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**Young Person’s Assessment of Caring Responsibilities**

The questions on the following pages are to help an adult to talk with you/your family about your role as a young person with caring responsibilities.

By filling out the young carers assessment form, I can help you by doing the following:

* **Talk with you about your caring role and responsibilities to find out what support you might need.**
* **Connect you to the activities, organisations and services in your area that allow you to meet other young people with a caring role and give you some time away from your caring responsibilities.**
* **Make contact with your school to let them know you have a caring role and ask them to support you with this.**
* **Put you (or your family) in touch with the right people who can help you with your caring role and responsibilities.**

**Our agreement about information sharing:**

* I will sometimes need to share your information with other people, services, and organisations to get you the help and support you need. This also means that you or your family do not have to keep explaining this again to others. Before I do this, I will check with you to get your consent.
* I will keep your information confidential unless I am worried about your safety and wellbeing. If this happens, I will let you know who I will have to share this information with.
* I will make sure your information and data is stored safely and securely in line with data protection regulations.
* Sometimes the information collected from assessments may be used for monitoring purposes, and so we can check the work we are doing to support young carers and families is helpful.

|  |  |
| --- | --- |
| Referrer’s Name: | Signature: |
| Referrer’s Role and Organisation / Service: | Date: |

**Young Person or Parent/Carer (parent/carer to sign if the young person is under 13 years of age)**

* It has been explained to me, that the information I provide may get shared with others to help me/my family to get the support I/we need.
* The (above) information sharing points have been explained to me. I

understand and agree with the information sharing agreement.

|  |
| --- |
| Name: |
| Signed: |
| Date: |

**About you:**

|  |  |  |
| --- | --- | --- |
| Your First Name: | Your Surname: | |
| Your D.O.B: | Your Age: | Your Gender: |
| How would you describe your ethnicity? | | |

**Access Requirements:**

|  |
| --- |
| Is there anything DreamArts should know to make engagement with you a positive experience? *E.g “My mother requires a translator for Pashto”* ***or*** *“I have a hearing impairment, please text me instead”* |

**Your home:**

|  |  |
| --- | --- |
| Your Address: | |
| Postcode: | Your Contact Number: |
| Your Email Address: |
| If you live in Westminster, do you know which ward? | |

**Who you live with:** If you have **siblings**, please list their **AGE next to their name** or provide this information in the space below

|  |  |  |
| --- | --- | --- |
| **Their name** | **Their relationship to you:** | **Their contact number & email address:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Name & Age of Your Siblings:** |

**About your school/college:**

|  |
| --- |
| Name of your school/college: |
| Do you have any special educational needs or a disability? Y/ N |
| Please tell me more about this using this space: |

Are your teachers/school aware that you are a young person with caring responsibilities? **Yes / No / Don’t Know** (please circle / highlight)

If no, I can contact someone at school to let them know that you are a young person with caring responsibilities. It can sometimes be helpful for me to make a link with your school to ensure you get the support you need. If you would like me to do this, who is the person I can contact (e.g. teacher, form tutor, Head of Year, SENDCo)?

|  |  |
| --- | --- |
| **Their name:** | **Their role:** |
| **Contact Details (email, school number, extension numbers etc.):** | |

**About your school/college life:**

Sometimes having a caring role or responsibilities can affect your school/college life. Please **tick Rthe boxes** that apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas of school life** | **Yes** | **No** | **Comment** |
| My attendance is affected |  |  |  |
| My punctuality is affected |  |  |  |
| I worry about the person I care for and this can affect my concentration at school |  |  |  |
| I struggle to manage my behaviour |  |  |  |
| I struggle to make/keep friends |  |  |  |
| I struggle to keep up with my learning |  |  |  |
| It can be difficult to find the time to complete my homework or coursework |  |  |  |

**About the person/s you care for** (e.g. parent/carer/mum/dad, grandparent, sibling/brother/sister, other relative, someone else). This may, or may not be someone you live with:

|  |  |
| --- | --- |
| Their name: | Do you live with this person?  (please circle / highlight)  Yes / No |
| Relationship to you: |
| Their age or D.O.B: |

|  |  |
| --- | --- |
| Their name: | Do you live with this person?  (please circle / highlight)  Yes / No |
| Relationship to you: |
| Their age or D.O.B: |

|  |  |
| --- | --- |
| Their name: | Do you live with this person?  (please circle / highlight)  Yes / No |
| Relationship to you: |
| Their age or D.O.B: |

|  |  |
| --- | --- |
| Their name: | Do you live with this person?  (please circle / highlight)  Yes / No |
| Relationship to you: |
| Their age or D.O.B: |

**More about the person/people you care for** – below are some of the reasons young people care for a loved one. Please tell me more about the person/people you care for by **putting a tick R** inthe appropriate box..

|  |  |  |
| --- | --- | --- |
| **R** | **Reason the person needs care:** | **Any additional Information** |
|  | Illness/Condition |  |
|  | Physical Disability |  |
|  | Mental Health Condition |  |
|  | Alcohol or Substance Dependency |  |
|  | Disability |  |
|  | Terminal Illness / Condition |  |
|  | Long Term Condition |  |
|  | Elderly |  |
|  | Other |  |

*Continue to next page*

**Would you like to know and understand more about their illness, condition or disability?**

**Yes / No** / **Not Sure** (please circle or highlight)

|  |
| --- |
| Any Comments: |

**About Your Caring Role**

Caring can involve many different things. Please **TICK R** all the **categories** you are involved in helping to care for your loved one (listed are some examples of caring responsibilities that young people have). Please **highlight** (or circle) the things you do in your caring role.

|  |  |  |
| --- | --- | --- |
|  | **Practical Support** | Helping with the cooking/preparing meals, shopping, housework/ chores (e.g., washing up, cleaning, hoovering, washing/ laundry, changing/making beds. |
| **Comments:** | | |
|  | **Physical Support** | Lifting someone, helping someone climb the stairs, to get in/out of bed (e.g. because they have a disability, illness or substance dependency), etc |
| **Comments:** | | |
|  | **Personal Support** | Helping with dressing/undressing, washing / bathing / showering, giving medication, helping the person you care for use the toilet, cutting their nails, combing their hair etc. |
| **Comments:** | | |

|  |  |  |
| --- | --- | --- |
|  | **Emotional Support** | Listening to the person you care for, talking to them/ keeping them company, helping them to manage their feelings (e.g. to feel calm), providing reassurance, keeping an eye on someone etc. |
| **Comments:** | | |
|  | **Sibling Support** | Helping to look after siblings, taking them to school and collecting them, helping a sibling to manage their feelings, helping a sibling to communicate, or helping them to get dressed, to get ready for school, helping to prepare breakfast/meals, helping them with their homework etc. |
| **Comments:** | | |
|  | **Other Caring Support** | Managing the budget, collecting prescriptions/medication, collecting benefits, paying bills, helping to translate, helping them to sign/communication system, making appointments, attending medical appointments to support the person you care for etc. |
| **Comments:** | | |

**How long have you had a caring role and responsibilities? Please tick R**

|  |  |  |  |
| --- | --- | --- | --- |
| Less than 6 months | 6 months – 1 year | More than 1 year | Most of my life |
|  |  |  |  |

*Continue to next page*

**About Your Health & Emotional Wellbeing**

**How does having a caring role or responsibilities make you feel?**

Sometimes having a caring role and responsibilities can have an impact on your health and wellbeing. Please tell us how you feel about each area by **ticking R** the appropriate **box:**

**Your Physical Health**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I feel very healthy | I feel quite healthy | My health is in the middle | I feel quite unhealthy | I feel very unhealthy |
|  |  |  |  |  |
| Comments: | | | | |

**Your Emotional Health**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I generally feel very happy | I generally feel quite happy | My happiness is in the middle | I generally feel quite unhappy | I generally feel very unhappy |
|  |  |  |  |  |
| Comments: | | | | |

**Your Self Confidence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I feel very confident | I feel quite confident | My confidence is in the middle | I feel quite unconfident | I feel very unconfident |
|  |  |  |  |  |
| Comments: | | | | |

**Managing Emotions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I manage my feelings very well | I manage my feelings quite well | I manage my feelings ok | I find it quite hard to manage my feelings | I find it very hard to manage my feelings |
|  |  |  |  |  |
| Comments: | | | | |

One of the things that young people with caring responsibilities say, is what they really value most is someone they can talk to about their caring role, and someone they can turn to for help. Please tell me below if you have this kind of support:

|  |  |
| --- | --- |
| **Being Listened to, Heard and Supported** | **Please Tick R** |
| I have at least one person (who is an adult), that I can talk to about my caring role. This person listens to what I have to say and cares how I feel about my caring role (and how it affects my life). |  |
| There is someone who I can talk to, but I do not feel they really hear me, or understand how my caring role affects me in my life. |  |
| I do not have an adult who I can talk to about my caring role. |  |

*Continue to next page*

|  |  |  |  |
| --- | --- | --- | --- |
| Would you like to be able to talk to someone else about your caring role and responsibilities? Please tick **R** | **Yes** | **No** | **Maybe** |
|  |  |  |
| If yes, is this something you would like for me to support you to do? Yes / No | | | |

**Please tell me in the space below about how your life is impacted by your caring role/ responsibilities.** For example, the things that could make your life easier as a young person with caring responsibilities, how caring impacts you being able to do the things you enjoy, or spending time with your friends etc.

You can tell me anything else about yourself or your caring role in this space

**NEXT STEPS**

Using the information from this assessment and the Young Carers Pathway Brochure, please list the next steps (Note: You do not need to provide all six steps. You can provide as many referrals as the individual would like / requires)

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |

**What Happens Next?**

The adult completing this assessment with you will send it to the **Young Carers Navigator** at **DreamArts**. They will then refer you to the organisations / services listed above who will contact you or your parent / carer directly using the details given in this form.

Please Note: The **Young Carers Navigator** may get in touch with you to discuss the organisations, services and activities you would like to be connected with.

**Thank you for taking the time to complete this form.**

**NOTE FOR PRACTITIONERS:**

Please use the **YOUNG CARERS PATHWAY BROCHURE** to identify the organisations/services to be contacted and list the **NEXT STEPS** *with them*. If there is an organisation/service or activity that is not on the pathway that you would recommend for the young person (or their family), please list this and provide a description of it below.

Please Note: The **Young Carers Navigator** may get in touch with you to discuss the next steps you have chosen alongside the young person.

Once you have completed the assessment form, **please email** it to **Duncan and Graham** at **DreamArts.**

**Duncan Shelton**

[**Duncan@dreamarts.org.uk**](mailto:Duncan@dreamarts.org.uk)

Contact Number: **07542 224728**

**Graham Whitlock**

[**graham@dreamarts.org.uk**](mailto:graham@dreamarts.org.uk)

Contact Number: **07930 606210**