**YORK CARERS CENTRE - YOUNG CARERS**

**GUIDELINES FOR COMPLETING A YOUNG CARERS REFERRAL**

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| **Who are young carers?** |

***Young carers are children and young people under 18 years old who provide unpaid care to a family member who is physically or mentally ill, has a long-term health condition or physical/learning difficulty or addiction problem***

Young carers may provide practical and/or emotional support to the person they care for and to siblings and other family member, beyond their experience and ability including:

* **Practical** Cleaning, cooking, laundry, paying bills, collecting

prescriptions

* **Physical** Lifting and moving, responsible for shopping for food
* **Personal** Assisting in bathing, dressing, feeding, medication
* **Emotional** Listening, comforting, coping with mood changes
* **Parenting siblings** Helping siblings to get dressed, cooking meals, helping

with homework, taking brothers or sisters to school

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| **Referral Criteria** |

**To be eligible for our service a young person must meet our definition of a young carer and be:**

* Aged between 5 - 18 years. ***\*If the young carer is five months or less away from turning 18 please refer them to York Carers Centre Young Adult Carer service which supports young people aged 18 – 25.***
* Helping to care for someone who is experiencing mental/physical ill health, has a long-term health condition, physical and/or learning difficulty or addiction problems.
* Providing practical and/or emotional caring on a regular basis that is having a negative impact on their lives eg affecting their social lives, education, physical or emotional state.

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| **Please Note:**  **We are currently operating a waiting list due to increased referrals.**  **Please complete all sections of the referral form including risk indicators.**  **Referrals that do not contain required and relevant supporting information may cause delays in the process.** |

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| **Who can make a referral?** |

Anyone can make a referral to the young carers service:

* Parents/Guardians
* Professionals and agencies (e.g. Schools workers, GP’s, Social Workers, health workers and community workers).
* Young people can make the referral, however if you are a young person we do need to seek parental consent to be able to work with you.
* You can make a referral by completing the form at the bottom of the page.

***\* In making a referral the referral must be completed with the consent and presence of a child or young person as well as gaining/confirming parental consent.***

* Please contact us if the young carer says they don’t wish for parental involvement at this stage.
* The young carer service can only accept **one sibling** from each family (the child most impacted by their caring role)
* Young carers with health and support needs of their own will be assessed to ensure we are the most appropriate service.

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| **The Young Carers Assessment process** |

Once an appropriate referral is received a support worker will contact the family and arrange a home or school visit to complete a Young Carers Assessment with the young person, which will last approximately one hour. This is an assessment of the caring role to ensure that we are the right service for the young person and family.

\****If the young person is in secondary education the assessment will be completed within school (with parental consent).***

We will explain all about the service, what we do and how everything works.

Following the assessment the Young Carers team will meet as a panel to discuss the most appropriate support for the young person and family.

If the young person/child is eligible, the level of support will be determined on the assessed need at the time and before the young person/child is engaged.

Throughout their journey with York Carers Centre a young carer can move between the tiers (detailed below) in response to any changes in their caring role and level of impact.

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| **Levels of Need** |

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| TIER | LEVELS OF NEED | YOUNG CARERS OFFER |
| GREEN  Universal Offer  ‘Prevention’ | *The young carer is achieving life opportunities and the impact of their caring role is low* | **Interventions aimed at reducing any later incidences or problems**   * Advocacy, information and signposting to local opportunities and funding streams * Young Carers Revolution group * Youth club sessions * Trips and activities |
| AMBER  Early help | *The young carer is affected by their caring role and is at having an impact on their life opportunities* | **Targeted group work**     * Group led sessions to identify personal goals * Issue based workshops * Youth club sessions * Trips and activities * Young Carers Revolution group |
| RED  Targeted intervention | *The young carer is at risk, vulnerable and their caring situation is seriously impacting on their life opportunities* | **Intensive individual support / 1:1 sessions**   * Time limited, Intensive support with identified goals and review * 1:1 sessions * Issue based small group sessions * Issue based workshops * Youth club sessions * Trips and activities |
| Offer for those young carers who do not meet the service criteria. | *Open to all non-registered young carers.* | * YC School Drop ins * York Carers Centre website * Facebook/Twitter/Instagram * 1 off opportunities that arise |

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| **Disengagement** |

* Engagement with the Young Carers service is voluntary. Each family is monitored and encouraged to participate as much as possible.
* If a family has not engaged with the service for a 6 month period they will be informed via telephone and letter that if we do not hear back from them they will be removed from the service and a new referral will need to be made.

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| **Where to send completed referral forms** |

**Please email the completed from to:** [**enquiries@yorkcarerscentre.co.uk**](mailto:enquiries@yorkcarerscentre.co.uk) **or by post to: York Carers Centre, 17 Priory Street, York, YO1 6ET.**

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| **If you have any further queries or want to discuss the child/young person before you complete the referral form, including if you are unsure if the young person meets the criteria, please do not hesitate to contact the Young Carer team:**  **01904 715490.** |

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| **Referral Criteria Checklist** |

**Please tick the boxes below to show that our criteria has been met:**

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| The young person: | Please place cross as appropriate |
| Is between the age of 5 – 18 years old |  |
| Lives in York |  |
| Is aware of the referral, and parent/guardian consent has been given |  |
| Cares for a family member within the home (parent/sibling/other relative) |  |
| I know that only one child per family can be referred to YCC (the child who is most impacted by their caring responsibilities / most in need of support. |  |
| The young person cares for someone with: | Please place cross as appropriate |
| A physical disability (including sensory impairment) |  |
| A learning disability |  |
| A long-term illness |  |
| A terminal illness |  |
| A mental illness |  |
| Alcohol, substance misuse, addiction |  |
| Their caring role has a direct impact upon, or affects: | Place cross in a minimum of 1 box |
| Social inclusion |  |
| Educational opportunities and achievement (absences, problems with homework) |  |
| Their emotional wellbeing |  |
| Their physical wellbeing |  |
| Family relationships |  |



# Young Carers Referral Pathway for Professionals

*This pathway illustrates the ways in which professionals in any field of work can refer young carers to our support service.*

If risks or concerns are raised in relation to Child Protection, contact the Children’s Front Door Service on:

01904 551900

Discuss the possibility of a referral to York Carers Centre with the young person and parent/guardian

Young person identified as taking on a substantial caring responsibility for a family member

Discuss caring responsibility and identify risks/concerns with young person and parent/guardian



Family consent to referral

Complete referral form and return to:

**York Carers Centre, 17 Priory Street, York, YO1 6ET.**

**or to** [**enquiries@yorkcarerscentre.co.uk**](mailto:enquiries@yorkcarerscentre.co.uk)

Telephone – 01904 715490



Family does not consent to referral

Other Young Carer support services available

**\***Carers Trust([www.carer.org](http://www.carer.org))

\* YC Net ([www.youngcarers.net](http://www.youngcarers.net/))

**\*** NHS Direct ([www.nhs.uk](http://www.nhs.uk/))

* Sibling Carers ([www.sibs.org.uk](http://www.sibs.org.uk/))
* Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk/))

Young Carers Assessment completed and discussed with the Young Carers team.

Referral taken up

*Family and referrer informed of level of support offered.*

Referral not taken

*Family and referrer informed.*



***York Carers Centre***

***Young Carers Service Referral Form:***

***Please read the guidance notes first*** *and**use clear and concise text when completing this referral form.*

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| **Referrer’s Details (Person sending in the form)** | | | | |
| Name |  | Title or Role |  | |
| Agency |  | | | |
| Address |  | | | |
| Phone Number(s) |  | Email | | |
| Your availability |  | | | |
| In my absence, speak to: |  | Has the young person consented to the referral? | |  |
| Please give details if the young person or anyone else in the family has previously received support from York Carers Centre? ***If you are making a re-referral please tell us about the reasons, e.g. change to caring need / responsibility, or change of impact.*** | | | |  |

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| **🚺 Young Carer Information 🚺** | | | | | |
| Name | Age | Date of Birth | | | Gender |
|  |  |  | | |  |
| Address 🖂 | | | | Tel 🕾 |  |
| Email @: | | | | Mobile 🕾 |  |
| Relationship to cared for person (please circle) | Son | | Daughter | Sibling | Other (please specify): |
| Estimated number of hours spent caring per week | 1 - 19 | | 20 - 49 | 50+ |  |
| Name and address of GP: 🚑 | | | | | |

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| School or College: 🕮 | |  |
| If known, please provide attendance percentage: | |  |
| Are school / college aware of caring situation at home? | |  |
| Does the young person have Special Educational Needs? | | **Yes  No** |
| Name of school Young Carers Lead or school/college contact: | |  |
| For non-school referrers:  I have spoken to school/college to see what support they can offer the young carer  *(this must be* ***with*** *the young person’s consent)* | | **Yes  No** |
| Has a [**Young Carers Assessment**](https://www.sheffield.gov.uk/caresupport/carers/youngcarers/needs-assessment.html)been completed?  **Yes  No** | If yes, copy attached? **Yes  No**  If no please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Additional Needs**  Please tell us any additional information that will help us to support the young person | | |
| Preferred Language: | English | Other (please give details – name/dialect/sign etc)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the young person have any health issues of their own? \*(eg illness, disability, allergies, particular support needs etc) |  | |
| Any other needs: (please state) |  | |

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| **Parent / Guardian Information** | |
| **Parent/Guardian 1**  Name:  Ethnicity:  Address if different to young person:  Home Tel:  Mobile:  Email: | **Parent/Guardian 2**  Name:  Ethnicity:  Address if different to young person:  Home Tel:  Mobile:  Email: |

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| **Information about the Cared-For Person** | |
| Name of person(s) being cared for: | Relationship to young carer: |
| Date of Birth(s): | Address: |
| Illness/disability/ condition of person(s) being cared for:  What are the impacts and needs resulting from the illness/disability/condition?  (e.g. physical impacts, emotional impacts, parenting capacity etc) | |
| Are there any specific requirements from the family arising from sensory impairment/ language difficulties etc? (eg. Is an interpreter required?) Yes  No  If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| At the time of the referral where is the **cared for person** (Please tick):  At home  In hospital  Somewhere else (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Existing Support for Cared-For Person** | |
| Health care | Details / key contacts: |
| Provision by other agencies | Details / key contacts: |
| Family / peer support | Details: |
| Current barriers to independence | Details: |

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| **Family Details**  Please include people who live at home with the young person or elsewhere | |
| Name of adults and relationships to young person: |  |
| Names and dates of birth of brothers / sisters: |  |
| If an adult without care needs lives at home, what are the barriers to them providing care? |  |

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| **Reason for Referral**  Please describe in detail all practical and/or emotional caring responsibilities.  \*See guidance notes\* |
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| **Caring Responsibilities Undertaken by the Child or Young Person** | |
| **PRACTICAL** | **EMOTIONAL** |
| Washing the dishes | Listening to CFP ( Cared-for person**)** |
| Laundry | Worry about CFP |
| Cooking | Don’t want to leave CFP |
| Cleaning | Understand CFP’s mood |
| Helping with siblings | Prompt CFP |
| Shopping | Help CFP keep / attend appointments |
| **PERSONAL** |  |
| Helping cared-for person **(CFP)** dress | Any other information about the young person’s responsibilities: |
| Helping CFP bath/shower |
| Helping CFP toilet |
| Helping CFP in/out of bed |
| Give medication |

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| **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: | |
| Education: (e.g. absences, problems with homework) |  |
| Physical Health: (e.g. tiredness) |  |
| Emotional / mental health and well being: (e.g. any mental health issues) |  |
| Behaviour/ behavioural  Development: (e.g. any concerning behaviour) |  |
| Family and social relationships:  (e.g. possibilities of respite, friendships) |  |
| Any **other impacts** you can identify which relate to the young person’s caring responsibilities:  *(please continue on separate sheet if necessary)* |  |

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| **From your perspective as referrer,**  **How do you feel York Carers Centre can best support this child/young person?** |
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| **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.) |  | |
|  | YES / NO | Name and contact details of Lead Professional |
| Is the child / young person the subject of a Child Protection plan? | Yes  No |  |
| Is the child / young person the subject of a Child in Need plan? | Yes  No |  |
| Is there an Early Help plan in place (FEHA, CAF) for the child / young person or family? | Yes  No |  |

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| **Existing Support for Young Person** | |
| Provision in school | Details / key contact: |
| Provision by other agencies | Details / key contact: |
| Access to social / other activities | Details: |
| Friendships | Details: |

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| **Risk Indicators**  This information is required to allow staff to prepare for the assessment fully.  Is there any history or evidence of the following? | | | | | | | |
|  | Yes | No | Don’t know |  | Yes | No | Don’t know |
| Aggression |  |  |  | Self Harm |  |  |  |
| Domestic Abuse |  |  |  | Sex Offences |  |  |  |
| Mental health conditions |  |  |  | Court orders |  |  |  |
| Please give further details:- | | | | | | | |
| **Are you aware of any danger associated with home visits? (e.g access to property, environment, animals etc):-** | | | | | | | |

**Signatures:**

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| **I have read or seen the Young Carers leaflet and I am happy to be referred to the Young Carers Service.** | |
| Signature of child or young person |  |
| **I am happy for a referral to be made for my child. I understand and agree that my child will be placed on a waiting list before a member of the team will make contact.** | |
| Signature of parent or carer |  |
| I have explained the nature of the service and completed the referral criteria checklist. | |
| Signature of referrer |  |

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