contact Details

<b>Title</b>		<b>Name you prefer to be known as</b>		<b>Gender</b>	
<b>Full Name</b>					
<b>Address</b>					
<b>Postcode</b>					
<b>Preferred method of contact</b>					
<b>Your telephone number</b>					
<b>Your mobile number</b>					
<b>Your e-mail address</b>					
<b>Date of Birth</b>		<b>Your ethnicity</b>			
<b>Your religion</b>					
<b>GP Name and Surgery</b>					
<b>Address</b>					
<b>GP's telephone number</b>					
<b>Does your GP know that you care for someone?</b>					
<b>Yes</b>		<b>No</b>		<b>Not sure</b>	

**The following sections are designed to help us understand how your caring role impacts on your life.**

## **2. Your Current Situation**

**A brief summary of your situation at the moment.**

**Who do you look after, the health and wellbeing of the person you look after and what you do for them.**

<b>Name of person you care for (Person 1)</b>	
<b>Relationship to you</b>	
<b>Illness/Disability/ Addiction/ Diagnosis</b>	
<b>Do they live with you?</b>	
<b>If no, please give their address (optional)</b>	
<b>Their Date of Birth</b>	
<b>Name of person you care for (Person 2)</b>	
<b>Relationship to you</b>	
<b>Illness/Disability/ Addiction/ Diagnosis</b>	
<b>Do they live with you?</b>	
<b>If no, please give their address (optional)</b>	
<b>Their Date of Birth</b>	

### 3. How Much Care Do You Provide?

How many hours a week, on average do you spend in your role as a Carer, including care during the night.

This can include personal care, practical assistance, talking to professionals, emotional support, being there for support and confidence.

#### Person 1

<b>1-19 hrs</b>		<b>20-49 hrs</b>		<b>50 + hours</b>	
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#### Person 2

<b>1-19 hrs</b>		<b>20-49 hrs</b>		<b>50 + hours</b>	
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**4. What Other Support Does The Person / Persons You Care For Receive?**

**5. Your Caring Role**

**Skills, understanding; practical caring; legal issues; planning ahead; communicating with professionals**

**Please tick which box is applicable to you.**

1) Its hard. I don't know if I can carry on as things are or how anyone could help.	
2) I'm finding it hard to cope. I get some support but am not confident it'll really help.	
3) Things are difficult but I'm starting to get to grips with my role.	
4) I have a good idea about my caring role, but still would like to learn more.	
5) I mostly have the skills, understanding and information I need and can plan ahead.	

**Further comments:**

**6. What Support Do You Feel Would Make A Difference?**

- Do you have someone to listen to you?
- Does your GP Practice know you're a Carer?
- What would help you to consider your own health needs?
- Would training help you with aspects of your caring role?
- How will improving your health make a difference to your caring role?
- If you have any children - would you consider referring them to the Young Carers Project?

## 7. How You Feel

Feeling supported; dealing with anxiety or stress; managing any difficulties in a key relationship.

Please tick which box is applicable to you.

- |  |                          |
|--|--------------------------|
| 1) I experience high levels of stress, anxiety or difficulties in a relationship and have no support with this.                | <input type="checkbox"/> |
| 2) Stress, anxiety or difficulties in a relationship are getting me down but I have some support with this.                    | <input type="checkbox"/> |
| 3) I'm trying things that might help me manage stress, anxiety or difficulties in a relationship.                              | <input type="checkbox"/> |
| 4) I'm finding what helps me feel OK or to manage stress, anxiety or difficulties in a relationship but things could be better | <input type="checkbox"/> |
| 5) I'm mostly feeling calm and positive enough and can deal with the pressures of being a Carer.                               | <input type="checkbox"/> |

Further comments:



## 8. Your Health

Think about any physical health problems or disabilities that impact on your ability to care.

How do you view your health and emotional wellbeing? This relates to your diet, how much sleep you get and if you have time for exercise? Do you have concerns about the physical impact your caring role has on you?

Please tick which box is applicable to you.

1) My health is poor or at risk. There is no support available or it wouldn't help.

2) My health is poor or at risk. I have some support with this.

3) There are no immediate concerns but I need to look after my health a lot better.

4) My health and lifestyle are mostly ok but there are a few changes needed.

5) I am healthy enough and look after my health well.

Do you use food, smoking, alcohol or something else as a coping mechanism?

Would you like help with any of these issues?

## 9. About Your Relationships

Has your caring role affected your relationship with the person you care for?

Yes

No

If YES, can you explain in what way?

**Person 1:**

**Person 2:**

Has your caring role affected your relationships with other people, eg: family, children or friends?

Yes

No

If YES, can you explain in what way?

## 10. A Life Of Your Own

- Think about other commitments like family or work.
- How do you view your quality of life?
- Would it be useful to discuss flexible working and emergency plans with your employer?
- Do you feel confident to pursue things you want to do if your caring role ended?
- Are there things you would like to be doing away from your caring role and what would help you to do that?
- Are you able to pursue education, employment or develop skills/interests in other areas of your life?
- What would you like to do but don't get time for?

What support do you feel you would need?

What would help you to have a life of your own?

## 11. Managing At Home

Day to day tasks and the suitability of your home or that of the person you care for if you don't live with them.

Please tick which box is applicable to you.

- |   |                          |
|---|--------------------------|
| 1) We're not coping with many of the day-to-day tasks or our/their home isn't suitable. There's no support available or it wouldn't help. | <input type="checkbox"/> |
| 2) We're not coping with many of the day-to-day tasks or our/their home isn't suitable. I'm getting help to sort this out.                | <input type="checkbox"/> |
| 3) We're getting by but it's hard to stay on top of day-to-day tasks or changes are needed to our/their home.                             | <input type="checkbox"/> |
| 4) Mostly we can manage day-to-day tasks at home but some areas need to be addressed.   | <input type="checkbox"/> |
| 5) Our / their home is suitable and we can manage day-to-day tasks well enough.   | <input type="checkbox"/> |

Further comments:

## 12. Time For You

Social life, activities, hobbies, breaks from hands on caring.

Please tick which box is applicable to you.

1) Caring is my whole life. I can't see how it could be any other way.

2) Caring has taken over my life but I'm getting some help to see if I can change this.

3) I'm trying to get some time for myself and some activities or social life outside my caring role, but it's difficult and often doesn't work out.

4) I have some time for myself and some activities or social life outside my caring role, but things could be better.

5) Things are as good as they can be. I have breaks and balance caring with other things.

Further comments:

### 13. Your Finances

Benefits; debts; managing money.

Please tick which box is applicable to you.

1) There are financial problems as a result of my caring role but I prefer not to discuss them.

2) There are financial problems as a result of my caring role but I have some support to address them.

3) I'm trying to sort out financial matters related to caring but it's hard.

4) My financial situation is mostly ok, but there are some issues related to caring.

5) I'm managing financially and I know where to go if I need support.

Further comments:

Benefits Received	Carer	Cared for
Attendance Allowance		
Disability Living Allowance under 16		
Carers Allowance		
Pension Credits		
Employment Support Allowance		
P.I.P (Personal Independence Payment)		
Other		

#### 14. Work

Are you already in employment or is this something you would like to consider?  
Please tick which box is applicable to you.

- |   |  |
|---|--|
| 1) I need to find work and I can't see how due to my caring role and I have no support with this. |  |
| 2) I need to find work and I have some support with how to balance work with my caring role.      |  |
| 3) I'm trying to sort things out with work or to move towards finding work but it's hard.         |  |
| 4) I'm in work or training/volunteering as a way into work but there are some problems.           |  |
| 5) I'm a full time Carer / or in work or training and managing well enough.                       |  |

Further comments:

## 15. In Control

Think about how much control you have over your life and the situation you are in.

Are you listened to and feel involved in decisions about the person you care for that also affects your life? Are you involved in plans for the future? Are you happy that your caring needs are being met at the moment? Are you aware of the options available and the choices that you can make in your caring role, including decisions on continuing to care? Do you know how to access informal/emotional services?

Do you have arrangements in place should your current situation change? Think about who could help you in such circumstances.

Do you have any legal/financial responsibilities in your caring role eg: POA (Power of Attorney) or a Guardianship or Named Person role?

With regard to your caring role, do you generally feel in control of the following areas of your life?

Areas	Yes	No	Not Applicable
Learning and Education (access to courses and having the skills needed for caring)			
Leisure (spending some of your time doing the things you enjoy)			
Employment (voluntary, paid or unpaid)			
Access to basic services (dentist, GP, library)			
Planning for the future			



**What support do you feel you need to help you feel in control?**

**Do you know who to turn to for further help with your caring role? Are there areas where you lack information about caring, eg: benefits, housing, health advocacy, carer groups etc?**

### 16. Feeling Valued And Respected

- Think about your role as a Carer.
- Do you get recognition from the person you care for, your employer, your family and friends and your local community?
- Do you feel able to talk about your caring role and to discuss your feelings honestly and get the emotional support you need?
- Are your knowledge and views valued in your role as a Carer, by other people, the person you care for, your GP? Are you involved in planning as an equal partner?

Recognition from.....	Yes	No	Not Applicable
The person(s) you care for			
Health care professionals (eg: your GP, Practice Nurse or hospital staff)			
Social care Professionals (eg: Social Worker, Occupational Therapist)			
Your Employer			
Family and Friends			
Paid Care Agency Third Sector Organisation			
Educational establishment staff (eg: Primary, secondary, college etc)			

**Comments:**

### **17. The Future**

- **How confident are you in your ability to continue in your caring role in the future without additional support.**
- **What would happen in an emergency situation?**
- **Are plans in place to ensure the person(s) you care for are supported?**
- **What would give you reassurance?**

**Comments:**

**18. What Are Your Hopes And Dreams?**

**19. Additional Information**

**Is there anything else you would like to tell us about your caring role and the resources or support that may help?**

**Have you been informed of what benefits and concessions you may be entitled to as a Carer? Such as a Cinema Card, Taxi Card or Companion Card?**

Yes

No

**Would you like to be referred for a Carers benefits/concessions check?**

Yes

No

### Carers Emergency Card

As a Carer, you are entitled to receive a 'Carers Emergency Card' that you can carry with you. This will tell emergency services or others that someone depends on your care if you are involved in an emergency.

Would you like a card issued to you?

Yes

No

Already have one

**I consent to my information being passed on to Dumfries and Galloway Carers Centre for the Emergency Card to be issued or for further support.**

Signed:

Date:

**Did you complete this support plan?**

(please tick)

Yourself

With support

**Signposted to...**

**Referred to...**

**Reason...**

## Consent

I understand that completing my Carer Support Plan will lead to a computer record being made and this will be treated confidentially. Dumfries and Galloway Carers Centre and the Council will hold this information for the purpose of providing care services, to meet my needs (including emergency planning) and to evaluate the level of service I received. To be able to do this the information may be shared with NHS Agencies and other organisations. This will also help to reduce the number of times I am asked for the same information.




Consent	Please initial and date
<p><b>Agree for both Dumfries and Galloway Council and the Carers Centre to hold my information.</b></p> <p><b>(Consent must be given if there is to be a financial input from Social Work)</b></p>	
<p><b>Would prefer that the Carers Centre only hold my information.</b></p>	




**If I have given details about someone else, I will make sure that they know about this.**

**I understand that the information I provide on this form will only be shared in accordance with the Data Protection Act.**

Signed	
Date	
Name	
<b>(PRINT)</b>	

***Please let us know if the details you have given us change, as it is important to keep our records up to date.***

Personal Outcomes Plan - Carers Name		ENQ No		
Priority Area From Support Plan	What You Want To Change And Your Goals	By Whom?	By When? (Date)	Completed (Date)
<p>Caring role</p> 				
<p>How you feel</p> 				
<p>Health</p> 				

Priority Area From Support Plan	What You Want To Change And Your Goals	Next Steps?	By Whom?	By When? (Date)	Completed (Date)
<b>Managing at home</b> 					
<b>Time for yourself</b> 					
<b>Finances</b> 					
<b>Work</b> 