



Calderdale Carers Project
Suite 3, First Floor
Rimani House
Hall Street
Halifax
HX1 5BD

Tel 01422 369101/Fax 01422 369643

E- mail: enquiries@calderdale-carers.co.uk

Dear Carer,

We would like to welcome you to Calderdale Carers Project.

We are a local charity covering the whole of Calderdale that offers a support service to carers who, like yourself, are looking after a relative, partner or friend. Our services are varied including carer support groups, information, advice, counselling, back up planning and a regular newsletter.

If you have any concerns related to your caring situation please feel free to contact us. If we can help we will, if not we will point you in the right direction towards any other appropriate organisation and support you in liaising with them.

Although caring may seem very isolating, we want you to know that we are here to offer a listening ear at the end of the telephone and also in person at support groups or during a home visit.

Each of our carer support groups meets monthly at different locations within Calderdale. This is your opportunity to meet other carers, have a break and discuss any concerns you may have.

If the person you care for is not able to be left alone we can arrange for a sitter to stay with them and reimburse any transport costs you may have. This applies to all events and activities arranged by Calderdale Carers Project.
Enclosed is a range of information that we hope you will find helpful.

Cont'd

We really do focus on the needs of carers, please ring if you need further assistance.

Kind regards

All the Support Team

Calderdale Carers Project

Enc



REFERRED BY:

HEARD ABOUT US FROM:

NEW CARER PACK SENT?

Calderdale Carers Project Membership and Mailing List Form

Please help us by completing and returning this form to us.

All the information you give us is confidential and will not be passed to any other organisation without your permission.

Information About Yourself: This will enable us to tailor our services more appropriately to your needs.

Title: Mr/Mrs/Miss/Ms:

Surname:

First name:

Address:

County:

Postcode:

Telephone:

Mobile:

Your Date of Birth:

Would you be happy to receive communication from us by

E-mail? **Y/N, If Y your e-mail address:**

Are you in employment? **Y/N**

Have you had a Carers Assessment? **Y/N Don't Know**

Do you care for more than one person? **Y/N**

Do you experience any of the following health problems?

Physical Emotional or Both

(Circle as appropriate)

Please circle your ethnic origin below

White British White Irish Any other white background Mixed white – White and Asian

Mixed white – White and Black African Mixed White – White and Black Caribbean

Any other mixed background Asian British – Bangladeshi Asian British – Indian

Asian British – Pakistani Asian British – any other Asian background

Chinese Gypsy/Roma Traveller of Irish heritage

Any other ethnic group please state: _____

Please Turn Over

Information about the person you care for: This information will help shape and inform policies throughout Health and Social Care in Calderdale, whilst remaining anonymous.

1. Do you care for a person aged under 18yrs/ 19 – 59years/60 – 64 years/65years or over? **(Circle as appropriate)**
2. Do you care for a person with a physical disability or sensory (i.e. blind or deaf) impairment? **Y/N**
3. Do you care for a person with a specific condition?
For example, Cancer, Parkinsons Disease or Multiple Sclerosis? Please state: **Y/N**
4. Do you care for a person with a Learning Difficulty? **Y/N**
5. Do you care for a person who suffers from Alzheimer's Disease/ Dementia/Memory problems/Confusion? **(Circle as appropriate)**
6. Do you care for a person with a mental health problem? **Y/N**
7. Does the person you care for live in Residential Care/Passed away/Being cared for by others/No longer requires care? **(Circle as appropriate)**
8. Are you a former carer? **Y/N**
9. Is the person you care for a Parent/Partner/Spouse/Civil Partner/ Same Sex Partner/Son/Daughter/Relative/Friend/Neighbour?
(Circle as appropriate)

We are committed to representing the views of carers in a variety of ways. Would you be happy to be contacted by us by telephone for consultation purposes? **Y/N**

I agree to become a member of Calderdale Carers Project and be able to attend and vote at the Annual General Meeting if I so wish.

I agree to this information being kept on the Database.

Signed: **Date:**

To speak to us in confidence please ring:

01422 369101

Or email us on:

enquiries@calderdale-carers.co.uk

or write to us at:

Calderdale Carers Project

Suite 3, Rimani House

14-16 Hall St

Halifax

HX1 5BD

Calderdale Carers Project is a company limited by guarantee. Company No: 3288967.

Registered office : Suite 3, Rimani House, 14-16 Hall St, Halifax, HX1 5BD

Registered charity No: 1076012

We work to ensure that carers voices are heard by encouraging consultation & involvement at all levels & with all statutory & voluntary bodies in Calderdale.

If you are a professional working in health or social care in Calderdale we would love to hear from you!

Contact us to find out how we can help you and your organisation.

Ring us on 01422 369101 or email:

enquiries@calderdale-carers.co.uk



A carer is someone who is looking after a relative, spouse, civil partner, friend or neighbour who cannot manage without help because of sickness, age or disability.

We can help you because

If you care, we care too

www.calderdale-carers.co.uk

General Services

The Carers Project is a charity that exists for the benefit of all adults who care in Calderdale, whether they are caring for an adult or child, relative, friend or neighbour. It may be that you are caring for your husband or wife, partner, civil partner, elderly parents or a child with disabilities. If so, we are here to help.

The Project has up to date information about services, benefits and issues that affect carers. We can also provide home visits to carers and Carers Caseworkers to address specific needs/issues.

The Carers Project offers support groups across Calderdale. There are Carers Support Groups in Sowerby Bridge, North Halifax, Elland and Todmorden. There is also a group for Asian Women carers in the St Johns ward area of Halifax.

We also offer a wide variety of activities designed to give carers a break, improve their health and well being and focus on themselves for a few hours.

For more information on any of our services or if you need a listening ear, please ring us on

01422 369101

Looking After Me

The Project offers specific courses for carers. They are run in 6 week blocks with a reunion 4 to 6 weeks after the course has ended.

They are designed to address the issues that carers caring in all situations will encounter. Carers not only find them very beneficial but they also make new friends, learn new skills and enjoy working towards a more positive future.

The course is delivered by a team of staff and volunteer tutors who are, or have been carers themselves.

It was the best phone call I ever made when I rang to book myself a place on this course!

Limited funding is available to provide a sitting service and transport costs to help carers attend support groups, courses and activities run by the Project. These are subject to availability.

Emergency Care

Do you worry about what will happen to the person you care for if you are not available due to an emergency?

We work in partnership with Calderdale Council's Health and Social Care Dept to provide an emergency care scheme for carers.

This means that if the carer is unavailable, perhaps due to illness or other emergency, we can arrange for a backup plan to be put in place.

This means that carers and the person they care for can have peace of mind knowing that for the first 48-72 hours of an emergency situation the person who is cared for will have their needs met.

6 to 8 weeks after the last session there will be a get-together for all participants to meet up again and see how everyone is getting on.

To find out more or book a place please ring

Wendy on 01422 369101 or email

wendy@calderdale-carers.co.uk

If you are a professional working in health or social care in Calderdale we are happy to take your referrals for Looking After Me.

The Carers Project is a charity that exists for the benefit of all adults who care in Calderdale, whether they are caring for an adult or child, relative, friend or neighbour. It may be that you are caring for your husband or wife, partner, civil partner, elderly parents or a child with disabilities. If so, we are here to help.

The Project has up to date information about services, benefits and issues that affect carers. We can also provide home visits to carers by carers caseworkers to address specific needs/issues. The Carers Project offers support groups in Sowerby Bridge, North Halifax, Elland, Todmorden. There is also a group for Asian Women carers in the St Johns ward area of Halifax. We also offer a wide variety of activities designed to give carers a break, improve their health and well being and focus on themselves for a few hours. Funding is available to provide a sitting service and transport costs to help carers attend support groups and activities run by the Project.

For more information on our range of support ring 01422 369101

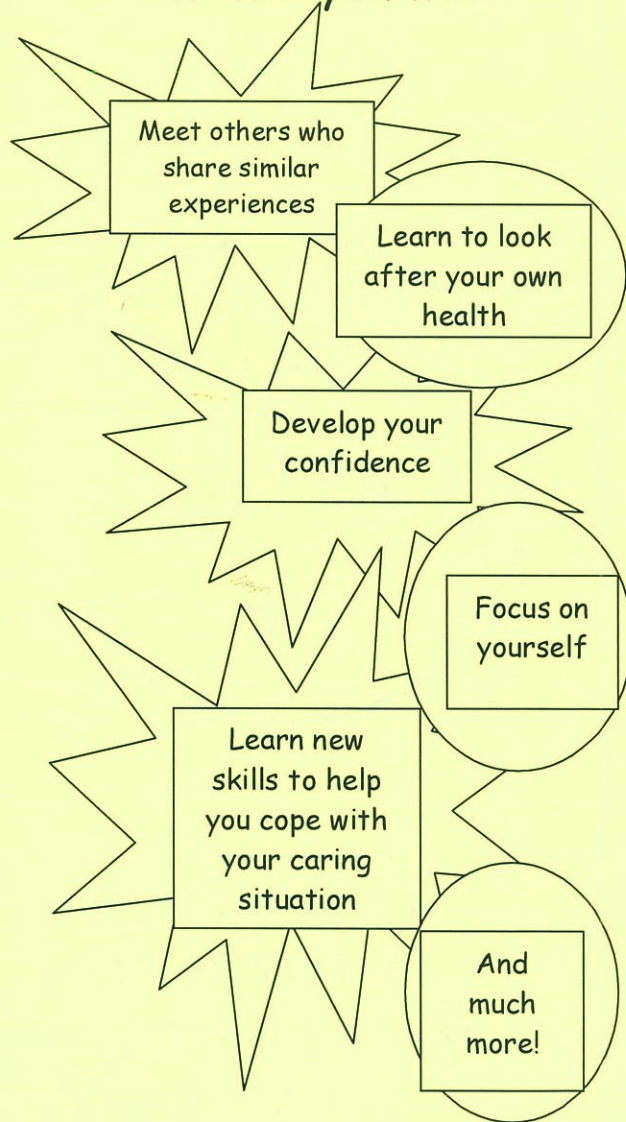
Calderdale Carers Project is a company limited by guarantee. Company No. 3288967 Registered Office: Suite 3, Rimani House, 14-16 Hall Street, Halifax, West Yorks, HX1 5BD Registered Charity No. 1076012

CALDERDALE
CARERS
PROJECT

LOOKING
AFTER
ME

Helping carers to look after themselves whilst caring for others.

Come along to our
Looking After Me sessions
where you will:



I found problem-solving particularly good. It's made me concentrate on solutions not difficulties

Being with others in similar situations helped me to see I wasn't alone

I've learned to handle things differently

Calderdale Carers Project
acknowledges funding for LAM from
Calderdale NHS

There are 6 weekly sessions, each lasting two and a half hours. Each session will finish with lunch.

- ★ Refreshments provided
- ★ Relaxed & friendly atmosphere
- ★ Delivered by trained tutors with caring experience themselves
- ★ Held in local venues
- ★ We can arrange and pay for a professional sitter to stay with the person you care for
- ★ Transport costs can be reimbursed
- ★ Resources at each session

Putting the plan into action may include :-

- Contacting the people named by you, who have agreed to help in an emergency
- Contacting the person you care for to keep them informed
- Checking that the support needed is in place
- Arranging emergency help if required, where possible
- Letting the carer know what is happening

This service is free for the first 72 hours

To join the scheme contact Calderdale Carers Project to register, and you'll receive a copy of the emergency back-up plan to complete.

We are able to make home visits if you need help with completing your plan.

Calderdale Carers Project is a company limited by guarantee. Company No. 3288967 Registered office: Rimani House, 14-16 Hall Street, Halifax. HX1 5BD. Registered Charity No. 1076012



Do you worry about what would happen to the person you care for if you had an emergency?

Emergency Back-Up Plans for Carers

Calderdale Carers Project
Suite 3, Rimani House
14-16 Hall Street
Halifax
HX1 5BD
01422 369101
enquiries@calderdale-carers.co.uk

Carer's Emergency Back-Up Plan

One of the main worries Carers have is, 'Who would look after the person they care for if something happens to me?'

The aim of this scheme is to help Carers to plan ahead. Thinking of how a back-up service can be provided if a Carer is involved in an emergency and is unable to care, on a temporary basis due to illness, hospital admission or any given situation.

This scheme will be able to support Carers for a 24-72 hour period. If an emergency with the Carer continues beyond this period, Adults, Health & Social Care Services may become involved in arranging any additional service needed, for example, if the Carer was to stay in hospital for a week.

How Does the Scheme Work?

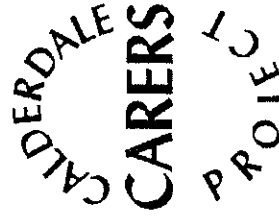
Carers register with the scheme and provide information about the person they care for, along with the names of anybody who can be contacted in the event of an emergency, in the form of a plan. This plan will be held by Calderdale Carers Project and Adults, Health & Social Care Services.

The Carer will then be issued with a small card to carry with them. This card will include contact details for the Carer's Emergency Back-Up Scheme and a unique reference number. No personal details are given on the card.

In the event of an accident or sudden emergency the contact number on the card can be called, by either the carer or the emergency services. Staff answering the call will have access to the Carer's Back-Up Plan and will put the plan into action.

Carers Support Groups

Join us!



**Sitters can
be arranged
and paid
for, plus
transport
costs
reimbursed
to enable
carers to
attend**

Halifax – 1st Tuesday of the month
in The Bancroft Suite, Rimani
House, Halifax

Lower Valley – 1st Thursday of the
month at Brighthouse Library

Todmorden – 2nd Tuesday of the
month at the Health Centre, Halifax
Rd, Todmorden

Asian Carers (Women only) – 3rd
Tuesday of the month (except the
months of Ramadan), at the British
Legion Building, Hopwood Lane,
Halifax

Sowerby Bridge – 3rd Wednesday of
the month at St. Paul's Church,
Tower Hill, Sowerby Bridge

For times of all the groups and more information telephone us
on 01422 369101

Or email enquiries@calderdale-carers.co.uk

Calderdale Carers Project is a company limited by guarantee. Company No. 3288967

Registered Office: Suite 3, Rimani House, 14-16 Hall Street, Halifax, West Yorks, HX1 5BD



Plan Originated From:

Adults, Health & Social Care Reference
Number:

Emergency Back-Up Plan

1	<p>Name of Carer</p> <p>Telephone</p> <p>Address</p> <p>Postcode</p> <p style="text-align: right;">Carer's date of birth</p>
2	<p>Name of Cared for person</p> <p>Telephone</p> <p>Address</p> <p>Postcode</p>
3	<p>Relationship to cared for person</p>
4	<p>Cared for person's GP</p> <p>Telephone</p>
5	<p>Contact details of service which provides support for the cared for person (if applicable) e.g. learning disability, older people, mental health etc</p>
6	<p>Details of the cared for person's disability, illness or condition (please include details of any allergies or special dietary needs)</p>

7	<p>Does the cared for person have the capacity to make all of their own decisions?</p> <p>Yes/No - if no what types of decisions do they have difficulty making?</p>
8	<p>Description of their likes and dislikes and what they are able/unable to do</p>
9	<p>What kind of person they would prefer to support them e.g. gender, quiet, lively etc.</p>
10	<p>Medication Information</p> <p>Please complete the attached Medication Record.</p> <p>You are responsible for keeping the Medication Record up to date and in the designated place stated in this plan.</p> <p>Where is the Medication Record kept?</p>
11	<p>Details of any medical support needed and contact details (e.g. District Nurse etc.)</p>
12	<p>Communication needs (e.g. language, interpretation, signing, hearing, speech, comprehension, large print)</p>

13	<p>What other support do you give? (e.g. personal care, toileting, help with meals/eating, help with money, explaining forms etc.)</p>
14	<p>Details of any other people in the household</p> <p>Name</p> <p>Age</p> <p>Name</p> <p>Age</p>
15	<p>Detail of anyone who should NOT be informed about the emergency or be involved in supporting the cared for person</p>
16	<p>Details of any pets and what care they may need in an emergency</p>

	<p>Who could help out in an emergency e.g. that day/overnight or what service would best meet the needs of the person you care for?</p>
<p>17</p>	<p>Option 1</p> <p>Name</p> <p>Telephone (Day)</p> <p>Telephone (Evening)</p> <p>Telephone (Mobile)</p> <p>Address</p> <p>Relationship (if any) to cared for person</p> <p>Key holder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any other relevant information</p>
<p>18</p>	<p>Option 2</p> <p>Name</p> <p>Telephone (Day)</p> <p>Telephone (Evening)</p> <p>Telephone (Mobile)</p> <p>Address</p> <p>Relationship (if any) to cared for person</p> <p>Key holder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any other relevant information</p>

19	<p>Option 3</p> <p>Name</p> <p>Telephone (Day)</p> <p>Telephone (Evening)</p> <p>Telephone (Mobile)</p> <p>Address</p> <p>Relationship (if any) to cared for person</p> <p>Key holder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any other relevant information</p>
20	<p>How would help get into the home of the person you look after?</p> <p>Can they answer the door? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Key holder (if different from information in Options 1 – 3)</p> <p>Name</p> <p>Telephone</p> <p>Key safe? Yes <input type="checkbox"/> No <input type="checkbox"/> Who has the access code?</p> <p>Name</p> <p>Telephone</p>
21	<p>Is there anything that needs to be explained? (e.g. where is the heating control, fuse box, stop cock, burglar alarm? Are any appliances tricky to use e.g. lighting the gas fire, oven etc.)</p>

22	<p>Is there any equipment that may need explanation or instructions leaving? (e.g. hoists, wheelchairs and chargers, stairlifts)</p>
23	<p>Will the cared for person have access to some money to pay for shopping or transport etc?</p>
24	<p>Is there anyone we should inform on your behalf in the event of an emergency (even though they are not part of the back-up plan)?</p> <p>Name</p> <p>Telephone</p> <p>Relationship to you</p>
25	<p>We will try to keep the carer and the cared for person fully informed about each other to reassure both parties. Would the cared for person need support to visit the carer in hospital, for instance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
26	<p>THIS SECTION IS OPTIONAL TO COMPLETE</p> <p>In the event of the death of the carer please contact</p> <p>Name</p> <p>Telephone</p> <p>Relationship to you</p>

WEEKLY DIARY

Please use this section to tell us about any regular services, appointments, routines, visitors, social or religious events etc.
 This may help to keep the cared for person's routines as undisturbed as possible during an emergency period.

	Morning	Afternoon	Evening	Night
e.g.	8.30 Care Worker comes for 45 mins	12.00 Luncheon Club		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Any other information				
<p>After signing page 8 please return this form to:-</p> <p>Calderdale Carers Project Rimani House 14 – 16 Hall Street HALIFAX HX1 5BD</p> <p>Tel: 01422 369101</p> <p style="text-align: center;"><u>IMPORTANT</u></p> <p>ALL PLANS <u>MUST</u> COME TO THIS ADDRESS SO THAT A CARD CAN BE ISSUED TO THE CARER</p>				

CONSENT TO SHARE INFORMATION

This Emergency Back-Up Plan will be held by Adults, Health and Social Care and Calderdale Carers Project.

In order to decide the best possible way of giving you support and assistance in an emergency we may need to contact another agency e.g. the cared for person's GP or care provider.

The keyholders and contacts listed above are aware of, and have agreed to, the actions I want them to take in an emergency and the storage of their relevant details.

Yes No

Does the cared for person consent to this information being stored and shared for the purpose of assessing and meeting their needs?

Yes No Unable to give consent (Please complete box)

If the cared for person is unable to consent to share the information please sign as the carer that the person lacks capacity to make the decision and that you believe it is in their best interests for the information to be stored and shared. *

Carer's signature

Date

I agree that my information can be stored and shared, on a need to know basis and in strict compliance with the law, with other people or organisations involved in my care/caring role.

In the event of emergency funding having to be accessed, I agree that this is a loan and will reimburse the fund.

Carer's signature

Date

Cared for person's signature (if applicable)

Date

Your rights to see your personal records

You have a legal right to see your records, but you must make your request in writing, and there may be some information that we cannot show you because, for example it may:

- cause you, or someone else serious harm
- stop the police investigating or detecting a crime
- lead to problems with the courts.

These are all unusual cases. Normally you can see what records we have about you. You do not have an automatic right to see anything recorded about other members of your family, or anyone else, even when these are part of your records.

If you require information about how and for what period this information will be retained please contact Calderdale Carers Project.

*OFFICE USE ONLY

In the event of a carer not wanting to sign this please complete an assessment of capacity form MCA-02vi.

Emergency Back-Up Plan Version 10 12.7.11

- **what** does this medicine do?
- **how long** will I need to use it?
- **how** and **when** should I take it?
- **should** I avoid any other medicines, drinks, foods or activities when I am taking this medicine?
- **what** are the possible risks and side effects - and **what** should I do if they happen to me?

 www.askaboutmedicines.org

how do you take your medicines?

This leaflet is designed to help you understand your medicines better. The chart overleaf is to remind you when and how much to take. It is only meant for medicines you take regularly. There is no need to write down anything you only have occasionally (such as a headache tablet) unless there is a problem with it. Please show the chart to anyone who prescribes for you. When you discuss your medicines with a health professional take this with you. If your medicine is changed in any way then make sure that it is noted on the chart.

If you go to hospital take this leaflet with you and show the health professional your medicine chart.

Name _____

Date of birth _____

Phone _____

Allergies _____

GP's name _____

GP's phone _____

ask
about medicines

NHS

GET THE RIGHT TREATMENT.

ask about your medicines

- **share** any questions or concerns about the medicines you are prescribed or buying - and ask about other options
- **tell** a health professional about the medicines you are taking or are giving you side-effects
- **tell** them if you think the medicines you are taking aren't working
- **ask** if you are unsure how to take your medicines or for how long
- **ask** if you need help getting a regular supply of your medicines

The word 'medicine' can mean different things to different people

When we use the word **medicine** here, it includes things such as:

- over-the-counter medicines, like painkillers
- creams and ointments
- inhalers or other devices
- vitamins, herbal products or other supplements from the pharmacy, health shop or supermarket