



**Leicestershire  
County Council**

Adult and Communities



## Impact of Caring Form

Leicestershire County Council is committed to listening to and working with carers who are taking on a valuable caring role.

This Form is for all carers of adults aged 18 and over, living in Leicestershire and gives the opportunity to think about what care they are providing and what they may need to help them in their caring role.

It can be completed by Carers themselves and/or on behalf of Carers and with their knowledge, by staff working with carers. Carers may require help, perhaps from a friend, family member or an independent advocate to complete this Form. [Carers may contact their local Carers' Centre for advice on how to access an advocate].

When completed and returned carers will be notified of what support may be offered to help with the caring role. This could include advice and information and/or a change to the way support services are currently provided and/or different types of support/services or, the option of a personal budget.

Carers will be helped to develop a Support Plan (guidance on support planning is available) after which arrangements will be made to get the support needed to help the carer to continue caring.

*Caring might involve:*

*Preparing meals; giving medication; managing finances,  
bathing; toileting; dressing; doing shopping; doing laundry,  
giving emotional support*

**If you require this in an alternative version such as large print, Braille, tape or help in understanding it in your language, telephone 0116 305 7445 or e-mail [adultsocialcare@leics.gov.uk](mailto:adultsocialcare@leics.gov.uk)**

***If you are caring for more than one person – please complete a separate Form for each person***

## Part 1

### **CONSENT TO SHARE THIS INFORMATION**

I understand that completing this Form will lead to a computer record being made which will be treated confidentially. The Council will hold this information for the purpose of providing services to meet my needs. To be able to do this the information may be shared with the NHS Agencies and Providers of Community Care and Carers' Services. *This will also help reduce the number of times I am asked for the same information.*

**If I have given details about someone else, I will make sure that they know about this.**

**I understand that the information I provide on this Form will only be shared as allowed by the Data Protection Act**

Further information on how Adult and Communities keep your information can be found on [www.leics.gov.uk/social\\_care\\_records.htm](http://www.leics.gov.uk/social_care_records.htm). Should you have any concerns about this please contact your local Adult and Communities Office.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

Tick this box to indicate consent if completing this Impact of Caring Form over the telephone or electronically On line.

# My Personal Details

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Estimated: Yes  No

Gender: Male  Female

My Preferred Name: \_\_\_\_\_

Address:

Postcode: \_\_\_\_\_

Contact Details:  
Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Religion:

- |                   |                          |                     |                          |                             |                          |
|-------------------|--------------------------|---------------------|--------------------------|-----------------------------|--------------------------|
| Church of England | <input type="checkbox"/> | Catholic            | <input type="checkbox"/> | Hindu                       | <input type="checkbox"/> |
| Muslim            | <input type="checkbox"/> | Sikh                | <input type="checkbox"/> | Methodist                   | <input type="checkbox"/> |
| Baptist           | <input type="checkbox"/> | United Reformed     | <input type="checkbox"/> | Jewish                      | <input type="checkbox"/> |
| Jehovah's Witness | <input type="checkbox"/> | Salvation Army      | <input type="checkbox"/> | Seventh Day Adventist       | <input type="checkbox"/> |
| Spiritualist      | <input type="checkbox"/> | Christian Scientist | <input type="checkbox"/> | Church Jesus Christ         | <input type="checkbox"/> |
|                   |                          |                     |                          | Latter Day Saints           |                          |
| Atheist           | <input type="checkbox"/> | Agnostic            | <input type="checkbox"/> | Free Other Church – Specify |                          |
| Humanist          | <input type="checkbox"/> | Unitarian           | <input type="checkbox"/> |                             |                          |
| Buddhist          | <input type="checkbox"/> | Jain                | <input type="checkbox"/> |                             |                          |

Orthodox – specify \_\_\_\_\_  
Unspecified Religion \_\_\_\_\_

**Ethnicity:**

White	<input type="checkbox"/>	White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
White Other European	<input type="checkbox"/>	White Other Cultural Background	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>
Asian or Asian British Other Background	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
Black or Black British African	<input type="checkbox"/>	Black or Black British Other Background	<input type="checkbox"/>	Mixed Heritage	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Gypsy Roma	<input type="checkbox"/>	Other:	<input type="checkbox"/>

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**Language:**

Bangladeshi	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	English	<input type="checkbox"/>
European	<input type="checkbox"/>	Gujarati	<input type="checkbox"/>	Hindi	<input type="checkbox"/>
British Sign Language	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>

Other Language: \_\_\_\_\_

<p><b>Does the person you care for know that you are completing this impact of caring assessment and are they in agreement for you to give information about them?</b></p>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
<p>If you have ticked <b>NO</b> please state the reasons why.</p>		

## **FORMAL CARE/SUPPORT CURRENTLY RECEIVED**

This section is about the support the person you care for gets from professional care workers.

PLEASE TICK ALL THE BOXES WHERE HE/SHE GETS SUPPORT

Nurse / Community Matron	<input type="checkbox"/>	Day Care	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	Transport	<input type="checkbox"/>
GP	<input type="checkbox"/>	Private care	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	Mobile meals	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	Respite care/short breaks	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	Voluntary sector services	<input type="checkbox"/>
Speech and Language	<input type="checkbox"/>	Dietician	<input type="checkbox"/>
Council funded homecare	<input type="checkbox"/>	Other (Please Say):	<input type="checkbox"/>

<p>If you have ticked any of the boxes above please provide further details of the support that is being received.</p>	
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### **Cared For Person's Details**

Name:

SSIS ID No.:

(if known)

Date of Birth:

Estimated: Yes  No

Gender:

Male  Female

Address:

(if different from Carer's Address)

Telephone Number:

(if different)

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**Religion:**

- |                   |                          |                     |                          |                             |                          |
|-------------------|--------------------------|---------------------|--------------------------|-----------------------------|--------------------------|
| Church of England | <input type="checkbox"/> | Catholic            | <input type="checkbox"/> | Hindu                       | <input type="checkbox"/> |
| Muslim            | <input type="checkbox"/> | Sikh                | <input type="checkbox"/> | Methodist                   | <input type="checkbox"/> |
| Baptist           | <input type="checkbox"/> | United Reformed     | <input type="checkbox"/> | Jewish                      | <input type="checkbox"/> |
| Jehovah's Witness | <input type="checkbox"/> | Salvation Army      | <input type="checkbox"/> | Seventh Day Adventist       | <input type="checkbox"/> |
| Spiritualist      | <input type="checkbox"/> | Christian Scientist | <input type="checkbox"/> | Church Jesus Christ         | <input type="checkbox"/> |
|                   |                          |                     |                          | Latter Day Saints           | <input type="checkbox"/> |
| Atheist           | <input type="checkbox"/> | Agnostic            | <input type="checkbox"/> | Free Other Church – Specify |                          |
| Humanist          | <input type="checkbox"/> | Unitarian           | <input type="checkbox"/> |                             |                          |
| Buddhist          | <input type="checkbox"/> | Jain                | <input type="checkbox"/> |                             |                          |

Orthodox – specify	Unspecified Religion
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**Ethnicity:**

- |                        |                          |                        |                          |                        |                          |
|------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|
| White                  | <input type="checkbox"/> | White British          | <input type="checkbox"/> | White Irish            | <input type="checkbox"/> |
| White Other            | <input type="checkbox"/> | White Other Cultural   | <input type="checkbox"/> | Asian or Asian British | <input type="checkbox"/> |
| European               |                          | Background             |                          |                        |                          |
| Asian or Asian British | <input type="checkbox"/> | Asian or Asian British | <input type="checkbox"/> | Asian or Asian British | <input type="checkbox"/> |
| Indian                 |                          | Pakistani              |                          | Bangladeshi            |                          |
| Asian or Asian British | <input type="checkbox"/> | Black or Black British | <input type="checkbox"/> | Black or Black British | <input type="checkbox"/> |
| Other Background       |                          |                        |                          | Caribbean              |                          |
| Black or Black British | <input type="checkbox"/> | Black or Black British | <input type="checkbox"/> | Mixed Heritage         | <input type="checkbox"/> |
| African                |                          | Other Background       |                          |                        |                          |
| White & Black          | <input type="checkbox"/> | White & Black          | <input type="checkbox"/> | White & Asian          | <input type="checkbox"/> |
| Caribbean              |                          | African                |                          |                        |                          |
| Other Mixed            | <input type="checkbox"/> | Other Ethnic Group     | <input type="checkbox"/> | Chinese                | <input type="checkbox"/> |
| Background             |                          |                        |                          |                        |                          |
| Traveller of Irish     | <input type="checkbox"/> | Gypsy Roma             | <input type="checkbox"/> | Other:                 |                          |
| Heritage               |                          |                        |                          |                        |                          |

**Language:**

- |                       |                          |          |                          |         |                          |
|-----------------------|--------------------------|----------|--------------------------|---------|--------------------------|
| Bangladeshi           | <input type="checkbox"/> | Bengali  | <input type="checkbox"/> | English | <input type="checkbox"/> |
| European              | <input type="checkbox"/> | Gujarati | <input type="checkbox"/> | Hindi   | <input type="checkbox"/> |
| British Sign Language | <input type="checkbox"/> | Punjabi  | <input type="checkbox"/> | Urdu    | <input type="checkbox"/> |

Other Language: \_\_\_\_\_

**Primary Need of Cared For Person:**

- |                                       |                          |                                  |                          |
|---------------------------------------|--------------------------|----------------------------------|--------------------------|
| Physical Disability<br>(inc. frailty) | <input type="checkbox"/> | Substance Misuse                 | <input type="checkbox"/> |
| Learning Disability                   | <input type="checkbox"/> | Mental Health<br>(inc. dementia) | <input type="checkbox"/> |

Other  
(please specify) \_\_\_\_\_

## Details of Caring Role

How long have you been the main carer?

- |                              |                          |                              |                          |
|------------------------------|--------------------------|------------------------------|--------------------------|
| A) Up to 6 months            | <input type="checkbox"/> | B) Between 6 months & 1 year | <input type="checkbox"/> |
| C) Between 1 year & 2 years  | <input type="checkbox"/> | D) Between 2 years & 3 years | <input type="checkbox"/> |
| E) Between 3 years & 4 years | <input type="checkbox"/> | F) Between 4 years & 5 years | <input type="checkbox"/> |
| G) Over 5 years              | <input type="checkbox"/> |                              |                          |

What's your relationship to the person you care for/intend to care for? e.g. Spouse, parent, friend, partner, son, daughter.

What areas of caring do you provide/intend to provide?

- |                                  |                          |
|----------------------------------|--------------------------|
| Personal care                    | <input type="checkbox"/> |
| Emotional care                   | <input type="checkbox"/> |
| Meals and Nutrition              | <input type="checkbox"/> |
| Practical help with daily living | <input type="checkbox"/> |
| Support to stay safe             | <input type="checkbox"/> |
| Socialising                      | <input type="checkbox"/> |
| Finances                         | <input type="checkbox"/> |

How many hours care per week do you provide/intend to provide care to this person?

- |               |                          |
|---------------|--------------------------|
| 0-10 hours    | <input type="checkbox"/> |
| 10-20 hours   | <input type="checkbox"/> |
| 20-35 hours   | <input type="checkbox"/> |
| 35 - 50 hours | <input type="checkbox"/> |
| 50+ hours     | <input type="checkbox"/> |

If you are not already caring for this person when do you expect to start?

Is there anyone else who helps/will help you to care or support you in a paid or unpaid capacity? e.g. Family member, friend or neighbour.

Yes  No

Please provide further details: what and how much help they provide/intend to provide and how often they help/will help?

What would happen if you were unavailable to care, have you any plans for who would provide the care you do in your absence?

Yes

No  
I would like some advice and information about this.

Please give details:

### **My Reasons for requesting support for my caring role**

Please describe how you would like your situation to improve.

TICK THE BOX THAT FITS YOU BEST



<p>(a) I am able and willing to take on/continue in my current caring role. My caring responsibilities will have/have no negative impact on my daily life.</p>	<input type="checkbox"/>
<p>(b) I am able and willing to take on/ continue in my current caring role. My caring responsibilities will have/have only a small impact on my daily life.</p>	<input type="checkbox"/>
<p><i>I would like some information for carers to be sent to me.</i>  <i>If you have ticked (a) or (b) <b>go to the Signature Section on page 12</b></i></p>	<input type="checkbox"/>
<p>(c) I have some difficulty and stress in carrying out my day-to-day caring tasks. There is some impact on my lifestyle and this role has led to minor stress. I am <b>willing</b> to continue in my role as a Carer.</p>	<input type="checkbox"/>
<p>(d) My caring role has a substantial impact on my lifestyle. This role has led to high levels of stress and some health problems. I am <b>willing</b> to continue in my role as a Carer.</p>	<input type="checkbox"/>
<p>(e) My caring role has a critical impact on my lifestyle - including a significant impact on my health and well-being. I am <b>unable or unwilling</b> to continue in the role as it currently is.</p>	<input type="checkbox"/>
<p><i>I would like some support to enable me to continue in my caring role.</i>  <i>➔ If you have ticked (c) (d) or (e) <b>please complete Part 2</b> of the form.</i></p>	<input type="checkbox"/>
<p><i>How would you like social care service to contact you?</i>          Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Don't mind <input type="checkbox"/></p> <p>When would you like to be contacted?          Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Don't mind <input type="checkbox"/></p> <p>Any specific requirements e.g. privacy, language: signing?</p>	

## Part 2 – Further Carer Details

If you have indicated that your caring role is having/likely to have more than a small impact on your health and well being it may be helpful to provide further information. Please now complete the following Sections.

PLEASE TICK THE BOXES THAT BEST FIT YOU

### **Health and well-being.**

<b><u>Physical Well Being</u></b>	Well most of the time	<input type="checkbox"/>
	Well some of the time	<input type="checkbox"/>
	Rarely well	<input type="checkbox"/>
	Always well	<input type="checkbox"/>
<b><u>Depression</u></b>	Rarely depressed	<input type="checkbox"/>
	Occasionally depressed	<input type="checkbox"/>
	Long episodes of depression	<input type="checkbox"/>
	Not depressed	<input type="checkbox"/>
<b><u>Anxiety</u></b>	A little anxiety at times	<input type="checkbox"/>
	Occasional anxiety that passes	<input type="checkbox"/>
	Anxious all the time	<input type="checkbox"/>
	Not anxious	<input type="checkbox"/>
<b><u>Sleeping</u></b>	No problems sleeping	<input type="checkbox"/>
	Occasional problems sleeping	<input type="checkbox"/>
	Difficulty sleeping every night	<input type="checkbox"/>

**Please give more details e.g. is your GP aware that you have caring responsibilities? What would help to make your health better e.g. training on how to deal with the person you are caring for, counselling and/or emotional support for you? Is there a need for equipment/adaptations?**

## **Employment, Education, Leisure & Family Life**

(This section is to consider the extent to which your family life, your educational, employment and leisure opportunities are affected by your caring role).

### **Employment**

**Are you juggling work and caring?** Yes  No

Please provide more information e.g. are you able to continue your work/ return to work?

**Are you in full time or part time work?**

- I am in full time work
- I am in part time work
- I am retired
- I do not work
- I have never worked
- Not applicable

Is this paid or voluntary work, flexi time? Do you expect to have to change your work pattern?

### **Education**

Are you undertaking any form of education or training?

- I am in full time education
- I am in part time education
- I am undertaking training
- I would like to return to education/take up training
- Not applicable

Please provide more information (e.g. school, college, training and the daily hours for each). Do you expect to have to change your training or education activities due to your caring role?

Please provide more information (e.g. what changes are you willing and able to make?):

**Leisure**

Please provide information about leisure and recreational needs that are affected by your caring role:

**Family Life**

Please provide information about the aspects of your family life that are affected by your caring role:

**Any Additional information:** What would most help you in your caring role e.g. having a short break, a piece of equipment, pursuing a leisure activity, spending more time with other members of your family? Information for carers on benefits, housing, advocacy carers' groups, how to plan for when the caring role ends?

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**Signature of Carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of referrer:** \_\_\_\_\_ (please print)

**Referrer's Contact details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date form passed to Adults and Communities: \_\_\_\_\_

## **What to do after completion**

Please return completed forms to the local Social Care Adult and Communities Access Team:

3 High Street  
Coalville  
Leicestershire, LE67 3EA

County Buildings  
Leicester Road  
Melton Mowbray, LE13 0DA

Upper Bond Street  
Hinckley  
Leicestershire, LE10 1RH

Bassett Street  
South Wigston  
Leicestershire, LE18 4PE

Pennine House  
2 Lemyngton Street  
Loughborough  
Leicestershire, LE11 1UH

Brooklands  
Northampton Road  
Market Harborough  
Leicestershire, LE16 9HE

### **FOR SOCIAL CARE SERVICE OFFICE USE ONLY** **Risk to sustainability of the caring role**

<b>Low risk:</b>	<b>(a) and (b)</b>	<input type="checkbox"/>
<b>Moderate risk:</b>	<b>(c)</b>	<input type="checkbox"/>
<b>Substantial risk:</b>	<b>(d)</b>	<input type="checkbox"/>
<b>Critical risk:</b>	<b>(e)</b>	<input type="checkbox"/>

**Worker(s) summary of action to be taken in response to the Impact of Caring Form.**

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### **Worker's Details**

Date completed: \_\_\_\_\_

Name of worker: \_\_\_\_\_ (Print name)

Team/Base: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_