

Carers' Resource Allocation System (RAS)

**This is a summary of the caring situation and its impact on the carer.
Only fill in the details sections if not completed elsewhere in the assessment.**

For office
use only

Carers Name Date of birth
PARIS ID or address inc Postcode
(If caring for more than 1 person, please fill out another Carers' RAS)
Name of person cared for Their Date of Birth.....
Their PARIS ID or address (if agreed).....
Date of any previous Carers assessment
Outcome.....
Worker's Name..... Date.....

Need for Information and Support

1) The cared for person named above has (please tick all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Sensory disability (visual/hearing) | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> mental health issues | <input type="checkbox"/> Terminal illness |
| <input type="checkbox"/> Elderly frail | <input type="checkbox"/> Substance misuse (drugs/alcohol) | <input type="checkbox"/> Other |

2) Is it necessary to provide help, supervision or prompting with anything below?
(please tick all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Meals prep | <input type="checkbox"/> Washing Bathing/showering |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Transferring on or off bed/bath/chair/toilet | | |
| <input type="checkbox"/> Mobilising indoors or outdoors | <input type="checkbox"/> Shopping/cleaning | <input type="checkbox"/> Emotional Support | |
| <input type="checkbox"/> Managing behaviour | <input type="checkbox"/> Laundry | <input type="checkbox"/> Transport | <input type="checkbox"/> Activities |
| <input type="checkbox"/> Dealing with correspondence/finances | <input type="checkbox"/> Making calls/visits about them or on their behalf | | |
| <input type="checkbox"/> Keeping safe | <input type="checkbox"/> Other..... | | |

3) Overall, roughly how much time per week do you spend supporting them? hours

4) Does caring affect your own physical health or cause you to neglect your physical wellbeing?

- ☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

Total Score - Information and Support

Need for Emotional Support

5) Does caring affect how you are feeling?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

6) Does caring cause you stress or sleeping difficulties?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

7) Does caring ever cause you to feel overwhelmed/frustrated/frightened/upset/angry/alone?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

8) Does caring adversely affect your relationships / contact with other people including family?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Total score - Emotional Support

Need for a break from caring

9) Does caring adversely affect your financial situation?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

10) Does caring affect your employment or education?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

11) Does caring affect how you spend your free time, including using leisure and community services?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

12) Does caring affect any other responsibilities you have – caring for someone else/ looking after your home/ food shopping/cooking?

☐ 1 not at all ☐ 2 a little ☐ 3 a moderate amount ☐ 4 quite a lot ☐ 5 significantly

Details.....

Total Score - Break