**Humankind South Tyneside Young Carers Service**

**Agency Referral Pack**



**Referral Pack**

**Information on service**

Humankind South Tyneside Young Carers service supports young people and their families to reduce the impact of caring and ensure that young people have access to the same opportunities as their peers and can achieve their full potential.

Humankind South Tyneside Young Carers works with anyone under the age of 25, who are in a caring role for someone due to illness, disability, mental health or drug/alcohol addiction. We are a short term service and will work with families for an agreed period in order to promote resilience skills and independence from service, at a time when it is most needed.

We work in conjunction with TEN North East Ltd who provide a respite activity offer to Young Carers in South Tyneside therefore by consenting to this referral the young person/family are also consenting to a referral to the TEN North East Limited service. If the young person/family does not want this to occur please indicate this on the form below.

Support that may be offered could be: one-to-one support, activities, respite, information, advice and guidance, whole family support, advocacy, signposting to alternative services available.

**Categories of a carer**

**Primary Carer**: the child is the main carer for the cared for person, providing either the main support or majority of the support for them.

**Secondary Carer**: the child provides some of the support for the cared for person, however there is another carer providing the majority of support.

**Sibling Carer**: the child provides support for a sibling due to specific needs.

**Parent Carer**: parent (aged under 25) provides care for a child in their care, due to illness, disability or mental health.

**Helpful tips**

Speak to the family before undergoing referral - consent is needed for the referral and the more information the family receive on our service the more likely they are to engage with us.

Take time completing the form - read through the form and become familiar with the questions before completing the form with the family.

Please complete **all** questions on the referral form providing a reason for any gaps in the information or ‘not applicable’. Ensure that you take time to check that everything is completed before sending in a referral as it could be returned to you.

Provide as much detail as possible as the information given will help Humankind South Tyneside Young Carers Service to provide appropriate and accurate support for the Young Carer. It will also help to reduce the time gap between referral made and support received.

**Disclaimer**

**Any referrals that are incomplete without stating the reason why will be sent back to the referrer. The information that we ask for is needed prior to engaging with the family and a full understanding of the circumstances and reason for referral can help to reduce repeated questions when meeting with the family.**

**Contact details**

Any issues on completing the referral form or questions that you may have please don’t hesitate to contact us on:

Humankind South Tyneside Young Carers Service

The Clervaux Exchange  
Clervaux Terrace  
Jarrow  
NE32 5UP

Tel:0191 4661389 (Clervaux Exchange Office)

Tel: 01325 731160 (Head Office)

E-mail: [styc@humankindcharity.org.uk](mailto:styc@humankindcharity.org.uk)

**Referral Process**

**No Service Required**

**Signposting to relevant service or brief intervention made. Referrer informed of the outcome of their referral.**

**Service Engagement**

**Assessment completed and support agreed including TEN South Tyneside Young Carers** **respite offer. Referrer informed of the outcome of their referral.**

**Humankind South Tyneside Young Carers Referral Form**

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| --- | --- | --- | --- |
| **Young Carers Details** | | | |
| **Name:** |  | **D.O.B:** |  |
| **Name of Parent or Guardian consenting:**  **Address and Postcode:** |  | **Mobile Number:**  **Telephone Number:**  **Email Address:** |  |
| **Emergency Contact Name:** |  | **Emergency Contact Number:** |  |
| **Gender:** | Male  Female  Other  *Please state:* | **Locality:** | |  |  | | --- | --- | | Hebburn |  | | Jarrow |  | | South Shields |  | | Boldon |  | | Cleadon |  | | Whitburn |  | |
| **Disability:** | Yes  No  *Please state:* |
| **Religion:** |  | **School/**  **College/**  **University/**  **Place of Work of YC:** |  |
| **Ethnicity:** |  |
| **Safeguarding Status:**  **(TACM, CIN, CP or no current status)** | |  |  | | --- | --- | | CAF/ Team around the Child or Family/ Early Help |  | | Child in Need |  | | Child Protection |  | | Vulnerable Adult |  | | No current status |  | | Status Unknown |  | | **Has the Carer previously undergone a Carers assessment?** | Yes  No  *If yes please provide a copy where appropriate.* |
| **Was the young carer previously hidden?** | Yes  No  *A hidden young carer is a young carer who has previously not received support around their caring role from either universal services e.g. schools or from a specialist young carers service.* | | |
| **Name of Lead professional/ Social Worker (if applicable):**  **Contact Number/Email:**   |  |  |  |  | | --- | --- | --- | --- | | **Referrer Name:** |  | **Referral Agency:** |  | | **Address and Postcode:** |  | **Contact Number:**  **Email Address:** |  | | **Would you be interested in attending Young Carers’ Training?**  Yes  No | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Reason for Referral** | | |
| **Who the person cares for:** | **Reason for Caring role:** | **Type of Caring Role:** |
| |  |  | | --- | --- | | Mother |  | | Father |  | | Brother |  | | Sister |  | | Daughter |  | | Son |  | | Grandmother |  | | Grandfather |  | | Other Relative  *Please state:* |  | | |  |  | | --- | --- | | Physical Disability |  | | Mental Health |  | | Chronic Illness |  | | Terminal Illness |  | | Learning Disability |  | | Alcohol Misuse |  | | Substance Misuse |  | | Domestic Abuse |  | | Other Health Issue/Diagnosis |  | | *Please outline health issue (s) of the person being cared for:* |  | | |  |  | | --- | --- | | Primary Carer |  | | Secondary Carer |  | | Sibling Carer |  | | Parent Carer |  | |
| **Please outline the caring tasks/responsibilities that the Young Person undertakes within the household:**  Housework  Managing Finances  Cooking  Personal Care (helping to wash, dress, toilet)  Emotional Care (keeping an eye on person, listening, ensuring safety)  Taking the cared for person out/Assisting with mobility needs  Giving and/or administering medication  Looking after siblings (when cared for person is unable)  Organising (making calls, going to appointments)  Shopping  Dealing with emergencies  Interpreting  Please state any other responsibilities/tasks undertaken:  *NB in some cases safeguarding concerns can be raised particularly around personal care and giving medication as this can be inappropriate. If you are ticking this please try to provide further information as we may call you back to gain further information.* | | |
| **Please state how the Young Person is affected by their caring responsibilities. This could include their education, social and leisure opportunities, physical health, emotional well-being and employment prospects:**  **Please include the school/ college/university attendance percentage if known:** | | |
| **Please state what support could assist in reducing the impact of caring responsibilities on Child/Young Person at this time:**  One to One/Emotional Support  Family Support  Information, Advice and Guidance  Opportunities to meet other Young Carers/ Break from Caring Responsibilities  Other  (please state): | | |
| **Please outline any other information you feel is useful or relevant:** | | |
| **Please outline any risks/safeguarding concerns in working with the family:** | | |
| **Consent to TEN South Tyneside Young Carers:**  I hereby give consent for this referral form to be shared with Groundwork South and North Tyneside to facilitate the provision of additional respite activities Yes □ No □ | | |
| I refer this young person:  **Name: Date:** | | |

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| --- | --- |
| **Office Use Only** | |
| Date referral received: | Date referral contacted: |
| Acknowledgement letter sent to family ❑ | Entered onto database ❑ |
| st Visit booked for: | Informed referrer of outcome ❑ |
| Referral checked by: | Date checked: |

The information supplied on this form will be held on computer and within manual files. It may be shared with other projects and agencies to help the individual. This is in accordance with Humankind registration under the Data Protection Act 1998 and compliant with the EU General Data Protection Regulation (GDPR). **By making this referral you are agreeing to the above statement**