

YOUNG CARER: ASSESSMENT OF NEEDS

PERSONAL DETAILS

Young Carer

Surname:	School/College:
Forenames:	Address:
SWIFT No:	Tel:
Address:	Contact person (at school/college)
Post Code:	Does the Young Carer live with the cared for
Tel:	person? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of birth: Age	

Ethnicity (Please circle)

WHITE A - British	B - Irish	C - Other White
MIXED D White & Black Caribbean	E - White & Black African	F - White & Asian
G - Other Mixed		
ASIAN/ASIAN BRITISH	H - Indian	J - Pakistani K - Bangladeshi
L - Other Asian		
BLACK/BLACK BRITISH	M - Caribbean	N - African O - Other Black
P - /Gypsy/travelling Community		
OTHER ETHNIC	R - Chinese	S - Any Other Z - Not Stated

G.P. Details

Name:
Address:
Post Code:
Contact number:

Cared for Person

Mother Father Brother Sister Grandparent

Other (please specify)

Name: _____ SWIFT No. _____

Address if different from above

D.O.B. (for cared person)

Do you care for more than one person yes no (if yes please give details)

Length of time in caring role

Nature of illness/disability?

- | | | |
|--|--|---|
| <input type="checkbox"/> Physical illness | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Sensory Disability | <input type="checkbox"/> Substance Misuse/Alcohol |
| <input type="checkbox"/> Heart/Stroke | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other |

Details:

Nature of Caring Responsibilities

Tasks undertaken:

i) Physical support

- | | | |
|--|--|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Dressing | <input type="checkbox"/> Going to the toilet |
| <input type="checkbox"/> Getting in/out of bed | <input type="checkbox"/> Walking | <input type="checkbox"/> Eating/drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Interpreting | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Laundry | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Ironing | <input type="checkbox"/> Paying bills | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Coping in emergencies | <input type="checkbox"/> Hold them, to stop hurting themselves or someone else | |

ii) Emotional Support

- Listen to them
- Comfort them if they feel scared
- Keep any eye on them
- Look after them if they are drunk/have taken drugs
- Help them to calm down
- Help them to feel better about themselves
- Help them to understand the effects of domestic violence & abuse

iii) Other tasks (are there other tasks you would like to mention?)

Impact of Caring

Physical Health - does caring cause:

	All the time	Sometimes	Never
Interrupted sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aches, pains, strains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruising, cuts, injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health – does the young carer ever feel?

	All the time	Sometimes	Never
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fed-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other issues?

Please describe the relationship between the young carer and the person cared for:

Education

Has caring impacted on any of the following:

Time taken off from school?	YES/NO	Being late for school?	YES/NO
Finding time to complete homework?	YES/NO	Rushing homework?	YES/NO
Difficulty concentrating at school?	YES/NO	Exams?	YES/NO
Future career options?	YES/NO		

If Yes, please explain

Does a teacher/support worker know about the caring situation? YES/NO

Would you like to add anything else about the impact of caring on the Young Carer's education?

How do you think this will affect their training and Employment Opportunities?

Social

Has caring impacted on any of the following:

Going out with friends?	YES/NO
Pursuing hobbies or leisure activities?	YES/NO
Visiting other members of the family? (e.g. grandparents, uncle, aunt etc)	YES/NO
Friends visiting family home	YES/NO

Would the young carer like to add anything else about the impact of caring on their social life?

Support Required

Do the family receive any support already?

What additional support or changes to the delivery of current services would the Young Carer find helpful? (Including all unmet needs). Consider services to directly support the Young Carer as well as the cared for person.

Emergencies

What arrangements for safeguarding the Young Carer are in place if the cared for person cannot continue to parent effectively.

Is a care plan in place yes no

Would the Young Carer like any of the following to be made aware of their caring situation?

- | | | |
|---|--------|------|
| a) Named teacher/support worker at school/college | YES/NO | Name |
| b) EWO/School Nurse | YES/NO | Name |
| c) Young Carers Project | YES/NO | Name |
| d) Family doctor | YES/NO | Name |
| e) Connexions Service | YES/NO | Name |
| f) Addiction Service Northumberland | YES/NO | Name |
| g) Mental Health Teams | YES/NO | Name |

Other:

Is there anything else the Young Carer would like to say?

It is important that you share any information you have about the young person being referred, that may have implications for the allocated worker's safety.

Name and organisation of person completing assessment

Young Carers Assessment completed by: _____

Signature: _____

Job Title: _____ Date: _____

Young Carer: _____ Date: _____

Signature: _____