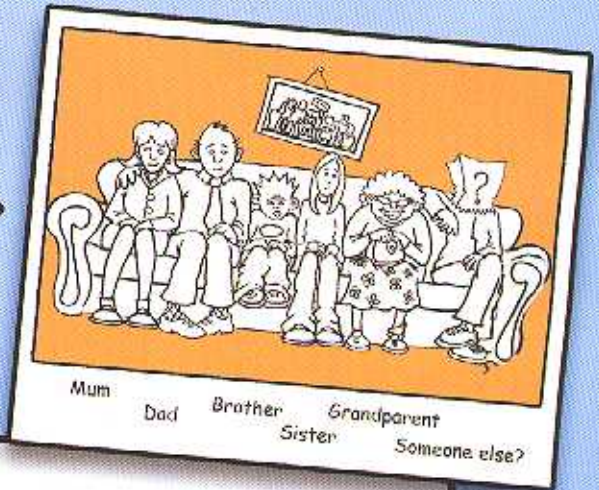


YOUNG PEOPLE Who Care



Who do you care for in your family?



1

ie: lifting
bathing
changing
dressing
medicine
mobility

What do you do to help?



2

cooking
cleaning
shopping
laundry
dishes
garden

3

looking
after a
brother
or sister

4

staying in
talking
listening
'keeping an
eye on
someone'
bills or
forms
translating

5

What do you like about caring?

6

What do you dislike about caring?



What's easy about caring?



What's hard about caring?

7

8

9

Who helps you to care?



10

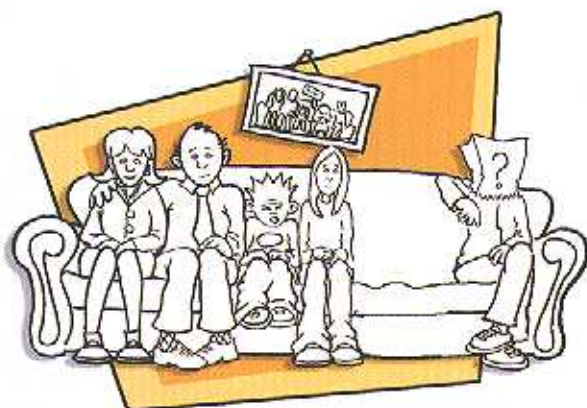
What help would you like with caring?



11

Has anything in your family changed recently?

(For instance someone's health or the help they need)



12

What would you like to change for you or your family?

(Ideas: To meet people; To take breaks; A holiday time for myself; More choices)



13

I can usually take part in...



Ideas:
Things my friends do,
School activities,
Social life.

14

Sometimes I miss out on...



15

How does caring affect your schoolwork or homework?

16

Have you ever missed school because of caring?

No Yes

If "Yes" how often?



17

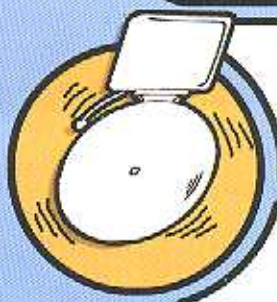
Do you ever get teased, picked on or bullied at school?

18

Do you ever get into trouble at school?

No Yes

If "Yes" what for?



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

19

In an emergency, who would you like contacted?

20

21

How has your health been since you started caring?

22

Has caring ever made you stressed or upset?

23

When you're not home, who helps?

24

Do you ever get up at night to help?

If 'Yes', say how often:

25

Do you ever lift a person or equipment?

26

What worries you?

27

Is there anything else you would like to tell us?



My first name is.....
 My family name is.....
 Please call me "....."
 My age is.....My DoB.....
 I am male / female

My address is:-
 House:.....
 Street:.....
 Village / district:.....
 Town:.....
 Postcode:.....Phone:.....
 My school is:.....
 My doctor is:.....
 My first language is:.....
 I need special help with.....

SWIFT Number:

The cared for person(s):

① First name:.....
 Family name:.....
 Dte of Birth:.....male / female
 G.P.....
 First language.....

② First name:.....
 Family name:.....
 Dte of Birth:.....male / female
 G.P.....
 First language.....

Other services involved:

①.....
 ②.....
 ③.....

Planning meeting needed: Yes No

Caring roles that most affect the young persons welfare:

①.....
 ②.....
 ③.....

Recommended Actions:

①.....
 ②.....
 ③.....
 ④.....
 ⑤.....

Relevant agency:

.....

How do you feel about these actions?

.....

What issues might arise in the future?

.....

When should this assesment be reviewed?

.....

Signed by the carer:

.....
and by the assessor:

.....

Date:.....