**Kirklees Young Carers Service Referral Form**

**Please read the GUIDANCE NOTES At end of referral form**

Use clear and concise text when completing this referral form.

Answer all questions and make sure it is signed by the child or young person and parent(s). Boxes marked \* are essential information that must be completed

When returning the completed referral form please ensure you are returning this safely – via encryption, password protected, recorded delivery etc

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Details** | | | | | | | | | | | | |
| **\*Name** |  | | | **\*Title or Role** | | | | | |  | | |
| **\*Agency** |  | | | | | | | | | | | |
| **\*Address** |  | | | | | | | | | | | |
| **\*Phone Number** |  | | | **\*Email** | | | |  | | | | |
| **Date referral completed with family:** | | | | It is important that we have consent from the parents or carers and the young person. Please ensure that everyone signs at the end of this form. Please also ensure that you discuss the possibility of referral of parent/s to Adult Social Care for assessment regarding eligibility for further support. Thank you. | | | | | | | | |
| **Have the family received support from Kirklees YC previously? (Please state who and when)** | | | |
| **🛉 YOUNG CARER’S DETAILS 🚺** | | | | | | | | | | | | |
| **\*Child or Young Person’s Name:** | |  | | | **\*Date of Birth** | |  | | | | **Gender** |  |
| **\*Address of young person**  🖂 | |  | | | | | | | | | | |
| **\*Phone Number(s) for young person and parent/carer**  🕾 | | Young person –  Parent/carer - | | | | **\*Emails for young person and parent/carer** | | | Young person –  Parent/Carer - | | | |
| **School or College**  🕮 | |  | | | | **Contact details for school** | | |  | | | |
| **Additional needs:** | | **Interpreter?**  **Preferred language / dialect/ BSL?**  **Access or health needs?**  **Other cultural support needs?** |  | | | **Faith** | | |  | | | |

|  |
| --- |
| **\*Ethnicity Group for young person** |
| |  |  |  |  | | --- | --- | --- | --- | | White British |  | Asian - British / Pakistani |  | | White Irish |  | Asian - British / Bangladeshi |  | | White – Other Background |  | Asian – British / Other Background |  | | Mixed – White / Black Caribbean |  | Black – British / Caribbean |  | | Mixed – White / Black African |  | Black – British / African |  | | Mixed – White / Asian |  | Black – British / Other Background |  | | Mixed – Other Background |  | Other Ethnic Groups – Chinese |  | | Asian – British / Indian |  | Other Ethnic Groups |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **🚺 \*Information on Cared for Person (parent, carer, sibling, relative) 🚹** | | | | | |
| **Name** |  | | | | |
| **Address 🖂** |  | | **Contact details** | | Telephone-  Email- |
| **Relationship to young carer** |  | | | | |
| **Nature of illness or disability. Please pick the ones that best describe the circumstances. Tick all that apply.** | Physical illness or condition |  | | | |
| Mental illness or condition |  | | | |
| Life limiting illness or condition |  | | | |
| Alcohol or substance misuse problem |  | | | |
| Disability |  | | | |
| **Other people living in family home / family members** | | | | | |
| **Name** |  | **Relationship to child / young person** | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Information on other agencies involved.**  **Please give names and \*contact details and brief description of their work with the family** | | | |
| Work being undertaken by the referring agency |  | | |
| Other agencies involved with child, young person or family  (e.g. social worker, CPN, CAMHS, Adult Social Care etc.) |  | | |
| Is the child / young person the subject of a Child Protection, Child in Need, TAF? |  | Name and contact details of Lead Professional |  |

|  |
| --- |
| **RISKS** **– Are there any known risks to personal safety which would be relevant to the worker who will contact or visit the family?** |
|  |

|  |
| --- |
| **Caring Responsibilities Undertaken by the Child or Young Person**  Please describe in details all practical and/or emotional caring responsibilities! **See Guidance Notes above!** |
|  |

|  |  |
| --- | --- |
| **The \*impact of caring responsibilities on the child or young person**  Please describe how the caring role impacts on the following aspects of the child/ young person’s life: identity, family and social relationships | |
| **Education** |  |
| **Physical Health** |  |
| **Emotional / mental health and well being** |  |
| **Behaviour/ behavioural development** |  |
| **Family and social relationships** |  |
| **Identity** |  |
| **Other** |  |

|  |
| --- |
| As the referrer what do you hope the young person will gain from accessing the service |
| …………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………. |

|  |  |  |  |
| --- | --- | --- | --- |
| **I have read or seen the Kirklees leaflet and am happy to be referred to the Young Carers Service.** | | | |
| Signature of child or young person | **Name** | **Signature** | **Date** |
| **I am happy for my child to receive support from Kirklees YC. I also understand that the possibility of referral to Adult Social Care will be discussed with me if appropriate but that a referral will not be made without my consent.** | | | |
| Signature of parent or carer | **Name** | **Signature** | **Date** |
| I have explained the nature of the service and the possibility of a referral to Adult Social Care. | | | |
| Signature of referrer | **Name** | **Signature** | **Date** |

**Kirklees Young Carers Service Guidance on Referral**

**Who are young carers?**

Young carers are children and young people under 18 who provide care for another person (either practical or emotional support). The Children and Families Act 2014.

Young carers can take on a variety of caring activities such as domestic tasks, household management, personal care, emotional care, sibling care and financial and practical care.

Caring responsibilities can have both positive and negative effects on a young person’s life. We assess the positive and negative outcomes of caring when working with young people to help agree levels of support that help build on the positive outcomes and reduce the negative effects of caring.

**Criteria for referral**

To meet eligibility for our service, children and young people must meet the following criteria:

* Aged under 18 (or under 24 for Young Adult Carer YAC support).
* Cares for a family member who has an illness, a disability, mental ill health or substance misuse problem.
* Lives within the area of Kirklees in the same house as the person cared for.
* Needs support to prevent them from undertaking inappropriate caring role.
* Needs support because caring is impacting on their health or development (this includes emotional health and well-being).

At referral stage you will be asked to identify the practical or emotional caring responsibilities undertaken by the child or young person as well as the impact those responsibilities have on the young person.

It is important that the referral gives an accurate account of the caring responsibilities and impact of caring on the young person to support our allocation and assessment process. Lack of detailed information could result in a delay in allocating the referral.

**Who can refer?**

Parents, children and young people or family members can self-refer. You can approach Kirklees Young Carers directly by contacting us via letter, phone or e-mail.

We accept referrals from all professionals and agencies (e.g. GPs, social workers, health workers, teachers etc.) as long as they complete the referral with the child or young person and their parent/carer.

**Allocation process**

Referrals are screened upon receipt to determine eligibility, priority and levels of response. Kirklees Young Carers Service offers the following types of support:

* **Advice and Support** - general provision (information, signposting to online support and young people’s activities and events).
* **Group / peer support**
* **Individual support** and/or group sessions addressing children’s identified goals, based on assessment of needs and linked to measurable outcomes)
* **Targeted substance misuse / parental mental health** – high level of complex needs. Intensive individual support, specific 1:1 sessions around parental substance misuse

**Early Support**

It is important that an Early Support Assessment has been considered for the young person and their family if you have identified further needs that are not linked to the caring role. Please ask if you need advice.

**Young Adult Carers**

We currently work in partnership with Carers Count and other partners to support young adult carers aged between 16 and 24. As well as the types of support listed above, we can support young adult carers with school /college transitions, finance and careers support. We also run a monthly drop in around themes and issues determined by young people.

**Where to send completed application forms.**

* Barnardo’s Kirklees Young Carers Service

Room S8 Brian Jackson House, 2 New North Parade, Huddersfield, HD1 5JP (or email to address below)

If you have any further queries or want to discuss the child or young person before you complete the referral form or you are not sure if the young person meets our criteria or how to refer, please email[[1]](#endnote-1) us at [kirkleesyoungcarers@barnardos.org.uk](mailto:kirkleesyoungcarers@barnardos.org.uk) or ring us on 01484 426100 and we will be happy to advise you

1. [↑](#endnote-ref-1)