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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: |  | Is the Young Carer from an Armed Forces family? |  |
| School/College/Nursery/Not applicable: |  | School Attendance Percentage: |  |

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| **2. CARED FOR** – Please note Family Action Young Carers Darlington 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 | Are they a Young Adult Carer/Adult Carer? | Pregnant? | |
| Yes/ No | Due date if yes |
| **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 | Are they also a Young Carer/ Young Adult Carer? | Ethnicity | Religion | Name of School/College/  Nursery/ | | |
| **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 for Family Action to store their data and discuss relevant information about this referral? 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 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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| **Brief family history, outlining any significant events:** | | | | |
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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. 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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| **13. 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  Woodlands Wellbeing Hub  St Teresa’s Hospice  91 Woodland Road  Darlington  DL3 7UA  **BY E-Mail:** Password protect and forward to [youngcarersdarlington@family-action.org.uk](mailto:darlingtonyoungcarers@family-action.org.uk)  **FURTHER ENQUIRIES**: Telephone 01325 794 888 |
| **FOLLOWING RECEIPT OF REFERRAL:**   * Receipt of your referral will be acknowledged by email * Our Senior Practitioner may contact you by telephone to discuss the referral and may offer advice & guidance. * You will be notified whether this referral has been accepted – a letter will be sent by email to the referrer and by post to the family * A referral is **not live** until allocated and you will be notified at this time, prior to contacting the family * 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](mailto:childrensfrontdoor@darlington.gov.uk) |