

**RENFREWSHIRE ADULT CARER SUPPORT PLAN****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**

<b>YOUR CURRENT SITUATION</b>		
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 <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> 11 – 20 years <input type="checkbox"/> 21 + years <input type="checkbox"/>
How many days a week do you provide care?
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
How many hours per week approximately do you provide care?
Up to 4 hours <input type="checkbox"/> 5 – 19 hours <input type="checkbox"/> 20 – 34 hours <input type="checkbox"/> 35 – 49 hours <input type="checkbox"/> 50 + hours <input type="checkbox"/>
How many hours per day approximately do you provide care?
0 – 4 hours <input type="checkbox"/> 5 – 9 hours <input type="checkbox"/> 10 – 14 hours <input type="checkbox"/> 15 – 19 hours <input type="checkbox"/> 20 – 24 hours <input type="checkbox"/>

**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 \_\_\_\_\_

<b>Health &amp; Wellbeing</b>		
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"/>
<b>Relationships</b>		
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"/>
<b>Living Environment/Managing at Home</b>		
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"/>
<b>Work (Employment, Training &amp; Education)</b>		
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"/>

<b>Finance</b>		
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"/>
<b>Life Balance/Time for Yourself</b>		
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"/>
<b>Future Planning/The Caring Role</b>		
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