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| **Young Carers Darlington and Young Adult Carers Service****Referral Form** |

A Young Carer is someone under the age of 18 who helps to care for a family member, relative or friend who, due to illness, disability, a mental health problem or an addiction, require the child/young person’s support. A young person aged 16-25 with caring responsibilities can be known as a Young Adult Carer. Young Carers Darlington supports Young Carers and Young Adult Carers from the age of 5 up to 25.

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| **1.**  **IDENTIFYING DETAILS (***for multiple young carers use additional box)* |
| Name of Child/Young Carer/Young Adult Carer: |  | Religion: |  |
| AKA: |  | Ethnicity: |  |
| Date of birth: |  | Language: |  |
| Age: |  | Language Interpreter/signer: |       |
| Gender: | M [ ]  F [ ]  Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | GP: |       |
| Address & Postcode: | Post Code:  |
| Contact Tel No: | Home:       | Mobile:  |
| Email address: |  |
| School/College/Nursery/Not applicable: |  | School Attendance Percentage: |  |
| Date of Referral: |  |

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| **2. CARED FOR** – Please note Family Action Young Carers Darlington & Young Adult Carers only support where there is a caring role for someone living with physical or mental illness, disability, substance misuse, or their condition is described as life limiting |
| Name: |  | Relationship to Young Carer/Young Adult Carer: |  |
| Date of birth: |  | Contact Tel No (home): |  |
| Gender: | M [ ]  F [ ]  Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Tel No (Mobile): |  |
| Address & Postcode: | Post Code: |
| School/College/Nursery: |       | School Attendance Percentage: |       |
| Employed Yes/No: |  | Full Time/Part Time |  |
| Religion: |  | Ethnicity: |  |
| Language: |  | Language Interpreter/Signer: |  |
| **Diagnosis / Disability/ Illness** |  |
| Impact of diagnosis, disability, or illness. E.g. reduced mobility |  |

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| **3. FAMILY MEMBERS AND SIGNIFICANT OTHERS IMPACTING ON THE CHILDREN/YOUNG ADULT** |
| Full name | Date of Birth | Male/Female/Other (please state) | Resident in Household | RelationshipTo Young Carer/Young Adult Carer | Ethnicity | Religion | Name of School/College/University | Employment |
| Yes/ No | Full Time/Part Time |
| **Parents/Guardian/Siblings over 18 - if not already given in section 1 or 2** |
|  |  |  |  |  |  |       |       |       |  |
|       |  |       |       |        |       |       |       |       |  |
| Full Name | Date of Birth | Male/Female/Other (please state) | Resident in Household | Young Carer/Young Adult Carer?Yes/No  | Ethnicity | Religion | Name of School/College/Nursery/ | School Attendance Percentage % |
| **Siblings under 18** |
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| Please use additional sheet if necessary |

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| **4. ADDITIONAL FAMILY ADDRESS – Other family members impacting on the children/young adult** |
| Name | Relationship to Young Carer/Young Adult Carer | Address  | Tel No  |
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| **5. REFERRER DETAILS:** |
| Name: |  |
| Agency/School/Organisation/Family Member:  |  |
| Please indicate if applicable |  |
| Occupation/Relationship to child |  |
| Address:  |  |
| Email Address: |  |
| Tel: | Work:        | Mobile:  |
| Signature of referrer: |       | Date:  |

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| **6. LEAD PROFESSIONAL:**Is there a Lead Professional identified and if so who: |
| Name: |  |
| School/Organisation: |  |
| Address: |  |
| Email Address: |  |
| Tel: | Work: | Mobile: |

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| **. 7.** **CONSENT:**  |
| Have you obtained consent from the young carer and their family to make this referral? Yes [ ]  No [ ]   |
| Have you obtained consent from the family to discuss the need for young carers intervention with appropriate agencies and are they aware this will be recorded? Yes [ ]  No [ ]   |
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| **8. Why is this referral required?** |
| **Details of specific tasks undertaken by Young Carer/Young Adult Carer:** |   |
| **Impact of caring role on Young Carer/Young Adult Carer:** |  |

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| **9. What do you hope to achieve from this Referral?**N.B. Young Carers Darlington & Young Adult Carers Service is not an activity focused service. |
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| **10. HAVE YOU UNDERTAKEN THE MACA & PANOC TOOL*****Only applicable for young carers under 18*** | Yes [ ]  No [ ]  |
| If yes, please give scores below:(If referral is coming from One Point service, it will not be accepted without MACA & PANOC scores) |
| **MACA** | **PANOC POSITIVE** | **PANOC NEGATIVE** |
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| **11. SAFEGUARDING INFORMATION:** Please indicate any current, previous relevant or known information about safeguarding risks or child protection issues.  |
| **No Concern** | [ ]  | **Reason for Concern** |  [ ]  | **Significant Concern** |  [ ]  |
| **Are any of the following applicable to the family:** |
| Child that is looked after  | Yes [ ]  No [ ]  |
| Child Protection Plan | Yes [ ]  No [ ]  |
| Child in Need (CIN) | Yes [ ]  No [ ]  |
| Special Guardianship Order (SGO) | Yes [ ]  No [ ]  |
| Open to Team around Family (TAF) | Yes [ ]  No [ ]  |
| Adult with vulnerabilities (open to Adult Services) | Yes [ ]  No [ ]  Please provide details: |

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| **Risk:** Please outline details of any current or previous relevant risks or information relating to safeguarding issues & risks to worker. |
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| **12. Is anyone in the household pregnant? If yes, please record expected delivery date:** |
| Yes [ ]  No [ ] EXPECTED DELIVERY DATE: |
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|   **13. Please indicate if the following documentation has been completed and if it is attached.** |
|  | Completed | Attached |
|  Chronology of significant events  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  Early Help Assessment (Section 1-7) | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  Full Single Assessment (SAF) | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  Team Around the Family (TAF) | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  Other Assessments available | Yes [ ]  No [ ] If yes, please detail: | Yes [ ]  No [ ]  |

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| **14. INVOLVEMENT OF OTHER SERVICES**  |
| Which other services are **currently or were previously** involved with the child and family (name, agency), if known |
| **Child/Young Adult** | **Name/Agency** | **Purpose** | **Ended when/why?** |
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| **RETURN TO:****BY POST:** Please mark private & confidential and return to:Family Action, Young Carers Darlington and Young Adult Carers ServiceSt Teresa’s Hospice91 Woodland RoadDarlingtonDL3 7UA**BY E-Mail:** Password protect and forward to youngcarersdarlington@family-action.org.uk **FURTHER ENQUIRIES**: Telephone 01325 794 888 |
| **FOLLOWING RECEIPT OF REFERRAL:*** Receipt of your referral will be acknowledged by letter.
* A Worker will contact you by telephone to discuss the referral and may offer advice & guidance.
* A referral is **not live** until allocated and you will be notified at this time.
* Family Action kindly request information updates are shared with us whilst the referral is waiting for allocation.
* If you have any safeguarding concerns, contact Children’s Front Door on 01325 406222 or childrensfrontdoor@darlington.gov.uk
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