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 or College (or) | |  | |
| Current Employment details | |  | |
| 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 | | |  | |
| 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? | | | | |
|  | | | | |

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**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 | |  |
| If someone else, please tell us who | |  | | |

**How being a young carer affects you**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I am currently at** | School |  | College |  | Work |  |

**Does caring affect you?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your attendance? (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:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Interrupted sleep? | All the time |  | Sometimes |  | Never |  |
| 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 |  |

|  |  |
| --- | --- |
| Please tell us about what causes you to feel like this: |  |
| Please tell us what you think about the help that your family already has: |  |
| 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 after year 11? |  |
| What would help you to be able to do this? |  |

**Ideas for help and anything else:**

|  |
| --- |
| Please tell us about any ideas you have of ways that we can help you and your family? |
|  |
| If there is anything else that you would like to let us know, then please use this space to tell us: |
|  |



**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.

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](mailto: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 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** |
|  |  |  |
|  |  |  |
| **cid:98AB2379-7AF7-4092-B74A-2D9EB759CB10@home** |  |  |

***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: |
|  |
| Other: (*please state the “other” environment*) |
|  |
| **For what is written in this young carers assessment what is our offer to this young carer** |
|  |
| **Comments:** |
|  |