



Young Carer Assessment

Please complete as much information as you can from page 1 to 7. This assessment should always be completed with the child, young person and their family (if appropriate).

Who is completing this assessment?

Name		Organisation	
Address			
Role		Phone	
Relationship to the young carer		E-mail	

Young carer details

Full Name			
Date of Birth		Gender	
Address			
Telephone (Primary Contact)			
E-mail address			
Your school / College / Employer			
Name of GP			
Ethnicity			
Religion			
Emergency Contact			
Name			
Relationship to you			
Telephone			

Who you care for



Name				
Date of Birth				
Relationship to me	Carer			
	Mother			
	Father			
	Sibling			
	Grandparent			
	Other family member			
	Other person			
Reason for needing care	Autism			
	ADHD			
	Learning disability			
	Mental Health			
	Physical disabilities			
	Sensory disabilities			
	Substance misuse			
Other				
Does this person(s) live with me?	Yes		No	
If no, where do they live?				
Do you feel you know enough about their condition/illness that they have?	Yes		No	

What do you do to help the person you care for?

Washing / bathing / showering	Yes		No	
Getting dressed	Yes		No	
Using the toilet	Yes		No	
Getting in/out of bed	Yes		No	
Walking	Yes		No	
Eating / Drinking	Yes		No	
Taking medication	Yes		No	
Shopping	Yes		No	
Interpreting what they say	Yes		No	
Cooking	Yes		No	
Cleaning	Yes		No	
Laundry / ironing	Yes		No	
Paying bills	Yes		No	
Keeping them safe	Yes		No	
Helping them calm down	Yes		No	
Comforting them	Yes		No	
Listening to them	Yes		No	
Helping them if they have fallen over	Yes		No	
Looking after them if they're drunk/have taken drugs	Yes		No	
Help them to feel better about themselves	Yes		No	
Stopping them hurting themselves	Yes		No	
Looking after younger ones in the family	Yes		No	
Help in an emergency	Yes		No	
Is there anything else you want to tell us about how you help the person you care for?				





Who knows you are a young carer?

It is good for at least 5 adults you trust to be aware of your caring responsibilities so that they can support you emotionally or practically if things are difficult. Some examples of people you might like to tell are as follows; family members, doctor, form tutor, teacher, student support worker at school, youth worker, faith group leader etc

If you can think of any adults who you would like to know you are a young carer, please write below:

1. Name		Relationship to you	
How would you like to let this person know?	They already know		
	I will let them know		
	I would like someone else to tell them		
If someone else, please tell us who			
2. Name		Relationship to you	
How would you like to let this person know?	They already know		
	I will let them know		
	I would like someone else to tell them		
If someone else, please tell us who			
3. Name		Relationship to you	
How would you like to let this person know?	They already know		
	I will let them know		
	I would like someone else to tell them		
If someone else, please tell us who			
4. Name		Relationship to you	
How would you like to let this person know?	They already know		
	I will let them know		
	I would like someone else to tell them		
If someone else, please tell us who			
5. Name		Relationship to you	
How would you like to let this person know?	They already know		
	I will let them know		
	I would like someone else to tell them		

How being a young carer affects you



Your attendance at school/college or work? (including getting there on time)	All the time		Sometimes		Never	
Your concentration?	All the time		Sometimes		Never	
Your homework?	All the time		Sometimes		Never	
Your exams?	All the time		Sometimes		Never	
Your sleep?	All the time		Sometimes		Never	
Your social life and interests?	All the time		Sometimes		Never	
Your relationships with friends and family?	All the time		Sometimes		Never	
Your relationship with the person you care for?	All the time		Sometimes		Never	
The amount of free time you have?	All the time		Sometimes		Never	
What do you for fun in your free time?						

Do you ever feel?

Worried?	All the time		Sometimes		Never	
Stressed?	All the time		Sometimes		Never	
Scared?	All the time		Sometimes		Never	
Angry?	All the time		Sometimes		Never	
Fed-up?	All the time		Sometimes		Never	
Lonely?	All the time		Sometimes		Never	
Tearful?	All the time		Sometimes		Never	

Does caring cause:

Tiredness?	All the time		Sometimes		Never	
Backache?	All the time		Sometimes		Never	
Aches/pains/strains?	All the time		Sometimes		Never	
Injury/bruising/cuts?	All the time		Sometimes		Never	

What do you think about the help that your family already has?	
What other support would help you and your family?	
What would you like to happen if you parent (s) is unwell or has to go to hospital?	

Please tell us about your plans for the future:

What would you like to do in the future?	
What would help you to be able to do this?	

If there is anything else that you would like to let us know?



To be completed with the family
Information sharing and consent to referral to the Young Carers Service

Your information will be used so that we can understand what help you may need as a Young Carer. If we cannot cover all of your needs we may need to share some of this information with other teams within the council or other services such as: educational settings, health services, etc so that they can help us provide the support you need. If we need to share information with any other service(s) later to offer you more help we will ask you about this before we do. Also, your personal data may be shared with other teams within the council to ensure our records are kept up to date or otherwise where we are required to do so under other legislation.

This will include individual attendance review records of sessions attended. These records may contain the following information:

- Individual's progress at sessions
- Individual's development at sessions
- Feedback to review if the sessions are meeting the individual's needs
- Feedback to review if the sessions are benefiting the individual

The information above will be obtained from various sources including:

- Parents
- RCC Employees (Group leaders)

We may share the data with third parties if we are required by law to do so, this may include the Police or Government Agencies. We will not sell your data or use it for marketing purposes without your consent.

We will keep your data for 1 year from the date you last accessed support or services for Young Carers in accordance with current legislation.

Your personal information may be used for statistical purposes both locally and for national data collecting exercises. In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), which comes into effect in May 2018, we have to provide you with information about the personal data you give to us.

Rutland County Council is the data controller for the personal information you may provide. You can contact us by phone on 01572 722577, via email to dataprotection@rutland.gov.uk or by writing to us at Data Protection, Catmose House, Oakham, Rutland. LE156HP

You have the following rights under the GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on our website (<https://www.rutland.gov.uk>)

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights related to automated decision making, including "profiling"

If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office.

I/We understand the information in this form will be stored and used for the purposed of providing services Yes No

I/We have had the reasons for information sharing and information storage explained to me and I understand those reasons Yes No

I/We agree to the sharing of information with services as required Yes No

If you do not wish for this information to be shared with a specific service/practitioner, please note it below

Name	Signature	Date



To be completed by Early Help Team

The Analysis of the Support required and Recommendations

For what is written in this young carers assessment what is our view on what can be provided to the young carer
At school/College:
At home:
For what is written in this young carers assessment what is our offer to this young carer
Comments: