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) | 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 | | | | | | | | | | | | |
|  |  | |  | |  |  | |  |  |  |  |  |
|  |  | |  | |  |  | |  |  |  |  |  |
| 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 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?** |
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## 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](mailto: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)