

Young Carer Statement



What will happen to this information?

This is your statement and it is your way to tell an adult who you trust about your caring role. This will help you and the adult find ways to make your life and your caring role a bit easier.

The adult who works with you on your statement might be able to help you with everything you need. If they can't, they might know other people who can help.

Our agreement

Adult

- I will make sure that you get a copy of your statement.
- I will share your statement with people if I think they can help you or your family, if you are happy for me to do so.
- I will let you know who I share this with, unless I am worried about your safety, about crime, or cannot contact you.
- Only I or someone from my team will share your statement.
- I will make sure your statement is stored securely.
- Some details from your statement might be used for monitoring purposes, which is how we check that we are working with everyone we should be and in the correct way. In this case your statement will be shared with the South Ayrshire Health and Social Care Partnership.

Signed : _____

Young Carer

- I will get a copy of my statement to keep.
- I know that my statement might get shared with other people who can help me and my family.
- I know what the adult supporting me will do with my statement and the information in it.

Signed: _____

About me

Name:

Preferred Name:

Gender:

Pronouns:

Address:

Town:

Postcode:

Date of birth:

Phone number:

Email address:

I live with

Four empty rounded rectangular input fields stacked vertically for listing people you live with.

TAKE CARE
OF YOURSELF

YOU ARE
NOT ALONE

★ it's OK to ★
ASK for HELP

My physical health is :



My emotional health is :



Anything else you would like to tell us?

“ ”

My Caring Role

I started caring at age:

I care for _____ hours per week.

Are you the main carer?

Yes

No

Does anyone help you care?

Yes

No

If yes, who:

I care for:

Mother / Step Mother / Carer

Father / Step Father / Carer

Brother(s) / Step Brother(s)

Sister(s) / Step Sister(s)

Grandparent(s)

Family Friend

Other (please specify)

Name of the person/people I care for:

I support them due to:

Illness

Disability

Mental Health

Neurodivergent

Communication

Elderly

Drug/Alcohol use

Type of care:

Physical - e.g., helping in/out of bed, pushing wheelchair.

Managing Medication - e.g., collecting prescriptions, make sure they take their medication.

Practical - for example: cooking, cleaning and shopping.

Personal Care - e.g., helping get washed, bathroom needs, dressed.

Communication - e.g., sign language, translating for someone

Looking after brothers/sisters - e.g., help with homework, school drop off/collection.

Emotional - e.g., talking/listening, keeping someone company.

Managing Finances - e.g., paying bills, monthly budgeting.

Other:

Do any services help your family? Yes No Not sure

If yes, who?

Do you feel people listen to you about your caring role?

Yes

No

Sometimes

If no, who?

Is there any help you would like with your caring role?

Yes

No

Not sure

If yes, what help would you like?

Has anything changed for your family recently?

Yes

No

Not sure

If yes, what has changed?

I enjoy doing:

Sometimes miss out on:

Impact of caring

	Never	Some of the time	A lot of the time
I feel I am doing something good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to do things that can make me upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel closer to my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel stressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am learning useful things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can feel like running away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s)/carer(s) are proud of the kind of person I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I can't cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am being helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am always thinking about my caring role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am better able to cope with problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think I matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life is really difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good about helping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble with sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Education

I attend: School College University Not in education

Name of School/College/Uni:

I am in year:

Does your school/college/university know you are a young carer?

Yes

No

Not sure

If no, would you like us to tell them?

Yes

No

If yes, who would you like us to contact?

Does your caring role impact on your education?

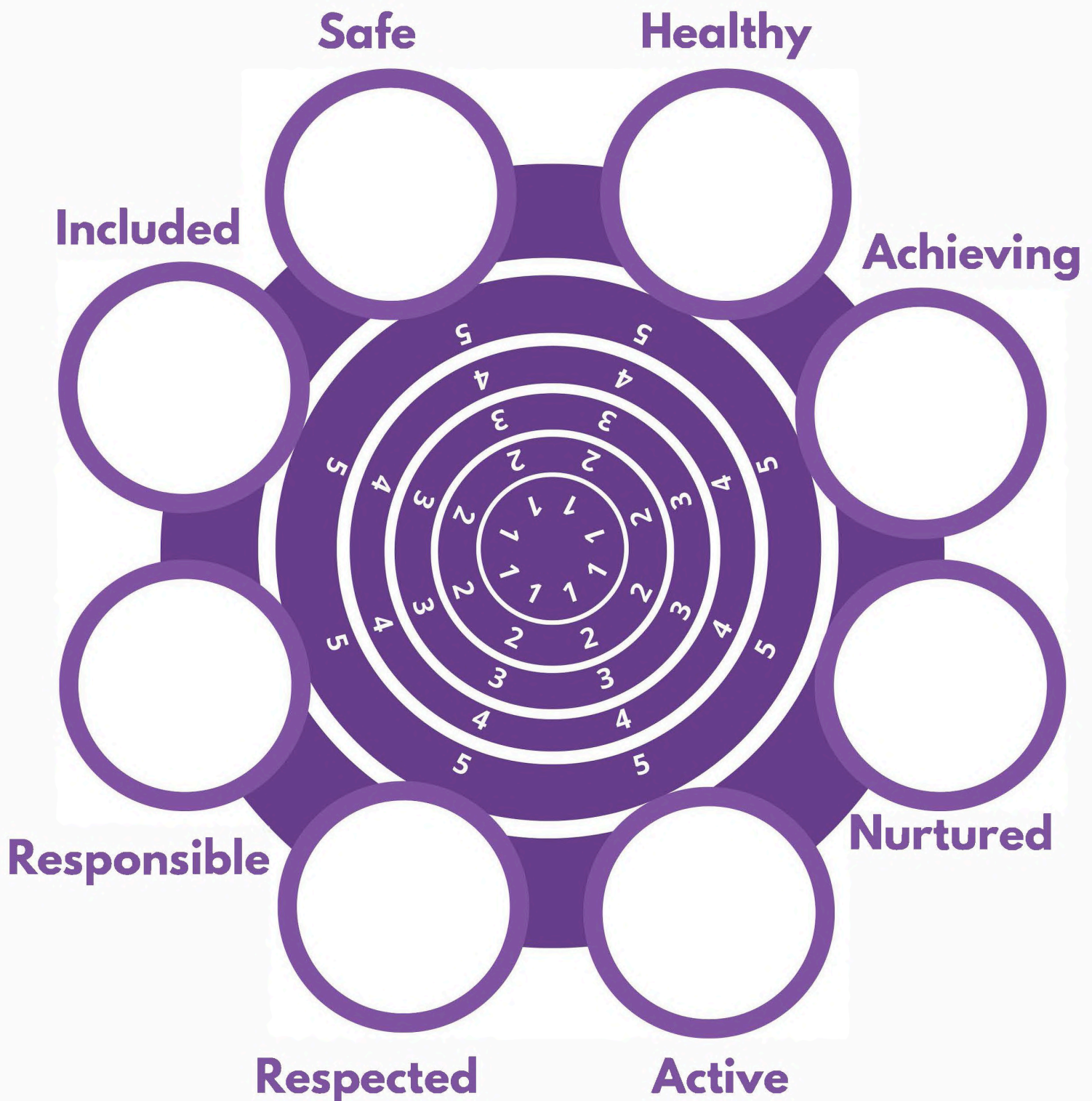
Yes

No

Sometimes

If yes, please tell us what make things difficult and what might help you.

My Wellbeing Wheel



This is a wellbeing wheel with eight wellbeing indicators.

Rate how you feel from 1 to 5

1- Not at all, 2- Not very, 3- Fairly, 4- Mostly, 5- Very

What does a good day for you look like?

What does a bad day for you look like?

Does anything worry you?

What are the positives/negatives about caring?

WEEKLY PLANNER

MONDAY

TUESDAY

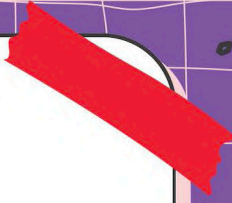
WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY



My plan

Your plan is to make sure you have the same opportunities as other young people who are not caring.

Outcomes	Who will help & what will happen

Statement completed on ___ / ___ / ___ **with** _____

My statement will be reviewed on ___ / ___ / ___ **with**



Young Carer Notes

Staff notes

Office use only

Date YCS requested/offered: ____/____/____

Date parent/guardian informed: ____/____/____

This is a: New YCS Review of YCS

Is the Young Carer recorded on SEEMiS?

Yes No

Parent/Guardian Contact:

Name: _____

Telephone: _____

Email: _____

South Ayrshire



Young Carers



south ayrshire
health & social care
partnership

