

Draft Young Carer Statement (Young Carers aged 12+)

Items highlighted in yellow are shared with Scottish Government via the six-monthly Carers Census returns, with young carer's permission

PART 1

Worker Details			
Name		Date	
Contact no		Email	
Relationship to Young Carer			
Young Carer Details			
First name		Surname	
Date of Birth		School	
Gender		Ethnicity	
Address, with postcode			
Parent/Guardian Details			
Name		Contact no	
Relationship to Young Carer			
Address, with postcode			
Parent aware of YCS completion?			

Who do you care for?	
Mum/Dad/Grandparent	
Brother/Sister	
Relative	
Other (<i>please say what your relationship is with them, e.g. neighbour, family friend etc.</i>)	
Do you help someone at home.....	
Who has Dementia? <i>e.g. do they repeat questions, or forget how to do simple tasks</i>	
Who has mental health problems? <i>e.g. they might have days where they don't want to speak to anyone, or get dressed/out of bed</i>	
Who has a learning disability? <i>e.g. they might have Downs Syndrome, or a condition that makes it harder to do what others their age can do</i>	
Who has an autistic spectrum disorder/ asperger's, or ADHD? <i>e.g. they might be upset if things don't always happen the same way, or don't make eye contact/talk to other people</i>	
Who has a physical or sensory disability?	

<i>e.g. they might be blind or deaf, or use a wheelchair/walking sticks</i>	
Who has a neurological condition? <i>e.g. epilepsy, Multiple Sclerosis or something else that means they can't always control their body the way they'd like</i>	
Who is receiving palliative care? <i>e.g. they are very ill and won't get better</i>	
Who takes drugs?	
who drinks too much?	
Who is old, and can't manage alone? <i>e.g. an older person needing a lot of help to get about and do things like wash/dress/cook safely, or maybe they are unsteady when walking</i>	
Who has another reason for needing your help regularly?	
Caring role	
Do you help someone at home with medication? <i>e.g. do you remind them to take tablets/medicine, or collect those for them/ apply eye drops?</i>	
Do you help someone at home with personal care? <i>e.g. do help the person wash or get dressed or to go to the toilet?</i>	
Do you help someone at home with shopping, cleaning, domestic tasks? <i>e.g. do you help lift & carry heavy things, plan & shop for food, do or help with the laundry etc?</i>	
Do you help someone at home with transport? <i>e.g. do you help them use the bus, or take your brother/sister to school because an adult's condition means they can't?</i>	
Do you help someone at home with emotional support/supervision? <i>e.g. do you help keep someone safe, or often talk to them about their situation to reassure them/ do they feel sad or scared?</i>	
Do you help someone at home with finances? <i>e.g. do you help the person manage/pay bills/ collect pension/ money from bank?</i>	

How long have you been helping this person?		
Less than one year <input type="checkbox"/>	1 year but less than 5 years <input type="checkbox"/>	
5 years but less than 10 years <input type="checkbox"/>	10-19 years <input type="checkbox"/>	
How many hours a week do you give this help? (Include hours during the night)		
4 hours a week or less <input type="checkbox"/>	5-19 hours a week <input type="checkbox"/>	20-34 hours a week <input type="checkbox"/>
35-49 hours a week <input type="checkbox"/>	50+ hours a week <input type="checkbox"/>	Not known <input type="checkbox"/>

Does your role as a carer affect your health? Yes No
 Does your role as a carer affect your wellbeing? Yes No
e.g. do you feel sad/lonely/emotional about your role?

Are you willing to provide care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Do you feel able to provide care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

Please circle the number beside the wellbeing indicator statements that match how you feel today:

Safe

I feel safe at home/school/community. I am not abused, neglected or harmed.	5
I usually feel safe at home/school/community. I am not abused, neglected or harmed.	4
I sometimes feel safe at home/school/community. I have at some stage been abused, neglected or harmed.	3
I often don't feel safe at home/school/community. I have been abused, neglected or harmed in my life.	2
I always feel unsafe at home/school/community. I have often been abused, neglected or harmed.	1

Healthy

I am in good health. I feel happy.	5
I have some health problems, but can manage them. My caring role sometimes makes me sad, but this doesn't last.	4
I have some health problems, and sometimes my caring role makes them worse. My caring role makes me feel unhappy. I sometimes find it difficult being with the person I care for.	3
My caring role stops me looking after my own health. I am often unhappy because of my caring role. I often find it difficult being with the person I care for.	2
I have a health condition that isn't controlled. I am unhappy most of the time because of my caring role. I don't want to be with the person I care for.	1

Achieving

I enjoy school/college/work and feel able to do my best.	5
Because of my caring role, I sometimes can't concentrate at school/college/work, or find it difficult to make time for my homework/course work, but I am keeping up.	4
Because of my caring role, I sometimes find it difficult to keep up with school/college work, or miss work.	3
Because of my caring role, I often find it difficult to keep up with my school/college work, or occasionally miss school/college/work.	2
Because of my caring role, I am behind at school/college/work, or often don't go at all.	1

Nurtured

I get on well with my family and the person I care for, and have close friends/people I trust.	5
I mostly get on well with my family/the person I care for. I have good friends, or other people I can talk to.	4
I sometimes feel my family/the person I care for doesn't appreciate me. I don't feel I have many friends, or others I can talk to.	3
I often feel my family/the person I care for doesn't appreciate me. I have few friends, or few people I can talk to.	2
I feel separate from my family/the person I care for. I have no real friends or anyone I trust. I feel nobody cares about me.	1

Active

I have time away from my caring role, to do things with friends and get involved in	5
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activities outside school/college/work.	
I spend time with my friends outside school/college/work. I often get involved in activities in and out of school/college/work, though sometimes it's difficult to arrange.	4
I can spend time with friends, but worry about what's happening for the person I care for while I'm out. I get involved in activities in and out of school/college/work, but not regularly.	3
I make plans to see friends, but don't often manage to do it. I don't have many chances to get involved in activities in or out of school/college/work.	2
I have no time with my friends. I am unable to get involved in activities in or out of school/college/work.	1

Respected & Responsible

I feel involved in decisions at home. I'm comfortable with my caring responsibilities.	5
I usually feel involved in decisions at home. I'm usually comfortable with my caring responsibilities and can speak out when I don't feel something is right.	4
I sometimes feel involved in decisions at home. I sometimes feel I'm being asked to do things in my caring role that aren't right for me, but feel able to speak out when this happens.	3
I often feel I'm not involved in decisions at home. I often feel I'm being asked to do things in my caring role that aren't right for me, and don't feel able to speak out, or feel no-one listens when I do.	2
I never feel involved in decisions at home. My caring responsibilities make me very uncomfortable, but I can't tell anyone about this, or feel no-one would listen.	1

Included

I feel connected to the community where I live/learn/work. I do not worry about money.	5
I usually feel connected to the community where I live/learn/work. I usually don't worry about money.	4
I sometimes feel connected to the community where I live/learn/work. I sometimes worry about money.	3
I often feel I am not connected to the community where I live/learn/work. I often worry about money.	2
I don't feel connected to the community where I live/learn/work. I am very worried about money.	1

The details you have recorded on this form are used to recognise where other support and information might be of use to you and your family. That might be you agreeing to school knowing you are a young carer so they can put you in touch with other young carers, or make it easier for you to keep in touch with the person you care for during school. Or it might be that other agencies and services could provide support to you and/or your family that will help. Based on your scores, and taking into account the nature and extent of the care you provide being appropriate for your age, Moray's Young Carers eligibility criteria establishes your right to services and support. Where this could involve other agencies and services, this would mean creating a Child's Plan with you, to make sure the right people get involved.

Wellbeing outcomes measure

<p>Scores of 4/5 Your wellbeing is not impacted by your caring role or circumstances. No additional support required at this stage.</p>	<p>Scores of 3 Your wellbeing is impacted by your caring role or circumstances. Some additional support will help.</p>	<p>Scores of 1/2 in any section Your wellbeing is significantly impacted by your caring role or circumstances. Specific support is needed to improve things for you and your family.</p>
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- Universal or Targeted Service and young carer identify no further support required. This assessment and agreement is recorded within Single Agency Record and a copy of the YCS is given to the young carer. If the young carer agrees, the information and the YCS will be shared with Named Person and/or Quarriers. The YCS will be recorded in the relevant health / education(SEEMIS) system & Quarriers for Census recording, as appropriate.
- Universal or Targeted Service and young carer identify additional support required. If the process for undertaking the YCS has been completed by someone other than the named person, (Health for a child (0yrs-P1) or Education for a child (5-16/8yrs), then the Named Person must be contacted to discuss and agree who might be the Lead Professional, who would initiate and co-ordinate the Child Plan. Copy of YCS sent to Young Carer, Named Person, Quarriers and other agreed universal/targeted service(s) involved.

Information sharing with other agencies

To support you as a young carer, it may be helpful to share the information on this form with people who work in other services such as health, social work and education.

Please tell us if you agree to your information being shared with the following people:

For over 12 years only:

- I give permission for the information to be shared with the person I care for Yes / No
- I give permission for the information to be shared with my School Yes / No
- I give permission for the information to be shared with the following agencies that could help
 - Yes / No
 - Yes / No

Continue on a separate sheet, if required.

APPENDIX I

I give permission for anonymised Carers Census data required by Scottish Government, as highlighted, to be shared with Quarriers. Yes / No

I am aware that if I do not give permission for data to be shared with Scottish Government, the following will be shared: 'A YCS was completed for young carer *Date of Birth*, who refused consent for their data to be shared'. Yes

I give permission for my full Young Carer Statement to be shared with Quarriers Yes / No

Please note, in some cases consent is not required to share specific information, e.g. in an emergency situation where sharing is necessary to protect your health and wellbeing, or the health and wellbeing of someone else you mention.

Signature of Young Person:		Date:
Signature of Parent/Guardian:		Date:
Signature of worker completing YCS:		Date:

Actions completed:

Permissions checked	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
Young Carer given copy of Statement	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
YC recorded on single agency record/CareFirst/SEEMIS	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
Copy of YCS to Named Person	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
Child's Plan initiated	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
	By whom:	
Young Carer referred to Quarriers Carers Service	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
Young Carer referred to additional services via Child's Plan	Yes <input type="checkbox"/> Not required <input type="checkbox"/> No <input type="checkbox"/>	Date:
Child Protection Concern raised	Yes <input type="checkbox"/> Not required <input type="checkbox"/>	Date:
	With whom:	