**East Lothian Adult Carer Support Plan**

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***Do you provide care to a friend or family member?***

A carer is anyone who provides care, unpaid, for a friend or family member, who due to illness, disability, or a mental health problem cannot cope without their support. Carers are often the most important person in the lives of the people who are given support, helping them to maintain their independence as long as possible. Carers are therefore often family members, friends and neighbours first and caring emerges and evolves as part of this existing relationship.

Caring may involve supporting someone with a range of tasks including; personal care, tasks of daily living and providing emotional support and reassurance. These tasks are often integrated into daily family life and many carers adapt and manage this support without recognising themselves as carers’. There is help and support available for carers and getting this practical advice and emotional support can help you feel supported.

This Carer Support Plan is an opportunity to express your feelings and needs as a Carer and talk about how caring affects you. The aim is to find out what impact your caring responsibilities have on your life and look at ways to support you in your caring role.

Completing a Carer Support Plan is entirely up to you. You can complete the form with help from your local Carers organisation (Carers of East Lothian), with help from the Local Authority (East Lothian Health and Social Care Partnership) or by yourself. Carers tell us that completing the form in conversation with a worker can help them to feel heard.

**What happens next: The carer pathway**

You will be offered support to meet your personal outcomes by the local carers centre or other community supports

Your ACSP will be shared with social work to look at what can help to meet identified needs and discuss personal budgets and SDS options

Your ACSP will be reviewed at an agreed time to see how support has helped meet your needs and whether your needs have changed

[Carers Eligibility Criteria | East Lothian Council](https://www.eastlothian.gov.uk/downloads/download/12976/carers_eligibility_criteria)

**Medium or low**

**Moderate or critical**

Your needs will be assessed against local eligibility criteria

You have the right to access to information, advice and support from community organisations including your local carers centre

You choose not to complete ACSP at this time

You accept the offer of an ACSP

You should be offered an Adult Carer Support Plan

You should have a good conversation with carer support worker to identify what is important to you and what will make a difference - your personal outcomes

You identify as a Carer and look for support or are referred for Carer support by another person or service.

***--- Section 1: About you, the carer ---***

**To be completed in conversation with a worker or by carer**

**Carer Name:**

**Address and postcode:**

**Phone number:**

**Email address:**

**Preferred method of contact:**

**Date of birth (dd/mm/yyyy):**

**Type of ACSP**

**New  Review**

**Does the person you care for have a terminal diagnosis?**

**Yes  No**

**Do you the carer have a terminal diagnosis?**

**Yes  No**

If this is a review please highlight how support under your previous plan helped meet your personal outcomes

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**Who do you care for?**

Please tell us about the person(s) you care for and their relationship to you.

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**What does your caring role involve?**

Please tell us about what you do for the person(s) you care for on a good day and on a bad day if their needs fluctuate.

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**How long have you had caring responsibilities for this person(s)?**

Less than one year  One year but less than 5 years  5 years but less than 10 years

10 years but less than 20 years20 years or more  Not known

**How many hours a week do you provide care for your cared for person(s)?**

Up to 4 hours5 - 19 hours20 - 34 hours 35 - 49 hours

50+ hours  Not Known

**What impact does your caring role have on you?**

Your physical and mental health, your relationships, your finances, your daily routines, your ability to do the things you want and need to do including rest and sleep.

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**Please tick all that apply**

Health  Emotional well-being  Finance  Life balance

Feel valued  Future plans  Employment  Living environment

Other  Please expand if you replied other

**When do you get a break from your caring role?**

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**Who may be able to help you (in your family, friendship circle, community etc.) with the person(s) you care for?**

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**What supports and services have you already explored?**

Please include any groups, community supports, services or technology/telecare services you use to support the cared for person(s) when you are away.

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**What would happen to your cared for person(s) if you were unable to provide care for a period of time?**

e.g. because you had an accident, a sudden illness or there was a problem with your transport etc

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**What plans or preparations have you made for the future with and/or for the person(s) you care for?**

Have you already come across any problems when planning for the future?

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**How do you feel about your caring role?**

Do you feel able and willing to keep caring?

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**Personal Outcomes**

(these should have come out through the discussion above, please note what is most important to you first)Think about what would make your caring role manageable?

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| What would a good outcome of support look like to you? (your outcomes) | What needs to happen to achieve this and who will help? | How will we know we have achieved your outcome? |
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**Support needs identified:** please tick all that apply

No help / support required  Short breaks or respite  Advice & information

Practical support (e.g. transport, equipment, adaptions)

Counselling or emotional support  Training and learning

Assistance with benefits, e.g. Carer's allowance  Other support

Peer support / Group activities  Advocacy  Emergency Planning

Future Planning

**Have you identified personal outcomes we can’t help you meet?**

**Yes**  **No**

What is the Outcome and why can it not be met e.g service doesn’t exist, supported person doesn’t agree, costs too much, can’t get there etc

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**Risk assessment**

*To be discussed with carer*

**Please note areas of Risk Identified, action needed to address risks and who is responsible for these actions** e.g risk from others, to self, carer burnout, person wandering, suicide/self harm, fire safety, aggression, falls, manual handling, environment, other.

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**If Carer highlights fire risk please discuss referral to Scottish fire service** [Scottish Fire & Rescue Service (firescotland.gov.uk)](https://www.firescotland.gov.uk/your-safety/at-home/home-fire-safety-visit/)

**Useful links**

[The Herbert Protocol - missing persons with Dementia - Police Scotland](https://www.scotland.police.uk/what-s-happening/missing-persons/the-herbert-protocol/)

[Home - Access to a Better Life in East Lothian](https://abetterlife.eastlothian.gov.uk/)

**What has your experience of services been as a carer? How have professionals involved you in discussions or decisions in relation to the person(s) you care for?**

We want carers to feel valued as equal partners in care. Your feedback will help us to share examples of good practice and address problems or areas of poor performance.

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**Is there anything else you wish to share in relation to your caring role?**

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**We appreciate that you may not want the person(s) you care for to know that you are accessing support in relation to your caring role. Please tell us if we need to be aware of anything when contacting you so we can maintain your confidentiality.**

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**Consent for sharing**

Are you happy for your Adult Carer Support Plan to be shared with social work Y/N

Is there anyone else you would like your plan to be shared with:

**Is this Carers Assessment for:**

Social work action

Information only

**Please send ACSP to** [**communityaccess@eastlothian.gov.uk**](mailto:communityaccess@eastlothian.gov.uk)

**Review arrangements as agreed with carer and worker**

Review not required (carer has contact details if situation changes)

Review required to be completed with carer and COEL

Review to be completed with carer and Social Work

Agreed review date:

Ongoing referral to other services

Social work  Allied Health Professional  Other

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***---*** ***Section 2: About you and the person or people you care for ---***

***This information is collected for diversity and monitoring in line with Scottish Government requirements***

**About you, the carer**

**ID Carer** (MOSAIC/Charity LOG No,):

**CHI number** (if available):

**Gender:**

**Ethnic group**

White  Mixed or multiple ethnic groups  Asian, Asian Scottish or Asian British

African, Caribbean or Black  Other Ethnic Background  Not Disclosed

Not Known

**Do you hold POA or guardianship for the cared for person?**

POA Welfare and financial

POA Welfare only POA Financial only

Guardianship

**About the person(s) you care for:**

**ID Carer** (MOSAIC/Charity Log No.):

**Unique ID for cared for person** (MOSAIC/Charity Log No.:)

**Cared for persons name:**

**Cared For Person’s Age group**

0–17 Children  18–64  Adult  65+  Older Adult  Not known

**Living with carer**

Yes  No

**Gender:**

**Ethnic group**

White  Mixed or multiple ethnic groups  Asian, Asian Scottish or Asian British

African, Caribbean or Black  Other Ethnic Background  Not Disclosed

Not Known

**Client group**

Dementia  Mental Health  Learning Disability  Autistic Spectrum Disorder

Physical / sensory disability  Neurological conditions excl dementia  Palliative care

Drug problem  Alcohol problem  Elderly frail  Other  Not known

**Relationship to carer**

The carer is the cared-for persons

Parent/Grandparent Spouse/Partner  Child/Grandchild

Relative (any other)  Friend/Neighbour  Not known

**This section is repeated for those who have multiple caring roles**

Please note if not applicable:

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**ID Carer** (MOSAIC/Charity Log No.):

**Unique ID for cared for person** (MOSAIC/Charity Log No.:)

**Cared for persons name:**

**Cared For Person’s Age group**

0–17 Children  18–64  Adult  65+  Older Adult  Not known

**Living with carer**

Yes  No

**Gender:**

**Ethnic group**

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***Section 3: For worker to complete***

**Workers name and role:**

**Date ACSP offered (dd/mm/yyyy):**

**Date ACSP completed (dd/mm/yyyy):**

ACSP incomplete, please give reason:

**Please select all services which you have referred to during this assessment**

**Local Authority**

Housing Telecare Tenancy support****

**Health & Social Care**

CAMHS - Children and Adolescent Mental Health Service

Community Learning Disability Team (CLDT) Community Psychiatric Nurses ( CPN)

CWIC East Lothian Mental Health Service GP Occupational TherapyPhysiotherapy

**Third Sector**

Advocacy ApetitoAlzhemiers Scotland  Beyond Boundaries CAB - Citizens Advice Bureau

Care and Repair Changeworks Changes COEL - Carers of East Lothian

Crisis Day Centres East Lothian Works Enable Works

Headspace Lothian Disability Sports Lunch Clubs MECOPP

MELD - Mid and East Lothian Drugs Mens Shed

Muirfield Riding School (riding for the disabled) New Beginnings

Number 6 Office of the Public Guardian PASDA Pennypit

Scottish Fire & Rescue Service Skills Development Scotland Silverline

Stepping Out The Bridges Project The Ridge

VCEL - Volunteer Centre East Lothian WRT/Financial inclusion team 

UMNET need

Other and any additional information:

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**SUMMARY**

**Summary of discussions, what has been done to date.** For example worker has supported carer with review of benefits, put in touch with a local group or support, referred for a ‘Time for me’ grant etc

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