**Young Carer’s**

**Needs Assessment / Review**

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| **Young Carer Contact details** | | | | | |
| Name |  | Gender |  | DOB |  |
| Address |  | | postcode | |  |
| Mobile number |  | Email address |  | | |
| School/College/Other |  | | % attendance | |  |

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| **Parent(s)/ Guardians Contact details** | | | |
| Name |  | Address if different to above |  |
| Mobile number |  | Email address |  |

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| **Young Carers Health and Education** | | | | | | |
| Do they have additional support at school? | Individual Education Plan (IEP) | |  | Any other education support? | |  |
| Educational Health Care Plan (EHCP) | |  |
| Please give details of any additional needs, disabilities, mental health, or medical conditions |  | | | | | |
| GP Name |  | GP Practice name and Address | | |  | |

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| **Young carer’s ethnic group - Please select from the following** | | | | |
| African | Any other Mixed background | Chinese | Traveller of Irish heritage | White British |
| Any other Asian background | Any other White background | Gypsy/Roma | White and Asian | White Irish |
| Any other Black background | Bangladeshi | Indian | White and Black African | Information not yet obtained |
| Any other ethnic group | Caribbean | Pakistani | White and Black Caribbean | Refused |

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| **Who does young carer live with (include all household members)?** | | | | | |
|  | Name of person | Relationship to Young Carer | Being cared for Y/N | DOB if under 21yrs | Other information |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

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| **About the person(s) being cared for:** | | |
| Name(s) of who the young carer cares for | Formal diagnosis or Nature of illness/disability/ mental health condition/ substance misuse/ other | Is the Young Carer the main or sole carer? |
| Cared for 1 |  |  |
| Cared for 2 |  |  |
| Cared for 3 |  |  |

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| **Description of the needs (i.e., physical, practical, emotional, parenting siblings) of the person(s) being cared for (indicate if these require daily, weekly, fortnightly, monthly support)** |
| Cared for 1 |
| Cared for 2 |
| Cared for 3 |

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| **How does the young carer provide care for these needs?** |
| Cared for 1 |
| Cared for 2 |
| Cared for 3 |

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| **Do any of the young carers caring tasks include bathing, toileting, strenuous physical tasks, family budgeting, administering medication, or personal care?** Please give exact details. e.g., “helping with toileting” – please specify if this is prompting to use the toilet or hands on personal care |
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| **How does the caring role affect the young person e.g. school/college attendance and studies, social life, friendships, and leisure?** |
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| **What would the impact on the family if the young carer stopped providing care?** |
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| **What family strengths/protective factors/challenges need to be considered as part of this assessment?** e.g housing, employment, or financial situation. Other support networks available to the family either within the wider family and/or community. |
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| **What actions/services have you put in place to support this young carer/family?** |
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| **Where does the young carer go for help and support e.g. is there a significant adult outside of the family home/support group/youth provision?** |
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| **What are the young carer’s interests and aspirations, are these impacted or limited by their caring responsibilities?** |
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| **What is working well?**   * **for the young carer e.g. What makes you happy, what are you proud of?** * **the household and whole family e.g., how well do you feel the family is working together?** |
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| **Is the young carer worried about anything, if so, what are those worries?** |
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| **What other services/agencies are involved with the (i) young carer and/or (ii) other family members?**  Example: Child in need plan, Early Help, Community Mental Health Team, District Nurse, Adult Social Care, Child Protection Plan, CAMHS, School Nurse, Health Visitor, Any other Voluntary organisation | | | |
| **Name of Agency** | **Practitioner** | **Contact details** | **Which family member is receiving support** |
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| **What would help to improve the situation and which person and/or agency could support this if known?** |
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| **Assessment Consent Confirmation** | | | | |
| Was the young carer spoken to alone as part of this assessment? | Y/N | If not, please detail how the views and wishes of the child have/will be obtained | | |
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| **Young Carer Signature** (print name if not present, and their views have been obtained): | |  | Would Young Carer like to be **contacted in the future** to help us improve our service? | Y/N |
| **Parent(s)/Guardian Signature** (print name if not present, and consent has been given): | |  | **Consent** to share data with relevant agencies and professionals? | Y/N |

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| **Assessor name** (block capitals) |  | **Assessor Job title** |  |
| **Date Assessment completed:** | |  | |
| **Where did you hear about our service?** | |  | |
| **Assessor Signature** (or print name if digital): | |  | |

**PLEASE EMAIL COMPLETED FORM TO: Young.Carers@bracknell-forest.gov.uk**

**Information Sharing**

The GDPR (General Data Protection Regulations) and the Data Protection Act: Any information provided will be used within the guidelines outlined in the ‘Framework for the Assessment of Children in Need and their Families’ and ‘Working Together’. It will be treated in strict confidence and only disclosed as necessary and to any extent appropriate and as required by law or to safeguard the child in the public interest. Where information is disclosed to other agencies it will be subject to the provisions of the Multi-Agency Disclosures Protocol. Details may be shared with the family of the child as necessary to safeguard the child and for the assessment process.