**Cheshire West Young Carers**

**Young Carers Referral**

|  |  |
| --- | --- |
| Name of Young Person |  |
| Gender |  |
| Date of Birth |  |
| Address |  |
| Post code |  |
| Parent/Guardian names |  |
| Parent/Guardian contact numbers |  |
| Parent/Guardian email address |  |
| Preferred language |  |
| Ethnic Origin |  |

**Section A – Details of Person making the Referral**

Charity Registration Number 1075268. Crossroads Care Cheshire, Manchester and Merseyside Limited (trading as Carers Trust 4all), is a company limited by guarantee registered in England number 3554493. Patrons: Rt Hon Lord Bradley, Fiona Bruce MP & Sir Nicholas Winterton. Registered office: Overton House, West Street, Congleton, Cheshire, CW12 1JY Tel: 01260 292850

|  |  |
| --- | --- |
| Name |  |
| Job title (where applicable) |  |
| Organisation  |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Where did you hear about our services |  |

**Section B – Details of the Young Person**

|  |  |
| --- | --- |
| School/college |  |
| School contact person (if known) |  |
| Average school attendance |  |
| Known to School as Young Carer?  |  |
| Any special Educational Needs or EHCP? |  |
| GP Details |  |
| Known to GP as Young carers? |  |
| Do they attend any social groups outside of school? E.g. Scouts, Guides, Cadets etc. |  |
| Attending CAMHS? |  |
| On a waiting list for CAMHS |  |

**On a plan?**

|  |  |  |  |
| --- | --- | --- | --- |
| Open to TAF |  | **Name of lead** |  |
| Child in need |  | **Contact details** |  |
| Looked after Child |  |  |
| Child protection |  |  |
| Not on a plan |  |  |
| If not, have they in the past 12 months? |  |  |

**Additional information about the young person being referred.** *Tick where appropriate.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Refugee |  | Sensory : Hearing |  | Anger management |  |
| Excluded |  | Other health related issues |  | Physical / mobility |  |
| Homeless |  | Offending history |  | Learning disabilities |  |
| Current ASBO |  | Substance misuse |  | Sensory : Vision |  |
| Behaviour Issues |  | Sexualised behaviour |  | Diagnosed with Autism or Asperger Syndrome |  |
|  |  |  |  | Other DDA |  |

**Who do they share their home with?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to young person** | **D.O.B** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**What is their carer’s status?** *Are they the main or secondary carer?*

|  |  |
| --- | --- |
| Primary Carer |  |
| Supported by parent |  |
| Supported by sibling/s |  |

**Section C – Details of the Cared For**

**The cared for (1)**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth  |  |
| Relationship to the young carer |  |
| Physical Disability |  | Terminal Illness |  |
| Learning Disability |  | Mental Illness |  |
| Alcohol Misuse  |  | Physical Illness |  |
| Drug Misuse |  |  |  |
| What is their diagnosis? |  |
| How does it affect them? *Paint a picture of how their condition effects them.* |  |

**The cared for (2)**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth  |  |
| Relationship to the young carer |  |
| Physical Disability |  | Terminal Illness |  |
| Learning Disability |  | Mental Illness |  |
| Alcohol Misuse  |  | Physical Illness |  |
| Drug Misuse |  |  |  |
| What is their diagnosis? |  |
| How does it affect them? *Paint a picture of how their condition effects them.* |  |

**The cared for (3)**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth  |  |
| Relationship to the young carer |  |
| Physical Disability |  | Terminal Illness |  |
| Learning Disability |  | Mental Illness |  |
| Alcohol Misuse  |  | Physical Illness |  |
| Drug Misuse |  |  |  |
| What is their diagnosis? |  |
| How does it affect them? *Paint a picture of how their condition effects them.* |  |

**The cared for (4)**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth  |  |
| Relationship to the young carer |  |
| Physical Disability |  | Terminal Illness |  |
| Learning Disability |  | Mental Illness |  |
| Alcohol Misuse  |  | Physical Illness |  |
| Drug Misuse |  |  |  |
| What is their diagnosis? |  |
| How does it affect them? *Paint a picture of how their condition effects them.* |  |

**Section D – Type of care being given and its potential impacts.**

|  |
| --- |
| How do they provide care?Describe their typical day or the nature of their caring role.  |
|  |
| What is the impact of caring on the child/ young person? *Use the bullet points to help you explore possible impacts.* |
| Emotional impact* Do they have 1:1 support?
* How do they present?
* Any issues with self-injury?
 |  |
| Physical impact* Any issues with sleep
* Are they eating well or have issues with food
* Any headaches, stomach complaints?
 |  |
| Social impact* How well do they mix with other children?
* Do they isolate themselves?
* Are they able to bring friends home?
 |  |
| Educational impact* Is their attendance effected?
* How do they mix with their peers in school?
* Are there any impacts on attainment?
 |  |
| Are there any identified risks of working with this young person? (behaviour, lone working)  |  |

**Section D – Further information**

**Agencies that are supporting the young person or family:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency name** | **Worker name** | **Contact details** | **Service being provided** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Are there any safeguarding or significant family circumstances that we need to be aware of?**

|  |
| --- |
|  |

**Should we be aware of any personal safety issues when visiting the home?**

|  |
| --- |
|  |

|  |
| --- |
| Please tick to confirmThe young person is aware of the referralThe parent is aware of the referral |
| Young Person Signature |  | Date |
| Parent Signature |  | Date |
| Referrer Signature |  | Date |

Please return the completed form to:

Cheshire West and Cheshire Young Carers Trust

Carers Trust 4 All

Unit 6

Rossmore Business Park

Ellesmere Port

CH65 3EY

Or by email to :

CWACYC@carerstrust4all.org.uk

If you would like to speak to someone regarding your referral

or have any queries please ring:

0333 323 1990