SIGNPOST STOCKPORT YOUNG CARERS SERVICE

Thank you for contacting the Signpost Young Carers Service. Enclosed is our referral form, please read the following information as it may help you when making a referral.

Please advise families that a referral does not guarantee a service. All families will be assessed using the agencies criteria.

To meet our criteria, children and young people must meet our definition of a Young Carer. Please fill in the referral form as comprehensively as possible. We need to know about the young person's caring responsibilities ("caring" can mean physical caring, emotional support, or taking responsibility for someone's safety or well-being) as well as the impact those responsibilities have upon at least one of the following;

- Physical/mental health
- Education
- Emotional and Behavioural Development
- Identity
- Family and Social/Peer relationships

Lots of children and young people are affected by a family member's disability, illness or substance misuse problem, but not all of them are Young Carers.

Please note, our age range is 6 to 25 years. Once we have received a referral and where there is a recognised caring role we will offer young carers and their families an assessment in line with the Children and Families Act (2014) and the Care Act (2014)

Our Definition

"Young Carers are children and young people (BETWEEN THE AGES OF 6 AND 25) who provide care to another family member who has a physical illness/disability; mental ill health; sensory disability or has a problematic use of drugs or alcohol.

The level of care they provide would usually be undertaken by an adult and as a result of this has significant impact on their normal childhood."

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Children and young people will NOT BE ELIGIBLE if:

- Caring tasks are age-appropriate and do not exceed what an 'average' child of their age would undertake e.g. a teenager helping with some housework, walking to the local shop etc.
- They are care providers, but caring does not significantly impact on their health or development.
- Are under 6 years old.
- Do not live in the Stockport Borough. If they do not live in the area but go to school in Stockport, this will limit the service we offer significantly.

If you wish to contact us, please do not hesitate to call ***0161 947 4690.***

Signpost Stockport Young Carers Referral Form

Once we receive your referral and we have the necessary information we will contact the family to arrange a home visit. We see the parent first to get their perspective on the situation and once we have obtained permission from them we will make arrangements to see the young person/s. If the referral is appropriate and both the parent and young person are in agreement we will offer a service as soon as we possibly can.

Please advise families that a referral to the Young Carers Service does not guarantee a service. Group spaces are given to those in greatest need and who have a daily/substantial caring role or are severely affected by their sibling's disability. All families will be assessed using the agencies criteria. To enable us to prioritise assessments please give as much information regarding caring tasks and the impact and where possible please get the perspective of the young person being referred. If the information is not included it will slow the assessment process and we will ask you for more information.

Once are assessments are completed we will look at all the information and decide which of our services will be most beneficial.

Services we offer;

- **One-to-one therapeutic support**
- **Family support service**
- **School/college support**
- **Centre-based evening groups**
- **Evening activity groups**
- **Short Breaks**

To complete the form, please use the PDF text box feature at the top left of the page by clicking this icon. T

YOUNG CARERS SERVICE REFERRAL FORM

Referee: ..... Position: .....

Agency: ..... Contact No: .....

Address: ..... Referral Date: .....

..... Email: .....

.....

Other agencies involved (with contract details if known)

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Has a EHA been completed - if yes please send with the referral form.

Is the young carer involved in the Team Around the Child/Family process, Child Protection plan?

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If yes - name lead practitioner, agency and contact number

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School (where young carer attends) and please indicate if there are attendance issues.

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Person/s Referred: ..... DOB: .....

Address: ..... Tel No: .....

..... E-Mail: .....

Family Details:

First name	Last name	Relationship to Young Carer

More space on the next page

YOUNG CARERS SERVICE REFERRAL FORM

First name	Last name	Relationship to Young Carer

Please fill in the following questions as comprehensively as possible so as to help Signpost in giving a quick and effective service. If we do not have full details, we will contact you by telephone to complete the information.

In what capacity are you involved with the person being referred?

Who is the young person caring for and what is their relationship?

Has the referral been discussed with the family? If 'NO' please explain why or if 'YES' please state if they have given their consent. We will not contact the family without their consent.

In your own words, in what ways do you see Signpost meeting the Young Carers needs?

Does the Young Carer have any special needs?
(e.g. Allergies, Dietary Requirements, Prescribed Medication, Behaviour, Disability)

YOUNG CARERS SERVICE REFERRAL FORM

Please give details of the illness/disability of the person cared for.

What are the young carers main responsibilities (State individual caring tasks)? Please give as much information regarding their caring role and how it impacts on their life. This will help us determine if it is an appropriate referral and if it meets our criteria.
(If we don't receive adequate information we will have to get in touch)

Are there any risk factors that we need to consider when visiting the family due to the fact we sometimes visit alone. Are there any safeguarding concerns we need to be aware of?

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Any other information:

Please state:

Families Ethnicity: .....

Families First Language: .....

Please identify what methods of communication will be acceptable to the family and any special needs that require consideration:

	Person Being Cared For	Young Persons
Home Visit		
Telephone		
Letter		
Large Print		
Standard Print		
Braille		
Interpret		
Sign Language		
First Language		
Other		

Signed: ..... Date: .....

Thank you for your co-operation

Please email referrals to david@signpostforcarers.org.uk (password protected)