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. Rotherham Young Carers accept referrals for children aged 8-18 years old (up to their 19th birthday) although consideration will be given to referrals for younger children if there are relevant concerns related to caring.

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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 Rotherham 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) | Residentin 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) | Residentin 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 PRACTITIONER:** Is there a Lead Practitioner identified and if so who: |
| Name: |  |
| 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 [ ]   |
|  |
| **8. WHY IS THIS REFERRAL REQUIRED?** |
| Details of specific tasks undertaken by Young Carer: |   |
| Impact of caring role on Young Carer: |  |

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| **9. WHAT DO YOU HOPE TO ACHIEVEF ROM THIS REFERRAL?**N.B. Young Carers Rotherham is not an activity focused service. To understand the full remit of the service please visits [Young Carers Support Service, Rotherham - Family Action](https://family-action.org.uk/services/young-carers-rotherham/) |
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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: |
| 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 [ ]  |
| Family Assessment of Need, led by the Early Help Service.  | Yes [ ]  No [ ]  |
| Family Assessment of Need, led by a partner agency. |  |
| 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: |
|  |
| **13. PLEASE INDICATE IF THE FOLLOWING DOCUMENTATION IS COMPLETED AND ATTACHED.** |
|  | Completed | Attached |
| Chronology of significant events  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
| Family Assessment of Need (FAN)  | 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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## RETURN TO:

* BY POST: Please mark private & confidential and return to:

Family Action, Young Carers Rotherham, Office 20, Bizspace, Bradmarsh Business Centre, S60 1BY

* BY E-Mail: Password protect and forward to youngcarersrotherham@family-action.org.uk
* FURTHER ENQUIRIES: Telephone 01709 224 959.

## FOLLOWING RECEIPT OF REFERRAL:

* Receipt of your referral will be acknowledged by email youngcarersrotherham@family-action.org.uk
* 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 Rotherham MASH on 01709 336080.**

[**https://www.rscp.org.uk/homepage/41/report-child-abuse**](https://www.rscp.org.uk/homepage/41/report-child-abuse)