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**Carer Needs Assessment**

**Please read the *Guide to Assessing Carer Needs* before completing this form. The Guide explains how your carer needs assessment can shape the way the Council arrives at an understanding of your needs and how it will respond to them.**

**It also explains what the various terms mean.**

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| **Your details** |

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Home telephone number: |  |
| Work telephone number: |  |
| Mobile Number: |  |
| Email address: |  |

## In what format would you like to receive correspondence?

|  |  |  |  |
| --- | --- | --- | --- |
| Standard Letter | Large Print (please state font size): | | Text |
| Email | Audio USB stick | Braille | BSL interpreter with visits |
| Easy Read | Makaton | Other (please state): | |

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| Do you have a visual or hearing impairment?  Hearing  Visual  Do you have a certificate of vision impairment?  Yes  No  Would you like to be added to the hearing or visual impairment register?  Yes  No |

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| **Details of the person you care for** |

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| --- | --- |
| Frameworki ID number (if known): |  |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| Relationship to carer: |  |

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| **Assessment details** |

**People involved in this assessment**

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| --- | --- |
| **Names** | **Role/relationship** |
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| Was the self-assessment carried out:  With the person you care for  Separately |

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| **Advocacy and interpreting** |

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| Was the assessment written by someone other than the carer?  Yes  No  If yes, please say why: |

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| --- | --- | --- | --- |
| Did the carer self-direct the assessment?  Yes  No  If no, was the advocate: | | | |
| Independent | Family member | Friend | N/A |
| How did the advocate support you? | | | |

**Details of advocate:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Relationship to the carer: |  |

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| Was an interpreter required?  Yes  No |

|  |  |
| --- | --- |
| If yes, please provide details of interpreter: | |
| Name: |  |
| Address: |  |
| Telephone |  |
| Relationship with the carer: |  |

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| **A – Your situation** |

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| Please describe the person you care for, their care and support needs and how you support them. |

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| If there are other people involved, such as friends or family, please describe what they do. |

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| Please say how this role affects you generally. |

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| **B – Adjusting what others might do** |

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| How can family, friends or the community better support you? |

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| How might publicly funded services (Social Care, Health or Housing) provided to the person you care for be designed to best support you? |

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| **C – Support for you** |

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| For each need, please say what the ***issue*** is, the ***reason*** it is an issue for you, what ***impact*** it has on your wellbeing, the ***outcome*** you want. |

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| Please say what you require, and how much, to meet each of these needs: |

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| **Wellbeing rating** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please say on a scale of 0-10 how you rate your current level of well-being?  Note: If the carer or their advocate refused to give a wellbeing rating please mark 0 below.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

## Who gave the wellbeing rating above?

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| --- | --- | --- |
| The carer | The carers advocate | The carer or advocate refused to give a wellbeing rating |

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| **Advocate views** |

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| Advocates own views if different from the carers: |

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| **Consent to hold and share information** |

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| We keep the personal information you have provided in this form and use it to ensure that we understand your situation, your needs and can assess, plan and provide appropriate care and support and review. We hold this information on file and/or a secure computerised record.  We may share this information within the Council, with staff members who need it to provide social care support for you or your carer or if we have a safeguarding concern around your safety. We may also share this information with professionals that may include primary and secondary health care professionals, providers of social care registered landlords etc. This is not a complete list, to read more details please refer to Section 6 under the Care Act.  We will only share information which is relevant and necessary to provide the services you need and for quality assurance, case reviews or for auditing purposes.  In certain situations we may be required to exchange this information as laid down by law, in accordance with our Data Protection Policy. All information collected will be also be covered by our Privacy Notice.  By completing this form you are agreeing to the information outlined above. We will discuss this and any concerns you might have when we contact you. |

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| Please tick the statement that applies:  I am the carer about whom this assessment has been written  OR  I am signing on behalf of the carer because they are unable to do this themselves. |

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| Please the statement that applies:  I agree with the contents of this assessment  OR  I do not agree with the contents of this assessment.  If not, why? |

I confirm that the record of my views of my needs and service requirements is accurate.

|  |  |  |
| --- | --- | --- |
| Signed: |  | |
| Name: |  | |
| Date: |  | |
| Once you’ve completed this form, please return to:  [adultcare@towerhamlets.gov.uk](mailto:adultcare@towerhamlets.gov.uk)  or print it off and send to us by post:  Assessment and Intervention Team  Education, Social Care and Wellbeing  London Borough of Tower Hamlets  2nd Floor, John Onslow House  1 Ewart Place  London E3 5EQ | |