YOUNG CARERS SUPPORT PLAN

In order to support the Young Carers and their family, referrals are needed for

	Yes	No	Recommended Action	Action Taken	Review of outcome
Community Care Assessment					
Health Support					
Educational Support					
Drug/alcohol services					
Child Mental Health Services					
Welfare Benefits/Financial Issues					
Youth Service, Youth Groups etc					
Voluntary Agencies					
Young Carers Group					
Housing					

Signature of Young Carer	Date:
Signature of parent/guardian	Date:
Signature of worker completing assessment	Date:
Signature of manager	Date:

CONSENT & CONFIDENTIALITY

Some of the information that you share with us may need to be shared with other agencies such as Education, Social Worker, and your Doctor. We may also speak to your school or other agency involved to find out how you are getting on.

Is this acceptable?

Young Carer
Signature:.. Date:..

Project Worker
Signature:.. Date:..

Thank you very much for filling in this assessment, it will help us to look at what help you may need

Who lives in your house? (Relationship & age)

Who do you help to care for?

Why do they need someone to help them?

Do you miss out on anything because you are caring for someone?
Yes ☐ No ☐ Sometimes ☐

Do you see yourself as a carer
Yes ☐ No ☐ Not thought about it ☐

How long have you been caring?

Tell us the sort of things that you do:

Tasks	Yes	No	How often:	Comments	Recommended action:
Cooking					
Cleaning					
Laundry					
Shopping					
Paying bills					
Looking after siblings					
Giving medication					
Picking up medication from chemist					
Asking for GP/hospital appointments					
Monitoring safety of cared for person					
Washing					
Bathing/Showering					
Dressing					
Toileting					
Lifting (out of bed & chairs)					

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Are there tasks that you would prefer not to do?

Does anyone come to the home to help your family?

Yes ☐ No ☐

If yes, who?

Do you have any contact with:

Education welfare officer:

Psychologist:

School Nurse:

Religious Groups:

Youth Groups:

Young Carers Groups:

Community Group:

Other:

Who would you go to if you needed help with your caring role?

Who would you go to if you wanted to talk to someone?

Who is your doctor?

When did you last see your doctor?

Who is your dentist?

How often do you go for a dental check?

When did you last have your eyes tested?

Is your health affected in any way?

Interrupted Sleep	☐	Tiredness	☐
Backache	☐	Other aches, pains or strains	☐

Anything else?

What do you think is affecting your health?

Which school do you go to?

What do you like best about school?

What do you like least about school?

How often do you attend?

Is there someone special in school you can talk to?

Are you ever late as a result of your caring? Never ◯ Sometimes ◯ All the time ◯

When do you do your homework?

Do you ever worry about the person that you are caring for when you are at school? Yes ◯ No ◯

Can you explain what you worry about?

Do you have more caring responsibilities during weekends and school holidays? Yes ◯ No ◯

Do you ever feel:

ANGRY	WORRIED
FED UP	SAD
LONELY	HAPPY
RELAXED	NOT WORRIED

Are there any other feelings that you describe?

What do you think makes you feel this way?

What would help you t feel better?

Do you talk o anyone about how you feel? Yes ◯ No ◯
If yes, who do you talk to?

Sumary

Action that is needed to be taken to support the Young Carer