

Carers Wellbeing Conversation

Name of Carer:		
Address:		
Contact number:		
Email address:		
Name of child / young person cared for:		Date of Birth of child / young person:
Relationship with child / young person:		
Name of worker:		Position/Role of worker
Is this your first wellbeing conversation? (please tick as appropriate)	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)

Warwickshire County Council would like to advise you that under the GDPR legislation the information that you are about to give us is kept safely and securely and is not sold to any 3rd parties. For further details please visit www.warwickshire.gov.uk Privacy notice, alternatively we can send you a hard copy or email one to you.

Please tick boxes that best represents your needs now, for each statement

No.	ABOUT YOU AS A CARER Do you need more support with:	No	A little more	Quite a bit more	Very much more
1.	Having time for yourself in the day? (to maintain or take up hobbies/interests, volunteering, training, socialising)				
2.	Everyday tasks (i.e shopping, cleaning, laundry)				
3.	Looking after your own health? a) Physical and b) Emotional wellbeing				
4.	Caring for your child's siblings or other family members?				
5.	Preparing your child / young person for adult life?				

No.	ABOUT YOU AS A CARER CON'T Do you need more support with:	No		A little more	Quite a bit more	Very much more
6.	Do you have provision for wider support? (such as, relatives and friends)	Y	N	Please provide details.....		
7.	Getting overnight respite from caring?					
8.	Knowing what support is available in your community? (support groups, parenting groups, training opportunities)					
9.	Your financial, legal, work issues, housing? (entitlements, benefit claims, family funding, Disability Living Allowance)					
10.	Do you have any adult children in the family? If yes then, have they been assessed by the Adult Social Care Team?	Y	N	If Yes, please provide more information....		

No.	ABOUT YOUR CHILD / YOUNG PERSON Do you need more support with:	No	A little more	Quite a bit more	Very much more
11.	Understanding your child's/young person's needs?				
12.	Understanding your child's/young person's behaviour?				
13.	Managing your child's / young person's symptoms, including giving medications?				
14.	Providing personal care for your child/young person? (e.g. dressing, washing, toileting)				
15.	Equipment to help care for your child's health, safety and wellbeing? (Assistive Technology, stair gate, health and safety around the home)				
16.	Talking with your child or young person about their needs or behavior?				

17.	Is there anything else further you would like to share / discuss in relation to the Wellbeing Conversation?	Y	N	
-----	---	---	---	--

No.	Date	Next Steps	Date Completed
1.			
2.			
3.			