**Young Carers Information**

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| Who does the child care for? (tick all that apply) |
| Mother [ ]  | Father [ ]  | Child sibling [ ]  | Adult sibling [ ]  | Other Family / Household Member [ ]  | Other [ ]  |
| What is the identified need/disability of the cared for person? (tick all that apply) |
| Physical Disability [ ]  | Mental Health [ ]  | Learning Disability [ ]  | Chronic/Enduring Illness [ ]  | Age [ ]  |
| Alcohol Misuse [ ]  | Substance Misuse [ ]  | Adult Social Care [ ]  | Physical and Mental Health [ ]  |  |
| Details of the identified need/disability of the cared for person |
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| What is the nature of the care provided by the child? (tick all that apply) | Physical [ ]  | Practical [ ]  | Emotional [ ]  |
| Details of the nature of care provided by child |
|  |
| Who else provides care for the cared for person (tick all that apply) |
| Other parent [ ]  | Parents partner [ ]  | Adult services (private) [ ]  | Adult Services (local authority) [ ]  |
| Friends/family [ ]  | Adult other [ ]  | Voluntary agencies [ ]  |  |
| How reliant is the cared for person and the family upon the care provided by the child?What tasks is the child expected to do that the cared for person can’t do? And why? |
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| How does the child feel about providing care?(child’s voice evidence, child development check list) |
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| Are there any caring tasks that pose a risk to the child? |
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| Does the amount/type of care the child is providing impact, or likely to impact on their: (tick all that apply) |
| Health [ ]  | Development [ ]  | Education [ ]  | Social opportunities [ ]  |
| Details of impact on the child providing care  |
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| Are the care expectations of the child excessive or inappropriate having regard to all the circumstances?(Considering age, wishes and feelings) |
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| Do/could other family members provide care?  |
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| What services are involved with the child, family, and cared for person currently? |
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| What services could be utilised to support identified needs of child or cared for person? |
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