**Young Carers Referral Form**

Please return completed form to:

 **Sefton Carers Centre**

27-37 South Road, Waterloo, L22 5PE

**Tel:** 0151 288 6060

**Email:** help@carers.sefton.gov.uk

**Referrer Details**

|  |  |
| --- | --- |
| Name of Referrer |  |
| Job Title  |  |
| Relationship to young person |  |
| Contact Number |  | Email Address |  |

**Young Carer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Address |  Postcode: |
| Contact Number |  | Email Address |  |
| Date of Birth |  | Age |  |
| Gender |  | Language Spoken |  |
| Ethnicity |  | Religion |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the young carer have a disability? (Please Circle) | Yes | No | Unknown |
| If Selected Yes, Please State… |  |
| Does the young carer have any long-term health issues ?Is he/she currently taking any prescribed medication ?  |  |

**School attended**

|  |  |
| --- | --- |
| School Name |  |
| Contact Person |  |
| Address  |  Postcode: |
| Contact Number |  | Email Address |  |
|  Current school attendance if known % |  |

|  |  |  |
| --- | --- | --- |
| Is the young carer aware that you are making the referral to us? | Yes | No |
| Is the young person’s parent/guardian aware that you are making a referral to us and have they given permission for their personal information to be shared? | Yes | No |
| Is the young carer known to us/have they been referred to the service before? | Yes | No |
| Young person would prefer to be contacted via Parent/Carer? | Yes | No |
| Young person would prefer to be contacted via (Please Circle) | Tel | Email | Post |

**Information regarding caring role**

|  |  |
| --- | --- |
| Name of the personbeing cared for |  |
| Relationship to young person |  |
| Diagnosis/condition of the cared for person |  |

**How many hours care does the young person provide a week? (Please Tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| 0-5 Hours |  | 5-10 Hours |  |
| 10-15 Hours |  | 15-20 Hours |  |
| 20-25 Hours |  | 25+ Hours |  |

**How does the young carer provide support/care for the cared for person? (Please tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Domestic activity:** The extent to which the young person engages in activities such as cleaning, cooking, laundry etc  |  | **Emotional care:** The extent to which the young person provides company and emotional support to the person, keeping an eye on them, taking them out etc |  |
| **Household management:** The extent to which the young person engages in activities to keep the household running such as shopping , household repairs, garden maintenance etc |  | **Finance & practical management:** The extent to which the young person helps manage household finances such as bill paying, benefits, banking, and takes adult responsibilities such as working part-time to contribute to household income |  |
| **Personal care:** The extent to which the young person engages in caring activities such as helping the person to dress and undress, to use the bathroom, helping with mobility, administering medicines and changing dressings |  | **Sibling care:** The extent to which the young person is responsible for looking after siblings either alone or with a parent present. |  |

**If you are completing the referral form with the young carer, please complete below:**

**How does being a young carer impact you? ( Tick all of the boxes which apply )**

|  |  |  |  |
| --- | --- | --- | --- |
| It stops me having free time |  | I don’t feel confident in myself |  |
| I don’t get to see my friends |  | I worry a lot |  |
| I find it hard to make friends |  | My behaviour can be a problem |  |
| I have problems at School |  | I feel unwell or tired a lot |  |
| The family is short of money |  | I feel angry/upset a lot |  |

Is there anything else the young carer would like to share?

|  |
| --- |
|  |

|  |
| --- |
| **Please detail your concerns for this young carer / reasons for this Referral: ( expand this box if necessary** |
| Early Help | Yes | No | Lead Contact Name |  |
| Contact Number |  |
| Child in Need | Yes | No | Lead Contact Name |  |
| Contact name |
| LAC | Yes | No | Lead Contact name |  |
| Contact Number |  |
| Child protectionissue | Yes | No | Lead Contact Name |  |
| Contact number |  |

**Risk Assessment**

(Are you aware of any risk to staff during visits to the home, or while working with the young carer, i.e. domestic violence, antisocial behaviour, pets? (Please state)

|  |
| --- |
|  |

**Details of Person who has Parental Responsibility for young carer**

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to Child |  |
| Address (If Different) |  Postcode: |
| Contact Number |  | Email Address |  |

**Consent statement**

Being supported by Sefton Carers Centre’s young carer support service is entirely voluntary and is based on a partnership between your family, our staff and our other partners including schools

We will need to collect and share information about your family so that we can offer your child the help he/she may need. For instance we may want to talk to your child’s school to find out more about the problems he/she is having and to involve the school in any support plan we might produce for your child. Whenever we do this, we will treat your information as confidential and only share it with organisations that need to know in order to get your child the help he/she needs.

Sometimes there are circumstances when we have to share information, for instance if we believe that you or a member of your family may come to some harm. If we do this we will tell you and explain why.

From time to time Sefton Carers Centre must provide Sefton Council with information about the young carers and families we work with and support. This information will be managed in accordance with data protection legislation.

You have the right to ask what information we hold about you and your family and what we are sharing.

Listed below are some of the organisations we may share your information with:

* Children’s Services (Sefton Council)
* Adult Social Care (Sefton Council)
* Attendance & Welfare Service
* School
* Substance Misuse Services
* Mental Health Services
* Sefton Council commissioned services e.g SWACA, Parenting 2000, Venus
* Connexions
* Colleges of Further Education
* Sefton@work
* Youth Offending Team
* Targeted Prevention

By signing below I agree to allow my personal information and that of my child to be shared with services/agencies/professionals who are involved in providing support for me and my family. I understand that this information will only be shared on a strictly need to know basis.

Please note that if completing this form for someone else you must have their permission. Personal details supplied will be held by Sefton Carers Centre and Sefton Council for the purposes of assessing the needs of the young carer and the provision of support. By typing or signing your name in the signature box and submitting this form you are confirming that you have obtained parental consent to provide this information

The reasons why this information is going to be shared, what is being shared and with whom, has been fully explained to me.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

Please tick this box if consent has been understood and given by

the young carer.