

Andover Young Carers Assessment Form Confidential

Ref:

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

Post Code
 Phone no:

My doctor is:

My first language is:.....

I need special help with

.....

My school is:

Address:

Tel No of School:.....

School year:.....

Teacher

Who would you contact if there were an emergency?

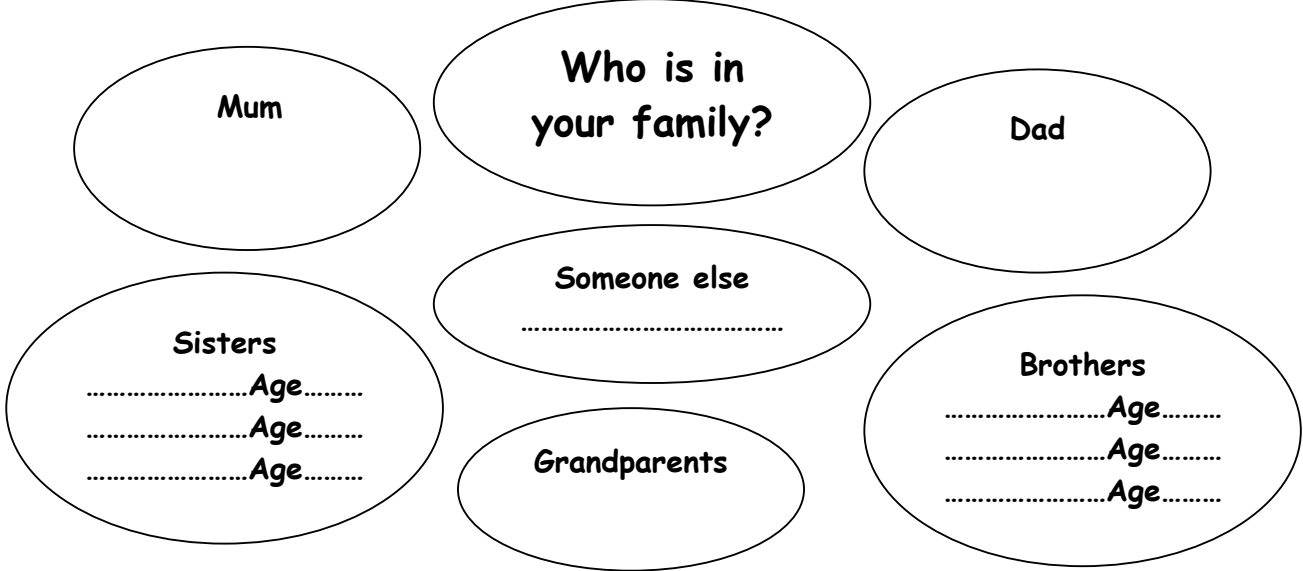
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.....

Who helped you to complete this assessment?.....


.....

Who do you look after?
 What is their illness / disability?



Do you know what I mean by 'young carer'? Yes No
Do you see yourself as a young carer? Yes No
How long have you been caring?

What do you like about caring?



What do you dislike or find difficult about caring?



Do you get any help with caring at the moment? Yes No
If yes please give details

- | | | | | | |
|----------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|
| Relative | <input type="checkbox"/> | Friends/neighbour | <input type="checkbox"/> | Community | <input type="checkbox"/> |
| District Nurse | <input type="checkbox"/> | Home Help | <input type="checkbox"/> | Psychiatric Nurse | <input type="checkbox"/> |
| Social Worker | <input type="checkbox"/> | Meals on Wheels | <input type="checkbox"/> | Voluntary | <input type="checkbox"/> |
| Occupational | <input type="checkbox"/> | Specialist Medical | <input type="checkbox"/> | Organisation | <input type="checkbox"/> |
| | | | | Carer Support | <input type="checkbox"/> |
| | | | | Worker | <input type="checkbox"/> |
| | | | | Other please specify | <input type="checkbox"/> |

What do they do to help? _____

What services do you receive at present? _____

DO YOU HELP AROUND THE HOUSE BY:		PLEASE DRAW A CIRCLE TO INDICATE YOUR ANSWER				Who else helps?	v0063	Notes/Action
Cleaning/Hoovering/ Dusting	Always	Often	Sometimes	Never				
Washing/Drying Up/tidying kitchen	Always	Often	Sometimes	Never				
Cooking/ Preparing food	Always	Often	Sometimes	Never				
Washing/Drying clothes	Always	Often	Sometimes	Never				
Ironing	Always	Often	Sometimes	Never				
Shopping for food/ Household items	Always	Often	Sometimes	Never				
Gardening/ Outside work	Always	Often	Sometimes	Never				
Managing Money/ Bills etc	Always	Often	Sometimes	Never				
Do you ever get up in the night to help?	Always	Often	Sometimes	Never				
With dressing	Always	Often	Sometimes	Never				
With washing and bathing	Always	Often	Sometimes	Never				
Helping with medication	Always	Often	Sometimes	Never				
Fetching and carrying	Always	Often	Sometimes	Never				
Organising things e.g. appointments	Always	Often	Sometimes	Never				
Spending time to make sure they're OK	Always	Often	Sometimes	Never				
Cheering them up	Always	Often	Sometimes	Never				
Calming them down	Always	Often	Sometimes	Never				
Making sure they are safe when out i.e. road safety	Always	Often	Sometimes	Never				
Mobility - do you help with lifting i.e. person, equipment etc	Always	Often	Sometimes	Never				
Support when walking	Always	Often	Sometimes	Never				
Pushing wheelchair / buggy	Always	Often	Sometimes	Never				
Caring for Pets	Always	Often	Sometimes	Never				

Can you leave the person cared for on their own?
Yes No Short periods
If no, who else looks after them?

What help would you like with caring that you don't get at the moment?



Has anything in your family changed recently?
(for instance someone's health or the help they need)

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

What hobbies and Activities do you do?

What hobbies and activities would you like to do if you could?



Sometimes I miss out on:

.....

.....

Has caring ever affected your health in anyway? Please tick

	NEVER	SOMETIMES	MOST OF THE TIME	ALL OF THE TIME
Interrupted sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other aches, pains, strains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

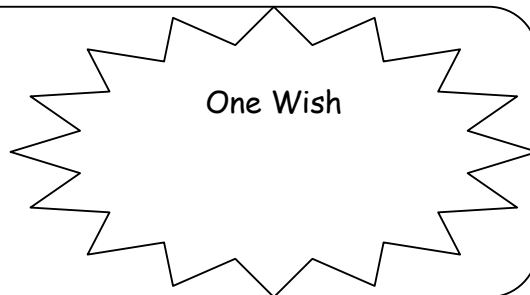
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Do you ever feel	NEVER	SOMETIMES	MOST OF THE TIME	ALL OF THE TIME
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fed Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other feelings you could describe?.....				

Do you talk to anyone about how you feel? Yes No

Is there anything else you would like us to know or to do for you?

What would you like to do in the future?



Does caring affect your schoolwork or homework?

Yes No

If so how?

Have you ever missed school or been late because you were looking after someone? Yes No

If "Yes" say how often and why?

.....
.....

Do you ever get teased, picked on or bullied at school? Yes No

Have you told anybody? Yes No

Did it help? Yes No

Please tick

Does your school know about your caring role? Yes No

If yes who?

If no

Is there an adult in your school that you feel you can talk to? Yes No

Is it OK for me to contact the school? Yes No

Questions for 14 - 18 year olds

Are you thinking of:

going on to 6th form college? Yes No

trying to find a job? Yes No

If so, which one

Do you think there will be any difficulties with this because of your caring role? Yes No

If 'Yes' please say what they might be

.....
.....

What would be helpful to you in getting to work / college and coping with studying / homework?

.....
.....

Do you have a Connexions Adviser? Yes No

If so who:

Anything else you think I need to know?

.....

.....

.....

.....

.....

.....

Please sign and print name

Young Carer:

Parent :

Assessor:

School/Agency

Date:

**The Manager
Lorena Burlison
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Churchill Bungalow
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