**Young Carers Assessment and Plan**

**Details of Child**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Address |  |

|  |
| --- |
| **CARING ROLE** |

**Who do you care for**

|  |  |  |  |
| --- | --- | --- | --- |
| Person ID | Cared for person’s name | Relationship to cared for person | Do you live together? |
|  |  |  |  |

|  |  |
| --- | --- |
| Are you the main carer? |  |

If ‘no’, please provide details of the main carer

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| --- |
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|  |  |
| --- | --- |
| Does anyone else provide help or support? |  |

If ‘yes’, please provide details of who helps and the type of support they provide

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| --- |
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|  |  |
| --- | --- |
| How long have you been a carer? |  |

|  |  |
| --- | --- |
| On average how many hours per week are you undertaking caring duties? |  |

What types of tasks are you undertaking in your role as a carer?

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| --- |
|  |

Details of ‘Other’ type of care provided

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| --- |
|  |

**Impact of the caring role**

Caring has had an impact on the following areas of my life

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| --- |
|  |

Describe how you have been affected

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| --- |
| **YOUNG CARER STATEMENT** |

**Home**

Who else lives at home?

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| --- |
|  |

Describe your relationship with your family

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| --- |
|  |

Which services are involved with you and your family?

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| --- |
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|  |  |
| --- | --- |
| Does the young carer qualify for the Young Carer grant? |  |

|  |  |
| --- | --- |
| Do you access young carer support services? |  |

Please provide details

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| --- |
|  |

If ‘no’, why not?

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| --- | --- |
| Do you have a safe space where you can go to feel relaxed? |  |

Please give details

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| --- |
|  |

**School**

|  |  |
| --- | --- |
| Does caring have an impact on your attendance at school? |  |

Please provide details

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| --- |
|  |

How do you get to school?

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| --- |
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|  |  |
| --- | --- |
| Do you attend after school groups? |  |

Details of groups/activities attended

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| --- |
|  |

If ‘no’, why not?

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| --- |
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|  |  |
| --- | --- |
| Are you always able to complete your homework or other assignments? |  |

If ‘no’, why not?

|  |
| --- |
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| --- | --- |
| Do you feel like you are achieving at school? |  |

Give Details

|  |
| --- |
|  |

Describe your friendships at school

|  |
| --- |
|  |

**About me**

My physical health is…

|  |
| --- |
|  |

My emotional health is…

|  |
| --- |
|  |

My mental health is…

|  |
| --- |
|  |

My social life is…

|  |
| --- |
|  |

Things I like

|  |
| --- |
|  |

Changes in my life…

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| --- |
|  |

My aspirations for my life beyond caring are…

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| --- |
|  |

**Planning ahead**

In an emergency it must be acknowledged that I may hold important information needed

In addition, the following actions should be undertaken

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| --- | --- |
| How should I be contacted? |  |

|  |  |
| --- | --- |
| Who else should be contacted? |  |

Anything else I would like people to know

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| --- |
|  |

From time to time I may need…

|  |
| --- |
|  |

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| **ASSESSED NEEDS AND PLAN** |

**Your role as a carer**

Do you feel confident in your role as a carer? Provide details

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| --- |
|  |

|  |  |
| --- | --- |
| Are you happy to continue with your role as a carer? |  |

Provide details

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Is the carer able to provide the care as identified in this assessment for the cared-for person? |  |

Provide details

|  |
| --- |
|  |

Are there any potential changes in the future that may affect your ability to continue in your caring role? Please provide details

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| --- |
|  |

**Assessed needs**

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| --- | --- |
| Support needs identified |  |

Outcomes for the carer

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| --- |
|  |

How these needs will be met

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| --- |
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|  |  |
| --- | --- |
| By whom? |  |

|  |  |
| --- | --- |
| When by? |  |

|  |
| --- |
| **NEXT STEPS** |

**Next Steps**

|  |  |
| --- | --- |
| Next steps |  |

|  |  |
| --- | --- |
| Planned date for review of plan |  |

If advice / information given or no further action required, please provide details

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| --- |
|  |