

Young Carer's Needs Assessment

Name and gender of Young Carer	
Age and DOB	
Address, inc postcode	
Home contact number	
Parent(s)/Guardian full name and contact number	
Parent(s)/Guardian email address	
Young carer's contact number	
Young carer's email address	
Young carer's ethnic group <ul style="list-style-type: none"> ▪ White British or Irish/ White Other ▪ Mixed Ethnicity ▪ Asian or Asian Black ▪ Black or Black British ▪ Traveller ▪ Other Ethnic Group ▪ Do not wish to say 	Please circle selected category
School/College/Other attended – please state percentage of attendance, iff known	
Does the young carer have any disabilities, mental health or Special Educational Needs (SEN)? Does YC have an EHCP? Please detail:	
G.P Name and Full Address	
Was the young carer spoken to alone as part of this assessment? Where this has not occurred please detail how the views and	

wishes of the child have/will be obtained	
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Who does young carer live with (include all household members)?

	Name	Relationship to young carer	Age if under 21yrs	Being cared for Y/N	Other information
1.					
2.					
3.					
4.					

About the person(s) being cared for:

Name(s) and ages of who the young carer cares for	Nature of illness/disability/mental health condition/substance misuse/ other	Formal diagnosis
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) and how the young carer contributes to these needs

Cared for 1
Cared for 2
Cared for 3

Are any of the young carers caring tasks inappropriate (i.e bathing, toileting, strenuous physical tasks, family budgeting, administering medication)?

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- (i) Is the young carer the main carer in the household? Yes/No
- (ii) 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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<p>(i) What family strengths/protective factors/challenges need to be considered as part of this assessment (e.g. housing, employment and finance)?</p> <p>(ii) What other support networks are available to the family either within the wider family and/or community?</p>			
<p>Where does the young carer go for help and support e.g. is this a significant adult outside of the family home/support group/youth provision?</p>			
<p>What are the young carer's interests and aspirations and how does their caring responsibilities limit these?</p>			
<p>What is working well (i) for the young carer and (ii) the household?</p>			
<p>What is the young carer most worried about?</p>			
<p>What other services/agencies are involved with the (i) young carer and/or (ii) other family members?</p>			
Name of Agency	Practitioner	Contact details	Family member
<p>What needs to happen to improve the situation and which person and/or agency can support this?</p>			

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Signed: (Young Carer)		Name of Assessor (in capitals):		Signed: (Assessor)	
		Job Role:			
Signed: Parent(s)/Guardian					
Has permission to share data ONLY with relevant agencies been given? Y/N (e.g. SIGNAL4Carers who support adult carers, Elevate etc)					

Date Assessment completed:	
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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.