**YOUNG CARERS SCREENING TOOL**

The screening tool aims to identify **young carers aged 11-18** **or aged 11-25 for young people with special needs and/or those looked after** and living in Slough.

The screening tool should be completed with the young person and returned via email to: [**youthsupport@slough.gov.uk**](mailto:youthsupport@slough.gov.uk)

Slough Young People’s Service

Slough Borough Council

St. Martin’s Place

51 Bath Road

Slough Borough Council

SL1 3UF

General telephone enquiries: 01753 875510

Email enquiries: [\_youngcarers@slough.gov.uk](mailto:_youngcarers@slough.gov.uk)

For telephone enquiries please call:

Tel: 01753 875510

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| |  |  |  |  | | --- | --- | --- | --- | | YOUNG CARERS SCREENING TOOL | | | | | About the child/young Person | | | | | First Name |  | Surname |  | | Address |  | | | | Post Code |  | Telephone |  | | School or College |  | | | | What is the relationship between the child/young person and the person they are caring for? | | Mother/Father/Brother/Sister/Grandparent/Other: | | | Does the young carer live with the cared for person? | | Yes/No | |   Referrer | |
| Name of referrer: |  |
| Agency: |  |
| Telephone number: |  |
| Email: |  |
| Reason for referral: | |

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| About the cared for person | | | | | | | | |
| First Name |  | Surname | |  | | | | |
| Is the cared for person older than 18yrs? | | Yes / No | | | | | | |
| Date of Birth or approximate age | |  | | | | | | |
| Address  (only complete if different to the child/young person) |  | | | | | | | |
| Post Code |  | Telephone: | | | | | | |
| Does the cared for person receive community care services? | | Yes |  | | No |  | Unknown |  |

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| About other cared for persons | | | | |
| Is the child/young person also supporting other members of the family? | Yes |  | No |  |
| Details (e.g. names and ages) | | | | |

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| Details about the caring role | | | | |
|  | The caring job I do… | **Never** | **Some of the time** | **A lot of the time** |
| 1 | Clean the house |  |  |  |
| 2 | Cook for myself or other people |  |  |  |
| 3 | Wash clothes |  |  |  |
| 4 | Iron clothes |  |  |  |
| 5 | Take responsibility for shopping |  |  |  |
| 6 | Help with lifting/carrying heavy things |  |  |  |
| 7 | Help with paper work e.g. writing letters/filling in forms |  |  |  |
| 8 | Help with financial matters e.g. banking/paying bills/benefits |  |  |  |
| 9 | Work part time to bring money in |  |  |  |
| 10 | Interpret for someone because English is not their first language. |  |  |  |
| 11 | Sign for someone that is hearing impaired. |  |  |  |
| 12 | Give medicines  e.g. pills, changing dressings, injections |  |  |  |
| 13 | Help visit the doctors or hospital |  |  |  |
| 14 | Help with walking/getting upstairs/in and out of bed |  |  |  |
| 15 | Help with dressing/undressing |  |  |  |
| 16 | Help to have a wash |  |  |  |
| 17 | Help to bathe or shower |  |  |  |
| 18 | Help to use the toilet |  |  |  |
| 19 | Help with eating and/or drinking |  |  |  |
| 20 | Keep an eye on someone to make  sure they are alright |  |  |  |
| 21 | Take someone out to see friends or relatives |  |  |  |
| 22 | Take brothers or sisters to school |  |  |  |
| 23 | Look after brothers or sisters while  an adult is nearby |  |  |  |
| 24 | Look after brothers or sisters on my own |  |  |  |
| 25 | Talk with officials about the person I care for (such as doctors or benefits office) |  |  |  |
| 26 | Miss out on sleep  (e.g. stay up at night to look after someone) |  |  |  |
| **Additional Information**  (please include any tasks not included above) | | | | |

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| About the affects of caring on the child/young person | | | | |
| Does the child/young person like caring? | Yes |  | No |  |
| Does the child/young person find some tasks difficult? | Yes |  | No |  |
| If so, what are they? | | | | |
| How does the child/young person feel about the caring tasks they undertake? | | | | |
| Is the child/young person receiving any help or support with their caring responsibilities? | | | | |
| What help or support would make the greatest difference to the child/young person? | | | | |

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| The views of the person cared for (optional) |
| What is the view of the cared for person about the caring role that the child/young person is performing? |

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| Risk factors | |
| Please rate the extent to which you think the caring role is impacting on the child/young person? ‘1’ being ‘no impact’ and ‘4’ being ‘significant impact.’ | \* |
| Please insert number here | |

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| Consent | |
| I have obtained consent to share information/refer the child/young person to another agency. |  |
| Where there are concerns a referral is to be made using the Multi Agency Referral Form or MARF to decide whether the child/young person is a child in need (Children Act ‘89) and/or is suffering or likely to suffer significant harm (Children Act ’89).  Or call: 01753 875 362 |  |
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| **Name of Worker** |  | **Date** |  |