**Young Carers Statement**

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| **Form details:** | | | |
| **Worker:** |  | **Start Date:** |  |

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| --- | --- | --- | --- |
| **Person’s Details:** | | | |
| **Name:** |  | **CHI:** |  |
| **DOB:** |  | **GENDER:** |  |
| **PARENT/GUARDIAN:** |  | | |
| **CONTACT NUMBER:** |  | | |
| **ADDRESS:** |  | | |
| **ADDRESS OF PERSON I CARE FOR (if different):** |  | | |

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| **How your information will be used** |
| The information provided by you and contained within this form will be used by Fife Council to support you as a young carer. In order to provide this support, it may be necessary for the Service supporting you to share the information on this form with people who work in other Council Services such as social work and education and with other organisations such as NHS Fife and third sector organisations. You can find out more about how we manage and share your information here:  [www.fifedirect.org.uk/privacy/education](http://www.fifedirect.org.uk/privacy/education)  www.fifedirect.org.uk/privacy/children\_and\_families  The Council’s Data Protection Officer can be contacted at: dataprotection@fife.gov.uk. |

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| **Purpose of statement:** |
| This is to help identify what is important to you and how much your caring role is having an impact. It also helps to identify your goals/outcomes and what support you need to achieve them. |

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| ***All about me…(things I like to do, activities I enjoy)*** |
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| ***My caring role (physical things I do, things I find difficult, things I like helping with, impact on school work and social life)*** |
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| ***Support my family gets now....(has cared for person been assessed, what makes a difference)*** |
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| ***Help I need to manage my caring role…*** |
| I feel safe: |
| I am healthy: |
| I am active: |
| I feel nurtured: |
| I am achieving: |
| I feel respected: |
| I feel responsible: |
| I feel included: |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you feel willing to continue caring? | Y | N | Don’t Know |
| Do you feel able to continue in your caring role? | Y | N | Don’t know |

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| ***In the future I would like to...(my personal outcomes and goals, what would make life easier, my life choices)*** |
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| ***Emergency and future planning - What to do if I can’t help, contact list*** |
| (If young carer needs a full plan please refer to FYC who will support this via their advocacy service) |

**Please tick box that apply (refer to eligibility criteria grid):**

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| --- | --- | --- | --- | --- | --- |
| **INDICATORS** | **Low Impact**------------------------------------------------------------------------------------------**High Impact** | | | | |
|  | **1 2** | **3 4** | **5 6** | **7 8** | **9 10** |
| **SAFE** |  |  |  |  |  |
| **HEALTHY** |  |  |  |  |  |
| **ACHIEVING** |  |  |  |  |  |
| **NURTURED** |  |  |  |  |  |
| **ACTIVE** |  |  |  |  |  |
| **RESPECT/ RESPONSIBLE** |  |  |  |  |  |
| **INCLUDED** |  |  |  |  |  |

Overall impact rating = Universal Additional Intensive

**Action plan and support required**

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| --- | --- | --- | --- | --- |
| **Identified needs/personal outcomes** | **Support/Action required** | **Person responsible** | **Timescale** | **Review date** |
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Please add more on separate sheet if required)

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| **Assessing worker summary statement** |
| (include level of support and link this to actions above) |

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| **Date support plan agreed:** | **Date:** |
| **Date plan ended and reason:** |  |
| **Assessment worker’s signature:** | **Date:** |
| **Young Carer’s Signature:** | **Date:** |