**YOUNG CARER REFERRAL FORM**

**What is a Young Carer?**

A young carer is someone under the age of 18 who helps care for a parent, sibling, grandparent or other individual because they have a chronic illness, disability, mental health difficulty or misuses drugs or alcohol.

**Our Service**

South Tyneside Young Carers Project has been delivering support to young carers and their families for over 15 years, with the aim of improving their quality of life and reducing the risk of isolation. We passionately believe that every young carer should be able to enjoy their childhood and have a supportive environment in which they can retreat from the pressures they often face. Our aim is:

***“for young carers to be confident, ambitious and independent, to be protected from inappropriate care***   
***and enjoy a positive childhood”***

South Tyneside Young Carers Service is commissioned by the local authority to provide young carers and families with an assessment of needs to determine the type, amount and impact of care. This assessment then allows relevant support to be implemented, to reduce the impact, caring responsibilities can have on young carers and their family.

Our team of experienced and staff work closely with local partners and education/training and employment providers to support young carers through a range of services. These include; young carer and family needs assessment, one to one emotional wellbeing support, personal development workshops and family provision. We also provide recreational and respite activities including residential short breaks, and activities during school holidays.

South Tyneside Young Carers Project forms part of TEN North East Ltd, a division of local charity Groundwork South and North Tyneside.

**Please return the completed assessment form to:** [**admin.styc@groundwork.org.uk**](mailto:admin.styc@groundwork.org.uk)

**Further Information and Contact Details**

If you have any issues completing the referral form or would like any further information, please contact: [admin.styc@styoungcarers.org.uk](mailto:admin.styc@styoungcarers.org.uk)

**Address:** South Tyneside Young Carers Service, The Eco Centre, Windmill Way, NE31 1SR  
**Tel:** 0191 4272795 | [www.southtynesideyoungcarers.org](http://www.southtynesideyoungcarers.org)

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**The Referral Process**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Agency |  | | |
| Job Title |  | | |
| Email |  | | |
| Contact Telephone |  | | |
| Address |  | | |
| Postcode |  | Date of Referral |  |
| Signature |  | | |

**Referrer Details**

|  |  |  |
| --- | --- | --- |
| **Please confirm that the Young Carer has agreed to this referral:** | **Yes** | **No** |
| **Please confirm that the parent/guardian has agreed to this referral:** | **Yes** | **No** |
| **Would your organisation be interested in young carer’s awareness raising training?** | **Yes** | **No** |

**Safeguarding Status**

Please detail the safeguarding status of the family including any key worker details. Please also outline any risks/concerns in working with the family.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Help** |  | **Child In Need** |  | **Child Protection** |  | **Not Applicable** |  |
| **Further Details:** | | | | | | | |

**Other Services & Agencies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List details of other service involvement (Including health, education, employment, etc.)** | | | | | |
| **Name of Professional** | **Job Title & Agency** | **Contact Number** | **Email** | **Current role  with the family** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Young Carer Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Miss/Mrs/Mr etc. |  | Forename |  |
| Middle Name |  | Surname |  |
| Preferred Name |  | Gender |  |
| Date of Birth |  | Age |  |
| Ethnicity |  | Religion |  |
| Languages spoken at home |  | | |
| Address |  | | |
|  | | | |
| Town |  | Postcode |  |
| Young Carer Contact Information/Email |  | | |
|  | |

Prior to referral was this Young Carer ‘hidden’? (Please circle appropriate answer) **YES NO**

|  |
| --- |
| **If YES, please give details of how they were ‘hidden’** |
|  |

**Disabilities**

Does the Young Carer have a disability or additional communication needs? (If yes please give further details)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Undergoing Assessment |  |
| Details |  | | | | |
|  | | | | | |

**Parent/Guardian Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSON 1.** | | | |
| Name |  | | |
| Relationship to Young Carer |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Email |  | | |
| Contact Number |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSON 2.** | | | |
| Name |  | | |
| Relationship to Young Carer |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Email |  | | |
| Contact Number |  | | |

**Siblings & Significant Others**

|  |  |
| --- | --- |
| **PERSON 1.** | |
| Name |  |
| Relationship |  |
| School |  |

|  |  |
| --- | --- |
| **PERSON 2.** | |
| Name |  |
| Relationship |  |
| School |  |

**Emergency Contact Details**  
Please provide details of an individual we can contact in an emergency who is not a parent/guardian

|  |  |
| --- | --- |
| Name |  |
| Contact Number |  |
| Relationship |  |

**Cared For Person Details** (if known):

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Date of birth |  | **Age:** |
| Relationship |  | |

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Date of birth |  | **Age:** |
| Relationship |  | |

**Reason for Caring**

Please highlight appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical Disability** | **Mental Health** | **Chronic Illness** | **Addiction** | **Other** |

**Caring Role**

Please give an overview of the caring responsibilities of the Young Carer.

|  |
| --- |
|  |

**Nature of Caring Responsibilities**

**Physical Support**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bathing |  | Dressing |  | Going to the toilet |
|  | Getting in/out of bed |  | Walking |  | Eating/drinking |
|  | Medication |  | Interpreting |  | Shopping |
|  | Cooking |  | Laundry |  | Cleaning |
|  | Ironing |  | Paying bills |  | Childcare |
|  | Coping in emergencies |  | Appointment Organisation |  |  |

**Emotional Support**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Listen to them |  | Look after them if they are drunk/have taken drugs |
|  | Comfort them if they feel scared |  | Help them to calm down |
|  | Keep an eye on them |  | Help them to feel better about themselves |

|  |
| --- |
| Other Tasks - are there other tasks you would like to mention? |
|  |
| How does the Young Carer/Family feel they are affected by their caring role? |
|  |

**What support do you feel could reduce the impact of their caring responsibilities?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Information, advice, guidance |  | Opportunity to meet other Young Carers |
|  | Break from their caring role |  | Family Support |
|  | Emotional resilience support |  | Respite Activities |