

Are you taking care of someone?

What help do *you* need?



Any information that you write into this
form will be considered confidential



Housing &
Community Care



Parent/Carer Details (Please fill in your details here)

Name: _____

- Relationship:**
- Parent
 - Relation
 - Friend
 - Husband/Wife/Partner

- Age:**
- Under 16 years
 - Over 16 years but still in full time education
 - Between 16 years and 65 years
 - Between 65 years and 75 years
 - Over 75 years

- Do you live:**
- With the person you are caring for?
 - Within 5-10 minutes walking distance?
 - Within 5-10 minutes away by car - and you have a car?
 - More than 10 minutes away by car and you have a car
 - In a different place from the person you are caring for and you have to make a journey by public transport to look after him/her?



As a parent or carer of someone who is eligible for Community Care Services, you are entitled to an assessment of what you need to help you continue caring.

This booklet has been designed, by local carers, to help you think about the help you need yourself. It is asking questions that will provide prompts for you to think about the problems you may be experiencing and how you would like to see them tackled.

You may wish to work through this booklet yourself, or with someone of your own choice, or, if you wish, someone can be asked to go through it with you.

Please only complete the questions you feel are relevant and feel comfortable with.

After you have worked through this booklet, if you think that Community Care Services could assist you to help you carry on caring, then a Social Worker or Care Manager will discuss with you what help can be provided from Community Care Services to support you.

After that a plan can be drawn up with you showing the care you provide and the assistance Community Care Services can provide. This is called a Joint Care Agreement.



Think about who else in your home helps you with your caring responsibilities. We might be able to help them too. This is particularly important if your children are helping you as we might be able to help them get support from the Young Carers Group.

Note the names here and also (if they are under 16 years or still at school) their ages:



Questions 1 to 14 are designed to help you think about your situation just now and to get you to think about what help you might need if you want to start, or continue, working, studying or following up your own interests.

The help could be someone else looking after the person you are caring for either in your home or in a day centre elsewhere.

Or it could be enabling the person you are caring for to go away for a few days which could be a part of his/her care package.

Either way there may be a charge which depends on your level of income and benefits.

1. Are you retired?

Yes

No

If the answer is **Yes**, is the reason for retirement:

Pensioner

Ill Health

Other

If other please explain

2. Do you work?

Yes

No

3. If you do work are you:

Full Time

Part Time

Shift Work

Other



4. Are you a student?

Yes **No**

5. If you are a student, is it:

Full Time **Part Time**

Evenings **Other**

6. Are there times when work, school or college are affected by your caring responsibilities?

Yes **No**

7. Did you give up work or education to care?

Yes **No**

8. Do you want to return to work?

Yes **No**

9. Take time to think about what you would need to combine work/education/leisure interests and caring. You might need help to look after the person you are caring for to allow you time to do these things, for example:

- *Someone to sit with the person you are caring for at certain times*
- *Day care*

Write down the things you think might help so that we can talk about it.



10. Do you ever get a break to do things for yourself?

Yes **No**

a) If the answer is **No** do you think you might feel better with such a break now and again?

Yes **No**

b) If the answer is **Yes** how do you manage this? Is it with the help of family and friends or is it through services like day care and respite?

11. Do you think you get enough breaks like this?

Yes **No**



12. If the answer to question 11 was **No**, how could it be improved?

Use the space below to note down what would suit you - again if you make a list then we can discuss it together. It might be things like:

- *Having someone come in and sit for a few hours to let you out for an evening.*
- *Someone who has been in a situation like yours coming in to chat with you now and again.*
- *Residential care for the person you are caring for, to give you a break for a few days.*
- *Getting the chance to go away together, but with help for the person you are caring for provided as well.*

The next two questions are designed to help you think about how easy or difficult it is for you and the person (or people) you are caring for because of the way your house or flat is designed. You may wish to discuss this with the person whom you are caring for because help for this might form a part of his/her care package.



13. Do you think your home (or that of the person you are caring for, if different) is suitable for the help you are providing?

Yes

No

14. If the answer is **No** then what do you think might make a difference? Think about the aids or adaptations that might make all your lives safer and easier, and write them down here. (You may have to contribute to the cost of adaptations so remember to check if there is to be a charge when you discuss this point with a Social Worker or Care Manager.)

Questions 15 to 20 are designed to help you think about the information you might need and the caring tasks you would prefer help with so that you can continue caring for as long as you are able. Again you may want to discuss this with the person you are caring for because some of the help might form a part of his/her care package. However, remember that this booklet is to help you to consider your own needs.



15. Is the person you are supporting able to do the following:
- a) Be left alone for short periods
 Always **Mostly** **Sometimes** **Never**
 - b) Be left alone overnight
 Always **Mostly** **Sometimes** **Never**
 - c) Communicate their needs effectively
 Always **Mostly** **Sometimes** **Never**
 - d) Walk unaided
 Always **Mostly** **Sometimes** **Never**
 - e) Stand unaided
 Always **Mostly** **Sometimes** **Never**
 - f) Wash and dress themselves
 Always **Mostly** **Sometimes** **Never**
 - g) Attend to their intimate needs (eg toileting)
 Always **Mostly** **Sometimes** **Never**
 - h) Feed themselves
 Always **Mostly** **Sometimes** **Never**
 - i) Take their own medication
 Always **Mostly** **Sometimes** **Never**



16. Please describe any situation you feel is important.
For example, does the person you care for behave in a way that:

- *upsets you?*
- *you find very difficult to deal with - such as getting very agitated and worried about things?*



17. Do you feel that some training or awareness about the illness/disability of the person you are helping, and/or the medication needed, could assist you?

Yes No

18. Are there specific tasks you feel you need training for?

Yes No

19. Would **you** describe the time you feel you are needed to provide help and support as being

Always Mostly Sometimes

20. Are there any tasks which you are unable to do, or would prefer not to do - perhaps because they are very tiring, you feel they are affecting your health, or because they make you feel uncomfortable?



Questions 21 and 22 are to help you decide if you need any financial or legal advice. For example, you might want to have your benefits checked.

If the person you are caring for is beginning to suffer from dementia or is a young person with learning disabilities about to become 18 years old, you might want to find out more about Financial & Welfare Guardianship.

21. Would you like help to check out any benefit/money entitlements?

Yes **No**

22. Would you like to find out more about Financial & Welfare Guardianship?

Yes **No**

Questions 23 to 25 are designed to get you thinking about how your health may be being affected because of the caring tasks you have to do. Remember your health could be being affected either physically or emotionally or both. It is important to be honest with yourself, so that you can tell us how we might be able to help.

23. What about your health? Do you have any health problems?

Yes **No**

If the answer is **Yes** do you think your health has been affected, or could be being affected by the help and support you are providing? This could be physically and/or emotionally.

Yes **No**



- 24.** If you think your health has been or is being affected then describe in what way here so that we can talk about what can be done about it.

A large, empty rectangular box with a yellow border, intended for the user to describe their health concerns.



- 25.** When you think about the future, what are your main concerns? Write them down so that we can talk about them.

If you have picked this booklet up out of interest, and reading it makes you think that it could apply to you, then please get in touch with us by phoning one of these numbers (the one nearest where you live):

Perth 01738 476950
Blairgowrie 01250 872255
Pitlochry 01796 472092
Crieff 01764 657510
Kinross 01577 863473

and ask for advice about getting support as a parent, relation or friend of someone who needs quite a lot of help from you.

Housing & Community Care Team
Housing & Community Care
Perth & Kinross Council
Pullar House
35 Kinnoull Street
PERTH
PH1 5GD

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Article 10 Notice**

In terms of the Data Protection Act 1998, you are entitled to know what personal information Perth & Kinross Council hold about you, on payment of a fee of £10. Application should be made to the Executive Director of Housing & Community Care, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH PH1 5GD.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting Kevin Heller 01738 476894

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الاسم: Kevin Heller
رقم هاتف للاتصال المباشر: 01738 476894

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如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡

Kevin Heller 01738 476894

來替你安排。



Council Text Phone Number
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