**CARERS SUPPORT PLAN**





****

**EQUAL PARTNERS IN CARE**

This carer support Plan is currently in use between January and March 2014 for all unpaid carers referrals supported by Connecting Carers

By March 2014 the trial period will be evaluated gathering all views and comments from carers , professionals and others involved. For further details **please contact Connecting Carers 01463 723560.**

**Carer contact details:** Carer Name: Date of Birth: Post Code:

Address: Tel no: email:

G.P Contact details:

**Cared for person details:** Name: Address:

Dob: Tel no:

G.P contact details: Personal Outcome Plan date: Child Plan date:

Carer relationship to cared for person:

**Carer Legal role: Guardian or Power of Attorney or other legal responsibility Yes /No**

Legal Details:

More than one cared for person **YES /NO** if yes go to page 3

**Carer involvement with cared for person 1-19 hours 20-49 hours 50 or more hours**

The cared for persons named professional or team must be notified that the CSP has been started and date completed

**SERVICE: Referral details** CSP offered **Yes/No** CSP Accepted **Yes/No** Carer Support Plan due start date:

**Carer ID: DATA base entry : e.g. CareFirst or Connecting Carers:**

**Named WORKER: contact no:**

Onward referral No reason: Yes details:

**Referral details** CSP Yes/No Carer Support Plan due start date: \_\_\_\_\_\_

Data and information sharing protocol (Data protection Act ) has the carer given consent to share information and been informed where information will be held ,what the data will be used for and reasons for sharing their information if required

CSP data will be shared with person 1: person 2: person 3:

**Carer Support plan start Date: Agreed Review Date:**

**Single point of contact for carer Name & contact details**

**2nd Cared for person details:** Name: Dob: Tel No:

Address:

Personal Outcome Plan date: Child Plan date: Carer relationship to cared for person:

**Carer Legal role ; Guardian or Power of Attorney or other legal responsibility Yes /No**

Legal Details:

**Carer involvement with cared for person 1-19 hours 20-49 hours 50 or more hours**

**3rd Cared for person details :** Name: Dob: Tel No:

Address:

Personal Outcome Plan date: Child Plan date: Carer relationship to cared for person:

**Carer Legal role ; Guardian or Power of Attorney or other legal responsibility Yes /No**

Legal Details:

**Carer involvement with cared for person 1-19 hours 20-49 hours 50 or more hours**

**4th Cared for person details :** Name: Dob: Tel No:

Address:

Personal Outcome Plan date: Child Plan date: Carer relationship to cared for person:

**Carer Legal role; Guardian or Power of Attorney or other legal responsibility Yes /No**

Legal Details:

**Carer involvement with cared for person 1-19 hours 20-49 hours 50 or more hours**

**Carer Profile Example Page**

**You can use the profile headings to discuss, with your worker, all the things that are important to you and your family and support you in your caring role. The profile can be left blank or used as a discussion with you. See examples below………………………………………………**

|  |  |
| --- | --- |
| **Personal ( what are your strengths and personal attributes)****Can be left blank or Example ;** ***I am able to make my wishes and views known*** ***I have a good sense of humour*** ***I am very caring and choose to look after my husband/son/wife/friend(cared for person) for as long as I am able to so*** | **Family and others (the people important to you and those that help and support you)****Example;** **I have some support from my sister (lives 2 miles away)** **I have a good neighbour (helps with shopping and keeps cared for person company if needed)** **My G.P is approachable** |
| **Physical (home and work and community, equipment ,facilities or services you have available to you)*****Example; I have some access to local facilities and amenities for myself and the cared for person*** ***The mobility car that I am a named driver for has been essential with regard to making shopping and leisure events much easier to organise with the cared for person*** ***Telecare equipment gives the cared for person a degree of independence and security as well as piece of mind for me*** | **Financial (assets & income)*****I have all the benefits information and access to financial advice that I and the cared for person is entitled to.*** |

**Carer Profile**

**You can refer to the profile headings to discuss, with your worker, all the things that are important to you and your family and support you in your caring role. The profile can be left blank or used as a focus for the discussion.**

|  |  |
| --- | --- |
| **Personal ( what are your strengths and personal attributes)** | **Family and others (the people important to you and those that help and support you)** |
| **Physical (home and work and community, equipment ,facilities or services you have available to you)** | **Financial (assets & income)** |

**Informed about my caring role**

**Confidence in caring**

**Health & well being**

**BASELINE discussion points:**

**Review (complete at follow up contact)**

**REVIEW discussion points:**

**BASELINE (complete at first contact)**

|  |  |
| --- | --- |
| **Baseline date** |   |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Baseline date** |  |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Baseline date** |  |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

**BASELINE (complete at first contact)**

**Social life and caring role balance**

**Work and caring role balance**

**Work/ education/ training and caring role balance**

**BASELINE discussion points:**

**Review (complete at follow up contact)**

**REVIEW discussion points:**

|  |  |
| --- | --- |
| **Baseline date** |  |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Baseline date** |   |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Baseline date** |  |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

**Confidence in dealing with changing relationship**

**Confidence in ability as a partner to shape services**

**Free from financial hardship**

**BASELINE discussion points:**

**Review (complete at follow up contact)**

**REVIEW discussion points:**

**BASELINE (complete at first contact)**

|  |  |
| --- | --- |
| **Baseline date** |   |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Baseline date** |  |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Baseline date** |  |
| **Very important issue** |  |
| **Important issue** |  |
| **Small issue** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |
| --- | --- |
| **Review date** |  |
| **Big improvement** |  |
| **Small improvement** |  |
| **No improvement** |  |
| **Worse** |  |
| **Not an issue** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed intended outcome** | **Summary of main issue, the action required and resources identified.** | **Agreed Responsibilities and timescales** | **Review Date** |
| **Carer Outcome** Example - To be able to establish a better balance between my work, family responsibilities and caring role | **E**xample **Issue** – Finding it difficult trying to balance my work schedule, looking after my family and own home and my caring responsibilities, I have no time *to pursue my own interests or have a social life* ***Action 1*** *Carer to discuss with the rest of the family what levels of support and time they would be able to contribute to freeing up some time for me* ***Action 2****– information on carers networks and community re-sources to be provided by professional* ***Action 3*** *– consider possibility of reducing hours at work.* ***Action 4*** *– research possibility of respite at home to enable me to pursue my leisure interest’s once a fortnight* **Resources** Connecting carers Social worker family members employer leisure facilities ( theatre /cinema/walking groups) | Example action**Responsible for Action 1** Carer & family members -Within 7 days **Responsible for Action 2** Professional -Within 3 days **Responsible for Action 3** Carer & employer -Within 14 days **Responsible for Action 4** Carer to contact local service provider - Within 7 days | **OUTCOME** **ACHIEVED** **Yes** **Partially able to re-gain a life of my own** balanced with **maintaining a positive relationship with the cared for person** **No** |
|  |  |  |  |
| Details of the worker/professional to be your main contact for this carer support plan: A copy of this plan will be held by the carer **Contact Name:** Tel: Designation: Service: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed intended outcome** | **Summary of main issue, the action required and resources identified.** | **Agreed Responsibilities and timescales** | **Review Date** |
|  |  |  |  |
| **What would improve your quality of life** **OUTCOME** | **ISSUE** ***ACTION*** **RESOURCES**  | **RESPONSIBLE PERSON FOR EACH ACTION** | **OUTCOME** **ACHIEVED** **YES—details** **NO—reason and impact** |
|  |  |  |  |
| A copy of this plan will be retained by you. **Carers Name:** Details of the worker/professional that will be your main contact for this carer support plan: **Contact Name:** Tel: Designation: Service:**Agreed review date (next contact with worker) date:** The cared for persons named professional or team must be notified that the CSP has been started and date completed. |

**Review:**

Where carer outcomes have not been achieved this must be recorded with the reasons and potential impact for the unpaid carer and cared for person such as:

Is the carer - *Able to care with no help? – Able to care with existing level of help? – Able to care if more help is given in the near future? – Will need a lot of help in the near future to continue to care? – Cannot continue without immediate help? (circle the statement that applies)*

|  |  |  |
| --- | --- | --- |
| **What has worked well** | **What has not worked well** | **What actions & outcomes have been agreed** |
| **What made a difference? What has changed?** | **What would /could be done differently what changes need to be made?** | **Do you think the carer support plan is an accurate reflection of what you need to support you in your caring role?** |

**Review Question;**

Is the carer satisfied with their involvement in the design of the cared for person’s personal outcome plan?

 **Yes No** **If No provide reasons:**

Date agreed by carer to review the Carer Support Plan, progress and outcomes: **(DD/MM/YYYY)**:

Does the carer feel that their support needs are being addressed? **Yes No**

**I confirm that this is an accurate plan of support and agreed actions.**

**Date support plan agreed/ reviewed: Signed (Carer):**  **Signed (professional**):

Copy of Carer Support Plan held with Service or Name:

 Service or Name:

 Service or Name:

**Date Support Plan ended: Signed (Carer):**  **Signed (professional**):

The cared for person’s named professional or team must be notified that a review has been arranged and date completed.

**OUTCOMES IMPORTANT TO UNPAID CARERS - EXPLANATORY NOTES FOR WORKERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Quality of life for cared for person  | Quality of life for carer (Outcome )  | Managing the caring role (Outcomes and Impacts –the changes felt by carers )  | Carer Experience (Partnership Outcomes )  |
| Quality of life for the cared for person  | Maintaining Health and Well-being A life of their own Positive relationship with the cared for Freedom from financial hardship  | Choices in caring, including the limits of caring Feeling informed/skilled/ equipped Satisfaction in caring Partnership with services  | Being Valued/respected Have expertise recognised Having a say in services Services are Flexible and responsive to changing needs Positive relationships with professionals Services are Accessible, available and free at the point of need  |

**Outcome** is what is important to a carer, the changes the carer wants to make, or maintain, ***An outcome is where the carer wants to be.***

**Inputs** These are all the things a carer and /or others can do, to help make the changes, contribute toward and/or purchase or organise, ***Inputs support a carer to meet their outcomes***

**Review** Is the agreed date /timescale, to monitor the progress of my outcomes & Inputs, if the plan is working or if anything needs to change.

***The Review will work in partnership with a carer and ensure key people are involved and accountable.***

**Outputs** These are the measurable and noticeable differences made by activities, products and services, usually discussed at the review point.

*Outputs are gathered from a carer support plan* ***to show if the outcome has been achieved, if a difference was made to the cares quality of life and what were the impacts as a result. Outputs help to measure outcomes for all corer's and how together this informs and shapes services across Highland.***

Quality of life for the cared for person is maintained

**Context and guidance note for workers. (outcome measures and data outputs depicted in blue font)**

In Highland the Purpose of a Carer Support Plan is to;

Work in partnership with carers and support carers to achieve good outcomes

**Outcomes for carers would be described as;**

Quality of Life for the carer and Managing the caring role:

Confidence with the caring role; able to access regular breaks from caring ; feel informed and knowledgeable about caring role and needs of the cared for person;

feel valued supported and listened to; That the experience and knowledge the carer has of the cared for person, is recognised and used;

able to have a life of their own outside the caring role; be fully engaged in the planning and shaping of services:

be free from disadvantage or discrimination related to the caring role; be recognised and valued as an equal partner.

**In order to facilitate these outcomes the carer support plan needs to;**

Identify the care provided and caring responsibilities; establish the levels of care the carer is able to provide;

Help carers to determine how sustainable their caring role is; identify any current or future risks to the carers health and wellbeing, as direct result of the caring role;

Determine the types of information and resources to support them in their caring role, have a life or their own, maintain/improve their own health and well-being and agree how best these resources might be accessed

**Outcomes start with the having the conversation with carers**

*The conversation is semi structured using the talking point prompts for workers this helps to establish what is important to the carer and helps to put together an agreed care support plan* ***Starting with Good Conversations use 1 and 2*** ⇨ ***prompts as the Talking Points***

**1. About the cared for Person:**

Quality of Life for the cared for person

* The role and responsibilities of the carer
* Formal Appointee e.g. Direct payment/SDS /Guardian Financial - Welfare /Power of Attorney welfare – finance/
* The carers involvement in the cared for persons Personal Outcome plan

Carer’s quality of life is

Maintained

Carer satisfied with caring role

**About the carer:**

Maintaining Health and Wellbeing

⇨ Physical Health and mental wellbeing

A life of their own

⇨ Social Life /Leisure /religious and cultural /lifestyle choices

Positive relationship with the cared for person

⇨ Confidence with caring role and responsibilities

Satisfaction in caring

⇨Contacts and support systems

⇨ Consider length of time as a carer, if there are changes in the relationship with the cared for person

Freedom from financial hardship

⇨Finances and benefits checks

⇨ Employment

⇨Education and training**-** if not in paid employment would the carer be interested in finding out about employment, training or work experience opportunities?

Choices in caring, including the limits of caring

⇨Balancing life as a carer with other responsibilities

⇨ Work /family

Feeling informed/skilled/equipped

⇨ What type of information might the carer need?

⇨ Personal safety and support

⇨ Equipment and resources

⇨ Carers own personal attributes knowledge skills and experience

Carer is able to make choices

Carer is free from financial hardship

Carer feels informed skilled and equipped

Carer able to maintain a positive relationship with the cared for person

Carer is able to have a life of their own

Carer Health and well-being is maintained

**About the carer continued……...**

Feeling informed/skilled/equipped

⇨ What type of information might the carer need?

⇨Personal safety and support

⇨ Equipment and resources

⇨ Carers own personal attributes knowledge skills and experience

**Equal Partnership**

Partnership with services

⇨ Valued/respected what are the carer’s views or experience of feeling valued and respected and listened to and experience recognised

⇨ Knowledge and Expertise is recognised and used what are the carer’s views or experience of recognition of their expertise being used

⇨ Having a say in services what are the carer’s views or experience of feeling they are fully engaged in planning and shaping services

Positive relationships with professionals and services

⇨What is the carers view or experience regarding services are flexible accessible, available and responsive to the carers changing needs

**Carer support and Involvement and plans for the future**

⇨Is the carer aware of any potential changes in the future which may affect the caring role?

⇨Considerations and plans what to do in an emergency – contingency planning for the cared for person If yes, describe measures,

(This includes anticipatory care arrangements, self-management or GP patient alerts for the cared for person and where details of plan are held, etc. …

⇨If there is no contingency plan, what would need to be done if an emergency arose …?

Carer feels services are flexible accessible and responsive

Carer is fully engaged in shaping and planning services

Carer’s knowledge and experience is recognised and used