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?
<table>
<thead>
<tr>
<th>Time Range</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 hours</td>
<td></td>
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<tr>
<td>11-19 hours</td>
<td></td>
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<tr>
<td>20-49 hours</td>
<td></td>
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<tr>
<td>50+ hours</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Years Range</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td></td>
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<tr>
<td>1-2 years</td>
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<td>2-5 years</td>
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<tr>
<td>5-10 years</td>
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<td>10+ years</td>
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</table>

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

<table>
<thead>
<tr>
<th>Age Group</th>
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<tbody>
<tr>
<td>0-15</td>
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<td>16-24</td>
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<td>25-64</td>
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<td>65+</td>
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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?

<table>
<thead>
<tr>
<th>Involvement Level</th>
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<tbody>
<tr>
<td>To a great extent</td>
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<td>To a small extent</td>
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<td>Not at all</td>
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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
- Telephone
- Office Appointment
- Internet

What needs to be done next?

<table>
<thead>
<tr>
<th>Outcomes identified</th>
<th>Actions required</th>
<th>Is the carer in agreement?</th>
<th>Timescale for completion</th>
<th>Date of completion</th>
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For Social Work and Health Personnel

Has consent been given to share information (section below to be completed)?

Has a review date been set?

Has the carer been given a copy?

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

- North Lanarkshire Council, Housing & Social Work Services
- NHS Lanarkshire
- Princess Royal Trust Lanarkshire Carers Centre
- North Lanarkshire Carers Together

Carer's signature: ________________________________________________

Date: __________________________________________________________