**Staffordshire County Council Young Carers Referral Form**

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| **Referrer’s Details** | | | |
| Referrers Name: |  | Relationship/ Agency: |  |
| Date of Referral: |  | District: |  |
| Email Address: |  | Tel No |  |
|  |  | Mobile No: |  |
| Consent: **(Please note without consent we will only accept the referral from the date we receive data consent).** | “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 Staffordshire Together For Carers Service who are the commissioned service to support Young Carers living in Staffordshire whose staff have a current Disclosure and Baring 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 place an X to confirm you have obtained consent from the family and Young Carer regarding making this referral and have explained the Data Protection statement above:**  **Yes No Gillick\***    \*Gillick Competency can be applied if the child is deemed competent and does not want their family to know about the referral; however this will limit the work undertaken. By ticking the Gillick box we will require you to complete a Gillick consent form with the child. | | |

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| **Young Carer’s Details – one form per Young Carer** | | | |
| Name of the Child: |  | DOB: |  |
| Known as: |  |
| Gender: |  | Ethnicity: |  |
| Families First Language: |  | Immigration Status: |  |
|  | | | |
| HomeAddress: |  | Parent/Guardian Name (PR): |  |
| Parent/Guardian Tel No: |  |
| Parent/Guardian Mobile No: |  |
| Parent/Guardian Email: |  | Young Carer’s Mobile No: |  |
| School Name: |  | School Address: |  |
| School Tel No: |  |
| Point of contact at school: |  |  |  |
| GP Name: |  | GP Address: |  |

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| **Any Additional Needs/support to be aware of for the Young Carer?** | | | |
| Does child have a disability or any additional needs? | **Y/N**  **Details:** | Does the child have a communication need? | **Y/N**  **Details:** |
| Is an Early Help Assessment in place? | **Y/N**  **Details:** |  |  |

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| **Cared for Details: (People who the Young Carer looks after/supports)** | | | |
| Name: | Relationship to child/young person: | Date of Birth: | Illness/Disability/Condition: |
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| **Other Household Family Members:** | | | |
| Name: | Relationship to child/young person: | Date of Birth: | Are they also a carer? |
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| **Caring Role Breakdown** | | | | | | |
| Please explain the caring role and family dynamics for the Young Carer? | | | | | | |
| Caring Role:  Please tick all applicable | Personal Care | Emotional /Mental Health Support | Household Tasks | Sibling Care | Medication | Financial |
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| **Any Known Risks – environmental, safeguarding concerns, family dynamics, worries or concerns** | | | |
| Details: | | | |
| Is the Child subject to a Child in Need Plan (CIN)? | **Y/N**  **Details:** | Is the Child subject to a Child Protection Plan (CP)? | **Y/N**  **Details:** |
| Social Worker Name: |  | Social Worker Tel No: |  |
| Any other key Professionals involved: |  | Tel No: |  |

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| **Reason for Referral:** |
| Please give your views on the desired outcome of this referral and where possible include the views of the parent/guardian or Young Carer where applicable: |
| **Any other Information you feel may support this referral?** |
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| **What Next?** |
| Email this referral to: firstcontactcarers@staffordshire.gov.uk  If you need further support contact: firstcontactcarers@staffordshire.gov.uk or 0300 111 8010 |