

**Barnsley Young Carers and Sibling Support Service Referral Form**

Please read the **GUIDANCE NOTES** first when completing this form. To enable this referral to progress please ensure all the sections are completed. Please note any referrals with missing information will be returned and parent/carer consent (verbal or written) must have been obtained prior to submission.

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| **REFERRER’S DETAILS** | | | | | | | | | | | | | | |
| **Name** |  | | | | | | **Title/Role** | | | |  | | | |
| **Agency** |  | | | | | | | | | | | | | |
| **Phone Number** |  | | | | | | **Email** | | | |  | | | |
| Please ensure that you discuss the possibility of referral of parent/carers to Adult Social Care for assessment regarding eligibility for further support. Thank you. | | | | | | | | | | | | | | |
| **Date referral completed with family:** | | | | | | | | |  | | | | | |
| **Is the referral for:** | | | | Young Carers Support  Sibling Support | | | | | | | | | | |
| **Have the family received support from Barnardo’s previously?** (Please state who and when) | | | | | | | | |  | | | | | |
| **CHILD’S DETAILS** | | | | | | | | | | | | | | |
| **Child or Young Person’s Name** | |  | | | | | | **Date of Birth** | |  | | | **Gender** |  |
| **Address** | |  | | | | | | | | | | | **Post Code** |  |
| **School or College** | |  | | | | | | | | | | | | |
| **Does the child/young person have any additional needs?**  Interpreter? Preferred language / dialect/ BSL? Access or health needs? Other cultural support needs?  Special Educational Needs or disabilities. | | | | | | | | | | | | | | |
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| **Religion** | |  | | | | | | **Ethnicity** | | | |  | | |
| **PARENT/CARER CONTACT DETAILS** | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | **Relationship** | | | |  | | |
| **Phone Number** | |  | | | | | | **Email** | | | |  | | |
| **Information about Cared for Person or Sibling being supported** | | | | | | | | | | | | | | |
| **Name** | | |  | | | **Relationship to Child** | | | | | | |  | |
| **If referral is for Sibling Support, please provide age of sibling:** | | | | | | | | | | | | |  | |
| **Nature of illness or disability. Please pick the ones that best describe the circumstances. Tick all that apply.** | | | | | Physical health | | | | | | | |  | |
| Mental health | | | | | | | |  | |
| Life limiting illness | | | | | | | |  | |
| Alcohol or substance misuse | | | | | | | |  | |
| Disability | | | | | | | |  | |
| Autism | | | | | | | |  | |
| **Other people living in the family home / family members** | | | | | | | | | | | | | | |
| **Name** | | | | | | **Relationship to child / young person** | | | | | | | | |
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| **Information on other Agencies Involved**  *Please give names and contact details (phone/email) and brief description of their work with the family* | | | |
| **Work being undertaken by the referring agency:** |  | | |
| **Other agencies involved with child, young person or family**  (e.g. Social Worker, CPN, CAMHS, Adult Social Care etc.) |  | | |
| **Is the child / young person the subject of a Child Protection, Child in Need or Early Help plan? Please specify.** |  | **Name and contact details of Lead Professional** |  |

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| **RISKS** **– Are there any known risks to personal safety which would be relevant to the worker who will contact or visit the family?** |
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| **Caring Responsibilities Undertaken by the Child or Young Person**  *Please describe in detail all practical and/or emotional caring responsibilities.* ***See Guidance Notes.*** | | |
| **Practical:** | | |
| **Emotional:** | | |
| **The Impact of Caring Responsibilities on the Child or Young Person**  *Please describe how the caring role impacts on the following aspects of the child/ young person’s life: identity, family and social relationships.* | | |
| **Education** |  | |
| **Physical Health** |  | |
| **Emotional / mental health and well being** |  | |
| **Behaviour/ behavioural development** |  | |
| **Family and social relationships** |  | |
| **Identity** |  | |
| **Other** |  | |

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| Barnardo’s Young Carers and Sibling Support Service offers different levels of support to children depending on identified needs. Which of the following does the referrer, parent or carer think best describes the child or young person? Tick all that apply. | |
| **Gets a lot of support and is generally well adapted to caring role. Would still benefit from peer support, information and activities.** |  |
| **Struggling with caring role and would benefit from having someone to talk to and one to one or group support to help reduce negative impact.** |  |
| **Struggling with school/college because of caring role.** |  |
| **Caring role is inappropriate and harmful for a child / young person of this age.** |  |
| **Parental alcohol / substance misuse is an additional factor for the child.** |  |

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| **Any other comments or information?** |
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| **Has the parent/carer given you consent to make this referral?** | | | | |
| Parent Signature |  | | **Verbal Consent** | Yes |
| **I have explained the nature of the service and the possibility of a referral to Adult Social Care to the family.** | | | | |
| **Signature of referrer** | |  | | |

**Form to be returned via email or post:**

**Email Address:** [prioryfamilycentre@barnardos.org.uk](mailto:prioryfamilycentre@barnardos.org.uk)

**Postal Address:**

Barnardo’s Priory Family Centre

The Priory Centre

Pontefract Road

Lundwood

Barnsley

S71 5PN

**If you have any queries, please contact us on:** 01226 770619