

# South Tees Carer Self Assessment

This assessment will help to give the local authority an indication of your caring role and the services which may be required to support you as an unpaid Carer. If you wish, you may complete this assessment yourself or with help from a friend, a social worker, or with a worker from a Carers Support Service and return it to Redcar and Cleveland Access team at [AccessAdultsTeam@redcar-cleveland.gov.uk](mailto:AccessAdultsTeam@redcar-cleveland.gov.uk) or alternatively you can contact the Redcar and Cleveland Adult Access Team by telephone on 01642 771500 from 8.30am - 5.00pm Monday to Thursday and 8.30am - 4.30pm on Fridays.

## About this assessment

**This is your assessment.** It will give you an opportunity to think about the unpaid care that you provide a friend or relative and what help or support you might need to continue in your caring role, if you wish to do so.

Its aim is to find out what impact your caring responsibilities have on your life and how you can be provided with appropriate support.

It is not about judging your ability or the way you provide care. It will be used to identify your needs and will help the local authority ascertain whether a full Statutory Carers Assessment is required. You also have the right to request a full Statutory Assessment from the local authority at any time.

When you have completed this form, we will process it, provide you with a copy and will contact you to you to let you know what help might be available to you.

**Did you know that you can access information to support you, in your caring role on our information Support Platform - We Care You Care (WCYC).**

<https://wecareyoucare.info/>

<b>Your Details</b>			
<b>Name</b>		<b>Date of Birth</b>	
<b>Address and postcode</b>			
<b>Contact details</b>		<b>How would you prefer to be contacted?</b>	
<b>Telephone Number</b>			
<b>Mobile Number</b>			
<b>Email Address</b>			
<b>Do you have any communication needs?</b>			
<b>Details of the person you care for</b>			
	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>
<b>Name</b>			
<b>Age</b>			
<b>Address (<i>if different from above</i>)</b>			
<b>Relationship to you</b>			
<b>What is their disability/illness?</b>			
<b>Do they have any care services in place?</b>			

<b>Tell us about your caring role and if you receive any support from the local authority or from other community organisations/groups?</b>

**What would you like to achieve in your daily life, and how does caring affect this?**

**Is your caring role having an impact on your physical and mental health and wellbeing? If so, how?**

**What would affect to your ability/willingness to continue caring?**

**The remainder of this form is to be completed by a member of the Redcar and Cleveland Borough Council Access Team. This assessment should be returned to:**

[AccessAdultsTeam@redcar-cleveland.gov.uk](mailto:AccessAdultsTeam@redcar-cleveland.gov.uk) or alternatively can be posted to

Adult Social Care  
Seaford House  
Kirkleatham Street  
Redcar  
TS10 1SP

<b>Next Steps for completion by Adult Access Team</b>			
		<b>Date/Time</b>	<b>Comments/suggested support</b>
<b>Referred to locality team for full statutory Carers Assessment</b>	<input type="checkbox"/>		
<b>General information and advice given</b>	<input type="checkbox"/>		
<b>Referral to Carers Together – Adult Carers Service</b>	<input type="checkbox"/>		
<b>Referral to Teesside MIND</b>	<input type="checkbox"/>		
<b>Referral to the Junction (Young Carers)</b>	<input type="checkbox"/>		
<b>Referral to Carers Together – Hospital Liaison Team</b>	<input type="checkbox"/>		
<b>Other services (Please state</b>	<input type="checkbox"/>		

<b>Details of Access Team Member</b>			
<b>Name:</b>			

<b>Telephone No.</b>		<b>Email:</b>	
----------------------	--	---------------	--

### **Data Sharing**

**Information contained within this form will be retained by Redcar & Cleveland Borough Council and may be shared with commissioned Carer support services (including Carers Together and Teesside Mind) for the provision of Carer Support Services, as indicated in the Support Services/Next Steps section above.**

**I confirm that I am aware that my data may be shared (GDPR Article 6 (1)(e))**

**Signed:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Version 5 – November 2023**