**Croydon Young Carers Service - Referral Form 2022**

**This referral form will be used as part of the client’s Young Carers assessment and all information on this form will be shared with the young carer and/or parent(s). Information on this form will be stored on our parent charity: Off the Record’s database. If at the time of assessment consent is not given by the family to register as a young carer with our service, this data will then be deleted.**

**Referral method:** Young Carers Service will **only** accept referrals by completing this form. Only typed referrals to be accepted, referrals must be emailed to youngcarersreferrals@talkofftherecord.org

**Definition of a carer:** “A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem” - *Carers Trust*

**Referral Guidelines**

**About the person(s) cared for:** YCS will accept referrals for young carers who provide support to individuals who belong to the following categories: Physical disability, physical ill health, mental health, learning disability or substance misuse. Please provide details of the type, severity and symptoms of the health condition and which support services are involved, if any.

**About the young carer:** Explicit details of the caring role (include types and frequency of tasks) and how these impact on the young person’s life. Please note that completion of the following types of tasks and responsibilities can define a caring role. Clarity about whether a young person has a caring role will also be gained by that young person completing the MACA-YC18 which accompanies this referral form, **you must complete this with the young person and include with your referral**.

**Examples of caring tasks and responsibilities:**

* Domestic tasks (if more than is normal for the age of the child) e.g. cleaning, cooking, dealing with the laundry.
* Household management e.g. taking responsibility for food shopping, decorating rooms, lifting and carrying heavy objects.
* Personal care which may include aiding mobility and helping with dressing and washing of the cared for person or taking responsibility for the administration of medication.
* Sibling care (either of a sibling who is the cared for person or if caring for a sibling in order to support a cared for parent). Examples of this are: taking a sibling to school; managing a sibling’s behaviour or supervising and entertaining siblings when a parent cannot be in the room.
* Emotional care. This category involves young carers providing emotional support such as listening to and comforting or providing company for the cared for person.
* Financial/practical care. Young Carers may be required to collect benefits, deal with bills and banking of money or even to work part-time.
* Interpreting, signing or using another communication system for the cared for person.

**The YCS can complete young carers assessment for young carers aged 7-17 and Adult Carers Assessments for those aged over 18.**

**Referral Information**

|  |
| --- |
| **Young Carer’s Details** |
| First Name: |  |
| Surname: |  |
| D.O.B / Age: |  |
| Ethnicity: |  |
| Contact number of YP: |  |
| Email of YP: |  |
| Gender and preferred pronouns (if they are comfortable to disclose them): |  |
| Preferred Language:  |  |
| GP Details: |  |
| **Parent(s) or Carer(s) Details** |
|  | Parent / Carer 1 | Parent / Carer 2 |
| Full Name: |  |  |
| DOB: |  |  |
| Telephone/Mobile number: |  |  |
| Email address: |  |  |
| Parental Responsibility: | Y / N | Y / N |
| Family Address: |  | **(If different to family address):**  |
| Post Code: |  |  |
| Name and address of school they attend:  |  |
| School Contact: Name /Role Email/telephone  |  |
| **Details of the Person(s) Cared For** |
|  | First person cared for | Second person cared for(If more than one) |
| Name: |  |  |
| DOB: |  |  |
| Relationship to young carer: |  |  |
| Is Young Carer the Primary/Secondary Carer: |  |  |
| Issues cared for? (Can be multiple, please state diagnosis or condition) See guidelines (About the person care for) and provide as much information as possible |  |  |
| What does the Young Carer’s caring role consist of? See guidelines(Emotional support, cooking, cleaning, taking siblings to school, laundry, etc). **This needs to be completed as fully as possible.**  |  |  |
| Is this person aware of the referral? |  |  |
| Have the parent ***and***the young person both consented to the referral? | Young person’s consent – yes / no | Parent’s consent – yes / no |
| **Safeguarding Information** |
| Are there any risks/safeguarding concerns that are related to the caring role? |  |
| Is the diagnosis of the cared for terminal? |  |
| Is there an Early Help assessment in place? Dates? |  |
| Are there any social care professionals involved? Who? |  |
| **Referrers Details** |
| Referral Source | Health Social Care Education Self Other  |
| Name of referrer  |  |
| Role of referrer  |  |
| Address |  |
| Contact Number |  |
| Email of Referrer  |  |
| Referral Dated |  |