

Carer's name:		Carer's ID:		Main assessor:	
Carer's Overview Assessment				Confidential	
Family name:		Given name:		Title:	
Preferred name:				Gender:	
Date of birth:		Age band at time of assessment:			
Date of assessment:					
Supporting you in your assessment					
Preferred language:		Do you need an interpreter?			
Do you consider yourself Blind, Deaf or Deafblind:					
Do you have communication difficulties?					
Do you have any difficulties with understanding and/or retaining information?					
Do you have any difficulties making decisions and/or understanding their impact?					
If you have difficulties in communication, understanding or decision-making, you may need support for your involvement in your assessment, an advocate to represent you and help you explain your views, or a mental capacity assessment.					
Details of difficulties and what would help you communicate more easily during your assessment (e.g. a family member or friend present, an independent advocate, specialist communication support)					
Details:					
Other people you would like to be involved in your assessment (e.g. advocate, family, friend, other professionals)					
Details:					
About you					
Your personal and family background (including important recent events or changes in your life)					
Details:					
What areas of your life do you most enjoy or value? (including your main interests and where you can most contribute)					
Details:					
What changes would most improve your wellbeing or quality of life?					
Details:					
The care and support you provide					
Summary of the care and support you currently provide (including type of care/support, how often, time usually taken, etc.)					
You may be entitled to Carer's Allowance if you provide over 35 hours a week of support.					
What aspects of your caring role do you think are most important, valuable and positive?					
Have you ever felt distressed or in danger due to the behaviour of the person you care for? (e.g. accusations, threats, actual harm)					

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Details:		
Support from others with caring		
Do you share your caring role with another family member or friend?		
Details:		
If 'Yes', are any of the other carer(s) under the age of 18?		
Details:		
Does your GP know you are a carer?		
If 'No' you should consider letting your GP know as there may be further advice available.		
Are arrangements in place for when you might be ill or unavailable? (e.g. contingency plan)		
If 'No', you should consider drawing-up an emergency contingency plan.		
Your home and living situation		
Includes the eligibility outcome: Maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care)		
Do you live with the person you care for?		
If 'No', do you have difficulties getting to the person? (e.g. long journey, transport issues)		
Details:		
Does your caring role make it difficult to keep your home sufficiently clean and safe?		
If 'Yes', what is the current or likely impact of this on your wellbeing?		
Details:		
Are you experiencing any financial difficulties?		
Details:		
Have you or the person you care for had a benefits check?		
Maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care)	Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?	
Eating healthily and safely		
Includes the eligibility outcome: Managing and maintaining nutrition		
Does your caring role make it difficult to shop for and prepare adequate meals for yourself/your family?		
If 'Yes', what is the current or likely impact of this on your wellbeing?		
Details:		

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Managing and maintaining nutrition		Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?			
Caring for others					
Includes the eligibility outcomes: Carrying out any caring responsibilities the carer has for a child; Providing care to other persons for whom the carer provides care					
Do you have any children that are dependent on you?					
If 'Yes', does your caring role impact on carrying out your childcare duties?					
If 'Yes', what is the current or likely impact of this on your wellbeing?					
Details:					
Do you have caring responsibilities for other adults?					
If 'Yes', does your caring role make it more difficult to meet these responsibilities?					
If 'Yes', what is the current or likely impact of this on your well-being?					
Details:					
Providing care to other persons for whom the carer provides care		Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?			
Social relationships and activities					
Includes the eligibility outcomes: Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; Engaging in recreational activities					
Does your caring role make it difficult to maintain contact with people important to you?					
If 'Yes', what is the current or likely impact of this on your wellbeing?					
Details:					
Developing and maintaining family or other personal relationships		Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?			
Does your caring role make it difficult for you to get out into the community?					
If 'Yes', what is the current or likely impact of this on your wellbeing?					
Details:					
Making use of necessary facilities or services in the local community (including public transport, and recreational facilities or services)		Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?			
Does your caring role make it difficult to undertake leisure, cultural or spiritual activities?					
If 'Yes', what is the current or likely impact of this on your wellbeing?					
Details:					
Engaging in recreational activities		Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?			

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Work, training, education and volunteering					
Includes the eligibility outcome: Engaging in work, training, education or volunteering					
Current paid employment or voluntary work situation					
Current education/training situation					
Does your caring role impact on your involvement in work/training/education/volunteering?					
If 'Yes', what is the current or likely impact of this on your wellbeing?					
Details:					
Engaging in work, training, education or volunteering		Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?			
For information on carers' rights to flexible working: http://www.carers.org/help-directory/right-flexible-working					
Your mental health and wellbeing					
Is (or is there a risk of) your mental health deteriorating due to your caring role?					
Level of risk of your mental health deteriorating due to your caring role					
Details:					
Your physical health					
Is (or is there a risk of) your physical health deteriorating due to your caring role?					
Level of risk of your physical health deteriorating due to your caring role					
Do you have difficulty with assisting the person you care for to move around?					
Details:					
The care and support you are able and willing to provide on an ongoing basis					
Are you <u>able</u> to continue with your caring role?					
Are you <u>willing</u> to continue with your caring role?					
Do you have concerns about the longer term future? (e.g. finances, security of tenancy, maintaining your caring role as you or the person you care for get older)					
Details:					
Please choose a statement for each area that reflects the ongoing situation (e.g. over the next year):					
Housework/laundry					
Managing paperwork/finances					
Shopping for food/essential items					
Preparing meals/snacks/drinks and helping to eat and drink			Mornings:		
			Daytimes:		
			Evenings:		
Managing personal care tasks (using toilet/managing continence, washing, dressing/undressing)			Mornings:		
			Daytimes:		
			Evenings:		
Supporting with medication			Mornings:		
			Daytimes:		
			Evenings:		
Social, leisure, cultural and spiritual activities					
Work, training, education or volunteering					

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Ensuring safety during the day		Mornings:			
		Daytimes:			
		Evenings:			
Supporting during the night					
Other ongoing support you will provide		Escorting Person / Providing transport: Help communicating with others: Providing company / Emotional support: Help caring for children:			
Details of the person you care for					
Is the person you care for aware that you are having an assessment?					
Has the person you care for had their own needs assessed?					
ID/Name:					
Relationship to you:					
What is the longest period you regularly leave the person you care for alone?		During the day:			
		During the night:			
Please choose the statement which in your opinion best describes the needs of the person you care for:					
0 = He/she is able to manage well in all areas as there are no significant physical or mental health issues.					
1 = He/she needs a small amount of weekly support as there are some minor physical/mental health issues or social difficulties, but he/she can manage alone for more than one day at a time.					
2 = He/she needs a small amount of daily support with one or two physical tasks and/or requires regular support to avoid low mood, loneliness or harm. He/she needs checking most days or daily to stay safe.					
3 = He/she needs support more than once a day with a number of physical tasks and/or requires significant support to avoid low mood, loneliness or risk of harm. He/she can be left alone for extended periods but needs support more than once a day to stay safe.					
4 = He/she needs support with most physical tasks and/or has mental health issues or social/learning difficulties which make it difficult to manage day-to-day life. He/she can only be left alone for up to 2-3 hours and/or needs checking at night but doesn't need someone present all of the time.					
5 = He/she has difficulties in many/most areas and needs someone present all the time or nearly all the time to stay safe during the day or during the night but does not need 24 hour support.					
6 = He/she cannot be safely left alone during the day or at night, needing a high level of 24 hour support. He/she may need specialist care and support and/or may need the support of more than one carer.					
Record of completion (this section to be completed by a social care authorised person)					
Date of assessment:				Assessment type:	
Location of assessment:				Is this a supported self-assessment?	
If 'No', main assessor:				Assessor contact details:	

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Summary of your assessment and eligibility (this section to be completed by a social care authorised person)

The Local Authority has a duty to work with you to prepare support plan when the following statements apply:
 1. Your physical or mental health is, or is at risk of, deteriorating; **AND/OR**
 2. As a result of your needs you are unable to achieve one or more of the eligible outcomes below and there is likely to be a significant impact on your wellbeing.

<p>Maintaining a habitable home environment in the carer's home (<i>whether or not this is also the home of the adult needing care</i>)</p>	<p>Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?</p>	
<p>Managing and maintaining nutrition</p>	<p>Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?</p>	
<p>Carrying out any caring responsibilities the carer has for a child</p>	<p>Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?</p>	
<p>Providing care to other persons for whom the carer provides care</p>	<p>Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?</p>	
<p>Developing and maintaining family or other personal relationships</p>	<p>Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?</p>	
<p>Making use of necessary facilities or services in the local community (<i>including public transport, and recreational facilities or services</i>)</p>	<p>Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?</p>	

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Engaging in recreational activities	Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?				
Engaging in work, training, education or volunteering	Can you do this alone and without significant pain, distress, anxiety, or risk to yourself or others?				
Are <u>one or more</u> eligibility areas indicated as 'No'?					
Is (or is there a risk of) your mental health deteriorating due to your caring role?					
Details:					
Is (or is there a risk of) your physical health deteriorating due to your caring role?					
Details:					
Impact of your needs on your wellbeing					
As a result of:					
<ul style="list-style-type: none"> You not being able to achieve one or more of the 8 outcomes above and/or Your mental or physical health deteriorating (or being at risk of deteriorating) 					
Is there, or is there likely to be, a significant impact on your wellbeing?					
The impact on your wellbeing should be looked at disregarding any support you may already have and should take into account the following areas, as well as your (or your representative's) views:					
<ul style="list-style-type: none"> Personal dignity and being treated with respect Physical and mental health and emotional wellbeing Protection from abuse and neglect Suitability of living accommodation Participation in work, education, training or recreation Social and economic wellbeing Domestic, family and personal relationships Your contribution to society Control over day-to-day life (including over care and support provided and the way it is provided) 					
Information and advice (this section to be completed by a social care authorised person)					
Information and advice about your current needs					

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Information and advice about preventing or delaying the development of needs in the future			
Agreement			
I / my supporter is satisfied that I and/or (s)he was involved in this assessment as much as possible and that I / my supporter was able to express what I / s(he) felt should be taken into account:			
Your signature (or signature of your supporter where relevant)		Date:	