

**Hull Young Carers Wellbeing Grant**

 **2022/2023**

**Application Form**

The NHS and Hull City Council in partnership with KIDS award small grants to young carers living in Hull, to ensure their wellbeing is supported and they have the opportunity to achieve the best possible outcomes.

**Before completing this application form, it is recommended that the Guidance Notes (hyperlink guidance notes) are read by you, your supporting professional and your parent/guardian.**

**This application form is in three parts** – All three parts of the application form must be completed, and all sections signed and dated.

* **Part One** is for you, the young carer, to complete and sign to give consent for the application and data sharing. If you are aged under 16, you will need a parent or guardian to sign too.
* **Part Two** is for a professional who supports you to complete and sign.
* **Part Three** is a short assessment which must be completed by you and your supporting professional together.

**PART ONE – YOUNG CARERS DETAILS TO BE COMPLETED BY YOU THE YOUNG PERSON**

|  |  |
| --- | --- |
| Your First Name |   |
| Your Surname |  |
| Date of Birth(You must be between 5 & 17 years of age to apply) |  |
| Your home address including postcode(this is the address we will use to write to you) |  |
| A contact telephone number |  |
| A contact email address |  |
| Name of school or college you attend |  |
| Have you applied for this grant before?  | Yes/No |
| **If yes,** when did you last apply and what did you spend your grant on? |  |



 **In partnership with:**

|  |
| --- |
| Do you already receive support fromHull City Council Young Carers Project? Yes No If no, would you like someone to contactyou about what support is available fromthis project? Yes No  |

**Which Gender identity do you most identify with?**

 **Please tick a box**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Transgender  |  |
| Gender neutral |  |
| Not listed (Please write in)­ | **­** |
| Prefer not to answer |  |

**Which Ethnic Group do you most identify with?**

 **Please tick a box**

|  |
| --- |
| **White**  |
| English/Welsh/Scottish/Northern Irish/British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other white background (please write in) |  |
| **Mixed/multiple ethnic groups** |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other Mixed/multiple ethnic background(please write in) |  |
| **Asian/Asian British** |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background(please write in) |  |
| **Black/African/Caribbean/Black British** |
| African |  |
| Caribbean |  |
| Any other Black/African/Caribbean background(please write in) |  |
| **Not listed** (please write in) |  |
| **Prefer not to answer** |  |

**Details of the person you care for**

|  |  |
| --- | --- |
| Their name |  |
| Their relationship to you |  |
| Their date of birth |  |
| Their address & postcode(if different to yours) |  |
| Does the person you look after have a disability or long term illness? Yes No  Is the person you look after receiving any of the following support (please tick):High rate attendance allowance PIP/DLA mobility componentHighest rate PIP/DLA care component  |
| Please tell us about the disability or long-term illness the person you care for has in the space below: |
| Is the person you care for affected by drugs or alcohol? Yes No  |

|  |
| --- |
| Tell us in this space how you help and care for this person? (e.g. personal acre; emotional support; physical support; housework/cooking/shopping) |
| How does your caring role affect your life? (e.g. tell us if it stops you from doing certain things; tell us how it makes you feel) |
| If you receive this grant, what difference will it make to you? |

**If successful, please describe what you would like to use the**

 **Hull Young Carers Grant for**

|  |
| --- |
| **What would you like to spend your grant on?** |

|  |
| --- |
| **Where did you find out about the Hull Young Carers Wellbeing grant?**(for example a friend, parent, teacher, social media, the internet?) |

**TERMS AND CONDITIONS OF THE GRANT**

I the young carer, agree to spend the grant only for the purposes outlined in my application form. I understand and agree that (please tick each box)

□ Hull City Council Children & Young People and Families Services will reclaim all or part of the grant if it is not wholly used for the purpose intended.

□ To use the Virtual Wallet Market Place to spend my Hull Young Carers Wellbeing Grant Award and agree to the terms and conditions outlined by Virtual Wallet when setting up my account.

□ I agree that where the grant includes an amount towards purchase of equipment, the equipment must not be sold or otherwise disposed of without the prior written permission of Children and Young People’s and Families Services.

□ I agree to complete and return the Hull Young Carers Wellbeing Grant feedback form within 6 months to say how the grant has been used and the difference it has made to me.

□ To provide copies of receipts and other documentation to the Grant Administrator at KIDS Yorkshire & Humber within 6 months of receiving the award if in the exceptional circumstance that the Virtual Market Place cannot be used to purchase required items/services.

**1. Young Carer’s signature ……………………………………………………………**

 **Please print name …………………………………………………………………....**

 **Date …………………………………………………………………………………….**

**2. Parent/Carer/Guardian signature ………………...............................................**

 **(Please sign if your child is aged under 16)**

 **Please print name ……………………………………………………………………**

 **Date …………………………………………………………………………………………......**

**DATA SHARING INFORMATION DECLARATION**

**KIDS, HULL CITY COUNCIL AND NHS HULL CCG**

KIDS need to collect and store your personal data to enable us to deliver this grant application. This is defined as a legitimate interest. For more information on how we manage your data please see our privacy statement at [www.kids.org.uk/kids-privacy-notice-cyp](http://www.kids.org.uk/kids-privacy-notice-cyp) or ask for a copy.

The information you have provided on this application will be shared at the time of decision making with KIDS, Hull City Council and NHS Hull CCG. This information will help to assist in future planning and development of services for Young Carers in Hull. Non-personal information will be shared with NHS Hull CCG for monitoring purposes only.

KIDS will keep the information on this application form until you the young carer are no longer eligible for this grant or the grant ends. Your personal information will then be archived and then disposed of following KIDS Data Retention and Destruction Policy (copy available upon request)

**Data sharing and contact consent - Please read the following statements and tick to confirm your agreement or leave BLANK if you DO NOT consent.**

I agree that KIDS can;

**□ Share or seek information with professionals or outside agencies with regard to matters relating to this application. I can withdraw this permission at any time.** Every effort will be made to support, inform, consult and work in partnership with young carers and parents. However, KIDS can disclose information without prior consent of young carer/parent if we believe a child or young person is at risk or likely to be at risk of significant harm. We will disclose information to the Local Authority safeguarding team or the Police without consent if it is believed to be in the best interest of the child. We will not share information with a parent if this would put the child/young person at risk of significant harm. Any decision to share information without consent will be agreed by the designated safeguarding lead.

**□ I am happy to receive updates about how I can get involved with fundraising, our latest campaigns, news and events and stories from the families we support.**

1. Young Carer’s signature …………………………...

 Please print name …………………………….......... Date ………………………

2. Parent/Carer/Guardian signature ……………….....

 (If young person is aged 16 or under)

 Please print name …………………………………… Date ………………………

**PART TWO – TO BE COMPLETED BY YOUR SUPPORTING PROFESSIONAL**

|  |
| --- |
| **Name of professional:****Your job role and the organisation you work for:****Your work address:****Contact telephone number:** **Email:****Reason for your involvement with this Young Carer:****Please tell us why you support this application:****(continue on separate sheet if needed)****Completed and signed by Professional: ………………………… Date: …………………..** |

**PART THREE – ASSESSMENT TO BE COMPLETED BY THE YOU THE YOUNG CARER AND YOUR SUPPORTING PROFESSIONAL**

**(This is to ensure that the process is fair and consistent)**

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| **1. Multidimensional Assessment of Caring Activities (MACA-YC18)**The Multidimensional Assessment of Caring Activities is a questionnaire to be completed by young carers to identify the total amount of caring activity undertakenby a child or young person:1. Domestic tasks,
2. Household management,
3. Personal care,
4. Emotional care,
5. Sibling care, and
6. Financial/ practical care.

How to use the MACA-YC18Care has been taken to ensure that the wording is appropriate for most children and young people so that they will be able to complete the MACA-YC18 by themselves. Although it may be appropriate sometimes to help with explanations, we recommend that children and young people are given the opportunity to complete the MACA-YC18 by themselves whenever possible. When it is necessary to provide explanations, this should be carried out by the professional involved. We do not recommend that the MACA-YC18 be completed in the presence of the person who is being supported. Young carers’ responses on the MACA-YC18 should always be treated in confidence and used in line with an appropriate professional Code of Ethics and within an organisation’s child protection and confidentiality policies.Scoring for the MACA-YC18For the MACA-YC18 each of the items are rated on a 3-point scale, ‘Never’ = 0, ‘Some of the time’ = 1, and ‘A lot of the time - 2’.**Below are some jobs that young carers do to help.** Think about the help you have provided **over the last month.** Please read each one and put a tick in the box to show how often you have done each of the jobs in the last month.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Never****0** | **Some of the time 1** | **A lot of the time 2** |
| **1** | Clean your own bedroom |  |  |  |
| **2** | Clean other rooms |  |  |  |
| **3** | Wash up dishes or put dishes in a dishwasher |  |  |  |
| **4** | Decorate rooms |  |  |  |
| **5** | Take responsibility for shopping for food |  |  |  |
| **6** | Help with lifting or carrying heavy things |  |  |  |
| **7** | Help with financial matters such as dealing with bills, banking money, collecting benefits |  |  |  |
| **8** | Work part time to bring money in |  |  |  |
| **9** | Interpret, sign or use another communication systemfor the person you care for |  |  |  |
| **10** | Help the person you care for to dress or undress |  |  |  |
| **11** | Help the person you care for to have a wash |  |  |  |
| **12** | Help the person you care for to have a bath or shower |  |  |  |
| **13** | Keep the person you care for companye.g. sitting with them,reading to them, talking to them |  |  |  |
| **14** | Keep an eye on the person you care for to make sure they are alright |  |  |  |
| **15** | Take the person you care for out e.g. for a walk or to see friends or relatives |  |  |  |
| **16** | Take brothers or sisters to school |  |  |  |
| **17** | Look after brothers or sisters whilst another adult is near by |  |  |  |
| **18** | Look after brothers or sisters on your own |  |  |  |

 **2. Positive and Negative Outcomes of Caring (PANOC-YC20)**The Positive and Negative Outcomes of Caring is a questionnaire to be completed by young carers that can be used to provide an index (or score) of the subjective cognitive and emotional impact of caring in young people. Research and practice have identified that many young carers are significantly affected by their caring responsibilities both negatively and positively. For this reason, the PANOC-YC20 was designed to provide two scores. One score showing how much caring is experienced negatively and one showing how much caring is experienced positively.ScoringThe PANOC-YC20 is a 20-item psychometric instrument designed to assess the positive and negative effects of caring activity. Each item is rated on a 3-point scale, ‘Never’ = 0, ‘Some of the time’ = 1, and ‘A lot of the time’ = 2.**Below are some things young carers like you have said about what it feels like to look after someone.** Please read each statement and tick the box to show how often this is true for you. There are no right or wrong answers. We are just interested in what life is like for you because of caring.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Never** **0** | **Some of the time****1** | **A lot of the time****2** |
| **1 +** | Because of caring I feel I am doing something good |  |  |  |
| **2 +** | Because of caring I feel that I am helping |  |  |  |
| **3 +** | Because of caring I feel closer to my family |  |  |  |
| **4 +** | Because of caring I feel good about myself |  |  |  |
| **5 -** | Because of caring I have to do things that make me upset |  |  |  |
| **6 -** | Because of caring I feel stressed |  |  |  |
| **7 +** | Because of caring I feel that I am learning useful things |  |  |  |
| **8 +** | Because of caring my parents are proud of the kind of person I am |  |  |  |
| **9 -** | Because of caring I feel like running away |  |  |  |
| **10 -** | Because of caring I fee l very lonely |  |  |  |
| **11 -** | Because of caring I feel like I can’t cope |  |  |  |
| **12 -** | Because of caring I can’t stop thinking about what I have to do |  |  |  |
| **13 -** | Because of caring I feel so sad I can hardly stand it |  |  |  |
| **14 -** | Because of caring I don't think I matter |  |  |  |
| **15 +** | Because of caring I like who I am |  |  |  |
| **16 -** | Because of caring life doesn’t seem worth living |  |  |  |
| **17 -** | Because of caring I have trouble staying awake |  |  |  |
| **18 +** | Because of caring I feel I am better ableto cope with problems |  |  |  |
| **19 +** | I feel good about helping |  |  |  |
| **20 +** | Because of caring I feel I am useful |  |  |  |

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