

Assessment for Young Carers in North Yorkshire under 11s



Young Carers
under 11s

Are you under 11?

Do you look after
someone who is ill,
frail, has a disability or
mental health problem, or
misuses drugs or alcohol?





If this applies to you, you are a young carer.

Young carers provide very important help to their families, and because of this we want to hear from you. We want to know what you do and how you feel about it. This way we can see if we can do anything to help.

If you want help with the questions, we are more than happy to help, but doing it with someone closer to you, or doing it on your own, is also fine. You can fill out the form on paper and post it to us, or we can e-mail it to you.

The information gathered is jointly owned by you, our organisation and North Yorkshire County Council (who pay for this support).

We may like to share this information with other professionals that can help you.

Do you agree to us sharing and retaining this information? YES ☐ NO ☐

Signature:

(This should be a parent or carer for a young carer aged 11 years or under)

Date:



Please tell us a bit about you:



Name

Date of Birth

Male/ Female

Address

Postcode

Telephone number

E-mail address

Your school/ college/ place of work

Doctor

Ethnicity

Religion

Your young carers support worker

Who would you like us to contact in an emergency?

Their contact telephone number

Please tell us about the person you care for:



I look after

I care for them because the condition/illness they have is

What do you know about the condition/ illness that they have?

Do you feel you would benefit from some training/information/help to understand the condition/illness?

YES ☐ NO ☐

Does anyone else help look after this person?

YES ☐ NO ☐

If so please tell us who else helps

Please tell us about the caring jobs you do:

A lot of
the time

Some
of the
time

Never

1 Clean your own bedroom

2 Clean other rooms

3 Wash up dishes or put dishes in a dishwasher

4 Decorate rooms

5 Take responsibility for shopping for food

6 Help with lifting or carrying heavy things

7 Help with financial matters such as dealing with bills, banking money, collecting benefits

8 Work part time to bring money in

9 Interpret, sign or use another communication system for the person you care for

10 Help the person you care for to dress or undress

11 Help the person you care for to have a wash

12 Help the person you care for to have a bath or shower

13 Keep the person you care for company e.g. sitting with them, reading to them, talking to them

14 Keep an eye on the person you care for to make sure they are alright

15 Take the person you care for out e.g. for a walk or to see friends or relatives

16 Take brothers or sisters to school

17 Look after brothers or sisters whilst another adult is near by

18 Look after brothers or sisters on your own

19 Other

20 Other

Some
of the
time

Mother/ father/ carer

Brother/sister

Aunt/uncle/grandparent

Neighbours

Friends at school/college

Friends outside school/college

Teacher/Lecturer

Doctor or nurse

Youth worker

Young carers worker



My caring role

What I enjoy about my caring role

What is difficult about my caring role (if anything) and what would help me?

Who knows you are a young carer?

It is good for at least 5 adults you trust to be aware of your caring responsibilities so that they can support you emotionally or practically if things are difficult. Some examples of people you might like to tell are as follows: family members, doctor, form tutor, teacher/lecturer, student support worker at school/college, youth worker, faith group leader etc.

If you can think of any adults who you would like to know you are a young carer, please write below:

	Who I would like to know	Role	I'll tell them	Would somebody else tell them
1				
2				
3				
4				
5				



Please let us know how being a young carer affects you:

I am currently at:

school



college



work



Does caring affect:

All the
time

Sometimes

Never

Your attendance? (including getting there on time)

Your concentration?

Your homework?

Your exams?

Your sleep?

Your social life and interests?

Your relationships with friends and family?

Your relationship with the person you care for?

The amount of free time you have?

What do you do for fun in your free time?

What are your feelings?

A lot of
the time

Some of
the time

Never

Do you ever feel...

Worried?

Stressed?

Scared?

Angry?

Fed-up?

Lonely?

Tearful?

Does caring cause...

Interrupted sleep?

Tiredness?

Backache?

Aches/pains/strains?

Injury/bruising/cuts?

Please tell us about what causes you to feel like this:

Please tell us about your plans for the future:

Which secondary school would you like to go to?

What would help you to be able to do this

A visit with somebody who supports you?

☐

A chat with your teacher?

☐

A chat with somebody from the school you're interested in attending

☐

Anything else?

Please tell us about any ideas
you have of ways that:

We can help you

We can help your family?

If there is anything else that you would like to let us know,
then please use this space to tell us:

This section is to be completed by the support worker WITH the young carer.

The Analysis of the Support Required

What is working well?

What could be improved?

What are the major concerns?

The Support Plan

From what is written above, what is your view on:

What can be provided by the extended family

What can be provided by the young carer's school/college?

What needs to be provided by the young carer support service?

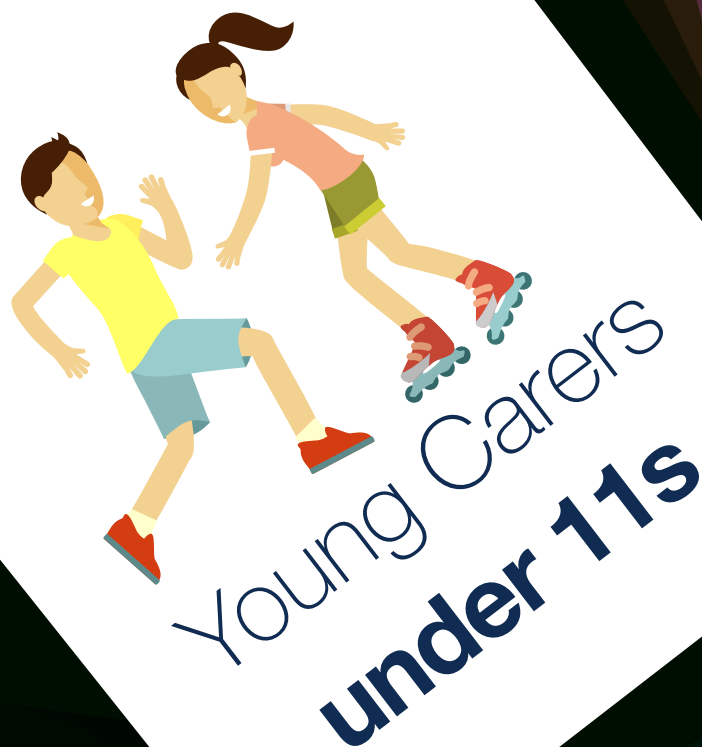
What needs to be provided by children and families service?
(please refer to the vulnerability checklist)

Signed: Young Carer:

Date:

Support Worker:

Manager:



Contact us

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm

(closed weekends and bank holidays). Tel: **01609 780 780**

email: **customer.services@northyorks.gov.uk** web: **www.northyorks.gov.uk**

If you would like this information in another language or format please ask us.

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