



getting
it right
for every child
in South Lanarkshire

Young Carers Statement

Date completed:

Section 1: Details of Child Referred.

| | |
|------------------------------|--|
| Name | |
| Address | |
| Date of Birth and age | |
| School | |
| referrer | |
| Person completing Assessment | |

Section 2: Family Composition

| People living at the same address as the child/young person | | | |
|---|----------------------------|---------------------------------|---------------------|
| Name | Cared for Person Yes/No | Relationship to young person | Diagnosis/Condition |
| | | | |
| | | | |
| | | | |
| Significant others in the young person's family/life | | | |
| Name | Cared for Person Yes/No | Relationship to young person | Diagnosis/Condition |
| | | | |
| | | | |
| | | | |

Section 3: Description of Caring Role

Young Carers Statement

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| Section 3.1. What tasks are you doing? How long do they take & how often are you doing them? |
| |
| 3.2. Do you feel able to do the caring tasks that you are doing? |
| |

Section 5: Summary

Young Carers Statement

Section 6: Child's Plan

| Action | Identify the Outcome | Identify the Outcome | Timescale for completion |
|--------|----------------------|----------------------|--------------------------|
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Section 7: Statement and Review

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|---|--|
| Date annual review due | |
| Young Person provided permission for statement to be shared with parent/carer | |
| Young Person provided permission for their statement to be shared with another agency | |
| Copies provided to | |