

## YOUNG CARER STATEMENT (YCS)

### ABERDEENSHIRE CARERS SUPPORT SERVICE

Wardes Road  
Inverurie AB51 3TT  
Tel: 01467 538700

Email address: [aberdeenshircarers@quarriers.org.uk](mailto:aberdeenshircarers@quarriers.org.uk)

Quarriers ID YCarer:		SEEMIS ID YCarer:	
<b>YOUNG CARER STATEMENT</b>			
Source of Referral:		Date Requested:	
Quarriers FWW:		Start Date:	
Type of YCS:	<input type="checkbox"/> New <input type="checkbox"/> Review		Previous YSC date:
<b>YOUNG CARERS DETAILS</b>			
Full Name:			
Address:			
Postcode:	<input type="checkbox"/> Directions Required		
Home Telephone:		Mobile:	
Email Address:			
Date of Birth:	(DD/MM/YYYY)	Age:	Gender:
Ethnic Group:		First Language:	
GP Practice:		School:	
Named Person:		Lead Professional:	

**Details of Additional Support Required:**

*(interpreter, advocacy)*

**Description of current Young Carer living situation:**

*Who they are caring for, do they live with them, are they based in Aberdeenshire area?*

Details of Parent/Guardian (1)		Details of Parent/Guardian (2)	
Title	Name	Title	Name
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Address with postcode (if different from above)</b>		<b>Address with postcode (if different from above)</b>	
<b>Tel (day):</b>		<b>Tel (day):</b>	
<b>Tel (evening):</b>		<b>Tel (evening):</b>	
<b>Tel (mobile):</b>		<b>Tel (mobile):</b>	
<b>Email address:</b>		<b>Email address:</b>	

Details of the person being cared for					
<b>First Name(s)</b>		<b>Surname</b>			
<b>Relationship to Young Carer</b>		<b>Date of Birth</b>		<b>Age</b>	
<b>Address with Postcode (if different from the young carer)</b>					
<b>Illness/ Condition of the person you care for</b>					
<b>Client Group:</b>					
<b>Gender</b>		<b>Ethnicity</b>			
<b>Preferred first language of the cared-for person:</b>					
<b>GP Practice details:</b>					
<b>Details of package of care/support in place:</b>					
<b>Name of Care/Case Manager:</b>					

Emergency Plan Required: Yes  No  Already in Place

Please give details:

**Other services currently involved with you, or the person you care for**

Name	Organisation	Email	Phone Number

**Other family members, or people who are important to you**

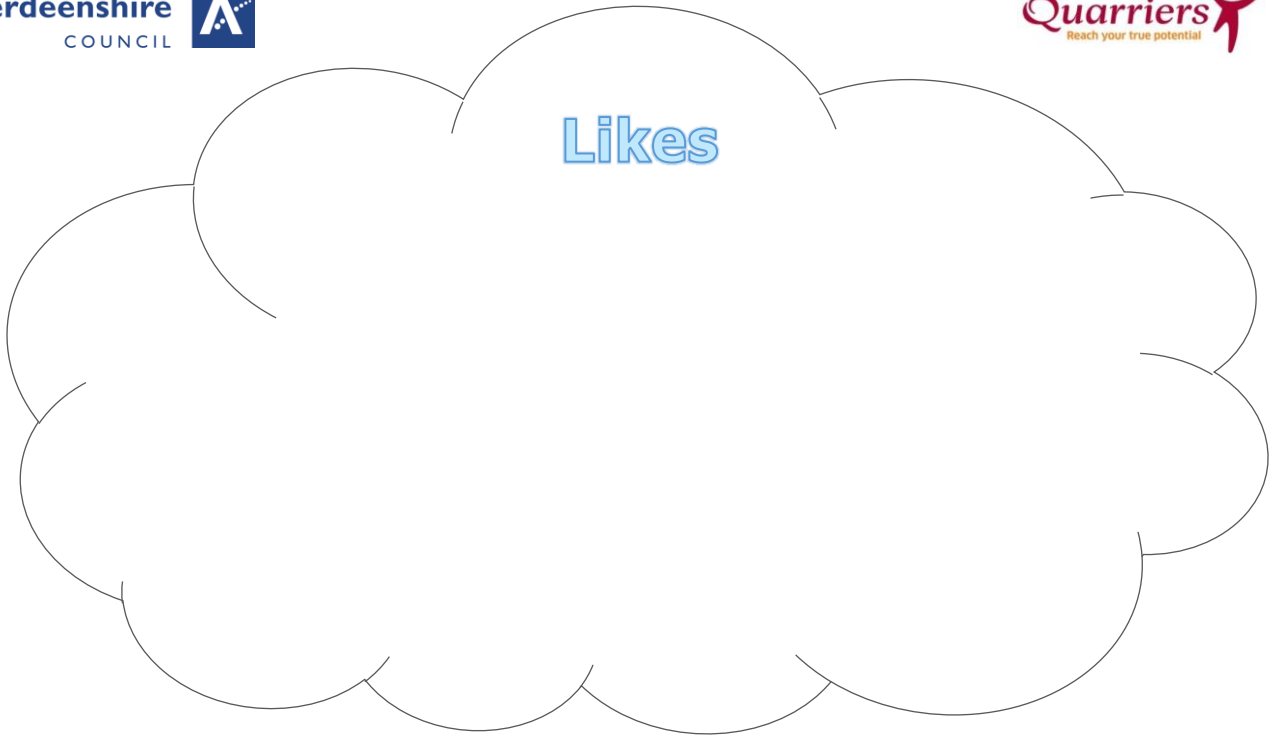
Name	Relationship	Also a Carer?	Yes No

## About Me

**Background Information:**

*(Reason for referral / presenting issues and social circumstances. If relevant consider: details of young carer's own health issues/conditions diagnosed / consider existing conditions / do they require ongoing treatments? Living situation / current financial circumstances / contact with other professionals)*

*Please give details:*



**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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Dislikes

**IDENTIFIED NEEDS**

**ACTIONS**

**FOR CARER PRACTITIONER**



**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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**Details of the caring role**

**What do you do for the person you care for?**

*Please give details:*

Day	What you do
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Everyday	

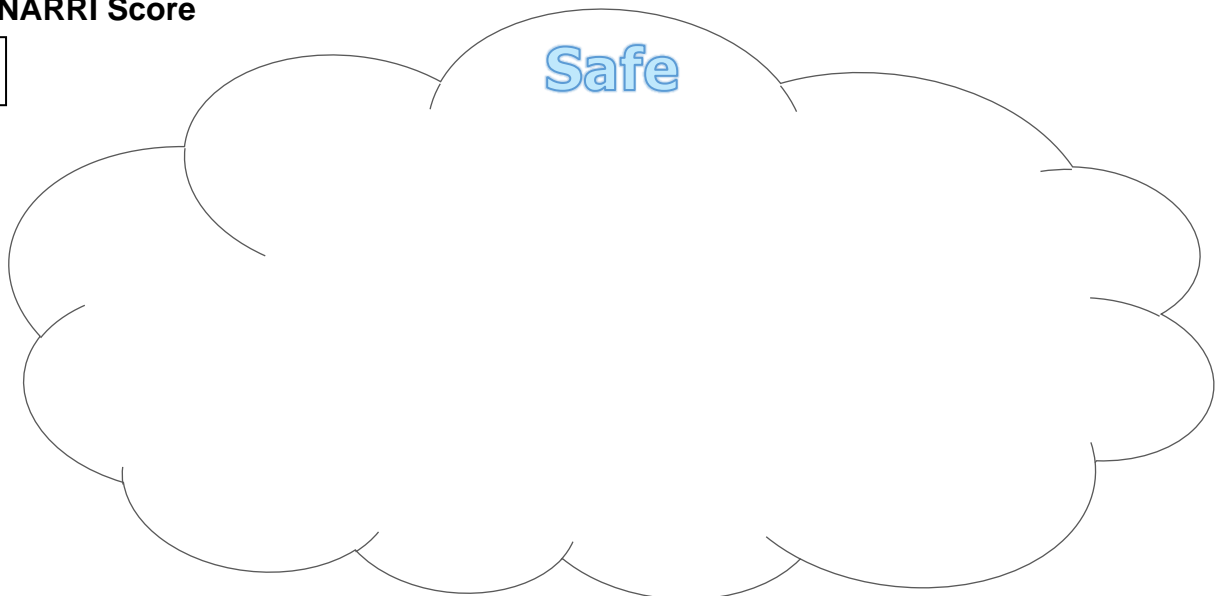
**Safe Healthy Achieving Nurtured Active Responsible Respected Included**

**Family Wellbeing Worker to Aberdeenshire Carer Support Service measuring tool:**  
*What is the impact of your caring role and what would make you have a better life in the following areas?*

**1. I feel Safe**

*Summary of any impact and areas I would like to change*

**SHANARRI Score**



**IDENTIFIED NEEDS**

Empty space for identifying needs.

**ACTIONS**

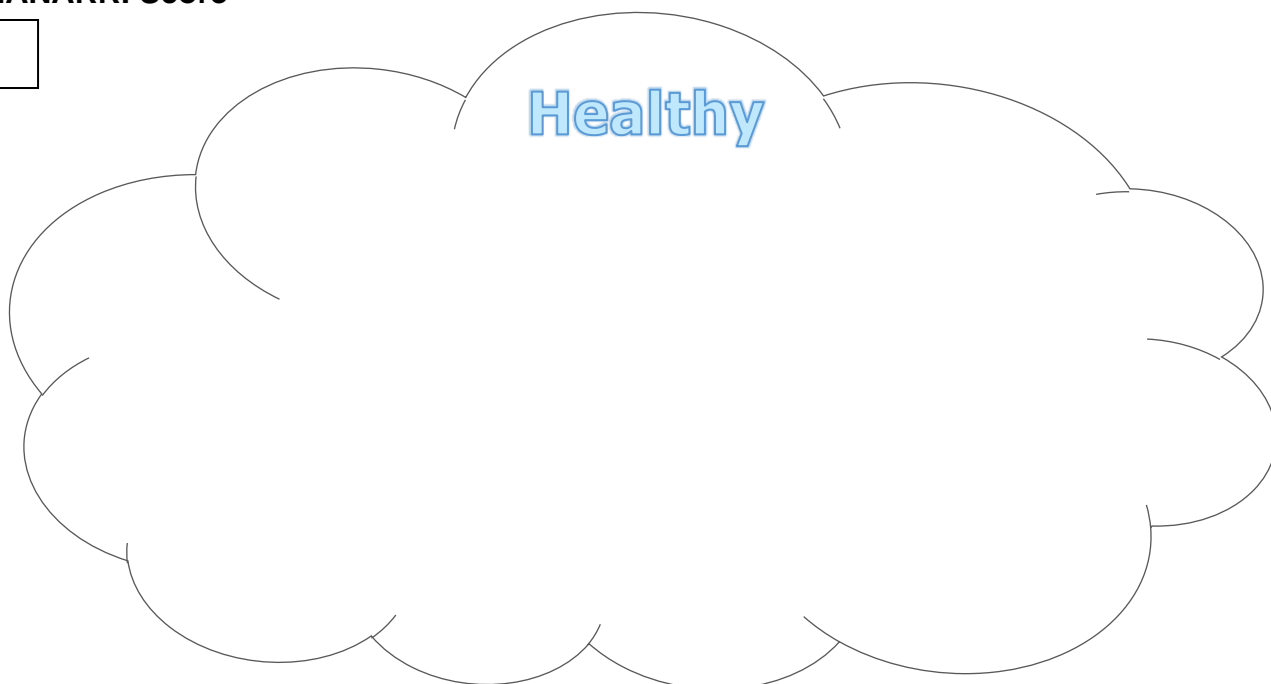
Empty space for listing actions.

**FOR CARER PRACTITIONER**

Empty space for practitioner notes.

**2. I am Healthy**  
*Summary of any impact and areas I would like to change:*

**SHANARRI Score**



**IDENTIFIED NEEDS**

Empty box for identifying needs.

**ACTIONS**

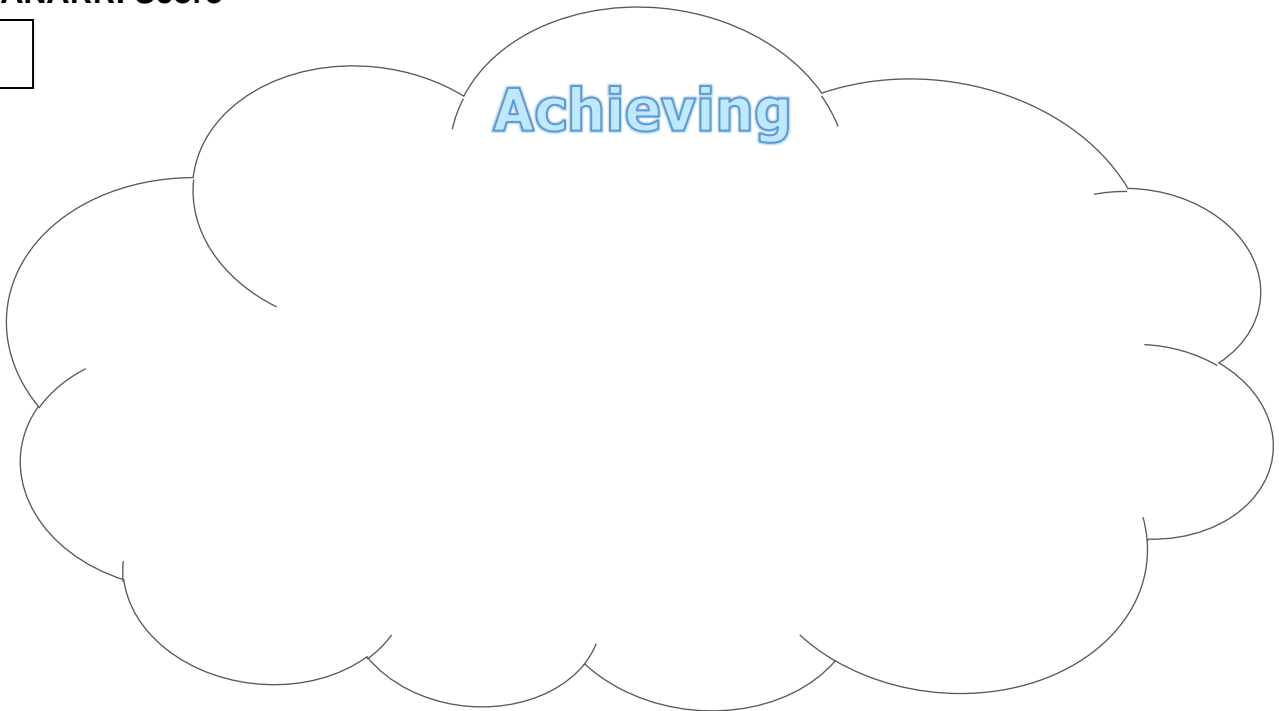
Empty box for listing actions.

**FOR CARER PRACTITIONER**

Empty box for notes for the carer/practitioner.

**3. I am Achieving**  
*Summary of any impact and areas I would like to change*

**SHANARRI Score**



**IDENTIFIED NEEDS**

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**ACTIONS**

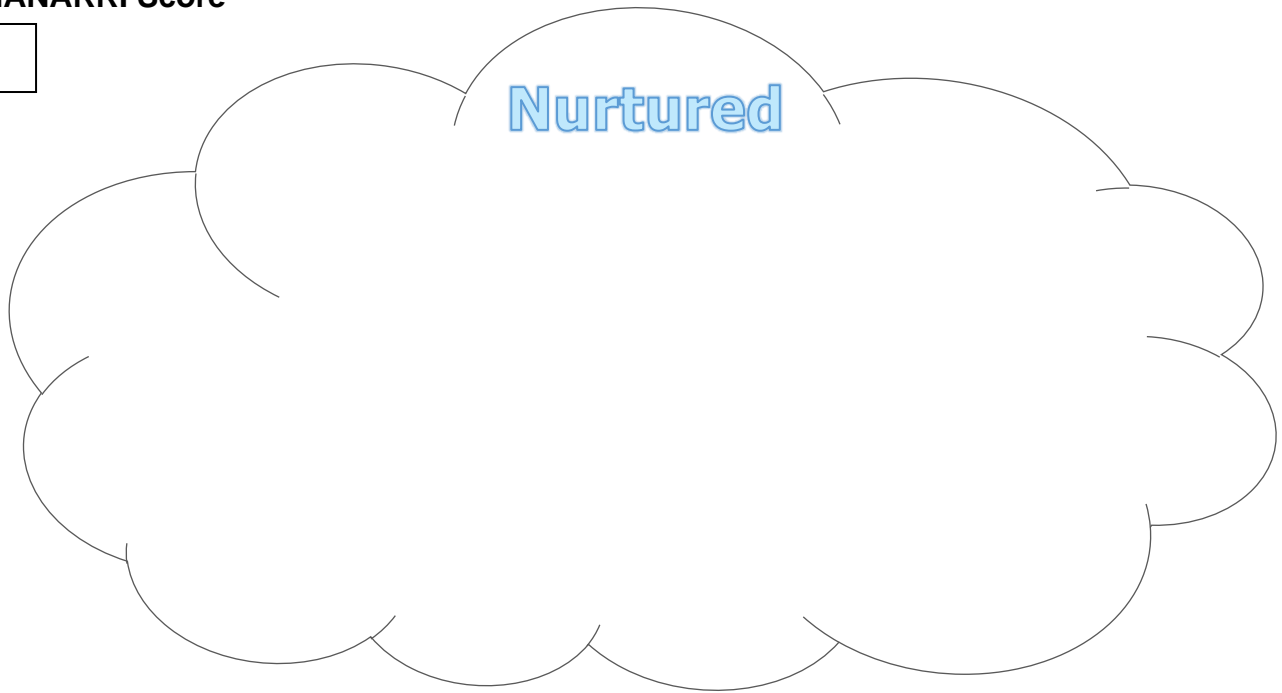
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**FOR CARER PRACTITIONER**

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**4. I feel Nurtured**  
*Summary of any impact and areas I would like to change*

**SHANARRI Score**



**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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**5. I am Active**

*Summary of any impact and areas I would like to change:*

**SHANARRI Score**

Active



**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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**6. I Feel Respected**

*Summary of any impact and areas I would like to change:*

**SHANARRI Score**

**Respected**



**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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**7. I am Responsible**

Summary of any impact and areas I would like to change;

**SHANARRI Score**

**Responsible**



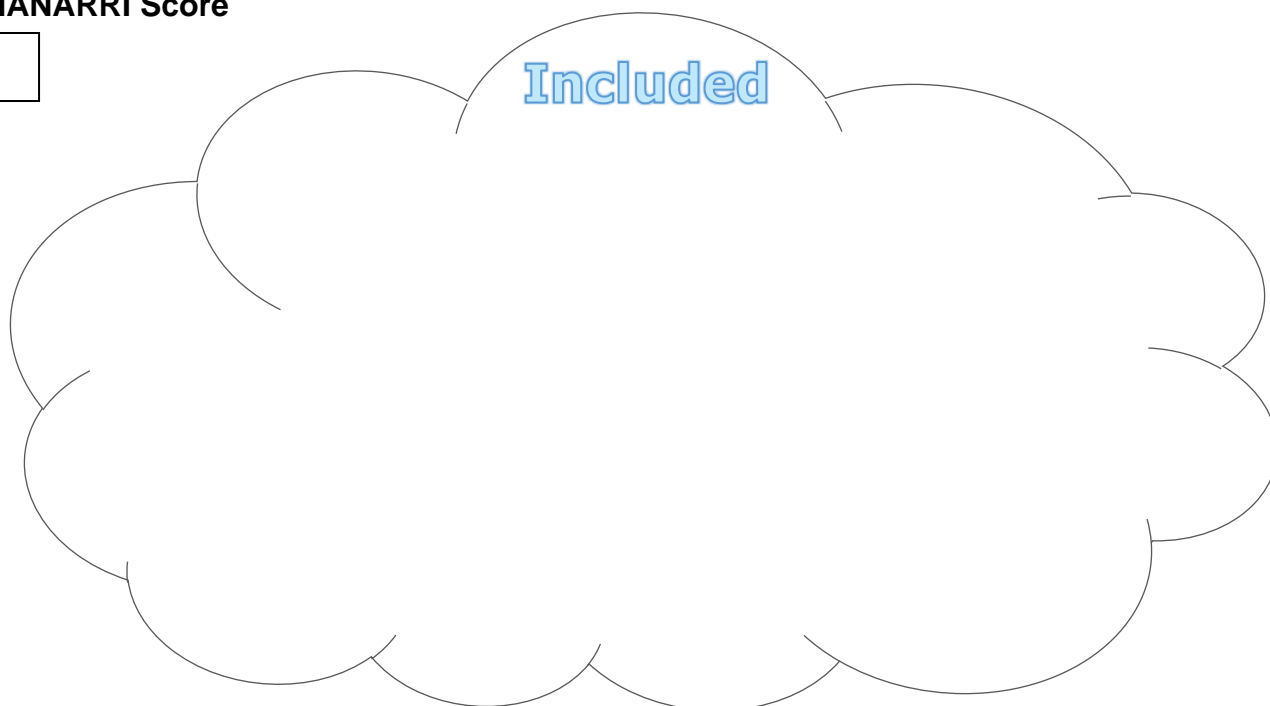
**IDENTIFIED NEEDS**

**ACTIONS**

**FOR CARER PRACTITIONER**

**8. I Feel Included**  
*Summary of any impact and areas I would like to change*

**SHANARRI Score**



**IDENTIFIED NEEDS**

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**ACTIONS**

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**FOR CARER PRACTITIONER**

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**Detail any identified issues or support needs that cannot be addressed at the moment and possible consequences:**

Young Carer Statement		
Area	Status	Consider:
1.Safe		<p><b>Q</b> What is, and is not going well for you now?</p> <p><b>Q</b> What are the strengths that you bring to the areas that are going well?</p> <p><b>Q</b> How might you use those strengths in other areas?</p> <p><b>Q</b> What is most important to address first?</p>
2.Healthy		
3.Achieveing		
4.Nurtured		
5.Active/ Life		
6.Respected		
7.Responsible		
8.Included		
<i>Summary of Your Situation and How You Feel About Your Caring Role</i>		

## YOUNG CARER STATEMENT AGREEMENT

Some of the information which you have provided within this Assessment Form may, with your consent, be shared amongst various bodies (i.e. the Local Authority, National Health Service and approved care and support service providers) for the purpose of meeting your care and/or support needs.

I agree with the content of this document

I agree that this information may be shared amongst Education, the Local Authority, the National Health Service and approved care and support service providers for the purpose of meeting my care and/or support needs.

I would like a Copy of the YCS provided

<b>Parent Name</b>		<b>Date</b>	
<b>Parent Signature</b>			
<b>Young Carer Name</b>		<b>Date</b>	
<b>Young Carer Signature</b>			

### Worker Completing YCS

<input type="checkbox"/> Young Carer Statement Outcome Form	<b>Date</b>	
<input type="checkbox"/> YCS Support Planner Completed	<b>Date</b>	
<input type="checkbox"/> Copy of YCS given to Carer	<b>Date</b>	
<input type="checkbox"/> Copy of YCS given to Named Person	<b>Date</b>	
<input type="checkbox"/> Social Worker / FWW / Third Party Representative has contacted the school to let them know that the young carer has been referred to Aberdeenshire Carer Support Service for support	<b>Date</b>	

### Agreed Timescales for Review

3 months     6 months     12 months     At Young Carers Request

<b>Worker Name</b>		<b>Worker Role</b>	
<b>Signature</b>		<b>Date</b>	