**Knowsley Young Carers Referral Form**

(PLEASE READ GUIDANCE TO FIND OUT WHETHER YOU SHOULD COMPLETE THE EXTERNAL FORM)

The external form should only be used by parents/guardians OR professionals who do not have access to EHM (Early Help Module) System. An internal referral can be made via EHM and is the preferred method to refer a child to the Young Carers Service. There is guidance available for the internal referral process.

All external referral forms are to be completed and sent via SECURE email to **EHT@KNOWSLEY.GCSX.GOV.UK.** Please ensure the email title states Young Carers Referral Form so the form can be forwarded to the correct team.

A referral can be also be made by parents/guardians ONLY via telephone on 0151 443 4071. Please request to speak to Mike Kehoe or Chris Wong if you are making a referral.

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| **Young Carer Eligibility Criteria** |
| TO BE COMPLETED BY THE REFERRER **Note - Only complete this referral on the Young Carer** |

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| Date of Referral |  |
| Referrer Name |  |
| Referrer Contact Number |  |
| Referrer Email |  |

**Definition of a Young Carer**

Young Carers are children under the age of 18 years, who provide care to a family member, who has a physical illness/disability; mental ill health; sensory disability or has 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 a significant impact on their normal childhood.

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| **Please complete the answers below to establish if the Referral meets the criteria** |

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| **The Young Carer** | | | | |
| **All answers must be YES to meet the criteria** | | | | |
| Young person aged between 6-18 years old | Yes |  | No |  |
| Lives in Knowsley Borough | Yes |  | No |  |
| Is aware of the referral, and parent/guardian consent has  been given | Yes |  | No |  |
| Cares for a family member(parent/sibling/other relative) | Yes |  | No |  |

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| **The child cares for someone with:** | | | | |
| At least one answer must be yes | | | | |
| A physical disability (including sensory impairment) | Yes |  | No |  |
| A learning disability | Yes |  | No |  |
| A long-term illness, with clear diagnosis | Yes |  | No |  |
| A terminal illness | Yes |  | No |  |
| A mental illness, with clear diagnosis (appropriate medication and treatment accessed through GP and/or Mental Health teams) | Yes |  | No |  |
| Alcohol or substance misuse | Yes |  | No |  |

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| **Their caring role has a direct impact upon, or affects:** | | | | |
| At least one answer must be yes | | | | |
| Social inclusion | Yes |  | No |  |
| Educational opportunities, achievements and aspirations | Yes |  | No |  |
| Their emotional wellbeing | Yes |  | No |  |
| Their physical wellbeing | Yes |  | No |  |
| Family relationships | Yes |  | No |  |

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| **Referral details** |
| Name of the Young Carer: |
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| Address of the Young Carer: |
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| Name of parent/guardian of young carer: |
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| Contact Telephone number: |
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| Name of the person the Young Carer is providing care for: |
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| Address of the person being cared for (If different to the young carer): |
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| Contact Telephone number (If different from above): |
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| Family Members or relatives: |
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| |  |  | | --- | --- | | **Key Agencies including School/College and GP details** | | | GP Practice |  | | GP Name | Child | |  | | Family Member being cared for | |  | | Dentist |  | | Optician |  | | Nursery/School/College  If applicable |  |  |  |  | | --- | --- | | **Are there any current Assessments/Plans in place** | | | Yes/No.  (If yes please state) |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Reason for the Young Carer Referral** | | | | | | Following the criteria guidance 'How does the caring responsibilities impact on the Young Carer's life? | | | | | | Social inclusion | Yes |  | No |  | | Educational opportunities, achievements and aspirations | Yes |  | No |  | | Their emotional wellbeing | Yes |  | No |  | | Their physical wellbeing | Yes |  | No |  | | Family relationships | Yes |  | No |  |  |  | | --- | | **Further details of the impact on the Young Carer's life** | | (Please put as much information in detail about how the Young Carer’s caring role impacts his/her life. If there is not enough information the form may be returned to request further information.) | |  | | Date Enquiry Completed: | |