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| **YOUNG CARER REFERRAL**  Submit by email using Sharepoint to[**ceredigion@credu.cymru**](mailto:ceredigion@credu.cymru) or post to **FREEPOST CREDU** | | | | | | | | | | | | | | | | | |
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| A carer is defined in the Social Services & Wellbeing Act as a person who provides or intends to provide care for an adult or a disabled child. A local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so.  Young Carers are children or young people who take a significant role in caring for a family member, for example if they are suffering from physical or mental health problems, a disability or drug / alcohol problem. | | | | | | | | | | | | | | | | | |
| Gofalwyr Ceredigion Carers believes that all young people who use the services we provide should have access to the information written about them, including this form. If you wish to share information that is confidential to the agency only and should not be shared with the young person, please include this on a separate sheet that is clearly marked. | | | | | | | | | | | | | | | | | |
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| **Referrer’s Details** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | |
| **Position** | |  | | | | | | | | | | | | | | | |
| **Agency/Organisation** | |  | | | | | | | | | | | | | | | |
| **Address**  **Postcode** | |  | | | | | | | | | | | | | | | |
| **Telephone No.** | |  | | | **Mobile No.** | | | | | |  | | | | | | |
| **Email address** | |  | | | | | | | | | | | | | | | |
| **When are the best times for you to be contacted?** | |  | | | | | | | | | | | | | | | |
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| **Child’s Personal Details** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **First Name** | |  | | | | | **Last Name** | | | | |  | | | | | |
| **Preferred Name** | |  | | | | | **Gender** | | | | |  | | | | | |
| **Date of Birth** | |  | | | | | **Religion** | | | | |  | | | | | |
| **Ethnicity** | |  | | | | | | | | | | | | | | | |
| **Address**  **Postcode** | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | **NHS Number** | | | | |  | | | | |
| **School or college details** | | School name:  School address (including post code):  Telephone number:  Email: | | | | | | | | | | | | | | | |
| **Occupation (if not in school or further education)** | |  | | | | | | | | | | | | | | | |
| **GP details** | | Name:  Surgery address (including post code):  Telephone number:  Email: | | | | | | | | | | | | | | | |
| **Language spoken at home** | |  | | | | | | | | | | | | | | | |
| **Preferred method of communication** | |  | | | | | | | | | | | | | | | |
| **Would the Young Carer like to receive news and information from Ceredigion County Council’s Carers Information Service?** | | **Yes** | | | | **No** | | | | | | | | **Already Registered** | | | |
| **Accessibility support required by the child**  (for example BSL interpreter) | |  | | | | | | | | | | | | | | | |
| **If the child is experiencing barriers to participation that may require advocacy support provide details**  NOTE: Barriers could include: Understanding information; Retaining information; Weighing up information; Communicating views, wishes and feelings | |  | | | | | | | | | | | | | | | |
| **Does the child/ parents consider the child to have a disability/ impairment?** | | Yes  No | | | | | | | | | | | | | | | |
| **Details of the disability/ impairment** | |  | | | | | | | | | | | | | | | |
| **Please provide the name and contact details of any other agencies working with the child** | |  | | | | | | | | | | | | | | | |
| **Is the child the main carer in the household?** | | | | | | | | | | | | | | | Yes | | No |
| **Does the child care for more than one person?** | | | | | | | | | | | | | | |  | |  |
| **Do they care for a parent or guardian?** | | | | | | | | | | | | | | |  | |  |
| **Do they care for a sibling?** | | | | | | | | | | | | | | |  | |  |
| **Do they live in a single parent household?** | | | | | | | | | | | | | | |  | |  |
| **What is the condition of the person being cared for (please tick all that apply)** | | | | | | | | | | | | | | | | | |
| Autistic Spectrum Disorder | | | |  | Mental or Emotional Ill Health | | | | | | | | | | | |  |
| Behavioural | | | |  | Neurological Disorder | | | | | | | | | | | |  |
| Dementia | | | |  | Physical Disability / Illness | | | | | | | | | | | |  |
| Dual Diagnosis (substance misuse & mental ill health) | | | |  | Sensory Impairment | | | | | | | | | | | |  |
| End of Life / Palliative Care | | | |  | Substance Misuse | | | | | | | | | | | |  |
| Learning Difficulties | | | |  |  | | | | | | | | | | | |  |
| Does the child being referred have any difficulties stated below: | | | | | | | | | | | | | | | **Yes** | | **No** |
| General health | | | | | | | | | | | | | | |  | |  |
| Physical development | | | | | | | | | | | | | | |  | |  |
| Participation in learning or education | | | | | | | | | | | | | | |  | |  |
| Progress and achievement in learning | | | | | | | | | | | | | | |  | |  |
| Aspirations | | | | | | | | | | | | | | |  | |  |
| Speech, language and communication development | | | | | | | | | | | | | | |  | |  |
| Understanding, reasoning, problem solving | | | | | | | | | | | | | | |  | |  |
| Behavioural development | | | | | | | | | | | | | | |  | |  |
| Self-esteem, self-image or identify | | | | | | | | | | | | | | |  | |  |
| Family or social relationships | | | | | | | | | | | | | | |  | |  |
| Self care skills or independence | | | | | | | | | | | | | | |  | |  |
| Basic care, ensuring safety and protection | | | | | | | | | | | | | | |  | |  |
| Guidance, boundaries and stimulation | | | | | | | | | | | | | | |  | |  |
| Emotional warmth & stability | | | | | | | | | | | | | | |  | |  |
| Family history, functioning and well-being | | | | | | | | | | | | | | |  | |  |
| Wider family | | | | | | | | | | | | | | |  | |  |
| Housing, employment or financial considerations | | | | | | | | | | | | | | |  | |  |
| Social & community elements & resources, including education | | | | | | | | | | | | | | |  | |  |
| **Please summarise the child’s caring situation, the roles that they undertake and the circumstances of the person(s) they care for. Detail specific concerns and priority needs. *Please use additional sheets if necessary.*** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Name of the person being cared for:** | | |  | | | | | | | | | | | | | | |
| **Relationship to the child being referred:** | | |  | | | | | | | | | | | | | | |
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| **Parents/Carers Details** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Parents/Carers Name** | |  | | | | | | | | | | | | | | | |
| **Relationship to child** | |  | | | | | | | | | | | | | | | |
| **Parents/Carers Address** (including post code) | |  | | | | | | | | | | | | | | | |
| **Parents/Carers Telephone Number** | |  | | | | | | | | | | | | | | | |
| **Parents/Carers Mobile Number** | |  | | | | | | | | | | | | | | | |
| **Parents/Carers Email address** | |  | | | | | | | | | | | | | | | |
| **Occupation** | |  | | | | | | | | | | | | | | | |
| **Name and address of person with parental responsibility**  **(if not person named above)** | |  | | | | | | | | | | | | | | | |
| **Language of choice** | |  | | | | | | | | | | | | | | | |
| **Barriers to participation and advocacy support required/ provided to overcome these** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| |  | | --- | |  |   **Risk Assessment** | | | | | | | | | | | | | | | | | |
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| **Are you aware of any issues, current or historical, which could pose a risk to staff when lone working, undertaking home visits or in a group situation?** | | | | | | | | | **Yes**  **No**  **Unknown** | | | | | | | | |
| **If Yes, please detail** |  | | | | | | | | | | | | | | | | |
| **Is there anything else that you think we need to know about this family?** |  | | | | | | | | | | | | | | | | |
| Y | | | | | | | | | | | | | | | | | |
| **Consent** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Has consent has been obtained by the practitioner to make this referral:** | | Yes  No | | | | | | | | Written or verbal consent | | | | | |  | |
| **Name of person providing consent** | |  | | | | | | | | | | | | | | | |
| **Relationship to the child** | |  | | | | | | | | | | | | | | | |
| **Where consent has not been obtained for this assessment please note the reasons** | |  | | | | | | | | | | | | | | | |
| **If consent has been refused what action will be taken** | |  | | | | | | | | | | | | | | | |
| **Additional points to note (for example particular agencies information is not to be shared with)** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Privacy Notice** | | | | | | | | | | | | | | | | | |
| We take each family’s privacy seriously and we will use their personal information to enable us to support them and monitor the difference we make. Their personal information may be shared with the local Authority (Council) and the NHS as a ‘public task’.  We may suggest other organisations and services that could support Young Carers, but will only pass on personal information to these with Young Carer and parents’ permission, unless someone may be at risk.  For further information about how we process personal data, Young Carers data protection rights or to complain about how we handle your information please visit [www.credu.cymru/privacy](http://www.credu.cymru/privacy) or contact Marie Davies, Operations Manager at [marie@credu.cymru](mailto:marie@credu.cymru) or 01597 823800. | | | | | | | | | | | | | | | | | |