NHS

Torbay and South Devon
NHS Foundation Trust

Carers Health & Wellbeing Check

Supporting Carers in Torbay

TORBAY COUNCIL

Introduction

This check is about looking after you as a Carer. It will focus on your own health and wellbeing and whether there are any areas you need support with. It is a chance to talk about your concerns and hopes for the future.

The check covers the questions which Carers have told us are important. You do not have to answer them all, but the more you fill in, the more you are likely to get out of the check.

It is really important that at the end of the discussion with the worker, you have all the relevant information and a clear plan of action to help you meet your own needs. The worker will help you decide how to put your plan into action.

The person you care for may be entitled to their own assessment of needs and support. This can be arranged separately - please just ask your worker.

As you complete the form you can make a note of things you want to do something about by putting a tick or comments on the side of the form.

All information is stored and shared in accordance with the Data Protection Act. It will only be shared with your consent and only for the purposes of supporting you to maximise your own health and well being.

This check is considered to be a 'light touch' Carer's assessment under the Care Act 2014.

If certain services are required, the worker may also complete eligibility and resource allocation forms.

This document can be made available in other languages and formats. For information telephone 01803 208455.

Your General Health

Tick ✔ if you want to do something about this.

Do you have any diagnosed illness or disability Yes ☐ No ☐

If yes, please give brief details:

If yes, is this illness or disability being monitored and are you doing what was recommended? Yes ☐ No ☐

Is there anything about your own health that worries you? Yes ☐ No ☐

If yes, please give brief details:

Have you had an admission to hospital in the past year? Yes ☐ No ☐

Tick ✔ if you want to do something about this.

Checks Ups and Screening

Have you taken up the following health checks/vaccinations? (Please tick as appropriate)

Dentist (annual)	Yes ☐	No ☐	
Optician (annual)	Yes ☐	No ☐	NA ☐
Audiology (hearing problems)	Yes ☐	No ☐	NA ☐
Flu (annual)	Yes ☐	No ☐	
Pneumonia (one-off)	Yes ☐	No ☐	
Bowel Cancer (Age 60 – 69, every 2 years)	Yes ☐	No ☐	

Tick ✔ if you want to do something about this.

Women

Cervical Cancer (Age 25-49 every 3 years, 50-64 5 years) Yes ☐ No ☐ NA ☐

Breast Cancer (if at risk, or if over 50, every 3 years) Yes ☐ No ☐ NA ☐

All adults

Chlamydia (sexually-transmitted disease, if appropriate) Yes ☐ No ☐ NA ☐

Men

Aortic Aneurysm (aged 65+, one off) Yes ☐ No ☐ NA ☐

Medication

Do you currently take any prescribed medications Yes ☐ No ☐

If yes, do you have any problems with these medications (eg side effects) Yes ☐ No ☐

Have you had a medication review in the past 12 months? Yes ☐ No ☐ NA ☐

Tick ✔ if you want to do something about this.

Caring Tasks

On average how many hours per week do you look after the person you care for?

1 – 19 hours ☐ 20 – 49 hours ☐ 50+ hours ☐

Does your caring role involve you in moving / handling the person you care for or using equipment? Yes ☐ No ☐

If yes, do you have any pain associated with this? Yes ☐ No ☐

Would you like advice / training on using equipment or making caring safer for you? Yes ☐ No ☐

Do you need information or advice on the condition of the person you care for? Yes ☐ No ☐

Have you been given advice on financial benefits as a carer? Yes ☐ No ☐ NA ☐

Do you receive Carers Allowance? Yes ☐ No ☐

Have you had a Carers Assessment, One-off Direct Payment or Emotional Support Vouchers in the past? Yes ☐ No ☐ Unsure ☐

If yes, please give details including date:

Tick ✔ if you want to do something about this.

Would you like support with:

Accessing employment or volunteering? Yes ☐ No ☐ NA ☐

Accessing education or learning? Yes ☐ No ☐ NA ☐

Accessing leisure opportunities Yes ☐ No ☐ NA ☐

Are there any caring tasks that you currently undertake that you would prefer not to, or are there any changes you would like to make? Yes ☐ No ☐ NA ☐

If yes please give details:

Tick ✔ if you want to do something about this.

Do you need support in your caring role with practical things, such as:

Help with shopping, housework or cooking	Yes ☐	No ☐
Getting a break from caring/having time to myself	Yes ☐	No ☐
Advice on continence care	Yes ☐	No ☐
Advice on medication or treatment	Yes ☐	No ☐
Pressure ulcer prevention	Yes ☐	No ☐
Planning for emergencies	Yes ☐	No ☐
Fire safety and home security at home	Yes ☐	No ☐
Dealing with isolation, having contact with other carers	Yes ☐	No ☐
Talking to the person I care for or family about my caring role	Yes ☐	No ☐
Planning for the future	Yes ☐	No ☐

The Strains of Caring (World health Organisation Questions)

Please indicate for each of the five statements which is closest to **how you have been feeling over the last two weeks**. Notice that higher numbers mean better well-being.

Tick ✔ if you want to do something about this.

	At no time	Some of the time	More than half the time	Most of the time	All of the time
1. I have felt cheerful and in good spirits	1	2	3	4	5
2. I have felt calm and relaxed	1	2	3	4	5
3. I have felt active and vigorous	1	2	3	4	5
4. I woke up feeling fresh and rested	1	2	3	4	5
5. My daily life has been filled with things that interest me	1	2	3	4	5

Tick ✔ if you want to do something about this.

Have you suffered a bereavement in the past year? Yes ☐ No ☐

Has caring caused difficulties in your relationships with others close to you? Yes ☐ No ☐

Would you like support with this? Yes ☐ No ☐

As a Carer how well do you look after your own health and wellbeing?
Please rate on scale 1 – 5 (1 = not at all 5 = extremely well)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Have you any other issues or concerns not covered so far, or anything else that you or someone else could do to make a difference:

Your Lifestyle

Tick ✔ if you want to do something about this.

What is your height? . . . . . .

What is your weight? . . . . . .

What is your waist measurement? . . . . . .

	Every day	Most days	Not often	Never
How often do you eat 5 portions of fruit and vegetables in a day?	☐	☐	☐	☐
Do you have a hot meal regularly?	☐	☐	☐	☐
How many days do you eat fried food?	☐	☐	☐	☐

Would you like advice on healthy eating?	Yes ☐	No ☐
Do you or others have any concerns about your weight?	Yes ☐	No ☐
Do you take part in regular physical activity or exercise?	Yes ☐	No ☐
How many hours per week?	.....	
Would you like to do more exercise?	Yes ☐	No ☐
If yes, would you like someone to contact you about support?	Yes ☐	No ☐

Tick ✔ if you want to do something about this.

Do you smoke at all? Yes ☐ No ☐

If yes, how many per day? .....

If yes, would you like to stop smoking? Yes ☐ No ☐

Have you tried to stop before? Yes ☐ No ☐

Would you like someone to contact you to help you give up? Yes ☐ No ☐

How often per week do you have an alcoholic drink? .....

Do you or does anyone else worry about your alcohol use? Yes ☐ No ☐

If yes, would you like someone to contact you about support? Yes ☐ No ☐

Are you concerned about any sexual health issues? Yes ☐ No ☐
(eg pregnancy, contraception, sexually transmitted diseases, sexual relationships)

Would you like information about support on drug use (eg cannabis or abuse of prescription drugs)? Yes ☐ No ☐

Summary Page - to be completed with worker

Situation; Background; Assessment Summary (what Carer does and how it affects them); Carers strengths and views; Recommendations.

Carers Action Plan

Your Name ..... Date Of Birth .....

Worker's Name ..... Contact Details .....

This section is to help you confirm what action you need to take or support you need from others, to improve or maintain your own health and wellbeing.

Need - Information and Support	Action required	By whom	When
Outcome...			
Information given - Carers info/leaflets ☐ Info re support to person Cared for ☐ Info re practical support ☐			
Suport for Carer - Carers Register ☐ Carers Groups ☐ Carers Courses ☐ Lifestyles Support ☐ Health Support ☐ Employment Support ☐ Caring for other children ☐			

Need - Emotional Support	Action required	By whom	When
Outcome...			
Someone to talk to - Professional Ongoing Carer Support Worker ☐ Depression and Anxiety Support ☐ Counselling/Emotional Support Scheme ☐			
Reduce Isolation - talk to other people Peer Support ☐ Telephone Line Supp ort ☐ Counselling/Emotional Support Scheme ☐			

Need - A Break from Caring	Action required	By whom	When
Outcome...			
Improved finances Finance or benefit advice ☐ Access Financial Support ☐			

Need - A Break from Caring - *cont.*	Action required	By whom	When
Outcome...			
Improved support to Person Cared for Refer on about their support ☐ Practical Support ☐			

Need - Support for other People Affected	Action required	By whom	When
Outcome...			
Support for Carers under 25 ☐ Support for any other Carers identified ☐ Support with Childcare ☐			

I agree that the information provided in my Check and Action Plan may be shared with Health and Social Care professionals who can contribute to my care. I understand that this information will be used for the purpose of providing a service or care to me.

Signed (Carer) . . . . . Dated . . . . . .

Signed (Worker) . . . . . Dated . . . . . .

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