

CARE INFORMATION SCHEDULE

INTRODUCTION

Information about a claimant's personal circumstances is required by both parties' lawyers to value the claims for care when the claimant has suffered a serious personal injury. This is because care, especially care in the future, is usually the most costly part of the claim. The information needed includes details of the help that the claimant has received in the past, including from their family, their current living circumstances, and the help that may be needed in the future.

Standardising the way in which claimants and their families provide this information will assist the lawyers, care experts and the court to value the claimant's care needs accurately, quickly and cost-effectively. This is the purpose of the *Care Information Schedule*.

Claimants are asked to provide information on the following:-

- Personal details i.e. the claimant's and their family's name and address and contact details;
- Any medical and any therapy (e.g. occupational therapy) support provided to, or needed by, the claimant;
- Any social care support provided or needed by the claimant (e.g. from the local authority social services);
- Any support provided to the claimant from the voluntary sector (e.g. from charities);
- Any welfare benefits received or likely to be received by the claimant (e.g. income support, disability living allowance, or housing benefit);
- The claimant's home and any changes made or likely to be needed because of the claimant's injuries;
- Any education and training provided or needed to help the claimant adapt to their injuries and circumstances; and
- The help and care with daily living provided by the claimant's family or others (including on a paid basis) in the past or likely to be needed in the future.

The *Care Information Schedule* ("Schedule") is intended to be a "living document". The claimant's care needs and care provision are very likely to change over time. If and when this happens, the information in the Schedule can be updated and shared with the parties' lawyers and experts. The Schedule can be completed "online" or manually- the former will make it easier to provide an update quickly.

The *Best Practice Guidance* provides for the Schedule to be sent to the defendant's solicitor no later than the first case management conference after the proceedings are issued.

The aim is that in the larger claims both parties will send the *Care information Schedule* to their care experts when they are instructed to prepare a report for the court, usually after the first case management conference.

Claimants and their lawyers are encouraged to complete as much of the Schedule as is relevant to their personal circumstances as possible, but there will be no penalty or sanction imposed, (including by the court) for leaving gaps.

However, please remember that information requested will be extremely helpful to the lawyers and care experts as well as to the judge who will decide what damages to award to the claimant.

INFORMATION SCHEDULE

1 PERSONAL DETAILS OF THE CLAIMANT

Name of Claimant			
Date of Birth			
Location and Date of Incident /Accident			
Address of Claimant			
Family	Include here details of the Claimant's family		
Name	Relationship to Claimant	Age	Occupation

2 MEDICAL AND THERAPY SUPPORT

Include details of medical professionals and services which have been provided or continue to be provided (e.g. consultant paediatrician, occupational therapist, physiotherapist, nursing).

Name and relationship to Claimant	Address	Service Provided	If a charge is made, how much do you pay?	Period of involvement

3. SOCIAL CARE AND VOLUNTARY SECTOR SUPPORT

3.1 SOCIAL CARE PROVISION

Has the claimant applied to the Local Authority and/or Primary Care Trust (NHS) for an assessment of needs? If so, please provide details of the outcome.

Local authority/PCT contacted	Dates of application and assessment	Has support been provided? Yes/No

Include below brief details of social care professionals and services which have been provided or continue to be provided (e.g. social workers, day care, respite care, work placement schemes, wheelchairs, mobility assistance).

Name and relationship to Claimant	Address	Service Provided	If a charge is made, how much do you pay?	Period of involvement

3.2 VOLUNTARY SECTOR PROVISION (Charities)

If the claimant has received any assistance from a voluntary sector organisation please provide details here.

Name and relationship to Claimant	Address	Service Provided	If a charge is made, how much do you pay?	Period of involvement

4 WELFARE BENEFITS

Include here details of any benefits (including housing benefit and direct payments) received by or for the claimant and/or their carer arising from the claimant's injuries along with any outstanding applications pending an award.

Benefit Received	Period of Receipt	Amount- state whether per week or per month
Total		£

5 HOUSING

Please provide details of the claimant's home.

5.1	Is the home rented or privately owned?	
5.2	Briefly describe the home e.g. semi-detached house or second floor flat with/without a lift	
5.3	How many bedrooms are there and for how many people?	
5.4	Does the claimant have his own bedroom and/or sitting room?	
5.5	Have any adaptations been made to the home because of the claimant's injuries or disabilities? If so, please describe them briefly and say when they were completed?	
5.6	How much did the adaptations cost and who paid for them?	
5.7	If the claimant lives in rented housing have any applications been made for alternative housing? If so, please provide the date of application and the outcome if known.	
5.8	Are other adaptations to the present home planned or considered necessary? If so, please provide brief details and likely cost if known.	

6 EDUCATION/TRAINING

Include details of schools attended if the claimant is a child.

6.1 Name and Address of School[s] or other educational establishments attended	Period of Attendance	Hours attended per day <i>(Please specify which hours)</i>	Days Attended per Week <i>(Please specify which days)</i>
6.2 Please provide details of any transport provided by the education authority/Children's Services Authority and any costs incurred.			
6.3 If transport to and from school has been provided by the family, please state whether his/her siblings are also transported to school and if so by what means.			
6.4 Is the claimant currently in receipt of a Children's Services Authority statement of special educational needs? If so, please provide a summary of the provision. <i>(Please use a separate blank page if necessary).</i>			

6.5	If the claimant is not in receipt of a statement of special educational needs has the claimant applied to the Children's Services Authority for an assessment? – YES/NO
6.6	If not, is it proposed that an application for assessment will be made?
6.7	Please give details of the present proposals concerning the future educational provision for the claimant.
6.8	Is it intended that the claimant will attend school as a day pupil, a termly boarder, a weekly boarder, a fortnightly boarder or other (please specify)?
6.9	If the claimant is an adult please give brief details of any training undertaken as a result of the injuries or disabilities, or that is planned or considered to be needed.

7 PAST CARE

Carers

7.1 Please name the claimant's main carer(s) since the date of the injury and describe briefly the types of care they are providing (or fill in the attached care diary)

7.2 Who has looked after the claimant to date?

Period of care provision	Name	Relationship to claimant	Estimated hours per day

7.3 Has some care been provided by any other person? If so, please provide brief details.

7.4 Do any of the main carers suffer from any health problem or disability which has or will affect their ability to provide care or assistance to the claimant? If so, please provide details.

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	Carer	Nature of Disability	Impact on ability to care for claimant

8 CURRENT CARE

Please complete the box below or annex a care diary.

Please describe how care is currently provided to the claimant? Please state who provides the care, for what periods and when.

9 FUTURE CARE PROVISION

Please provide any other information you consider relevant to the claimant's future care.

10 SIGNATURE

Signed

Name in capitals

Relationship to claimant.....
(e.g. solicitor, parent)

Dated