



West Norfolk Carers
Supporting Unpaid Family Carers
Across West Norfolk
Registered Charity No. 1107546

20 Thoresby College
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Charity No. 1107546
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Young Carers Referral Form

Please ensure all parts of the form are complete, it may delay the referral process if we receive an incomplete referral form.

SECTION 1: Young Carer's Details

Name:		Referral Date:	
Address:			
Town:		County:	
Postcode:			
Date of Birth:		Gender	
Age:		Male	
		Female	
		Do not wish to state	
School/College the Young Carer attends:			
Young Carers ethnic group			
White British or Irish / White Other			
Mixed Ethnicity			
Asian or Asian British			
Black or Black British			
Traveller			
Other Ethnic Group			
Do not wish to state			
Does the Young Carer have any Disabilities, Mental Health or Special Educational Needs? Yes/ No			
If yes, please describe the impact it has on them and what we need to know to support them (including whether they have a Statement of Special Educational Needs).			

Is the young person aware of the referral? Yes / No

Is the parent/guardian aware of the referral? Yes / No

Parent/guardian signature.....

Permission to contact young person's school (so we can arrange to see the young person at school if needed)

Yes / No

Does the Young Carer attend any out of school activities such as sports clubs, youth groups etc.?

Yes / No

(If yes, please tell us about them)

Would the family be able to provide transport for the young person to attend a group? Yes / No

SECTION 2: Family & Home

Parent / Guardian name(s)

Address:

Town:

County:

Postcode:

Mobile phone number:

Landline number:

Email address:

Young Carers Mobile:

Can the young carer's worker contact them? (this may be a text/call about a group/event)

Yes / No

Other members of the family/household

Name	Year of birth	Relationship to young carer

Additional safety information for staff visiting a family home:

Does anyone in the home show dangerous behaviour or is known to be aggressive or violent? Yes / No

Any domestic abuse within the family home? Yes / No

Any substance misuse within the family home Yes / No

Any animals within the family home? Yes / No

If yes to any of the above questions, please provide any other information:

SECTION 3: Cared for person details

Name(s) and ages of who the Young Carer cares for	Nature of illness/disability/mental health condition/substance misuse	Formal diagnosis
Cared for 1		Yes/No
Cared for 2		Yes/No
Cared for 3		Yes/No

Nature of Caring Role	Examples	
Physical	Cleaning, cleaning, washing, paying bills, collecting medication, carrying things	
Practical	Washing, medications, dressing	
Emotional	Listening, comforting	
Parenting siblings	Helping siblings to get dressed, making them dinner, helping with homework	

Is the young Carer the main carer in the household? Yes / No

How does the caring role affect the young person?

Emotional & physical health

Sole Young Carer providing regular emotional/physical care for a parent/guardian	
Provides regular emotional/physical care for siblings or older relatives (grandparents)	
With parental guidance provides care for siblings or older relatives (grandparents)	

Any additional information:

Education & learning

Young Carer at risk of or not in education due to caring role (NEET)	
Young Carer not reaching educational potential due to caring role	
No impact on learning & education	
Current school attendance	
Are the school aware of young person's caring role?	
Any school worries or concerns about the young person?	

Any additional information:

Family & social relationships

No support from wider family or friends around their caring role	
Some support from family or friends around their caring role	
Good support from family or friends around their caring role	
Are the family excluded from school, peer groups and community activities due to an illness or disability?	

Any additional information:

Housing, employment and finance

Do the family have serious debt & poverty?	
Are the family seriously affected by low income or employment?	
Do the family live in an isolated area?	

Any additional information:

What support service would benefit the Young Carer?

Groups and outings

One to one support

Groups are held monthly in Kings Lynn with additional outings.

Young Carers one to one support is on a monthly basis for 6 months (longer if felt required) and are for young carers providing significant care & support.

Young carers can have both types of support if the worker feels necessary.

What would the Young Carer like to get out of their involvement with Young Carers?

Confidence building

Self esteem

Understanding a particular illness/disability/condition

Time away from caring

Meeting other young carers

Social activities

Other:

GP Name**Practice****Address:****Town:****County:****Postcode:****SECTION 4: Referrer Details****Name of Referrer:****Organisation:****Self-referral:****Address:****Town:****County:****Postcode:****Telephone:****Mobile:****Email:**

Family Support: if the family are under an FSP or safeguarding plan, it would be useful for West Norfolk Young Carers team to have a copy.

Single Agency Referral – no need for FSP assessment	
FSP in place – consent gained for WNC Young Carers involvement (please provide FSP assessment if possible, and most recent Delivery Plan/Review)	
FSP in place – consent not gained for WNC Young Carers involvement	
Subject to Section 17 – Child in Need	
Subject to Section 47 – Safeguarding	
Other statutory intervention (please specify):	

Other Agency Involvement, please provide contact details.

Agency Name	Worker	Contact details
If referrals have been made to other agencies, please give relevant details below.		

INFORMATION SHARING

The information contained in this form will be securely stored on a database and will only be used for the purpose of the Young Carers programme. The information will not be shared more widely without the consent of the Young Carer and/or the parent(s) / guardian(s) as appropriate. However, information may be shared (without consent) more widely where there is a risk of harm to the Young Carer and/or others.