



RENFREWSHIRE CARERS CENTRE
A Lifeline for Carers in Renfrewshire



Renfrewshire
Health & Social Care
Partnership

This document is for viewing purposes only, please do not fill this out without the help of Renfrewshire Carers Centre staff.

Your details

PERSON ID		CHI NUMBER	
TITLE (MR/MRS/MS)		FIRST NAME	
SURNAME		PREFERRED NAME	
ADDRESS			
	POSTCODE		
CONTACT NUMBERS	H	M	W
EMAIL ADDRESS			
DATE OF BIRTH		NEXT OF KIN	
SOURCE OF REFERRAL		DATE OF REFERRAL	

ABOUT THE PERSON YOU CARE FOR

CLIENT ID		CARE ID	
TITLE (MR/MRS/MS)		FIRST NAME	
SURNAME		PREFERRED NAME	
RELATIONSHIP TO YOU		DO THEY LIVE WITH YOU?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ADDRESS (IF DIFFERENT)			
CONTACT NUMBERS			
DATE OF BIRTH		NEXT OF KIN	

HAS THE CARER AGREED TO SHARE THE CONTENT OF THIS ADULT CARER SUPPORT PLAN? YES NO

DATE PLAN COMPLETED: _____

DATE PLAN TO BE REVIEWED: _____

NAME OF WORKER WHO COMPLETED ACSP: _____

THE FOLLOWING SECTIONS ARE DESIGNED TO HELP US UNDERSTAND HOW YOUR CARING ROLE IMPACTS ON YOUR LIFE

YOUR CURRENT SITUATION		
What support do you provide for the person you care for?		
1	Getting in and out of bed	<input type="checkbox"/>
2	Support with mobility	<input type="checkbox"/>
3	Bathing / washing	<input type="checkbox"/>
4	Dressing /undressing	<input type="checkbox"/>
5	Support with continence	<input type="checkbox"/>
6	Preparing or cooking meals	<input type="checkbox"/>
7	Eating or drinking	<input type="checkbox"/>
8	Medication	<input type="checkbox"/>
9	Emotional support	<input type="checkbox"/>
10	Support to communicate	<input type="checkbox"/>
11	Keeping safe	<input type="checkbox"/>
12	Support to socialise / go out	<input type="checkbox"/>
13	Finances / bills	<input type="checkbox"/>
14	Transport	<input type="checkbox"/>
15	Housework	<input type="checkbox"/>
16	Laundry	<input type="checkbox"/>
17	Shopping	<input type="checkbox"/>
18	Gardening	<input type="checkbox"/>

ABOUT THE CARE YOU PROVIDE

How long have you been providing care?

Less than 1 year 1 – 5 years 6 – 10 years 11 – 20 years 21 + years

How many days a week do you provide care?

1 2 3 4 5 6 7

How many hours per week approximately do you provide care?

Up to 4 hours 5 – 19 hours 20 – 34 hours 35 – 49 hours 50 + hours

How many hours per day approximately do you provide care?

0 – 4 hours 5 – 9 hours 10 – 14 hours 15 – 19 hours 20 – 24 hours

CARER'S PERSONAL CIRCUMSTANCES/CURRENT SITUATION:

What is the current situation?

Ensure discussion includes:

- Health & Wellbeing – Details of the nature & extent of the care provided & impact on the carer. Are there any health conditions they wish to discuss? Any difficulties the carer is experiencing such as anxiety/stress?
- Relationship with the person they are caring for.
- Living environment – Suitability of home, any concerns. Support with practical household tasks.
- Employment & training – Is carer currently employed/training/in education or do they wish to consider this?
- Finance – Has caring had impact on finances or do they have financial worries? Have benefits been maximised?
- Life balance – How often does carer have time to themselves? Do they have hobbies or activities they participate in or any they would like to do?
- Are there other people/dependents in the household? Do they provide care to the cared for person?

FUTURE & EMERGENCY PLANNING

Do you feel able / willing to continue to provide care? Yes No

(Record discussion in regards to areas that the carer feels able/unable to continue supporting with)

Do you have arrangements/plan in place for the provision of care in an emergency?
YES NO

Please give details _____

If No, would you wish for support in order to organise a plan? YES NO

Do you have arrangements in place or have you considered future care needed for the person you care for? YES NO

Please give details _____

Do you have legal/financial responsibilities in your caring role?

Please identify which:

Financial POA Financial Guardianship Named Person Appointeeship
Welfare POA Welfare Guardianship

Are you in the process of/have you considered applying for legal/financial responsibilities?
YES NO

Please give details _____

Health & Wellbeing		
1	I am healthy enough and look after my health and wellbeing.	<input type="checkbox"/>
2	My health and wellbeing are mostly ok; there are a few changes needed.	<input type="checkbox"/>
3	There are no immediate health and wellbeing concerns; I need to look after my health a lot better.	<input type="checkbox"/>
4	My health and wellbeing are poor or at risk; I have some support with this.	<input type="checkbox"/>
5	My health and wellbeing are poor or at risk; there is no support available or it wouldn't help.	<input type="checkbox"/>
Relationships		
1	I have a good relationship with the person I care for; I am able to maintain relationships with other important people in my life.	<input type="checkbox"/>
2	I have some concerns about the relationship with the person I care for and/or my ability to maintain relationships with other important people in my life.	<input type="checkbox"/>
3	I have some issues with the relationship with the person I care for that need to be addressed and/or find it difficult to maintain relationships with other people in my life.	<input type="checkbox"/>
4	My relationship with the person I care for is in danger of breaking down and/or I am no longer able to maintain relationships with other people in my life.	<input type="checkbox"/>
5	The relationship with the person I care for has broken down and my caring role is no longer sustainable and/or I have lost touch with other people in my life.	<input type="checkbox"/>
Living Environment/Managing at Home		
1	Our/their home is suitable, posing no risk to physical health and the safety of carer/cared for person; we can manage day-to-day tasks well enough.	<input type="checkbox"/>
2	Our/their home is mostly suitable but could pose a risk to the carer/cared for person longer term; we can manage most day-to-day tasks at home but some areas need to be addressed.	<input type="checkbox"/>
3	Living environment is unsuitable but poses no immediate risk; we are getting by but it's hard to stay on top of day-to-day tasks.	<input type="checkbox"/>
4	Living environment is unsuitable and poses an immediate risk to the health and safety of the carer/cared for person; we are not coping with many day-to-day tasks; I am getting help to sort this out.	<input type="checkbox"/>
5	Living environment is presenting immediate/critical risks to health and safety of carer/cared for person; we are not coping with many day-to-day tasks; there is no support available or it would not help.	<input type="checkbox"/>
Work (Employment, Training & Education)		
1	I am a full time carer or in work/training/education and managing well enough.	<input type="checkbox"/>
2	I am in work or training/volunteering/education as a way into work but there are some problems.	<input type="checkbox"/>
3	I am trying to sort things out with work or to move towards finding work; however I am finding this difficult.	<input type="checkbox"/>
4	I need/would like to find work and I have some support with how to balance work with my caring role.	<input type="checkbox"/>
5	I need/would like to find work but I can't see how due to my caring role; I have no support with this.	<input type="checkbox"/>

Finance		
1	I am managing financially and I know where to go if I need support.	<input type="checkbox"/>
2	My financial situation is mostly ok but there are some issues related to caring.	<input type="checkbox"/>
3	I am trying to sort out financial matters related to caring but I am finding this difficult.	<input type="checkbox"/>
4	There are financial problems as a result of my caring role but I have some support to address them.	<input type="checkbox"/>
5	There are financial problems as a result of my caring role but I prefer not to discuss them.	<input type="checkbox"/>
Life Balance/Time for Yourself		
1	Things are as good as they can be. I have breaks and manage to balance caring with other things.	<input type="checkbox"/>
2	I have some time for myself and some activities or social life outside my caring role; however things could be better.	<input type="checkbox"/>
3	I'm trying to get some time for myself and some activities or social life outside my caring role; however my opportunities are limited.	<input type="checkbox"/>
4	Caring has taken over my life and I have few or irregular opportunities for time to myself; however I am getting some help to see if I can change this.	<input type="checkbox"/>
5	I have no opportunities to have time to myself due to my caring role, and cannot achieve the balance I want in my life.	<input type="checkbox"/>
Future Planning/The Caring Role		
1	I mostly have the skills, understanding and information I need and can plan ahead.	<input type="checkbox"/>
2	I have minor concerns about my caring role but would still like to learn more about planning for the future.	<input type="checkbox"/>
3	I am not confident about planning for the future and have some concerns about managing caring.	<input type="checkbox"/>
4	I am anxious about planning for the future and have significant concerns about managing caring.	<input type="checkbox"/>
5	I am very anxious about planning for the future and have severe concerns about managing caring.	<input type="checkbox"/>

Summary:

Health & Wellbeing	1	2	3	4	5
Relationships	1	2	3	4	5
Living Environment/Managing at Home	1	2	3	4	5
Work (Employment, Training & Education)	1	2	3	4	5
Finance	1	2	3	4	5
Life Balance (Time for Yourself)	1	2	3	4	5
Future Planning (The Caring Role)	1	2	3	4	5

Does the carer meet the eligibility threshold for support? YES NO

Has a need for support been identified? YES NO

Summary of Intended Outcomes:

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Action Plan

Outcome	What you want to change	Next steps	Date/ Timescale