

MC900052881[1]

Edinburgh Young Carers Project

**‘Footprints’**

**Personal Development Plan**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MC900052881[1]MC900052881[1]

***Confidentiality Agreement***

Note that only individual young people and project staff can have access to their own files.

* Open Access to files will be promoted by the project.
* A worker will be available to discuss any issues arising from a young person’s access to their file.

If a young person raises an issue of a personal nature, e.g. their sexuality, relationships etc, it is important to remember that the information is their own, and should not be repeated in front of other young people by any worker or volunteer.

What you discuss with your young carer worker will remain confidential within the project, unless we deem you or someone else to be at risk of harm. In this case we may need to pass this information on.

I have discussed confidentiality with the young person

Workers initials…………………………………………………………..

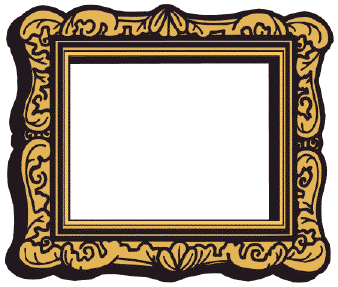
**Sharing information**

* Does your school know you are a young carer? **Yes/No**
* I am happy for you to speak with other professionals such as social work, school, job centre etc on my behalf **Yes/ No**
* Would you like them to know? **Yes/No**

**Young Person’s Signature……………………………………………………………………..**

All about me

Draw a picture of everyone in your life/family who is important:



My day

Draw pictures to tell us about your day.

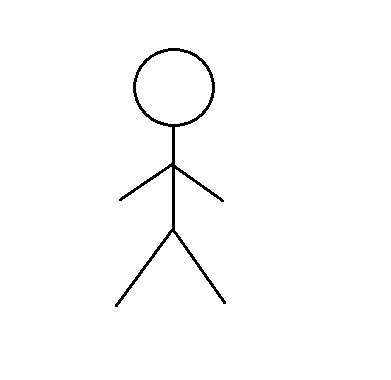
**Best thing about my day…**

How do I see myself?

**My day would be better if…**

What am I like?

Write all the words/or draw pictures that describe you.



First Footprint ‘A bit about my caring role’

**For each of the following task:**

**Tick one box to indicate how often (if at all) you have done this task in the last month**

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Never | Sometimes | Lots |
| **1.Clean rooms** |  |  |  |
| **2.Cook or prepare meals** |  |  |  |
| **3.Wash dishes, wash clothes and hoover** |  |  |  |
| **4.Help with the food shopping** |  |  |  |
| **5.Help lift / carry heavy stuff** |  |  |  |
| **6.Help adults with money** |  |  |  |
| **7.Help with communication - sign language, interpretation or reading** |  |  |  |
| **8.Help with bills or important forms** |  |  |  |
| **9.Help adults get changed** |  |  |  |
| **10.Help person to the toilet** |  |  |  |
| **11.Help person to wash** |  |  |  |
| **12.Help with medication (pills/ointments)** |  |  |  |
| **13.Keep the person company** |  |  |  |
| **14.Make sure the person is okay** |  |  |  |
| **15. Help the person when we go out** |  |  |  |
| **16. Support the person to doctors or hospital** |  |  |  |
| **17. Listening to the worries of the person you care for** |  |  |  |
| **18.Take brothers or sisters to school** |  |  |  |
| **19.Look after brothers or sisters with an adult** |  |  |  |
| **20. Help brothers or sisters get dressed** |  |  |  |
| **21.Look after brothers or sisters on your own** |  |  |  |

SCORE

|  |  |  |
| --- | --- | --- |
| **0** | **No caring activity recorded** | Scoring |
| **1-9** | **Low amount of caring** | **Never = 0** |
| **10-13** | **Moderate amount of caring** | **Some of the time = 1** |
| **14-17** | **High amount** | **A lot of the time = 2** |
| **18+** | **Very high amount** |

First Footprint ‘How caring affects me’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | A wee bit | Sometimes | Mostly | Lots |
| **1. Do you feel upset or sad (+)** |  |  |  |  |  |
| **2. Do you feel stressed (+)** |  |  |  |  |  |
| **3. Do you feel tired (+)** |  |  |  |  |  |
| **4. Do you feel angry (+)** |  |  |  |  |  |
| **5.Do you have time to play sports or exercise** |  |  |  |  |  |
| **6. Do you eat healthily** |  |  |  |  |  |
| **7. Do you feel lonely (+)** |  |  |  |  |  |
| **8. Do you get to see your friends a lot outside of school** |  |  |  |  |  |
| **9. Do you have anyone you can talk to about caring** |  |  |  |  |  |
| **10. My friends know and understand about my caring** |  |  |  |  |  |
| **11. Do you have time to yourself** |  |  |  |  |  |
| **12. Do you think about what caring you have to do at school or college (+)** |  |  |  |  |  |
| **13. Are you able to do your homework** |  |  |  |  |  |
| **14. Do you have to take time off school for your caring (+)** |  |  |  |  |  |
| **15. Do you feel like you can talk to teachers** |  |  |  |  |  |
| **16. Do you feel like you can cope with your caring role (does it feel too much)** |  |  |  |  |  |
| **17. Do you feel confident to deal with problems at home** |  |  |  |  |  |
| **18. Do you feel like you are helping at home** |  |  |  |  |  |
| **19. Do you worry about money (+)** |  |  |  |  |  |
| **20. Do you enjoy being a young carer** |  |  |  |  |  |
| **21. Do you feel closer to your family** |  |  |  |  |  |
| **22. Are you learning lots of new things being a young carer** |  |  |  |  |  |
| **23. Do you have someone to help if you need it** |  |  |  |  |  |

|  |  |
| --- | --- |
| Scoring (Never 4 – Always 0; reverse the (+) statements) | SCORE |
| **Emotional and physical wellbeing** |  |
| **Socialising** |  |
| **Being a young carer at school** |  |
| **Confidence in managing caring roles** |  |
| **Supported as a young carer** |  |

|  |  |
| --- | --- |
| ‘A bit about caring’ - score (out of 36) |  |
| How caring affects me - score |  |

**My First Action Plan**

**If you had a magic wand ![](data:None;base64,) what would you like to change to make things better?**

***![](data:None;base64,)***

***![](data:None;base64,)***

![](data:None;base64,)

**How can we help?**

**How When**

|  |
| --- |
| Would you like more information regarding your caring situation? |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group Work** | **1:1 support** | **Playdates** | **Residential** | **Priority level** |
|  |  |  |  |  |

Wellbeing Concern Form submitted?

Assessment of Need completed?

My First Workers Update

Office Use Only

Main Issues:

Observations:

Support Plan:

**Information about caring situation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Please tick yes or no to the following questions -** *please tick all that apply, referring to our guidelines***`** | **YES** | **NO** |
| **1.** | **Is the young person a young carer?** |  |  |
| **2.** | **Are they the main carer in the household?** |  |  |
| **3.** | **Do they care for a parent or guardian?** |  |  |
| **4.** | **Do they care for a sibling?** |  |  |
| **5.** | **Do they care for more than one person?** |  |  |
| **6.** | **Do they live in a single parent household?** |  |  |
| **7. Does the person(s) they care for suffer from –** *please provide details on the next page***:** | | | |
| **7.1** | **Chronic or severe ill-health?** |  |  |
| **7.2** | **Mental health problems?** |  |  |
| **7.3** | **Disability (physical, sensory or learning)?** |  |  |
| **7.4** | **Drug and alcohol problems?** |  |  |
| **7.5** | **What is the illness/disability?** | | |
| **8. Does the young person have significant difficulties with regard to any of the following areas–** *please provide details on the next page***:** | | | |
| **8.1** | **Child protection?** |  |  |
| **8.2** | **Personal behaviour?** |  |  |
| **8.3** | **Family breakdown?** |  |  |
| **8.4** | **Housing?** |  |  |
| **8.5** | **Finances?** |  |  |
| **8.6** | **Self-esteem and confidence?** |  |  |
| **8.7** | **Mental health?** |  |  |
| **8.8** | **Physical health?** |  |  |
| **8.9** | **Education and school?** |  |  |
| **8.10** | **Friendship?** |  |  |
| **8.11** | **Normal social contact?** |  |  |
| **8.12** | **Isolation?** |  |  |
| **8.13** | **Personal free-time/playtime?** |  |  |

NAME: DATE: My Review ‘How caring affects me’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | A wee bit | Sometimes | Mostly | Lots |
| **1. Do you feel upset or sad (+)** |  |  |  |  |  |
| **2. Do you feel stressed (+)** |  |  |  |  |  |
| **3. Do you feel tired (+)** |  |  |  |  |  |
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| **10. My friends know and understand about my caring** |  |  |  |  |  |
| **11. Do you have time to yourself** |  |  |  |  |  |
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| **13. Are you able to do your homework** |  |  |  |  |  |
| **14. Do you have to take time off school for your caring (+)** |  |  |  |  |  |
| **15. Do you feel like you can talk to teachers** |  |  |  |  |  |
| **16. Does your caring role feel too much** |  |  |  |  |  |
| **17. Do you feel confident to deal with problems at home** |  |  |  |  |  |
| **18. Do you feel like you are helping at home** |  |  |  |  |  |
| **19. Do you worry about money (+)** |  |  |  |  |  |
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|  |  |
| --- | --- |
| Scoring (Never 4 – Always 0; reverse the (+) statements) | SCORE |
| **Emotional and physical wellbeing** |  |
| **Socialising** |  |
| **Being a young carer at school** |  |
| **Confidence in managing caring roles** |  |
| **Supported as a young carer** |  |

My Review

‘My Review’

***Has being involved with EYCP helped you feel more confident?***

***Has being involved with EYCP helped you feel less on your own?***

***Have you made new friends at EYCP?***

***Has EYCP supported you in your caring role?***

***Has EYCP helped you to feel better about yourself?***

***As a result of being involved with EYCP can you cope better?***

**0 – 1 – 2 – 3 – 4**

**0 – 1 – 2 – 3 – 4**

**0 – 1 – 2 – 3 – 4**

**0 – 1 – 2 – 3 – 4**

**0 – 1 – 2 – 3 – 4**

**0 – 1 – 2 – 3 – 4**

**My Review Action Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group Work** | **1:1 support** | **Playdates** | **Residential** | **Priority level** |
|  |  |  |  |  |

**If you had a magic wand ![](data:None;base64,) what would you like to change to make things better?**

***![](data:None;base64,)***

***![](data:None;base64,)***

![](data:None;base64,)

**How can we help?**

**How When**

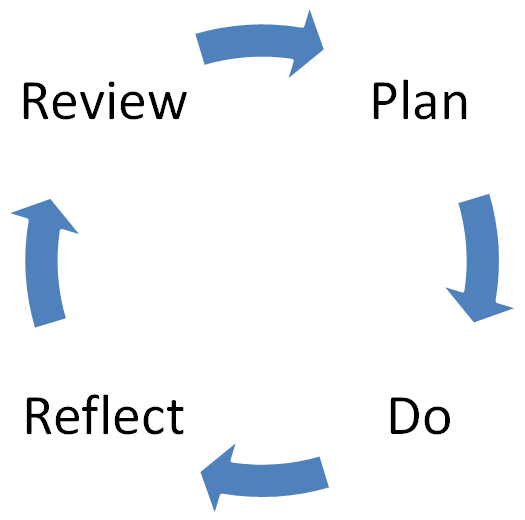
‘Continuing with EYCP’

This is a chance for you to let us know if we have helped you. There is no right or wrong answer; we just want to know what you think

|  |  |  |
| --- | --- | --- |
| **Me and the EYCP** | **Yes** | **No** |
| I enjoyed most of the activities |  |  |
| …helped me make new friends |  |  |
| …taught me helpful things |  |  |
| …made me feel good about myself |  |  |
| …made me feel good about my family |  |  |
| …helped the person I care for |  |  |

|  |
| --- |
| **Please tell us one thing, if anything, which has changed for you because of attending EYCP.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Because of EYCP** | **Yes** | **Same** | **No** |
| I now attend school more often |  |  |  |
| I now enjoy school more |  |  |  |
| I now do less caring |  |  |  |
| I now do less of the caring jobs that upset me/ I don’t like |  |  |  |
| I now do less of the caring jobs that worry me the most |  |  |  |
| People are more understanding of the caring jobs that I do |  |  |  |



‘Exiting EYCP‘ A bit about my caring role’ (use with ‘Exiting EYCP’)

**For each of the following task: Tick one box to indicate how often (if at all) you have done this task in the last month**

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Never | Sometimes | Lots |
| **1.Clean rooms** |  |  |  |
| **2.Cook or prepare meals** |  |  |  |
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|  |  |  |
| --- | --- | --- |
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This is a chance for you to let us know if we have helped you. There is no right or wrong answer; we just want to know what you think

|  |  |  |
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| **Me and the EYCP** | **Yes** | **No** |
| I enjoyed most of the activities |  |  |
| …helped me make new friends |  |  |
| …taught me helpful things |  |  |
| …made me feel good about myself |  |  |
| …made me feel good about my family |  |  |
| …helped the person I care for |  |  |

|  |
| --- |
| **Did you achieve your wishes at EYCP?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Because of EYCP** | **Yes** | **Same** | **No** |
| I now attend school more often |  |  |  |
| I now enjoy school more |  |  |  |
| I now do less caring |  |  |  |
| I now do less of the caring jobs that upset me/ I don’t like |  |  |  |
| I now do less of the caring jobs that worry me the most |  |  |  |
| People are more understanding of the caring jobs that I do |  |  |  |

|  |  |  |
| --- | --- | --- |
| ‘A bit about caring’ score (out of 36) |  | Original score: |

|  |  |  |
| --- | --- | --- |
| How caring affects me - score |  | Original score: |

|  |  |  |
| --- | --- | --- |
| Where are you moving onto after EYCP? | | |
| Would you like to receive our e-newsletter? | Yes/No | Email: |