

Lancashire Young Carers Referral Form

Before you send this referral form to us please ensure:

- The child/young person meets the criteria of the service (listed below)
- You have child / young person consent and parental consent for this referral – signatures required on last page
- This form is for one child or young person, so if there is more than one young carer they each need a separate form.
- You have fully explained the service to the family – We offer focused groups, one to one support and signposting. We do offer some social and holiday trips but these are limited and are not the core element of the service.
- If this is a self referral please do not hesitate to contact staff on the number below for any support
- If you are referring from **ASC** or **CSC** then please fill in the form and we will be in touch with respect to step down, information sharing protocols based on statutory assessments and **CAF/ TAF**

WE CANNOT CONTINUE WITHOUT THESE.

SERVICE CRITERIA

- The child/young person must be a young carer; therefore they are helping to care for a person who is ill, has a disability, is experiencing mental health distress, or is misusing alcohol / drugs. They are carrying out tasks above and beyond what a child their age would be expected to do.
- Caring responsibilities are in some way impacting on their lives. This may be socially, educationally, physically or emotionally. Not all Young Carers need support and many cope perfectly well without support from external agencies.
- The child/young person must be aged between 5 and 17 years old and live within Lancashire (excluding Blackpool & Blackburn with Darwen)
- We accept referrals from children/young people from all backgrounds as long as they meet the criteria listed above.

If you feel that the child/young person you wish to refer does meet the above criteria please complete the attached referral form and return it to our service.

PLEASE PUT AS MUCH INFORMATION AS POSSIBLE ON THE FORM.

If you have any further queries or want to discuss the child / young person before you complete the referral form, including if you are unsure as to whether they meet the criteria please do not hesitate to contact us.

Please return the completed form to:

Barnardo's Lancashire Young Carers

Bay6 Project

1 Dorothy Avenue

Leyland

PR25 2YA






Tel: 01772 641002

Email: lancashireyoungcarers@barnardos.org.uk

Lancashire Young Carers – Referral Form

Please ensure **ALL** boxes are completed

Young Carers Details

Child or Young Person's Name:		Date of Birth		Gender	
Parent / Guardian Name			Phone Number 		
Address of Young Carer  + 			Lancashire District		
Young Carers Phone Number(s) 			Ethnicity		
			Religion		
School or College 			If 16+, are they in education/ employment/trng?		
	Phone No:				
		Contact Name:			
Additional needs:	Interpreter? Preferred language / dialect / BSL? Other cultural support needs?		Disability	Yes	No
			If yes give details		

Information on who they are caring for?

Name					
Relationship to young carer					
Nature of illness or disability. Please pick the ones that best describe the circumstances. Tick all that apply & give information	Physical illness / condition				
	Mental health illness / condition				
	Life limiting illness or condition				
	Alcohol or substance misuse problem				
	Disability				
Is the child/young person referred the primary carer?				Yes	No
Has this person been assessed by Adult Social Care?				Yes	No
Is the Child / Young Person aware of disability or illness?				Yes	No
Are the parents/Guardians happy for this to be discussed with child/young person?				Yes	No
Other people living in family home / significant others					
Name	Age	Relationship to child / young person			

The impact of caring responsibilities on the child or young person

Please describe how caring for a relative impacts on the following aspects of the child/ young person's life:

Education	
Physical health	
Emotional / mental health and well being	
Behaviour	
Family and social relationships	

Any other information? For example what support do you think would benefit the young carer?

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Referrer Details

Date of Referral:			
Name		Title or Role	
Agency / Self			
Address			
Phone Number		Email	
Have the family received support from our service previously?			

Consent

It is important that we have consent from the parents or carers and the young person.

Please ensure that everyone signs below.

I am happy for this information to be shared with Lancashire Young Carers Service. I understand and agree that my details will be added to the service database on the computer under the Data Protection Act 1998 whether or not I decide to work with them.

Signature of child or young person & Name		
Signature of parent or carer & Name		
Signature of referrer & Name		