



Referral to the Young Carers Services at Swindon Carers Centre

Charity No: 1061116 Company No. 3305621 Company limited By guarantee

Swindon Carers Centre, Swindon Advice and Support Centre, Sanford House,
Swindon, SN1 1QH. Telephone: 01793 531133, Email: carers@swindoncarers.org.uk

Young Carers are children aged 5 – 18 who look after someone in their family who has an illness, a disability, a mental health problem or a substance misuse problem. Young Carers take on practical and/or emotional caring responsibilities that would normally be expected of an adult.
(Carers Trust)

Young Carers are not those caring for someone with a short-term illness or caring for non-disabled siblings whilst non-disabled parents are absent, e.g. babysitting.

Please complete as many sections as you can as there may be a delay in offering a service if not all the information has been completed.

Section 1: Child/ Young Person and family details						
Name of Young Carer						
DOB		Age		M	F	Ethnicity
Home Address						
Postcode		Contact number(s)				
Please tick Yes or No to the following:					Yes	No
Is the child / young person the main carer in the household?						
Do they care for more than one person?						
Do they live in a single parent household?						
Name of Parent(s)						
Name of Person(s) being cared for						
What is the condition of the person(s) being cared for?		Chronic or severe ill health?				
		Mental Health Problems?				
		Disability (physical, sensory or learning				
		Drug and alcohol				
Please outline the needs of the person(s) being cared for						
Is the child / young person and both parents aware of this referral?					Yes	NO
If no please give reasons why						

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Section 2 – Identified needs and Concerns

2(a) The referrer – Why are you making this referral, what are the needs that have been identified and what will be your on-going involvement with the family?

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2(b) Child/ Young Person – How do you think the young carers team could help you?

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2(c) Parents – What would you like to change for both you and your child by accessing support from the young carers team?

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Section 3: What does the child do to help and how often?			
¹ Caring Jobs I Do. This section must be completed with/ by the child	0 - Never	1 - Sometimes (i.e. a couple of times a month / not weekly)	2 -All the time (i.e. weekly / daily)
Helping with cleaning around the house, tidying up, hovering, washing the dishes?			
Helping with preparing meals, including cooking, chopping, making breakfast for cared for and / siblings			
Decorate rooms or jobs like fixing things, changing light bulbs			
Helping with the food shopping, i.e. taking responsibly for the main shopping, popping out to the local shop			
Help with lifting or carrying heavy things i.e. heavy shopping or helping the person you care for in and out of bed			
Helping with financial matters such as dealing with bills, banking money, collecting benefits.			
Helping the cared for to communication with others i.e. Interpret, sign or use another communication system			
Helping the person you care for with personal care like having a bath, getting dressed			
Keep the person you care for company e.g. sitting with them, reading to them, talking to them supporting them when they are upset or low moods			
Looking after brothers and sisters either own or when a parent is near by			
Taking or collecting brothers or sisters to school without a parent			
Section 4: Education setting and other agencies involved with the family			
Current educational setting		School Year	
Contact Details			
Name role and agency	Contact details	Overview of support / services offered	

¹ Based on the Manual for Measures Of caring Activities & Outcomes for Children & Young People – Stephen Joseph, Fiona Becker & Saul Becker

Section 5: Additional Information

Has a CAF/ Early Help Record been completed?	Yes	No	Date completed:	
Does this referral from part of a Team Around Child, Child in Need or Signs of Safety Plan?	Yes	No		
Has a copy of the plan be added to this referral	Yes	No		
Are there any concerns or risks regarding a Young Carer Support Worker making a home visit? (i.e. is there any reason why a worker should not attend the family home alone)	Yes	No		

If yes give details:

Section 7 Consent: This section must be completed by the parent and child

Names of the Adults who have parental consent for the child / young person

Have both adults with parental consent given permission for this referral

If No please indicated why?

If one of the adults with parental consent lives at another address please give contact details:

Address		Contact Numbers	
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We will keep all your information electronically on our database and may need to contact anyone of the agencies listed on this form. We may also want to contact other agencies that know you, such as your school or GP, to help us provide a better service to you and your family. We will ensure that your personal information is kept confidential, unless there are specific concerns that require us to share your details. We will tell your referrer the outcome of your assessment.

I agreed for the information on this form to be stored by Swindon Carers Centre and shared between any agencies that may help us.

Signature of child / young person		Date	
Signature of parent		Date	

Section 7 – Refers Details

Name:		Job Title	
Agency		Contact details	

