YOUNG PEOPLE WHO CARE

YOUNG CARER STATEMENT

MY FIRST NAME IS: ..................................................
MY LAST NAME IS: ..................................................
MY D.O.B IS: ..................................................
I AM MALE ☐ FEMALE ☐
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...
(WRTE OR DRAW ABOUT SOMETHING YOU LIKE OR ARE INTERESTED IN)
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?

3. Has anything in your family changed recently? (someone’s health or help they need)

4. What would you like to change for you or your family? (I want to meet people to take a break & holiday, time for myself. More choices)

5. I can usually take part in...

6. Sometimes I miss out on...

Idea: Things my friends do, school activities, social life
1. How does caring affect your schoolwork or homework?

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

3. Do you ever get into trouble in school? No □ Yes □ If "Yes" what for?

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?

6. In an emergency, who would you like contacted?

7. How has your health been since you started caring?

8. Has caring ever made you stressed or upset?

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

10. Do you ever lift a person or equipment?

11. What worries you?
The cared for person

1. First Name: ________________________  Do they live with you?
   Last name: ________________________  Yes ☐ No ☐
   D.O.B.: __________ Age: _______  If "no" what is their address?
     male ☐ female ☐
   ________________________________
     _____________________________ Postcode

2. First Name: ________________________  Do they live with you?
   Last name: ________________________  Yes ☐ No ☐
   D.O.B.: __________ Age: _______  If "no" what is their address?
     male ☐ female ☐
   ________________________________
     _____________________________ 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?
   ________________________________
   ________________________________
   ________________________________
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"
Caring roles that most affect the young persons welfare

Recommended Actions:

How do you feel about these actions?

Other services involved

Date of plan

Signed by the young carer

Date of review

Date