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**Young Carers Team Referral Form**

Please note we cannot accept incomplete referral forms and please complete one referral form per child

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| **Referrer Details** |
| Referred by: |  | Agency/Relationship to child |  |
|  |
| Address |  | Post Code |  |
|  |
| Tel No |  | Mobile No |  | Email  |  |
|  |
| Date of Referral |  | Date of Telephone Referral if applicable |  | Time |  |

**“Data Protection Act 1998 – We need to collect the information in this young carer referral form so that we can understand what help is needed. We will need to share this information with The Carers Hub who are the commissioned service to support young carers living in Stoke-On-Trent and Staffordshire whose staff have a current Disclosure and Barring Service (DBS) check. They will treat your information as confidential and will not share it with any other organisation unless they are required by law to share it or unless the young carer will come to some harm if they do not share it. In any case they will only share the minimum information they need to share. There may be occasions when they do have to talk to someone without your permission. This will only happen in certain circumstances and when staff feels it is absolutely necessary. These circumstances include when there is a risk of serious harm, when there are child protection concerns or in extreme circumstances when they are ordered by the courts. Whenever possible they discuss this with you and try to involve and support you through this process.”**

**Please see our Early Help Fair Processing Notice for more information regarding Data Protection**

<https://www.stoke.gov.uk/directory_record/333387/early_help/category/392/children_and_families>

**Please tick and sign below to confirm you have obtained consent from the family/individual regarding making this referral and have explained the Data Protection statement above\*: Yes No**

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| **Signature of Parent/ Carer/ Guardian**  |  |
| **Signature of Young Person (if Gillick Competent)**  |  |
| **If verbal consent gained only please state when and how this was gained**  |  |

**\*please note without consent we will only accept the referral from the date we receive consent**

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| **Risk Assessment Details – Are there any risks?**  |
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| **Young Carers details** |
| Name |  | Known As |  |
|  |
| Home Address |  | Tel No. |  |
| Mobile |  |
| E-Mail |  |
|  |
| DOB |  | Gender | Male |  | Female |  | Not specified |  |
|  |
| School currently attending |  |
| Contact Name |  | Telephone No |  |
| **Any additional needs to be aware of for the young carer?** |
| Does the child have a disability?  | **Detail:**  | Does the child have a Communication Need? | **Detail:**  |
| Does the Child have an Education and Health Plan or Pupil Passport? | **Detail:**  |

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| --- | --- | --- | --- | --- | --- | --- |
| Estimated total hours of caring each week (including emotional and physical care) | 0-19hours |  | 20-49hours |  | 50+hours |  |
| Please provide details of caring tasks undertaken by the children and young person  |  |

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| **Cared for person/s details** |
| Name  | Relationship to child/young person | Parental Responsibility? **Y/N** | Ethnicity | DOB | **The reason/reasons they need caring for i.e – illness, disability, palliative care, poor mental health or substance misuse.** |
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| **Other family members who live in the household:** |
| Name  | Relationship to child/young person | Parental Responsiblty? **Y/N** | Ethnicity | DOB | If a child, which school they attend?  |
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| **Multi-Agency information: -**  **Yes No** |
| Is the child the subject of a Child Protection Plan?  |  |  | If Yes, with which Social Worker? |  |
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| Is the child the subject of a Child in Need Plan |  |  | If Yes, with which Social Worker? |  |
|  |
| Is the child looked after?  |  |  | If Yes, which Authority is responsible?  |  |
|  |  |  |  |
| Has an Early Help assessment been completed?  |  |  | If yes who is the lead worker:  |  |

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| **Child/Young Person’s Ethnicity** |
| **Asian/Asian British** | **Black/Black British** | **Mixed** | **Other** | **White** |
| Bangladeshi |  | African |  | White andAsian |  | Chinese |  | White British  |  |
| Indian |  | Caribbean |  | White andBlack African  |  | Gypsy/Roma |  | White Irish  |  |
| Pakistani |  | Any other Black background  |  | White andBlack Caribbean  |  | Any other ethnic group |  | Any other white background  |  |
| Any other Asian background |  |  | Any other Mixed background  |  | Refused |  | Traveller of Irish Heritage |  |
| Not yet obtained |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nationality |  | Child’s firstLanguage |  | Parent’s firstLanguage  |  |
| Immigration Status | Asylum Seeker [ ]  Independent Leave to Remain [ ]  Refugee [ ] Unaccompanied Asylum Seeking Child [ ]   | Home Office Registration No. |  |
| Is an interpreter /signer required? | Yes [ ]  No [ ]  |  |  |

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| **Overview of the Child or Young person:** |
| **What’s working well for the Young Carer?**  |
| **What are you worried about for the young carer?**  |
| **What would the young carer like to happen next?**  |

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| **Key Agencies** *(please tick if currently working with the family)* |
|  | Name | Tel |  | Name | Tel  |
| G.P & Surgery |  |  | Adult Social Care |  |  |
| EWO |  |  | School Nurse |  |  |
| Family Support Worker |   |  | CAMHS |   |  |
| Children’s Social Care |   |  | SAFE |   |  |
| Disability Resource Team |  |  | Youth Team  |  |  |
| Children with Disabilities Team |  |  | Mental Health Services  |  |  |
| Action for Children  |  |  | CDAS |  |  |