



DERBYSHIRE CARERS ASSOCIATION YOUNG CARERS' SERVICE Referral Form (5-17 years)



Who is a Young Carer?

'The term young carer should be taken to include children and young people under 18 who provide ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances... a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances'
(Children's Society, Hidden from View, 2013)

Information for referrers

- Please complete this referral form in full
- Any up to date EHA or Single Assessment documents should be submitted alongside the referral (with the family's permission)
- Following the receipt of a referral, the case will be triaged before being assigned to a support worker for assessment if appropriate
- Assessment involves a family assessment, which includes an assessment of the young carer's individual needs
- Families will be signposted to other relevant support where appropriate
- Adults in the family with a caring role will be signposted to Derbyshire Carers for support
- Schools will be notified of the young person's referral
- Any Young Carer with their own health issues or special needs will be supported as appropriate following a family assessment
- Following assessment support will take the form of 1:1 contact, advocacy support, specialist group work or activities, as appropriate and on a case by case basis
- If, after receiving this referral, we decide the young person is not eligible for support we will inform the referrer and the family of this decision
- Separate forms must be submitted for each young person in a family who is being referred

Referrals can be submitted via post: Derbyshire Carers Association, 3 Park Road, Ripley DE5 3EF or e-mail: youngcarers.derbyshirecarers@nhs.net



**DERBYSHIRE CARERS ASSOCIATION
YOUNG CARERS' SERVICE
Referral Form (5-17 years)**



Young Person's Name: _____
Gender _____ Ethnicity: _____
D.O.B: _____ Age: _____
Address: _____
Post Code _____
Tel. No: _____ Mobile phone no: _____
Parent/Guardian name _____
Parent's date of birth: _____
Parents' Tel. No: (if different to above) _____
G.P. Practice _____ Address: _____

Name of School/College _____
Pastoral Manager/Headteacher _____
Address: _____

Are they in education full / part time? _____
Does the school know of the caring role? Yes/No/ Don't Know

Are they in employment? Yes/ No / N/A
If yes, do they work full / part time? _____

Does the Young Person agree to the referral? Yes/No

Does the Family agree to the referral? Yes/No

Consent will need to be obtained to progress the referral. Please indicate if this is a concern.

Is this a Lone Parent family? Yes/No

Is the young person registered with a dentist? Yes/No

Does the young person care for a sibling with a disability? Yes/No

Who is being cared for?

Name: _____
Relationship to Carer: _____ DOB: _____
Ethnicity: _____

Nature of Illness/Disability:

Describe why the young person is caring

If caring responsibilities are due to neglect, parenting difficulties or personal choice, the referral may not progress.

If there is more than one person being cared for, please add details below:

Title: _____ First Name: _____ Last Name: _____
Relationship to Carer: _____ DOB: _____
Ethnicity: _____

Nature of Illness/Disability:

Other Professionals Involved with the family (if known)

(E.G. school workers, Adult Social Care, Health, MAT team, Family Support, Mental Health)

NAME	JOB TITLE	TEL NO.

Was this person identified through an *EHA/*Single Assessment? Yes/No

PLEASE ATTACH WITH THE REFERRAL

- EHA/Single Assessment should be dated within the last 6 months
- EHA/Single Assessment should contain information related to the child's caring responsibility
- Referrals without an EHA/Single Assessment may be delayed whilst this is completed

Are you aware that they have been subject to or currently worked under:-

Child in Need? Yes/No

Child Protection? Yes/No (please state) _____

_____ (Lead Professional if known)

If YES then an EHA/Single Assessment must be attached or the referral will not be able to progress.

Are there any known safeguarding concerns, if so please give details?

Family Details - Please give details of all people living in the household (ie siblings, parents and grandparents)

OTHER FAMILY MEMBERS LIVING IN THE HOUSE HOLD

NAME	RELATIONSHIP TO CHILD	AGE	SCHOOL

Family Referral Check List

Young Carers should be: –

Please tick

Living within Derbyshire

☐

Under the age of 18 years

☐

Types of Caring: -

Tick (as appropriate)

Providing domestic care (over and above that which would be considered usual)
I.e. housework, food shopping, cooking, heavy lifting etc.

☐

Providing general care,
I.e. dressing, helping with mobility, interpreting, giving medication, paying bills,
escorting, alerting emergency support, keeping an eye on the person, keep them
company etc.

☐

Providing intimate care,
I.e. washing, bathing, toileting, etc.

☐

Providing childcare
I.e. helping to care for siblings

☐

Providing “significant” emotional support

☐

Provide as much information as possible about the young carer’s responsibilities and the impact caring has on their life

Young Carers will only be eligible for support if they are:

- **Undertaking caring tasks considered over and above what would be expected of their age or level of development**
- **Experiencing a negative impact on their lives linked to their caring role**

What caring tasks are provided by the young carer, including practical tasks and emotional support?

What is the impact of caring responsibilities on the young carer? (i.e. Isolation/ Stress/ School Attainment/Attendance):

How is the General Health/ Wellbeing of the Young Person? Any Additional Needs?

What informal support networks are in place for the young person? (family, community)

What support is being accessed in school? (Do they have existing support/accessing groups etc?)

What extra-curricular groups and activities does the young person attend regularly?

Any Other Information you would like to share:

Referrer Information

Name: _____

Job Title: _____

Address: _____

Tel. No: _____ Mobile No: _____

E-mail _____ Date: _____

Please note, you will be contacted within 10 days of receipt of the referral. If this does not happen, please make contact to ensure the referral has been received.

What will be your ongoing role with the family?

If you will not be involved with the family following this referral, please provide a contact we can speak to for information about the family.

Contact: _____

Where did you hear about the Young Carers' Service?

I am happy for Young Carer's Service to contact me to discuss the information provided on this form

Yes / No

I am happy for Young Carer's Service to add my details to the database in connection with this referral to provide information for monitoring purposes

Yes / No

Please return this form to:

Derbyshire Young Carers Service

Derbyshire Carers Association

3 Park Road

Ripley

Derbyshire

DE5 3EF

Tel: 01773 833833

Secure Email: Youngcarers.derbyshirecarers@nhs.net

Please note: If you have not been in contact with the Young Carers' Service, then please contact the team to discuss the appropriateness of the referral, in order to avoid disappointment to the family.

IMPORTANT NOTICE

It is essential that all information on this form is completed. Any details that are missing could delay the referral.

CHECK LIST

- ☐ ALL INFORMATION COMPLETED
- ☐ EHA ATTACHED
- ☐ SINGLE ASSESSMENT ATTACHED