

Young Carer's Needs Assessment / Review



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

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

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		

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

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.					

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		

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

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

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

How does the caring role affect the young person e.g. school/college attendance and studies, social life, friendships, and leisure?

What would the impact on the family if the young carer stopped providing care?

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.

What actions/services have you put in place to support this young carer/family?

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?

What are the young carer's interests and aspirations, are these impacted or limited by their caring responsibilities?

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?

Is the young carer worried about anything, if so, what are those worries?

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

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	
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

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.