**Guidance sheet for referrers**

Please ensure this referral is completed with parent/carer and the consent form is completed to enable us to contact the family.

A young carer is a child or young person who provides regular and on-going care and emotional support to a family member with physical or mental health problems, has a disability, or misuses drugs or alcohol.

This does not mean the everyday and occasional help around the home that many young people are often expected to give within families.

**The key feature of being a ‘young carer’ is that the caring responsibilities continues over time and can make a young carer vulnerable, when the level of care and their responsibility to the person they look after, becomes excessive or inappropriate and risks impacting on emotional or physical wellbeing, educational achievement and life chances.**

**Young carers often:**

* Help family members to get up, get washed, get dressed or help them with toileting
* Provide regular emotional support for someone who is misusing alcohol or drugs and/or experiencing mental health difficulties.
* Do lots of household chores like shopping, cleaning, cooking
* Sort household bills/help to manage family finances
* Help family members with medication and organising/attending medical appointments
* Take on parental role of siblings due to parental health needs
* Provide caring support for siblings with caring needs.

The Young Carers service offer 1-1 support, information and advice, advocacy, group work and activities including social groups.

If you would like further information on identifying a young carer, please see attached toolkit or contact the Young Carers team.

**Young Carers Practitioners by area:**

**North:** Emily Holmes – 07976 152594

**East:** Gill Hayton – 07966 203645

**Central:** Mandy White – 07971 180098

**South:** Diane Smith – 07866 987768

**Young Carers – Early Help Hub Screening**

A young carer is a child or young person under the age of 18 who provides regular and on-going care or emotional support to a family member with physical or mental health problems, has a disability, or misuses drugs or alcohol.

**Is this young person doing more than what would normally be expected for their age? Yes**  **No** 

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**Doncaster Council will use information about you so that we can provide support. Your information may be shared with schools, health workers** **doctors, adult services and further and higher education providers.**

**More information on the use of your information for this service can be found here https://www.doncaster.gov.uk/services/the-council-democracy/young-carers. You can also contact the Council’s Data Protection Officer at information.governance@doncaster.gov.uk for more information.**

**YOUNG CARERS REFERRAL FORM**

**Please ensure ALL boxes are completed with family and please provide enough detail to ensure we have a clear overview of the caring role provided and the impact of this on the young person.**

**(Please obtain the agreement of the family member(s) before referring)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer Details** | | | | | | | | |
| **Date of referral:** | | | **Agency (be specific):**  **🖳 Email:**  **🕿Tel. No:** | | | | | |
| **Referrer (Name):**  **Title or Role:** | | |
| **Name of Young Carer**  **(Please complete separate forms if you wish to refer more than one child from the family. Please complete all areas below to help us process your referral correctly.** | | | | | | | | |
| **Name** | **Date of Birth** | | | **Male / Female** | **Preferred language** | **Ethnic Origin** | | **Religion** |
|  |  | | |  |  |  | |  |
| **🖂 Address:**  **Postcode:** | | | | **🕿 Tel. No. (including area code):** | | | | |
| **Mobile No:** | | | | |
| **Additional needs of young person (Illness/disability/allergy etc.):** | | | | | | | | |
| **🕮 Name and Telephone Number of current School / College:** | | | | | | | | |
| **🚹 Parent / Guardian Information 🚺** | | | | | | | | |
| **Name of Parent 1 (Main Contact):**  **🕿Tel. No. (including area code):**  **Mobile No:**  **Address if different from front sheet:**  **Ethnicity:** | | **Name of Parent 2:**  **🕿Tel. No. (including area code):**  **Mobile No:**  **Address if different from front sheet:**  **Ethnicity:** | | | | | | |
| **Are there any specific requirements from the family arising from sensory impairment/language difficulties, etc? (e.g. Is an interpreter required)** | | | | | | | | |
| **Information of cared for person** | | | | | | | | |
| **Name of Person/s Being Cared For:** | | **Relationship to young carer:** | | | | | **D.O.B** | |
| **Illness/disability/condition of person being cared for:** | | | | | | | | |
| **What impact does this have on the young person being referred? (Impact on education/emotional wellbeing/socialising etc?)** | | | | | | | | |
| **Please provide brief family background information: (Include who lives at home with the young person / where the cared for relative lives, names and ages of siblings etc,)** | | | | | | | | |
| **Caring responsibilities undertaken by child or young person** | | | | | | | | |
| **Details of young carer’s responsibilities;**  **Practical Support:** Cooking, housework, shopping.  **Physical Care:** lifting, helping up the stairs.  **Personal Care:** dressing, washing, toileting needs.  **Household Management:** paying bills, managing finances, collecting benefits.  **Looking after siblings:** putting to bed, walking to school.  **Supervision of medication:** collecting medicines from pharmacies and making sure they are taken at the right time.  **Emotional Support:** listening, calming, and being present. | | | | | | | | |
| **What are we concerned about? (Please include concerns related to their caring role as well as other ongoing concerns).** | | | | | | | | |
| **What is going well?** | | | | | | | | |
| **What needs to happen?** | | | | | | | | |

**Please return completed referral forms to:** [**young.carers@doncaster.gov.uk**](mailto:young.carers@doncaster.gov.uk)**.**

**Young Carers Team Number: 01302 736 099.**

**Consent Statement**

Single agency plan for Young Carers is a voluntary process and consent from the Child, Young Person and Family is required before the information in this plan is shared outside of your agency.

|  |  |
| --- | --- |
| **Doncaster Safeguarding Children Board**  **Children and Young People’s Services**    **Family Consent Record** | |
| Child/ young person’s name & D.O.B |  |
| Consent Date |  |
| Consent Decision | Child can make his/her own decisions and has  agreed to the Single agency plan for Young Carers.  One Parent has Agreed to the Single agency plan for Young Carers.  Both parents have agreed to the Single agency plan for Young Carers  Child & Parents have agreed to the Single agency plan for Young Carers  Parent(s) have NOT agreed to the Single agency plan for Young Carers  Neither child nor parents have agreed to the Single agency plan for Young Carers |
| *If proceeding with enquiry without consent please specify the reason for this* | This is mandatory to be completed if consent not sought |
| Related Person(s) deciding on the consent | |
|  | |
| Other Person(s) Deciding on Consent | |
|  | |
| Further Details |  |
| **Consent Restrictions** | |
| Consent given for ALL departments and user | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Comments** |  | |
| **Signatures of Consent**  **I agree to the Single agency plan for Young Carers taking place.**  **I understand that the information that is relevant for my child’s / my needs will be recorded and securely stored as an electronic file.**  **I agree that this plan can be shared with other professionals in order to help provide and co-ordinate support to my family.** | | |
| **Name:**  Parent / Carer / Child / YP | |  |
| **Signed:**  Parent / Carer / Child / YP | |  |
| **Name:**  Practitioner | |  |
| **Signed:**  Practitioner | |  |
| **Date:** | |  |