



Young Carer Statement



Worker details

Name _____

Date _____



Contact number _____



Email _____

Relationship to young carer _____



Young carer details

First name _____

Last name _____



Address including postcode _____

Date of birth _____

School _____

Gender _____ Ethnicity _____



Parent/guardian details

Name _____



Contact number _____



Address including postcode _____

Relationship to young carer _____

Parent aware of YCS completion? Yes/no/don't know

Who do you care for?

- Mum/Dad/Grandparent
- Brother/Sister
- Other relative
- Other

Do you help someone at home who...?

Please
tick



has dementia?
e.g. maybe they repeat things, or forget how to do simple tasks?



has mental health problems?
e.g. they might have days where they don't want to speak to anyone, or get dressed/out of bed.



has a learning disability?
e.g. they might have Downs Syndrome, or a condition that makes it harder to do what others their age can do.



has an autistic spectrum disorder, Aspergers or ADHD?
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



has a physical or sensory disability?
e.g. maybe they are blind or deaf, or use a wheelchair/walking sticks.



has a neurological condition?
e.g. epilepsy, Multiple Sclerosis or something else that means they can't always control their body the way they'd like



is receiving palliative care?
e.g. they are very ill and won't get better



takes drugs?



drinks too much?



is old and can't manage alone?
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.



has another reason for needing your help regularly?

Your caring role

Please
tick



Do you help someone at home with medication?
e.g. do you remind/help them to take tablets/medicine, or
collect those for them?



Do you help someone wash, get dressed or go to the toilet?



Do you help someone at home lift and carry heavy
things, plan and shop for food, do or help with the
laundry, etc?



Do you help someone at home to get out?
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?



Do you help someone at home stay safe, or often
talk to them about their situation to reassure
them?
e.g. maybe they feel sad or scared?



Do you help someone at home with money?
e.g. do you help the person manage and pay bills, or collect
pension/money from bank?

Please circle the number alongside the statement in each section that
best fits how you feel today.

Safe



I feel safe at home/school/community.
I am not abused, neglected or harmed.



I usually feel safe at home/school/community.
I am not abused, neglected or harmed.



I sometimes feel safe at home/school/community.
I have at some stage been abused, neglected or harmed.



I often don't feel safe at home/school/community.
I have been abused, neglected or harmed in my life.



I always feel unsafe at home/school/community.
I have often been abused, neglected or harmed.

Healthy



I am in good health. I feel happy.



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 activities outside school/
college/work.

5



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 and 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

Are you willing to provide care?

Yes

No

Unsure

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, particularly your Named Person.

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 other agencies that could help

Yes

No

Please note, that 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.

The details you have provided on this form, and the scores you have given against the SHANARRI indicators, are used to work out what other help and information might be of use to you and your family. That might just mean your school being aware of your role as 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. It might be that other agencies and services could provide support to you and/or your family that will help: this would mean creating a Child's Plan with you, to make sure the right agencies get involved.

SHANARRI outcomes measure

Scores of 4/5

Your wellbeing is not impacted by your caring role or circumstances. No additional support required at this stage.

Scores of 3

Your wellbeing is impacted by your caring role or circumstances. Some additional support will help.

Scores of 1/2

Your wellbeing is significantly impacted by your caring role or circumstances. Specific support is needed to improve things for you and your family.

Level of support required, applying the eligibility criteria on the previous pages.

This must take into account the nature and extent of care provided being appropriate for the Young Carer's age.

No support required. Record on SEEMIS only. YCS copy for Named Person and Young Carer.

Additional support required. Record on SEEMIS, initiate Child's Plan to enable referral to Quarriers Carers Service to complete YCS Part 2. YCS copy for Named Person, Young Carer and Quarriers.

Targeted Intervention Required. Record on SEEMIS, initiate Child's Plan to enable referral to Quarriers Carers Service to complete YCS Part 2, and referral to any other appropriate agency for support for young person. YCS copy for Named Person, Young Carer and Quarriers.

Please indicate 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:
Copy of YCS to Named Person	Yes <input type="checkbox"/>	Not required <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Young Carer recorded on SEEMIS	Yes <input type="checkbox"/>	Not required <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Named Person initiated Child's Plan	Yes <input type="checkbox"/>	Not required <input type="checkbox"/>	No <input type="checkbox"/>	Date:
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"/>	No <input type="checkbox"/>	Date:
	With whom:			

Signature of young person:		Date:
Signature of parent/ guardian:		Date:
Signature of worker completing YCS:		Date:
Signature of Named Person receiving YCS:		Date:

