



Princess Royal Trust
Lanarkshire Carers Centre

YOUR JOURNEY



The Carers' Journey

We are interested in what life is like for you as a carer, your roles and responsibilities and how this impacts on you. We shall ask you about different aspects of your life as a carer.

Please take the time to consider how this affects you, using the prompts provided.

Name of carer: _____ (mySWISNo: _____)

Address: _____ Post code: _____

Telephone No: _____ E-mail: _____

1. Impact of caring:

Tell me about your caring role?

For example: who do you care for, what support do you give to the person(s) you care for; what other support does the cared for receive?

2. Do you feel able to manage or cope with your caring role?

All the time most of the time some of the time not at all

For example: would you like more help and support, would you like to feel more confident in the care that you provide – now and in the future?

What would help?

3. Have you considered putting a plan in place to deal with an emergency? For example if you were to suddenly go into hospital

Yes No

If yes who will help?

If no what would help?

4. Health and wellbeing

Do you feel that your role as a carer affects your health?

All the time most of the time some of the time not at all

For example: do you feel tired and stressed and/or is your physical and or emotional health affected by your caring role?

What would help?

5. Social life/leisure time

Do you feel that your role as a carer affects your ability to have a social life and/or leisure time?

All the time most of the time some of the time not at all

For example: do you have the opportunity to do the things that are important to you, or take part in any leisure activities?

What would help?

6. Relationships

Do you feel that your role as a carer affects your relationships?

All the time most of the time some of the time not at all

For example: has it affected your relationship with the person(s) you care for, family members or friends?

What would help?

7. Affect on work

Do you feel that your role as a carer affects your work (paid or volunteering)?

All the time most of the time some of the time not at all not relevant

For example: are you able to balance care and work responsibilities, have you reduced your working hours because of your role as a carer; are you considering reducing your working hours; have you stopped working; would you like to return to work?

What would help?

8. Education, employment training opportunities

Do you feel that your role as a carer impacts on your ability to continue or take up further education and or employment training opportunities?

All the time most of the time some of the time not at all not relevant

For example: have you reduced your time on education or training courses; have you stopped attending your course; would you like to return to education or training?

What would help?

9. Finances

Do you feel that your role as a carer has affected your financial situation?

To a great extent to a small extent not at all

For example: have you applied for any benefits; are you currently paying for any services?

What would help?

10. Other aspects of your caring role

Are there any other issues you wish to add?

It is also important that we understand what is involved for you in the caring role therefore it would be helpful if you would be willing to provide the following information:-

Please outline the age group that you belong to

0-15 16-24 25-64 65+

More information about you as a carer: Please complete the following sections for each individual cared for person

Do you care for more than one person? Yes No

Who do you care for?

Spouse or partner

Parent(s)

Son(s) or daughter(s)

Other relative(s)

Friend

Neighbour

Does the person(s) you care for live with you? Yes No

If 'no' please specify where they live _____

Do you have legal powers to assist your caring role, for example Power of Attorney or Guardianship? Yes No

If yes, please specify _____

How many hours per week do you provide care?

- 1-10 hours
- 11-19 hours
- 20-49 hours
- 50+ hours

How many years have you been caring for the person(s)?

- Less than 1 year
- 1-2 years
- 2-5 years
- 5-10 years
- 10+ years

What age group does the cared for person(s) belong to?

- 0-15
- 16-24
- 25-64
- 65+

Do other relatives or friends help you to provide care? Yes No

If yes, are the relatives/friends young carers (under 16 years old)? Yes No

Are support arrangements in place for the person(s) that you care for? Yes No

If yes, were you involved in the planning for the person(s) that you care for?

- To a great extent
- To a small extent
- Not at all

Please tick the box(es) that best describe the supports needs of the person(s) you care for

- Physical Disability
- Learning Disability
- Addiction issues
- Mental Health issues or similar
- Dementia

Carer's Signature: _____

Date: _____

Completed by: _____

Locality area: _____

Designation: _____

Organisation: _____

mySWIS No (if applicable): _____

Please indicate how the information was gathered:

| | |
|--------------------|--------------------------|
| Home Visit | <input type="checkbox"/> |
| Telephone | <input type="checkbox"/> |
| Office Appointment | <input type="checkbox"/> |
| Internet | <input type="checkbox"/> |

What needs to be done next?

| Outcomes identified | Actions required | Is the carer in agreement? | Timescale for completion | Date of completion |
|---------------------|------------------|----------------------------|--------------------------|--------------------|
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For Social Work and Health Personnel

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|------------------------------------------------------------------------------|--------------------------|
| Has consent been given to share information (section below to be completed)? | <input type="checkbox"/> |
| Has a review date been set? | <input type="checkbox"/> |
| Has the carer been given a copy? | <input type="checkbox"/> |

I agree to information in this form being shared with the following:

| | |
|-----------------------------------------------------------|--------------------------|
| North Lanarkshire Council, Housing & Social Work Services | <input type="checkbox"/> |
| NHS Lanarkshire | <input type="checkbox"/> |
| Princess Royal Trust Lanarkshire Carers Centre | <input type="checkbox"/> |
| North Lanarkshire Carers Together | <input type="checkbox"/> |

Carer's signature: _____

Date: _____