



Young Carers Assessment and Statement



Getting to Know All About You...

Young Carer Name:	
Date(s) of meetings:	
Your Young Carer Support Worker is:	
Other people at the meetings:	

What is a Young Carer and why are we meeting?

Many young people and their families do not realise they are a young carer.

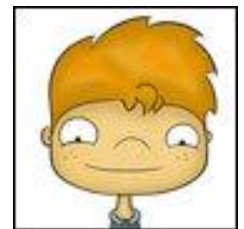
A young carer is a young person aged 5 – 15 years old who provides unpaid care to a family member or other person who has an illness, disability, mental ill health or who experiences problems related to substance misuse.

You might not think that is you. But maybe someone else who knows you thinks it is and have asked us to support you.

No matter how little caring you do, you can still be a young carer. All young carers by law have the right to a **Young Carer's Statement**. This sets out what you need, your goals and how you might achieve them with help if needed.

In Perth and Kinross the PKAVs Young Carers team is here to help you make your statement. To do this we do an assessment with you and then help you make the plan to achieve what you want to. This booklet and the meetings help us record all the information you give us to help us do this.

What is a young carers assessment and statement?



The assessment

This assessment is a discussion over 1 – 3 meetings that will allow you and the person helping you to discuss your caring role and its impact on you. We do some talking and filling in some forms so that we find out everything we need to help you.

Process of Young Carers Assessment

You will answer some questions about yourself and from the information you share the person helping you complete the assessment will help you decide on some 'outcomes' - personal things you would like to achieve or change in the future.

You can decide who is allowed to see the information or not.

What happens next?

After the assessment we record your outcomes in your own Young carers Statement along with a list of things we will do to help you achieve them

The support that is offered may be from PKAVS young carers or other partners. It will work towards meeting the outcomes you have set



CONSENT & CONFIDENTIALITY

Children, young people and families often prefer to keep their worries or concerns private. We understand this and any personal information that you choose to share with us will be treated as confidential, as far as possible. In order to better support the young person, we do contact the referral agency and school to share basic information to ensure the best support across all agencies.

When concerns arise about the safety of individuals or if a child or young person is deemed to be at risk of harm, we may be required to share this information with other professionals. We will also be providing you with information and advice about information sharing, confidentiality and consent.

Please check and sign below that:

- You have read and understood the above statement of confidentiality OR it has been explained to you and you understand it.
- You have received a copy of the PKAVS privacy notice which includes how we keep your information safe

YOUNG CARER :

Signature: _____

Date: _____

PARENT / GUARDIAN:

Signature: _____

Date: _____

ALL ABOUT YOU

Conversation starters/questions

- What kind of things do you like to do?
- What are your favourite activities / hobbies out of school?
- Who lives in your house? (Relationship and age)
- Who do you help look after?
- Why do they need you to help them?
- Are you able to leave the person you care for on their own?
Yes For Short Periods No

All about you notes:

SCHOOL and EDUCATION

Which school do you go to?

What do you enjoy the most about school?

What do you enjoy least about school?

Are you ever late to school as a result of your caring role?
Never Sometimes A lot of the time

Do you manage to do your homework?
Never Sometimes A lot of the time

Who helps with your homework if you need it?

Do you ever worry about the person you are caring for when you are at school?
Never Sometimes A lot of the time

If so what do you worry about?

Have you ever missed school because of caring?
Never Sometimes A lot of the time

Who at school knows about your caring role?

Is there anyone you could talk to at school about your caring role?

YOUR WELLBEING (Physical/Mental/Social)

Do you have any health conditions or have to get help with anything yourself?

Does your caring role have an impact on your physical health? Things like sleeping, tiredness getting sore muscles.

Does your caring responsibility affect how you feel and cope with things? Things like your mood, how you concentrate, feeling stressed or worried.

Who are your friends?

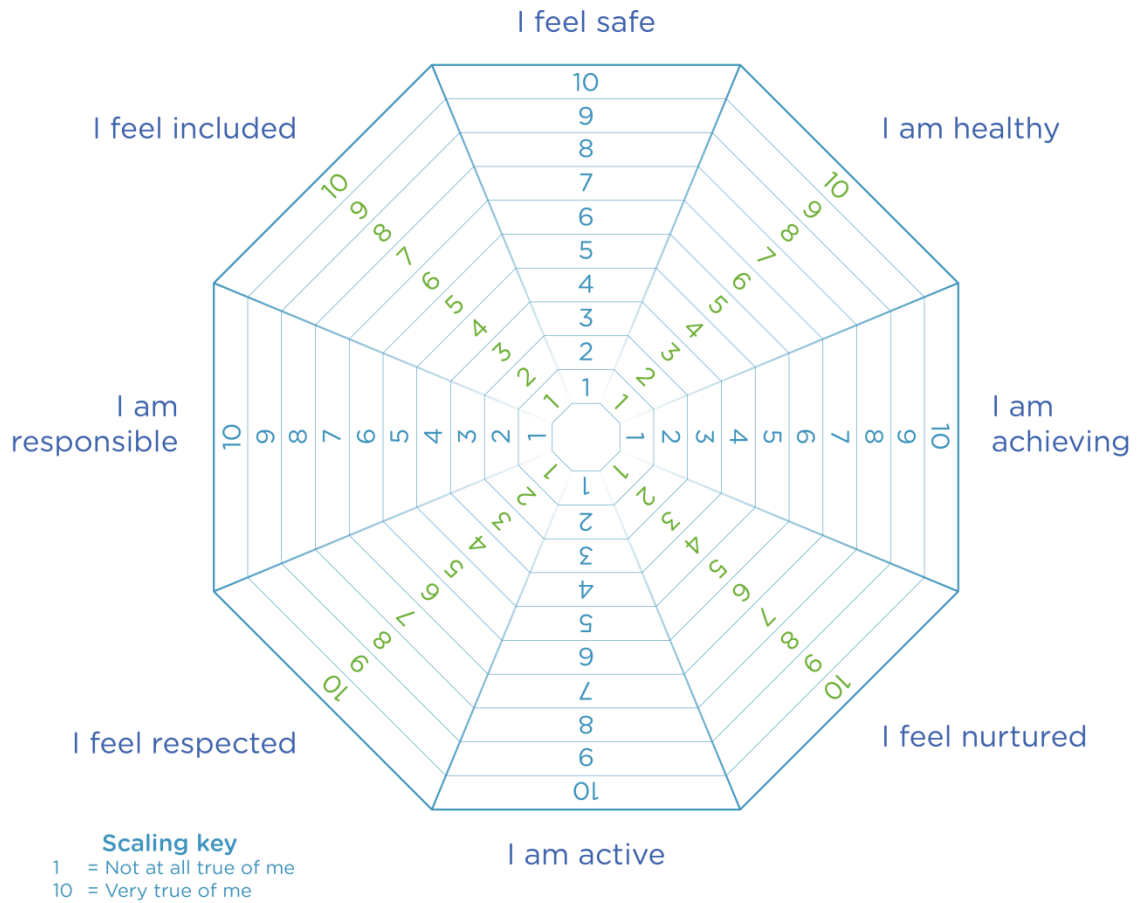
Do you spend time with friends out of school?

Do your friends know you care for someone?

Do you ever get teased or bullied?

Wellbeing means a lot of different things to different people. We can do the Wellbeing web activity to help you talk and think about different areas in your life. (hand out prompt cards)

The wellbeing web



NOTES:

We have a worksheet to complete about the positive and negative impacts of your caring – we do it without the person you care for. Do some today or over a couple of meetings. (PANOC)

Things I do each week

<u>What activities do you do?</u>	Day 	Evening 
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

YOUR CARING ROLE

What does your day / week normally look like?
What do you do when you get up and go to school / get home / go to bed?
What kind of caring jobs do you do during the day?
Are there any of your caring jobs you enjoy/like doing? (What and Why?)
Are there any bits of caring you don't like? (What and Why?)
Are there things about caring that make you feel good?
Are there things about caring that upset you?
Are there things you can't do because of caring responsibilities?
Does the person you care for have someone who support them?
Does anyone come to the house to help your family? If yes, name / relationship / job title.
Who would you go to if you needed help with your caring role or wanted to talk about it?
Do you feel that you would be able to enjoy more 'me' time if you got more support with your caring role?
Is there anything you feel you need help with?
Do you feel able to carry out your caring role? Yes <input type="radio"/> No <input type="radio"/>
If no, what kind of support would help you?

We have a worksheet to complete about the impact of your caring activities – we do it without the person you care for. We can do it now or next time. What would you prefer? (PKAVS MACA)

Multidimensional Assessment of Caring Activities (MACA-YC18 – PKAVS adapted)

Completion Date: _____

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. Thank you.

	NEVER (0)	SOME OF THE TIME (1)	A LOT OF THE TIME (2)	COMMENTS
Clean your own bedroom				
Clean other rooms				
Wash up dishes or put dishes in a dishwasher				
Decorate rooms				
Take responsibility for shopping for food				
Help with lifting or carrying heavy things				
Help with financial matters such as dealing with bills, banking money, collecting benefits				
Work part time to bring money in				
Interpret, sign or use another communication system for the person you care for				
Help the person you care for to dress or undress				
Help the person you care for to have a wash				
Help the person you care for to have a bath or shower				
Keep the person you care for company e.g. sitting with them, reading or talking to them				
Keep an eye on the person you care for to make sure they are alright				
Take the person you care for out e.g. for a walk or to see friends or relatives				
Take brothers or sisters to school				
Look after brothers or sisters whilst another adult is near by				
Look after brothers or sisters on your own				

TOTAL ALL: _____

Positive and Negative Outcomes of Caring (PANOC-YC20 – PKAVS adapted)

Completion Date: _____

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. Thank you.

			Never (0)	Some of the time (1)	A lot of the time (2)
MEETING 1	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			
	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			
	15 +	Because of caring I like who I am			
	19 +	I feel good about helping			
	20 +	Because of caring I feel I am useful			
MEETING 2	5 -	Because of caring I have to do things that make me upset			
	6 -	Because of caring I feel stressed			
	9 -	Because of caring I feel like running away			
	17 -	Because of caring I have trouble staying awake			
	18 +	Because of caring I feel I am better able to cope with problems			
MEETING 2/3	10 -	Because of caring I feel I 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			
	16 -	Because of caring life doesn't seem worth living			
Summary					
Sum items 1, 2, 3, 4, 7, 8, 15, 18, 19, and 20			POSITIVE TOTAL		
Sum items 5, 6, 9, 10, 11, 12, 13, 14, 16, and 17.			NEGATIVE TOTAL		

SUMMARY OF CARING IMPACT – SUPPORT WORKER USE ONLY

Wellbeing Web

Theme	Score	Impact level	Theme	Score	Impact Level
SAFE			ACTIVE		
HEALTHY			RESPECTED		
ACHIEVING			RESPONSIBLE		
NURTURED			INCLUDED		
Impact level Key:	1-4		5-7		8 – 10
	High/ Level 3		Moderate / Level 2		Low / Level 1
	High concern		Potential for concern		No concerns

PANOC

Positive Score: <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div>	0	No positive outcomes reported – potential for concern
	1-12	Relatively few positive outcomes, potential for concern
	13-20	Relatively high positive outcomes reported
Negative Score <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div>	0	No negative outcomes reported
	1-8	Relatively few negative outcomes reported
	9-20	Relatively high negative outcomes reported, potential for concern
<p>Of most concern will be those young carers who score less than 12 on the positive scale AND greater than 8 on the negative scale. However, where there are serious concerns we recommend that the PANOC-YC20 be used as part of a fuller assessment process by qualified health and social care professionals</p>		

MACA YC18

MACA YC18 Score <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div>	Higher scores indicate greater levels of caring activity. The following categories are useful:	0 No caring activity recorded
		1-9 Low amount of caring activity
		10-13 Moderate amount
		14-17 High amount
		18 and above Very high amount of caring activity

OTHER INFORMATION - ADDITIONAL SUPPORT NEEDS / COMPLEX SITUATION

MAKING YOUR YOUNG CARER STATEMENT





What would you like to change and how can we help?



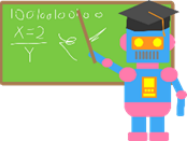
All of the information we have gathered helps us get a picture of your whole life and how your caring role affects it. We can now have a think about what bits you would like to change and what you would like things to look like in a few months' time or longer. Once you know that we can work out who can help and what things can be done to make a difference.

All of this is recorded in your own Young Carers Statement. Basically a plan to help you get to where you want to go. We will review your statement at agreed times to see if we have been able to make the differences you wanted.



MY YOUNG CARERS STATEMENT AND ACTION PLAN - CREATED FOR:

PRIORITY THEME	SHANNARI Safe, healthy, achieving, nurtured, active, respected, responsible. included	OUTCOME What you want to change and your goals	ACTIONS / SUPPORT AGREED What support is needed to make the change	WHO Who needs to do it	WHEN When does it need to be done by	PROGRESS MADE Has it been achieved in full/part/not at all – INCLUDE DATE OF REVIEW
CARING ROLE 						
HOW YOU FEEL 						
HEALTH 						
MANAGING AT HOME 						

<p>TIME FOR YOURSELF</p> 						
<p>HOBBIES & INTERESTS</p> 						
<p>SCHOOL</p> 						
CONTINGENCY / EMERGENCY PLAN						
		DATE OF COMPLETION	SUPPORTED BY			
			NAME (PRINT)	JOB TITLE	SIGNATURE	DATE
	YC STATEMENT					
	REVIEW 1					
	REVIEW 2					

