**Salford Carers Service - Request for a Young Carers Assessment**

Salford Young Carers Service is part of Gaddum charity and is commissioned by Salford City Council.

A young carer is a child or young person aged 18 and under who carries out significant caring tasks and assumes a level of responsibility normally undertaken by an adult

The impact of the role on the young carer will also be taken into account at the point of assessment and it is important that we have as much information as possible regarding this.

**About the service:**

The service will work with the young person, their family and other agencies to either remove or reduce all inappropriate caring as soon as possible. If this is not possible due to the need for a continued caring role, circumstances or resources, the service will work with the young person to find the most appropriate support in both the medium and long term. The service offers 12 weeks of individually tailored support packages which aim to enable the young person to reach their full potential and overcome issues relating to their caring role.

**All sections of this form MUST be complete for the young carer to be referred for an assessment. Thank you.**

**Please return completed forms to:**

[**salford.carers@gaddum.org.uk**](mailto:salford.carers@gaddum.org.uk)

**or by post to:**

Salford Carers Centre

Langworthy Cornerstone

451 Liverpool Road

Salford, M6 5QQ

**Telephone:**

0161 212 5451

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| **FOR OFFICE USE ONLY** | |
| **Allocated Social Worker:** |  |
| **Date of Contact:** |  |

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| **Young Carer Information** | | | | | | | | | |
| Title: |  | | | | | | Home address and Post Code: |  |
| Forename: |  | | | | | |
| Surname: |  | | | | | |
| Date of Birth: |  | | Age: | |  | |
| Home Tel. No.: |  | | | | | |
| Mobile No.: |  | | | | | |
| Can answerphone messages be left? | Home: | Y/N | | Mob: | | Y/N |
| Email: |  | | | | | |
| School/college  address |  | | | | | | | |

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| --- | --- |
| Young carer GP name and practice address: |  |
| Can we share information with your GP? | 🞏 Yes 🞏 No |
| Preferred language: |  |
| Access needs: |  |
| Other requirements: |  |

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| **Demographic Information**  This information is used for monitoring purposes and to signpost service users to relevant services. Any information given should be determined by the person being referred, given voluntarily, and will be stored confidentially in line with data protection laws. (Our funders require this information). | | | |
| Gender: |  | Faith or religion: |  |
| Ethnicity: |  |

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| **Safeguarding** | | |
| Any known risks? |  | |
| Is there anything else we should be aware of? We carry out lone visits unless advised otherwise |  |  |
| Has the person being referred consented to this information being shared? | | Y/N |
| **Please note – if the family live in the West Locality and have a M28 or M38 postcode, they will be referred to the 0-25 pilot that is currently running in the area. Do the family consent to this?** | | Y/N 🞏 unsure |

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| **Cared for Information** | |
| Relationship to young person | Nature of condition |
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| **Types of Caring**  Please give a brief explanation as appropriate | |
| **Domestic caring** (e.g. shopping, cleaning, laundry) |  |
| **Personal caring** (e.g. washing, bathing, toileting, dressing, helping with mobility, helping with medication) |  |
| **Emotional caring** (e.g. supervising, comforting, spending time with, keeping safe) |  |

**Issues/Concerns that affect the carer.** Please tick all that are appropriate and provide further details in the box below

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| --- | --- | --- | --- |
| Social Isolation |  | Bullying (Perpetrator) |  |
| Educational opportunities/achievement |  | Emotional wellbeing |  |
| Self esteem |  | Physical wellbeing |  |
| Behaviour |  | Family relationships |  |
| Bullying (Victim) |  | Their own alcohol/drug misuse |  |

**Please explain the impact that caring has on the young person’ life**

You may wish to refer to issues/concerns raised asked in the previous question

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**Who else lives with the young person?** (not including the cared for)

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| --- | --- | --- |
| Name | Relationship | Date of birth |
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**Parent/s or Guardian/s contact details.**

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| --- | --- | --- |
| Name | Relationship | Telephone Number |
|  |  |  |
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**Who else is working with the family and why?**

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| --- | --- | --- | --- |
| Agency | Contact name | Contact details | Reason for involvement |
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| **Referrer Information** | |
| Referrer contact details:  Please include address, email, telephone number: |  |
| What is your relationship to the young person?  **OR** what is your role and name of your organisation? |  |
| How is your organisation supporting this young person and their family? |  |

**Signed: Date:**