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| **The Bridge Young Carers 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, cannot cope without their support. A young person aged 16-25 with caring responsibilities can be known as a Young Adult Carer. The Bridge now 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 Bridge Young Carers & 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 | Relationship  To 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** | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |
| 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. The Bridge Young Carers & 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:** | | | | | |
| Children Looked After (CLA) | | | 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, The Bridge Young Carers  c/o Butterwick Hospice  Woodhouse Lane  Bishop Auckland  Co. Durham  DL14 6JU  **BY E-Mail:** Password protect and forward to [durhamyoungcarers@family-action.org.uk](mailto:durhamyoungcarers@family-action.org.uk)  **FURTHER ENQUIRIES**: Telephone 0191 3832520 |
| **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. * The Bridge kindly request information updates are shared with us whilst the referral is waiting for allocation. * All Practitioners working with children and families in County Durham must follow the Single Assessment Framework to access the support required to meet identified additional needs. This can be found at <http://www.durham.gov.uk/article/2364/Single-Assessment-Framework> * If you have any safeguarding concerns, contact First Contact on 03000 26 79 79 |