

YOUNG PEOPLE WHO CARE YOUNG CARER STATEMENT



MY FIRST NAME IS.....
MY LAST NAME IS.....
MY D.O.B IS.....
GENDER:.....
AGE STARTED CARING.....
HOURS CARING PER WEEK.....

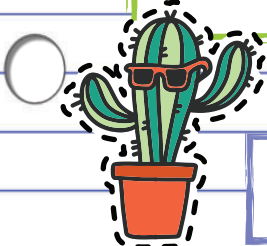
MY ADDRESS IS:-
HOUSE NUMBER:.....
STREET:.....
TOWN:.....
POSTCODE:.....
PHONE NUMBER:.....
MY SCHOOL IS:.....
ETHNICITY:.....

I.D NUMBER (OFFICE USE).....



IM NOT JUST A CARER...

(WRITE OR DRAW ABOUT SOMETHING YOU LIKE OR ARE INTERESTED IN)

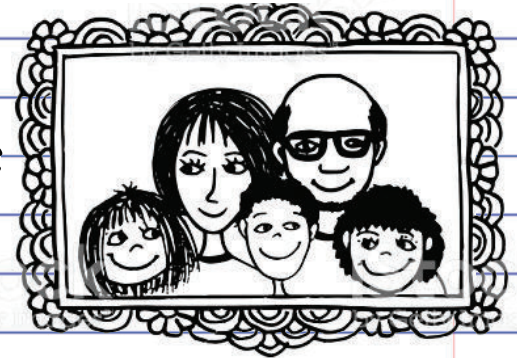


YOUNG PEOPLE WHO CARE

Young Carers Statement



WHO DO YOU CARE FOR IN YOUR FAMILY?



WHAT DO YOU DO TO HELP?

1

- Lifting
- Bathing
- Changing
- Dressing
- Medicine
- Moving

2

- Cooking
- Cleaning
- Shopping
- Laundry
- Dishes
- Garden

3

- Looking after:
- Mum/Dad
 - Brother
 - Sister
 - Grandparent
 - Other

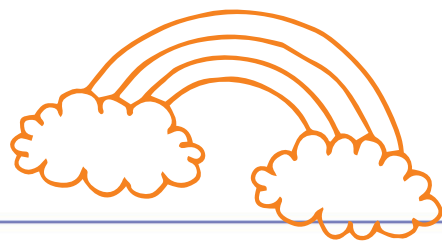
4

- Staying in
- Talking
- Listening
- Bills
- Forms translation

What do you like about caring?

What do you dislike about caring?





1

Does anyone help you to care?

2

What help would you like with caring?



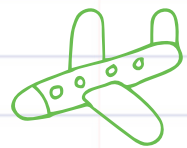
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Has anything in your family changed recently?
(someones health or help they need)



4

What would you like to change for you or your family?
(Ideas: to meet people: to take a break: A holiday: time for myself: More choices)



5

I can usually take part in...



Ideas:
Things my friends do,
school activities,
social life



6

Sometimes i miss out on...



How does caring affect your schoolwork or homework?

1

6

In an emergency, who would you like contacted?

When you're not home, who helps?



Have you missed school because of caring? No Yes If "Yes" how often?

2

7

How has your health been since you started caring?

8

Has caring ever made you stressed or upset?

3

Do you ever get in to trouble in school? No Yes If "Yes" what for?

9

Do you ever get up at night to help? If "yes", how often?

4

Do you ever get teased, picked on or bullied at school?

5

Does the school know about your caring role? No Yes

Would you like an adult at school to know more about your caring role? No Yes

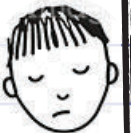
How does school help?

10

Do you ever lift a person or equipment?

11

What worries you?



Below is our wellbeing wheel, it has 8 indicators and under each indicator is a definition. Rate how you feel, from 1-5, and place the number in each circle.

1 - not at all, 2 - not very,
3 - fairly, 4 - mostly, 5 - very
For example:
"I feel safe... 5"



WELLBEING WHEEL

INCLUDED

Getting guidance to overcome inequalities; full members of the communities in which they live and learn

SAFE

Protected from abuse, neglect or harm at home, at school and in the community.

RESPONSIBLE

Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary.

HEALTHY

High standards of physical and mental health; support to make healthy, safe choices.

RESPECTED

Given a voice, and involved in the decisions that affect their wellbeing

Support and guidance in learning - boosting skills, confidence and self-esteem.

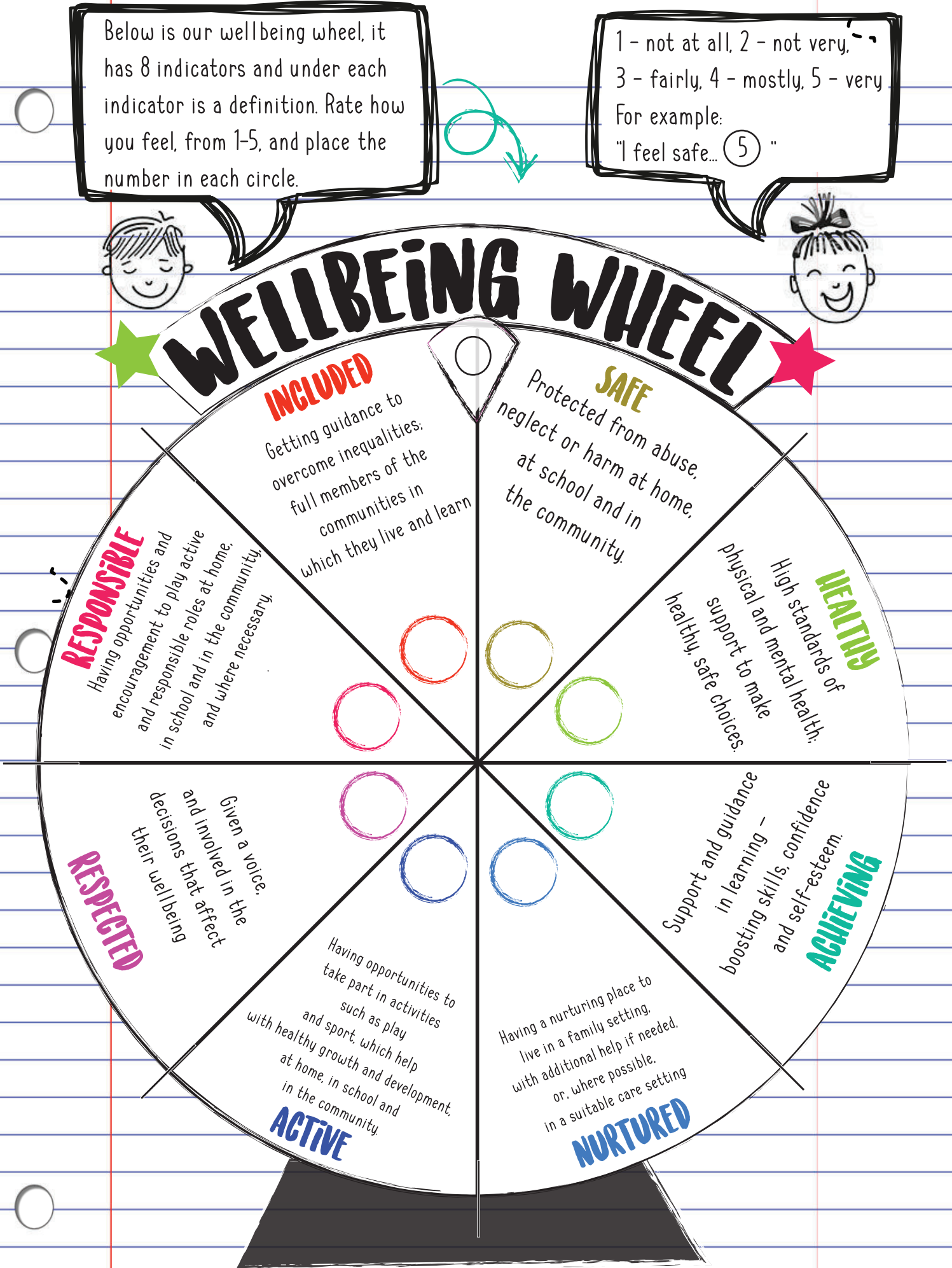
ACHIEVING

Having opportunities to take part in activities such as play and sport, which help with healthy growth and development at home, in school and in the community.

Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting

NURTURED

ACTIVE



The cared for person

1

First Name:.....

Do they live with you?

Last name:.....

Yes No

D.O.B:..... Age:..... male female

If "no" what is their address?

.....

.....Postcode.....

2

First Name:.....

Do they live with you?

Last name:.....

Yes No

D.O.B:..... Age:..... male female

If "no" what is their address?

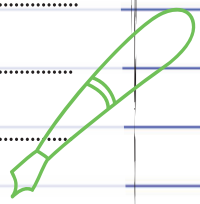
.....

.....Postcode.....

3

Why do they need care?

.....
.....
.....
.....



1

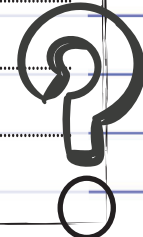
Is there anything else you want to tell us?



2

What issues might arise in the future?

.....
.....
.....



Caring roles that most affect the young persons welfare

- 1
- 2
- 3

Recommended Actions:

- 1
- 2
- 3

How do you feel about these actions?.....

Other services involved

- 1
- 2
- 3



Date of plan

1

Date of review

Signed by the young carer

2

Date.....