

**Young Carers Statement**

**In East Lothian Young Carers Statements are created through Viewpoint.**

**STEP 1**

**An Initial Identification Questionnaire is created by clicking the link on ELC Young Carers Website Page.** [What is a young carer? | Young Carers | East Lothian Council](https://www.eastlothian.gov.uk/info/210577/carers/12430/young_carers)

**The questions asked are;**

1. Please tell us your name?
2. Please enter your address including postcode
3. Please enter a phone number we can contact you on
4. Do you have an email address we can contact you on
5. Where is your place of learning?
6. Which school or college do you go to?
7. What is your date of birth?
8. What is your gender?
9. Which of these describes your ethnic group?
10. Who is the person you mainly care for?
11. Reason they need care? Select all that apply.
12. Who cares for this person most of the time?
13. Does anyone else care for this person, eg home care or home help?
14. What age is the person you care for?
15. What gender is the person you care for?
16. What ethnic group does this person belong to?
17. Do you live with the person you care for?
18. How long have you been caring for this person?
19. What kind of things do you do to help at home? (Select all the things you do to help)
20. How many days a week do you care for this person?
21. How long does it take for you to do these things each day?
22. Is your caring role affecting your right to be any of these?
23. Do you have support from any of the following? Tick all that apply.
24. A Young Carer’s Statement is your way of telling an adult you trust about your caring role. It will help you think about the benefits and challenges of being a Young Carer and identify any support you might need to achieve your personal goals. Would you like a Young Carers Statement?

**STEP 2**

**From the information provided in the Initial Questionnaire a Profile and Login Details are created in order that the Young Carer can then independently, or with support, complete the Statement Questionnaire on Viewpoint.**

**The Questions asked are;**

**YOUR CARING ROLE**

Let’s take some time to think about all the ways you help the person you care for.

Response 1 

 Giving Medicines

Response 2 

 Getting in and out of bed

Response 3 

 Washing

Response 4 Getting Dressed

Response 5 

 Shopping

Response 6 

 Cooking meals

Response 7 

 Cleaning

Response 8 

 Washing the dishes

Response 9 

 Laundry

Response 10 

 Paying the bills and managing money

Response 11 

 Reading or interpreting

Response 12 

 Looking after siblings

Response 13 Emotional Support

Response 14 Something Else. Please type in the notepad

What do you like about providing this care? It helps my family

 I am learning new skills

 It makes me feel good

 I am closer to my family

 My family are proud of what I am doing

 I know I can cope

 Nothing

 Something else

What would you like to change? Do less

 Do more

 Nothing

 Something else

Are you happy to continue providing care

and support for the person you care for? Yes, definitely

 Usually, but not always

 Not really

 Not atall

Are you able to continue providing the same

amount of care? Yes, definitely

 Very probably

 I’m not sure

 Not really

 Not at all

Do people listen to you when decisions are made

about the people you care for? Yes, definitely

 Usually, but not always

 Not really

 Not at all

Would you like to have more information or talk

to someone about the illness or disability of the

person you care for? Yes

 No

 I’m not sure

**Your Wellbeing**

Do you have someone to talk to about things 

that matter to you? I don’t know

 Yes, definitely

 Usually, but not always

 Unsure

 Not really

 Not at all

 

Would you like to have someone to talk to? Yes

 No

 I’m not sure

Do you have worries about your physical health? Not at all

 Not really

 Some

 A few

 Yes, a lot

Do you have worries about your mental health? Not at all

 Not really

 Some

 A few

 Yes, a lot

How often have you felt angry or frustrated in the

past month? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

During the past few months, have you had difficulty

sleeping? Not at all

 Not really

 Sometimes

 Quite often

 Yes, a lot

Would you describe yourself as happy? Not at all

 Not really

 Sometimes

 A lot of the time

 Yes, most of the time

How often have you felt sad in the last month? Not at all

 Not very often

 Sometimes

 Quite a lot

 All the time

Do you have difficulties getting appointments

with your doctor/ dentist or optician? Yes

 No

 Not sure

Is there anything more you want to say about

your health? Yes

 No

What do you want to say about your health?

Do you feel safe where you live now? Not at all

 Not really

 Sometimes

 Most of the time

 All the time

Does anybody bully, hurt or upset you

where you live? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Does anyone hurt or upset you at school? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Have you ever felt unsafe using your phone on

social media sites? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Have you been bullied on social media? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Has anyone sent you a message or an image that

made you uncomfortable or upset? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Have you ever posted anything that you have

regretted later? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

If you are worried about something, is there

someone you can talk to where you live? Not at all

 Not really

 Sometimes

 Most of the time

 All the time

Do you have any hobbies or special interests? Not at all

 Not really

 Sometimes

 Yes, a few

 Yes, a lot

Do you play any sports or do other physical

activities? Not at all

 Not really

 Sometimes

 Yes, a few

 Yes, a lot

Do you get enough time to do these? Yes

 Sometimes

 Not really

 Not at all

Do you feel you have something you are good at? Yes

 No

Do your parents encourage you to do your

hobbies or sports? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Does your caring role make it hard for you to

do the things you want? Not at all

 Not very often

 A lot of the time

 All of the time

Why does it make it hard to do things? (For example, you may be too busy or too tired?) Please type in the box below.

Would you like the opportunity to have a short

break away from your caring role? E.g.

sleepovers with friends, going to clubs/

activites, holidays? Yes

 No

 I’m not sure

Do you go to school every school day that you should? Yes, all the time

 Most of the time

 Some of the time

 Not very often

 No, not at all

How do you feel about school? I don’t like it at all

 I don’t like it very much

 I like it sometimes

 I like it a bit

 I like it a lot

How well do you think you are doing in your

school work? Poorly

 Not very well

 Okay

 Quite well

 Very well

Do you get help with your school work from your

parents? Yes, as much as I need

 Quite a lot

 Sometimes

 Not really

 Not at all

Do you get help with your school work from the

adults who care for you? Yes, as much as I need

 Quite a lot

 Sometimes

 Not really

 Not at all

Is there an adult you can talk to in school if you

are having problems or need support? Yes, all the time

 Most of the time

 Sometimes

 Not really

 Not at all

Do you think you can do things as well as most

people? Never

 Rarely

 Sometimes

 A lot of the time

 Yes, all the time



Do you feel your school understands your caring

responsibilities? Yes, definitely

 Most of the time

 Not really

 Not at all



Is it difficult to get your home work done? Not at all

 Not really

 Sometimes

 Yes, often



Have you ever missed or been late for school or

college because of caring? No, never

 Not very often

 I’m not sure

 Quite often

 Yes, lots of times



Are you worried about leaving the person you

care for when you go to school or college? Not at all

 Not very often

 Quite often

 All the time



Do you ever feel tired in class? Not at all

 Not very often

 Quite often

 Yes, a lot of the time



Do you find it hard to revise for exams? Doesn’t apply to me

 Not at all

 Not very often

 Quite often

 Yes, a lot of the time



Do you worry that caring may affect your future

opportunities in education, training or work? Not at all

 Not very often

 I’m not sure

 Quite often

 Yes, a lot of the time



Do you have to get yourself ready for school

or college in the morning? Not at all

 Sometimes

 Quite often

 Yes, all the time

Do you live at home with one or more of your

parents? Yes

 No

Do you enjoy being with your family? Yes, all the time

 Most of the time

 Sometimes

 Not really

 Not at all

How do you think you get on with your parents? Poorly

 Not very well

 Okay

 Quite well

 Very well

Do your parents notice when you have done

something well? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Do you live away from home in foster care, or

somewhere else most of the time? Yes

 No

Do you enjoy living where you are living? Yes, all the time

 Most of the time

 Sometimes

 Not really

 Not at all

Are you able to keep in touch with your parents

as much as you want? Yes, all the time

 Most of the time

 Sometimes

 Not really

 Not at all

Do you have a life story book or information about

people you know? Yes, as much as I need

 Quite a lot

 Some, but I want more

 Not really

 Not at all

How do you think you get on with the adults who

care for you? Poorly

 Not very well

 Okay

 Quite well

 Very well

Do the adults who care for you notice when

you do something well? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Do you feel settled where you live now? By settled

we mean comfortable and cared for? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Do your parents listen to what you say? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Do you think your parents understand how you

feel about things? Not at all

 Not really

 Some of the time

 All the time

Do the adults who care for you listen to what

you say? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Do the adults who care for you understand

how you feel about things? Not at all

 Not really

 Some of the time

 All the time

Do you get to have a say in things that are

planned for you? Not at all

 Not really

 Some of the time

 Most of the time

 All the time

Has anyone talked to you about the help

you need? Not at all

 Not really

 Only about some things

 Quite a lot

 Yes, as much as I need

Do you think people can count on you to do

what you are asked? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Do you ever rush into things without

thinking? Not at all

 Not really

 Sometimes

 Quite a lot

 All the time

Do you notice how other people feel

about things? Not at all

 Not really

 Sometimes

 Quite often

 All the time

How do you think things are for you right now? Poor

 Not very good

 Okay

 Quite good

 Very good

Do you think that your situation has become

better or worse than before? Much worse

 A bit worse

 Just the same

 A little better

 Much better

Do you have close friends? None at all

 Not really

 Not all the time

 Yes, a few

 Yes, a lot

Can you go out and spend time with your friends? Not at all

 Not really

 Sometimes

 Quite often

 Yes, most of the time

Can your friends visit where you live? Not at all

 Not really

 Sometimes

 Quite often

 Yes, most of the time

Are you able to speak to and see all the family

members you want to? Not at all

 Not really

 Sometimes

 Quite often

 Yes, most of the time

Do you see these adults as much as you want to? Not at all

 Not really

 Sometimes

 Quite often

 Yes, most of the time

Do you go to clubs, activities or events in your

local area? Not at all

 Not really

 Sometimes

 Quite often

 Yes, most of the time

Thank you for providing this feedback. Your response

will be discussed with you to help you make a plan

to ensure you have all the opportunities you need

to achieve your goals. Who would you like to share

your Young Carers Statement with? Everyone

 My parents

 My carer

 My class teacher

 Guidance teacher

 My social worker

 School nurse

 Someone else (Please type who in

 the notepad)

 None of these

Have you previously had a Young Carers Statement?

 Yes

 No

If yes, did your Statement achieve your personal goals?

 All of them

 Almost all of them

 Some of them

 Hardly any of them

 None of them

 I’m not sure

**STEP 3**

**The above information produces a wellbeing web which is used to support the Young Carer create an Emergency Plan and Personal Goals Action Plan.**

**Emergency/Future Plan**

If you were not able to do your caring role, please give the name of the person to be contacted.

What is their address?

What is their telephone number?

Have you and your family considered what will happen in the future when you can no longer do your caring role? Yes/No

If yes, what is your plan for the future?

If no, would you like to make a plan?

Have you previously had a Young Carers Statement?

Yes

No

If yes, did your Statement achieve your personal goals?

All of them

Almost all of them

Some of them

Hardly any of them

None of them

I’m not sure

Personal Goals Action Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What’s important to you? (Your Personal goals) | How important is this to you? (rate 0-10, 10 being extremely important)  | How will this help you? | Who/What can help make this happen? | When will you know this has helped? |
|  |  |  |  |  |

Agreed Review Date:

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East Lothian Young Carers Service

Inclusion and Wellbeing

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To make a comment, suggestion or complaint about a council service, download a feedback form at [www.eastlothian.gov.uk](http://www.eastlothian.gov.uk) or pick one up at your local office.