

BOX 1. REFERRAL TO CARERS LEWISHAM For Young Carers (5 – 15 Years Old)

Name of Referrer: (PLEASE NOTE: We are no longer accepting self referrals from Parent/Guardian of young carers under 16).		Date of referral:
Organisation/Agency/School/GP/Other:		
Address:		
Tel:		Email:
Do you have parent's permission to refer? (Please circle) Yes No		

BOX 2: YOUNG CARER(S) DETAILS

Full Name	D.O.B	Gender	Ethnicity	School/College	Diagnosed Disability or SEN? If yes, which condition(s)?
1.					
2.					
3.					
Family Address:					
Email Address (Please write down whose email this is):				Home Telephone: Mobile:	
Please describe their caring responsibilities: i.e. type of caring role and how this impacts on the young person's life?					
In addition to respite, what support do you think the young carer(s) needs and why do they need this?:					

BOX 3: HOME AND FAMILY STRUCTURE - Please list everyone living in the Young Carer's home

Name of Parent(s)/ Guardian, Siblings and other family members	Parental responsibility (Y/N)	Relationship to Young Carer(s)	Age	Telephone number (if different from above)	Person's 1st language	Interpreter required (Y/N)
1.						
2.						
3.						
4.						
5.						

BOX 4: CARED FOR DETAILS - Information about the person being cared for by the Young Carer(s)

Name:	Date of Birth:
Relationship to Young Carer: (i.e., mother, sibling....)	
Address (if different from above):	
Main disability/illness (Please check all that apply): Physical Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Autism <input type="checkbox"/>	
Is this person taking prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How does the disability/illness affect them and/or their daily activities? Please provide details:	

BOX 5: ANY OTHER PROFESSIONALS/AGENCIES INVOLVED (STATUTORY OR VOLUNTARY)

Name of Agency:	Named contact person or worker:		
1.			
2.			
Name of GP Practice:			
Is the Young Carer(s) known to Lewisham Children's Social Care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Is there a Early Help Assessment for this family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Any risk factors we should consider if we arrange a home visit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
If yes, please elaborate:			

BOX 6: YOUNG CARERS QUESTIONNAIRE – Please see the form on PAGE 4

Please have the Young Carer complete the Questionnaire themselves so that all the answers are truly reflective of their own experiences and feelings as a Young Carer. If more than one young person is being referred on this form, please have each one fill out a separate Young Carers Questionnaire.

This self-reported questionnaire provides important information to help us gain a better understanding of how much caring, and the types of tasks, the young person is currently doing. It also lets us know how being a Young Carer impacts their life and school work.

YOUNG CARERS QUESTIONNAIRE Completed for each referral: Yes No

PLEASE CONTINUE TO PAGE 3 OF THIS FORM: CONSENTS & SIGNATURES

NOTE: We can't accept any referral forms that are incomplete and/or missing the information on page 3.

GDPR: GENERAL DATA PROTECTION REGULATION 2018 (CONSENTS & SIGNATURES)

We can't accept any referral forms that are incomplete and/or missing the information & signatures on this page.

CONSENT OF PARENT/GUARDIAN & SIGNATURE		Yes	No
I agree that Carers Lewisham staff and volunteers can process my child's/children's data to enable appropriate support for him/her/them.			
I give my permission for my personal details to be shared with other partners involved in the delivery of the service in accordance with the new General Data Protection Regulation (GDPR)			
I confirm that all of the information that I have given is the truth to the best of my knowledge			
As part of our initial assessment we will be conducting most of our assessments within the school of the Young Carer. Please answer yes if you give consent for us to contact the school and arrange to meet the Young Carer there.			
I understand I can withdraw my consent at any time by calling 020 8699 8686 or contacting info@carerslewisham.org.uk			
I confirm that I am happy to be contacted by: Mobile phone <input type="checkbox"/> Landline <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>			
Parent/Guardian/Carer name:	Date:	Signature:	

Please fill out the below section only if the Cared for Person is:

Someone other than the Parent/Guardian (e.g.: a grandparent) **OR** A sibling who is age 18 and older

CONSENT OF CARED FOR PERSON (IF NOT PARENT/GUARDIAN) over 18		Yes	No
I agree that Carers Lewisham staff and volunteers can process my data to enable appropriate support for this young carer.			
I give my permission for my personal details to be shared with other partners involved in the delivery of the service in accordance with the new General Data Protection Regulation (GDPR)			
I confirm that all of the information that I have given is the truth to the best of my knowledge			
I understand I can withdraw my consent at any time by calling 020 8699 8686 or contacting info@carerslewisham.org.uk			
I confirm that I am happy to be contacted by: Mobile phone <input type="checkbox"/> Landline <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>			
Name:	Date:	Signature:	

REMEMBER TO COMPLETE THE NEXT PAGE OF THIS FORM: YOUNG CARERS QUESTIONNAIRE
Each Young Carer being referred on this form must fill out a separate Young Carers Questionnaire

SEND THE COMPLETED REFERRAL FORM (all 4 pages) TO:
Carers Lewisham, Attn: Young Carers Programme, Waldram Place, Forest Hill SE23 2LB
Or EMAIL: info@carerslewisham.org.uk ANY QUESTIONS, CALL: 020 8699 8686

PLEASE NOTE: If any of the information about the Young Carer's disability or SEN is not disclosed, we reserve the right to reclassify the status of the Young Carer.

YOUNG CARER QUESTIONNAIRE *THIS FORM NEEDS TO BE FILLED OUT BY THE YOUNG CARER*

NAME _____ DATE _____

Below are some jobs that young carers do to help. Think about the help you have provided **over the last month**. Please read each one and put a tick in the box to show how often you have done each of the jobs in the last month.

	THE CARING JOBS I DO*	Never	Some of the time	A lot of the time
1	Clean rooms in the house, other than your own bedroom*			
2	Wash up dishes or put dishes in a dishwasher*			
3	Take responsibility for shopping for food*			
4	Make main meals for the family*			
5	Wash or iron clothes for other people you live with*			
6	Help with financial matters such as dealing with bills, banking, collecting benefits*			
7	Help with paperwork e.g. writing letters for someone, filling in forms*			
8	Interpret, sign or use another communication system for the person you care for*			
9	Interpret for someone you live with because English is not their first language*			
10	Go to the doctor or hospital with the person you care for*			
11	Making appointments/being main point of contact for cared for person's GP.			
11	Help the person you care for to dress or undress*			
12	Help the person you care for to have a wash, bath or shower*			
13	Help the person you care for to walk, get up the stairs, get into and out of bed*			
14	Help the person you care for use the toilet*			
15	Help the person you care for with their medication e.g. making sure he/she takes their pills, giving injections, changing dressings*			
16	Keep an eye on the person you care for to make sure they are alright and safe, especially if you are the only person in the house with them.			
17	Take the person you care for out e.g. for a walk or to see friends or relatives*			
18	Take brothers or sisters to school*			
19	Look after brothers or sisters on your own*			
	HOW CARING AFFECTS ME			
20	Because of caring, I've missed sleep (e.g. had to get up in the night or stay up late) taking care of someone at night*			
21	Because of caring duties at home, I've been absent or late for school			
22	Because of caring duties at home, I've missed events at school			
23	Because of caring duties at home, I don't have time to hang out with my friends			
24	Because of caring I don't have enough time to finish my homework assignments			
25	Because of caring I have to do things that make me upset**			
26	Because of caring I feel stressed**			
27	Because of caring I feel very lonely**			
28	Because of caring I feel like I can't cope**			
29	Because of caring I can't stop thinking about what I have to do**			

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