**LEEDS YOUNG CARERS SUPPORT SERVICE**

**Please complete the information below:**

|  |  |
| --- | --- |
| **Why does this young person need young carers specialist support?** Explain in detail the caring role this young person has within their family and highlight what areas of their life is being impacted negatively | |
|  | |
| Mental Ill Health – feeling overwhelmed | Risk of Exploitation / Abuse / Self-Harm |
| Education – non-attendance / worrying whilst at school | Substance Misuse |
| Behavioural Difficulties / Anti-Social Behaviour | Isolation – not able to socialise with peers |
| Learning Needs / Physical Disabilities | Feeling invisible and not listened to |
| Being Bullied | Financial worries / not having enough money |
| **What do the caring responsibilities include for this young person?** Please highlight the caring responsibilities below: | |
| Practical tasks – cooking, housework, shopping | Helping administer medication |
| Physical care – helping someone to/out of bed | Collecting prescriptions |
| Emotional support – talking to someone distressed | Helping someone communicate |
| Personal care – helping someone get dressed | Looking after younger siblings |
| Financial support – Managing family budget/finances | Other (please complete below): |
|  | |
| **What is the condition of the person being cared for?** Please give as much detailed information as possible | |
|  | |
| **Young person’s expectations:** Please include in young person’s own words as to why they want support from a young carers service? | |
|  | |