



# Willow Young Carers



## Willow Action Plan



You won't be expected to finish your action plan in one go, you'll be able to go through it with your worker at your own pace.

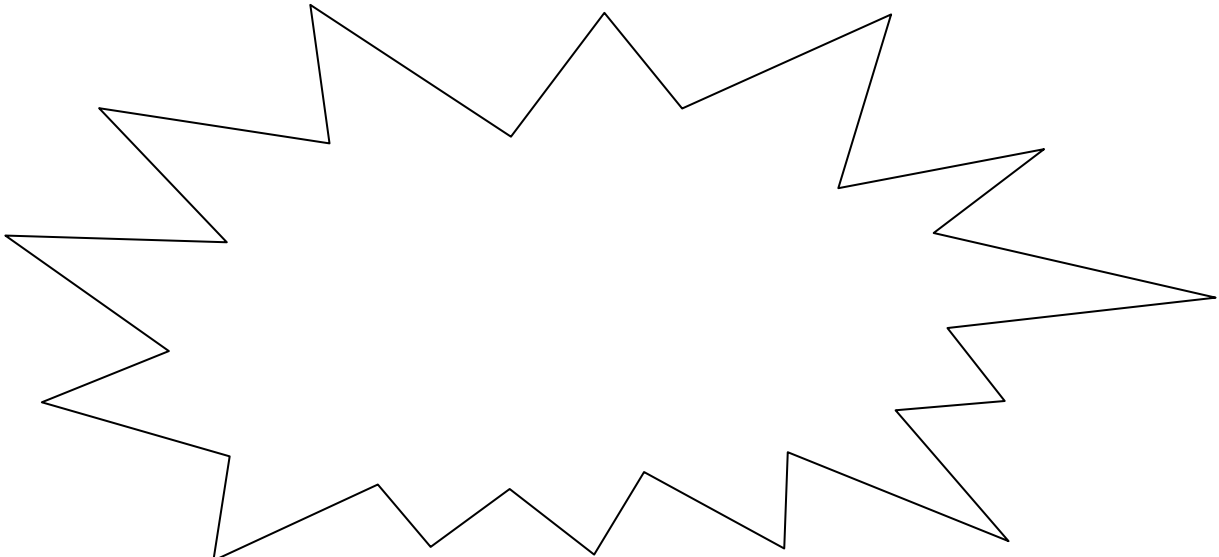
Your action plan will help you to think about how things are at the moment and help you to set some goals with your worker who will help you to achieve your goals.

It's really important that you remember that this is your action plan, so it needs to have your thoughts and ideas in it.



About You	
 I like to be called...	
 My birthday is...	
 My favourite TV Programme is...	
 My favourite music is...	
 My favourite food is ...	
 My favourite sport is ...	
 My hobbies are ...	
 After school I like to ...	
 My best friends are ...	

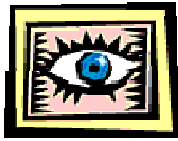
### More about me!





# What do you like about yourself?

My favourite thing about my appearance is...



My favourite healthy foods are...



My favourite healthy activities are...



I am really good at...





I started filling this form in on...	I finished filling this form in on...
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## My family and friends

Who lives in your House? How are they related to you? If you think it's important how old are they? Who else is outside your house that is important to you?

The other people that help my family are...

The person(s) I care for need care because...

I care for...

I would like some information on the person I care for's illness: Yes  No   
Why?





Here are a few of my favourite things about caring...	1
	2
	3
Here are a few things that aren't so great about caring...	1
	2
	3
I think caring would be better if...	

**How R U? RATE IT!**  
**1 not good – 10 really good**

Today?	How would you like to be?
1 _____ 10	1 _____ 10
At home?	How would you like to be?
1 _____ 10	1 _____ 10
At school?	How would you like to be?
1 _____ 10	1 _____ 10
With your friends?	How would you like to be?
1 _____ 10	1 _____ 10
With your parents/carers?	How would you like to be?
1 _____ 10	1 _____ 10
With your brothers and sisters?	How would you like to be?
1 _____ 10	1 _____ 10



It's really important that we understand who supports you out at home, at school and when you're out and about. It's also good for us to know how safe you feel in different places and how happy you are with your social life.

This information will help us to make sure that you feel happy and safe when you are doing things with Willow.

### At Home

Think about what you like and don't like about where you live and how safe you feel in the area you live in.



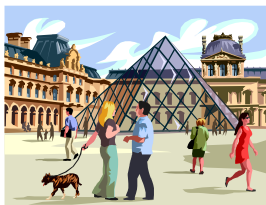
### At School

Think about how safe you feel in school; think about the people at school and the school site.





### Out and about

Think about how safe you feel when you're away from home and school, think about people and places.





<p><b>Relationships</b></p> <p>I really get on with...</p> <p>When I need someone to talk to I speak to...</p> <p>When I need some help I ask...</p> <p>Other people that help me are...</p>	<p>At Home</p> 
	<p>At School</p> 
	<p>When You are out and about</p> 



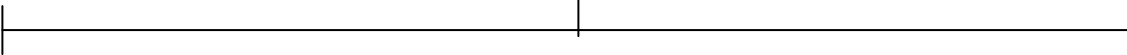
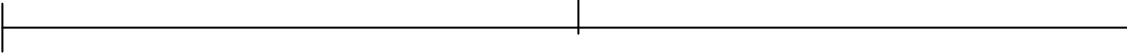
Education		
My school is called...	My form tutor...	
My class number is...	If I need to talk to someone at school I go to...	
What's your attendance Like out of 100% - if you don't know can we talk to your school?		
Spring Attendance	Summer Attendance	Autumn Attendance
Here are a few of my favourite things about school....	Here are a few things that aren't so great about school...	
1	1	
2	2	
3	3	
RATE IT!		
How well do you think you do in school?		
0 not at all	5	very 10
-----		
How good is your attendance?		
0 not at all	5	very 10
-----		
How good is your behaviour?		
0 not at all	5	very 10
-----		
The things I would like to be different at school are...		



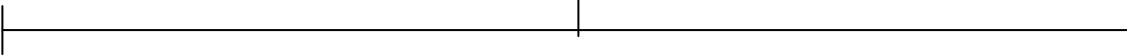
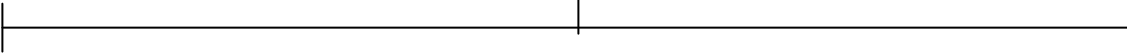
This is how I feel about been a young carer...	
I don't know what young carer is	<input type="checkbox"/>
I am not a young carer	<input type="checkbox"/>
I am proud to be a young carer	<input type="checkbox"/>
I don't like to be a young carer	<input type="checkbox"/>
I feel like this because...	
I would like Willow to help me with...	



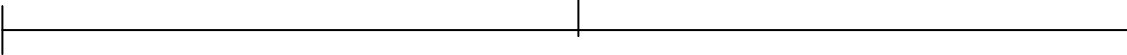
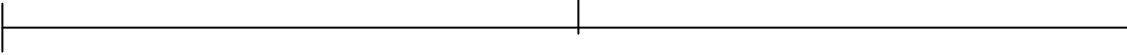


My second goal...	
Goal	
I need to...	
Willow need to...	
I will know that I have reached my goal when...	
I am this close to reaching my goal...	
0 Nowhere near <span style="margin-left: 200px;">5</span> <span style="margin-left: 200px;">Reached it 10</span>	
	
To move one step up the scale I need to...	
How confident are you that you can take the step and make the change?	
0 Not at all <span style="margin-left: 200px;">5</span> <span style="margin-left: 200px;">very 10</span>	
	
The following people can help me achieve my goal...	



My third goal...	
Goal	
I need to...	
Willow need to...	
I will know that I have reached my goal when...	
I am this close to reaching my goal...	
0 Nowhere near <span style="margin-left: 200px;">5</span> <span style="margin-left: 200px;">Reached it 10</span>	
	
To move one step up the scale I need to...	
How confident are you that you can take the step and make the change?	
0 Not at all <span style="margin-left: 200px;">5</span> <span style="margin-left: 200px;">very 10</span>	
	
The following people can help me achieve my goal...	



My fourth goal...	
Goal	
I need to...	
Willow need to...	
I will know that I have reached my goal when...	
I am this close to reaching my goal...	
0 Nowhere near <span style="margin-left: 200px;">5</span> <span style="float: right;">Reached it 10</span>	
	
To move one step up the scale I need to...	
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The following people can help me achieve my goal...	



## My Action Plan

To achieve my goals the following things need to happen...

My first goal

My second goal

My third goal

My fourth goal

I want my goals to be reviewed on...

Date.....



## Consent and Confidentiality

Some of the information that you share with us may need to be shared with other agencies such as Education, Social Services or your doctor. We may also want to speak with these people to see how you are getting on. The only time we would not tell you before doing this is if we thought you were at risk of harm and that by telling you it would increase this risk.

Can we share the information you have given us with any agency we think it would be important to?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Is there anyone that we <b>cannot</b> share the information with?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Can we share the information you have given us with your parent or carer?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Date:.....	
Young Person Signed:	
Willow Worker Signed	