

| PART 1 | | Please attach chronology if making a referral | |
|---|--|--|--|
| Please complete Young Carer's Statement with Young Carer and Cared For Person | | | |
| Has a Young Carer's statement been offered? | Offered and attached: <input type="checkbox"/> | Offered but declined: <input type="checkbox"/> | |
| Young Carer's Name (in full): | | | |
| Known as: | | | |
| Other names previously used: | | | |
| Date of Birth: | | | |
| Cared for Person's Name (in full): | | | |
| Relationship to Young Carer: | | | |

| Current address of Young Carer | Cared for Person's address (if different from address of child or young person) |
|--------------------------------|---|
| | |

| | | | |
|---------------------------------|--|---|--|
| Written by: | | Date of completion (of this plan): | |
| Agency: | | Submitted to / shared with: | |
| Date of previous plan (if any): | | Date of submission / sharing: *with Chronology | |
| Named Person: | | Lead Professional (if appropriate): | |

| Young Carer's GP details | Nursery / school / further education |
|--------------------------|--------------------------------------|
| | |

| | | | |
|-----------|--|-------------------------------------|--|
| Gender | | CHI (Community Health Index Number) | |
| Ethnicity | | SCN (Scottish Candidate Number) | |
| Religion | | Care First Number | |

| Communication needs | | | PLAN IN PLACE | | YES | NO |
|---|-----|--------------------------|------------------------|--|--------------------------|--------------------------|
| Accessibility needs | | | | | | |
| CSP (Co-ordinated Support Plan) | YES | <input type="checkbox"/> | Emergency Care Plan | | <input type="checkbox"/> | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> | Future Care Plan | | <input type="checkbox"/> | <input type="checkbox"/> |
| Does this plan include a Young Carer's Statement? | YES | <input type="checkbox"/> | Anticipatory Care Plan | | <input type="checkbox"/> | <input type="checkbox"/> |
| | NO | <input type="checkbox"/> | Advanced Care Plan | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---------------------------------|-----|--------------------------|----|--------------------------|
| Non-disclosure order in place? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Details of non-disclosure order | | | | |

| | | | | |
|---|--|--------------------------|-------------------------------------|----------------------|
| Is the Young Carer looked after? | YES | <input type="checkbox"/> | Child Protection History | |
| | NO | <input type="checkbox"/> | Dates of any previous registration: | Category of concern: |
| Legal status | Click here to choose an item from the drop down menu | | | |
| Date commenced: | | | | |
| Child protection status – On Child Protection Register? | YES | <input type="checkbox"/> | | |
| | NO | <input type="checkbox"/> | | |
| Category of Concern: | | | | |
| | | | | |

| FAMILY / HOUSEHOLD MEMBERS AND OTHER SIGNIFICANT RELATIONSHIPS WITH THE YOUNG CARER | | | | | |
|---|-----|---------------------------------------|---------|--|---------------------|
| Name | DoB | Relationship to child or young person | Address | Parental Responsibilities and Rights Y/N | Relevant Person Y/N |
| | | | | | |
| | | | | | |
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| PARTNERS TO THE YOUNG CARER'S STATEMENT | | | | |
|---|-------------------|-----------------|---------------------------|--------------------------|
| <i>(Edit / add partners to plan as appropriate)</i> | | | | |
| Agency | Contact name/role | Contact details | Attended planning meeting | Contributed to the plan |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

WHAT ADVICE/ SUPPORT WOULD THIS YOUNG CARER BENEFIT FROM?

| | | | | |
|--|---|--|--|--|
| 1:1 support <input type="checkbox"/> | Peer support <input type="checkbox"/> | Support to access to further education or training? <input type="checkbox"/> | Emotional support re. caring role <input type="checkbox"/> | Social activities <input type="checkbox"/> |
| Confidence building <input type="checkbox"/> | Financial advice <input type="checkbox"/> | Emergency Plan <input type="checkbox"/> | Advocacy <input type="checkbox"/> | Other- <input type="checkbox"/> (please detail) |

| Caring Activities I Carry Out: | | | |
|---|--------------|-------------------------|--------------------------|
| Task: | Never | Some of the time | A lot of the time |
| Clean my own bedroom | | | |
| Clean other rooms | | | |
| Wash up dishes or put dishes in a dishwasher | | | |
| Take responsibility for shopping | | | |
| Help with lifting or carrying heavy things | | | |
| Help with finances/ money e.g. bills, banking money, collecting benefits | | | |
| Work part time to bring money in to the home | | | |
| Interpret, sign or use another communication system for the person you care for | | | |
| Help the person you care for to dress or undress | | | |
| Help the person you care for to have a wash | | | |
| Help the person you care for to have a bath or shower | | | |
| Keep the person you care for company e.g. sitting with them, reading to them, talking and listening to them | | | |
| Check on the person you care for to make sure they are all right | | | |
| Take the person you care for out e.g. for a walk or to see friends or relatives | | | |
| Take brothers and sisters to school | | | |
| Look after brothers or sisters | | | |
| Look after brothers or sisters on your own | | | |
| Responsible for giving medication / collecting prescriptions | | | |
| Help with toileting | | | |
| Others: | | | |

| How caring affects me: | | | |
|---|--|--|--|
| Because of caring: | | | |
| I feel I am doing something good | | | |
| I feel that I am helping | | | |
| I feel closer to my family | | | |
| I feel good about myself | | | |
| I feel sad/ upset | | | |
| I feel stressed/ worried | | | |
| I feel that I am learning new things | | | |
| I believe my parents are proud of the kind of person I am | | | |
| I feel like leaving/running away | | | |
| I feel lonely | | | |
| I feel like I'm coping | | | |
| I think about what I have to do | | | |
| I don't think I matter | | | |
| I like who I am | | | |
| I look forward to the future | | | |
| I feel tired and/ or have no energy | | | |
| I have the skills to cope with problems | | | |
| I feel proud of myself | | | |
| I have free personal time e.g. to see friends, have interests, take part in activities and to relax | | | |
| I feel able to talk to someone about my caring role | | | |
| I have enough time to complete home work/ course work | | | |
| It affects my education | | | |

| INDICATE STRENGTHS, CONCERNS AND IMPACT OF CARING RESPONSIBILITIES AGAINST RELEVANT WELLBEING INDICATOR | |
|---|--|
| SAFE | |
| HEALTHY | |
| ACHIEVING | |
| NURTURED | |
| ACTIVE | |
| RESPECTED | |
| RESPONSIBLE | |
| INCLUDED | |

Young Carer's views on undertaking caring responsibilities

Young Carer's view of the Young Carers Statement and plan

Cared for person's view of the Young Carer's Statement

Recommendations
Including proposed legal measures

| | | |
|---|--|--|
| Print name: (Professional and Young Carer) | | |
| Sign: | | |
| Date: | | |

| | | | | |
|---|------------------------------|--------------------------|-----------|--------------------------|
| Lead Professional Identified | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Name of Lead Professional: | | | | |
| Contact Details: | | | | |
| Date, Time and Venue of next Review + Name of Chair (if known) | Others to be invited: | | | |
| | | | | |
| What are the triggers for an early review? | | | | |
| | | | | |

Fair Processing/Privacy Notice

Why are we asking for your information?

Aberdeen City Council (ACC) collects information about your child's circumstances in this Young Carer's Statement. It is collected and processed in order to provide support for your child. ACC will only share information (other than in child protection situations) in order to access support from one or more partners agreed with you. The partners you have agreed to share information with are listed on page 2 of the Young Carer's Statement.

The Council does this as part of our public task. The information held in the Young Carer's Statement helps Aberdeen City Council to assess, plan, coordinate and quality assure the supports available to your child. The Council does not use an automated process for making decisions about your child or the services required; decisions are made with you.

We will keep this information for a period of 5 years from the date of your child leaving the service unless we have a legal responsibility to keep the information for a longer period of time. The council will keep a formal anonymised record of the Young Carer's Statement for the purposes of auditing service provision and quality assurance.

Your Data, Your Rights

You've got legal rights about the way the Council handles and uses your data, which include the right to ask for a copy of it, and to ask us to stop doing something with your data. Please contact the Council's Data Protection Officer by email DataProtectionOfficer@aberdeencity.gov.uk or in writing at: Legal and Democratic Services, Business Hub 6, Level 1 South, Marischal College, Aberdeen, AB10 1AB.

More information about all of the rights you have is available on our website at:

<https://www.aberdeencity.gov.uk/your-data>.

You also have the right to make a complaint to the Information Commissioner's Office, (www.ico.org.uk). They are the body responsible for making sure organisations like the Council handle your data lawfully.