

CARERS SUPPORT PLAN/REVIEW

The purpose of the Carers Support Plan is to give you as a carer the opportunity to identify the areas of your life that have been affected by your caring role; to examine how caring impacts on your ability to lead a healthy and balanced life; and to identify ways to improve your well-being and make plans for the future. The Carers Support Plan will help you to identify the information you need to be better supported in your caring role.

CARERS DETAILS	TITLE:	FIRST NA	AME:		SURNAME:	
Gender:	Date of Birth:		Et	hnicity:		
ADDRESS:		TC	WN:			POSTCODE:
TELEPHONE NO.	TELEPHONE NO.			E-MAIL:		
(Work/mobile)	(Home)					
RELATIONSHIP TO CARED FO	 DR PERSON:	CC	IUMMC	NICATION SUP	PORT REQUIRED	FOR CARER
				rovide details)		
For Office Use Only:						
SWIFT/AIS No:		CH	II No.			

About Me

Please provide some backgrands share with service providers individual.				
What care do you provide	e at the moment?	How often d	o you provide	this care?
(Please circle)				
Personal Care	Yes/No	Daily	Weekly	Monthly
Help with hills/finance	Yes/No	Daily	Weekly	Monthly

(Please circle)	at the moment:	now often a	o you provide	ting care:
Personal Care	Yes/No	Daily	Weekly	Monthly
Help with bills/finance	Yes/No	Daily	Weekly	Monthly
Practical Support (e.g. Shopping/Housework/	Yes/No Transport)	Daily	Weekly	Monthly
Other (please detail)	Yes/No			

1 Quality of Life

Think about your health & wellbeing: having a life of your own; and having a good relationship with the person you care for.

What is working well for me?		
What would a good quality of life look like for me?		
I think my quality of life just now is:		
1 2 3 4	5 6	
1 2 3 4		
I have a very poor quality of life	I have an excelle quality of life	ent
Actions required to improve my quality of life	Person Responsible for the action	Action by date

2 Managing the Caring Role

Think about the extent you want to continue caring: do you feel you are equipped, in terms of information, skills and equipment, to continue caring; satisfactions and stress of caring; being involved in decision-making by services; willingness to continue to provide care.

	II for me?					
	-					
What I need to be al	ble to manage	e my caring r	ole better is			
	g.	,, cag .				
l think my shility t	• menege my	ooring role i	iuot now io			
I think my ability to	o manage my	caring role	just now is:			
1	2	3	4	5	6	
I am unable to m	nanage				no difficulties	role
I am unable to m my caring role	nanage				no difficulties ging my caring	role
my caring role		managing th	e caring role	manaç	ging my caring	
I am unable to m my caring role Actions required to		managing th	e caring role.	manaç	ging my caring ponsible	role Action by date
my caring role		managing the	e caring role.	manaç	ging my caring ponsible	
my caring role		managing th	e caring role.	manaç	ging my caring ponsible	
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my caring role		managing the	e caring role.	manaç	ging my caring ponsible	
my caring role		managing the	e caring role.	manaç	ging my caring ponsible	

3 How you are valued by Services

Think about how your expertise on the needs of the cared for person are recognised: how your views are taken into account by services; how services recognise your needs as a carer; your access to services; having a positive relationship with staff.

What is working well for me?		
What peeds to improve for me to feel more valued by corvice		
What needs to improve for me to feel more valued by service	Sf	
I think the extent to which I am valued by services just now i	s:	
,		
,		
	5 6	
1 2 3 4	5 6	
	5 - 6	
1 2 3 4		
		y high
1 2 3 4		
1 2 3 4		
1 2 3 4 Very low	Very	v high
1 2 3 4	Very Person responsible	v high
1 2 3 4 Very low	Very	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high
1 2 3 4 Very low	Very Person responsible	v high

4. Planning for the Future

Think about the things you may need to do in order to plan for the future: plan for emergencies; accommodation (housing and adaptations); manage change (transitions); social care supports/services; anticipatory health planning with a GP for the person you care for; sustain employment/education; consult a solicitor about legal matters including Power of Attorney, or Guardianship (Welfare & Financial).

What planning have I done	9?				
I need to improve planning	g for the future in th	ne following area	as		
I think where I am at with	planning for the fut	ure is			
1 2	3	4	5	6	
Very poor				Excellent	
Actions required to improve	ve planning for the	future.	Person resp for the action	oonsible on	Action by date

5. Finances and Benefits

Think about access to information about benefits entitlements and other financial advice.

What do I know about	benefits an	d finances?			
I need to find out mor					
I think where I am at v	vith action o	on finances ar	nd benefits is		
1	2	3	4	5	6
`					,
Very poor				Exce	llent
Actions required to actionances.	cess inforn	nation about b	enefits and	Person responsib for the action	le Action by date

Your Caring Role

Do you feel able and willing to continue in your caring role? [If 'No' what requires to be done to support you?]:

YES/NO

Data Protection Act 1988

If you choose to submit this form to Fife Council the information provided by you on this form will be held by Fife Council for the purpose of assisting you as a carer. As part of this process, the Council may share statistical returns with the Scottish Government for the purposes of research.

All use and storage of personal information will be in accordance with the Data Protection Act 1998. Further information is available on the Council's website www.fifedirect.org.uk

If you have been supported by a professional worker to complete this form please provide their details:

Practitioners Details:	
OR	
Agency Details:	
I confirm that the information contained in this form is correct	t to the best of my knowledge.
Carer Agreed with Support Plan/Review	YES/NO
Carer's Signature:	
Date Support Plan/Review Completed:	
Review	
Review Offered:	Accepted/Declined
Review Date:	
Review Arrangements:	

Support Links

The following provide information about support that are available for both the Carer and Cared for Person in Fife.

- Fife Carer Centre, 157 Commercial Street, Kirkcaldy 01592 205472 or centre@fifecarers.co.uk
- On Your Doorstep <u>onyourdoorstepfife.org.uk</u>
- Fife Direct fifedirect.org.uk
- Health and Social Care (Contact Centre) 03451 551503