**young carers self-assessment tool: for children & Young People**

You may want to do this by yourself, or you may find it helpful to do it with a professional you trust, or even your parent / carer.

**Introduction**

Young carers are those under the age of 18 who looks after, supports or cares for a family member (a parent / carer or sibling) who due to illness, disability, mental health or drug and alcohol problems would be unable to cope without their support. A young carer’s day to day responsibilities could include tasks such as:

* Cooking, housework and shopping
* Physical care, such as helping someone out of bed
* Emotional support, such as talking to someone who is distressed
* Personal care, such as helping someone get dressed
* Helping to give medicine
* Making sure the bills are paid

We have designed this tool as a way for you to think about some of the tasks and responsibilities you may have at home that could mean that you are a young carer. It also helps us to consider the support that may be helpful for you or the person you care for if you want this.

|  |  |
| --- | --- |
| Name: |  |
| **Age:** |  |
| **School:**  |  |
| **Who lives at home with you?**  |  |
| **Your contact details** *(mobile number or email)*  |  |
| **Your parent / carers contact details** *(mobile number or email)* |  |
| **If you are completing this form with someone can you tell us who they are?** *(e.g. your teacher Mrs Smith)*  |  |

**Who do you help look after or care for?** (tick as many boxes that apply to you)

|  |  |  |
| --- | --- | --- |
|   Mum  |  Dad  |  Brother(s) / Sister(s) |
|  **Grandparent(s)** |  **Other family members** |   **Friend or Other**  |

**Why do you need to look after them?** (tick as many boxes that apply)

|  |  |
| --- | --- |
|  They have a physical disability *(for example they are unable to walk and use a wheelchair, they are deaf or visually impaired, difficulties with mobility and doing day to day tasks)* |  They have a long-term illness *(for example fibromyalgia, live with chronic pain, have chronic fatigue, heart problems, cancer, epilepsy or many other)* |
|  **Substance misuse** *(for example, they drink alcohol or take other drugs – these may be illegal or sometimes prescribed by a dr and they are struggling to stop. The alcohol / drugs may take priority in the home and can impact on how they behave and feel which can be unpredictable sometimes)* |  **They have a learning disability** *(this may mean that they attend a special education provision, they struggle with reading, writing, or understanding things)* |
|  **They have mental health problems** *(for example, they can find life very challenging due to having depression, anxiety, feel they cannot leave the home, or have diagnosed condition such as schizophrenia or a personality disorder)* |  **They are neuro divergent** *(e.g. Autistic, ADHD)*   |
|  **Sensory impairment** *(For example, sight hearing, smell, touch, taste and spatial awareness in no longer normal)* |  **They are ill in another way**  |

The following section will ask you about some of the tasks that you may do at home. Each of the items are rated on a 3-point scale, ‘Never/ rarely’, ‘Some of the time’ and ‘A lot of the time’.

For scoring purposes:

* ‘Never/ rarely’ = 0
* ‘Some of the time’ = 1
* ‘A lot of the time’ = 2

The score provides a summary of caring activity by totalling all 30 items. The lowest score is 0 and the highest score is 60.

Below are some jobs that young carers do to help. Please read each one and put a tick in the box to show how often you have done each of the jobs in the past month.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never/ Rarely | Some of the time | A lot of the time | Add any comments to explain more if you want |
| **Household Jobs** |  |  |  |  |
| Clean your own bedroom |  |  |  |  |
| Clean other rooms |  |  |  |  |
| Cooking and preparing food |  |  |  |  |
| Helping the person you care for eat / drink |  |  |  |  |
| Wash up / dry dishes, use dishwasher |  |  |  |  |
| Doing the laundry |  |  |  |  |
| Putting clothes away / ironing |  |  |  |  |
| Decorate rooms |  |  |  |  |
| Take responsibility for the food shopping |  |  |  |  |
| Help with lifting or carrying heavy things |  |  |  |  |
| **Dealing with money and finances:** |  |  |  |  |
| Help with financial matters such as dealing with bills, banking, money, or collecting benefits |  |  |  |  |
| Work part time to bring money in |  |  |  |  |
| **Looking after the cared for person:** |  |  |  |  |
| Interpret, sign of use other communication system for the person you care for |  |  |  |  |
| Help the person you care for to dress or undress |  |  |  |  |
| Help the person you care for have a wash |  |  |  |  |
| Help the person you care for to have a bath or shower |  |  |  |  |
| Helping the person you care for to use the toilet |  |  |  |  |
| Helping the person you care for to get around the home including up the stairs. |  |  |  |  |
| Offering emotional support to the person you care for (e.g., giving them a hug when they are down, listening to them when they are upset, do you try to make them laugh) |  |  |  |  |
| Help give medication |  |  |  |  |
| Keep the person you care for company (e.g., sitting with them, reading to them, talking to them) |  |  |  |  |
| Keep an eye on the person you care for to make sure they are alright |  |  |  |  |
| Take the person you care for out (e.g., for a walk, to see friends or relatives) |  |  |  |  |
| Looking after brothers or sisters |  |  |  |  |
| Taking brothers or sisters to school |  |  |  |  |
| Looking after your brothers and sisters when another adult is near by |  |  |  |  |
| Look after brothers or sisters on your own |  |  |  |  |
| Go to doctors / hospital / other appointments with the person you care for |  |  |  |  |
| Be at home if a professional is coming to visit the person you care for |  |  |  |  |
| Administer emergency first aid to the person you care for |  |  |  |  |

If you do anything else to help the person you care for, please add below.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Number ticked | Total *(remember ‘lot of the time scores 2 points per tick!)* |
| Number marked never / rarely 0 |  |  |
| Number marked some of the time 1 |  |  |
| Number marked a lot of the time 2 |  |  |
| Overall Score  |  |  |

**0** = No caring activity recorded

**1-9** = Low amount of caring activity

**10-13** = Moderate amount of caring activity

**14-17** = High amount of caring activity

**18 and above** = Very high amount of caring activity

If you have scored over 10, we recommend that a request for a Young Carers assessment is made. Talk to your parent/carer or any professional supporting you or you can email us at youngcarers@bury.gov.uk