Imago Young Carers Referral

Please complete a referral for each young person who you wish to refer to our service.

ALL PERSONAL DATA THAT YOU SUPPLY IS HELD IN STRICT ACCORDANCE WITH THE GENERAL DATA PROTECTION REGULATIONS (2018) - [Imago CYP Privacy Notice can be found here.](https://www.imago.community/docs/Privacy-Notices/Imago-CYP-Privacy-Notice.pdf)

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| Has verbal consent been given for this referral?  Ensure you have discussed this referral with the person who has parental responsibility for the young carer.  Please be aware that to comply with Data Protection Regulations a copy of this referral may be shown to the parent/guardian in order to obtain informed consent.  If you have any concerns please call the hub on 0300 111 111 0.  Yes  No  If you select No, we will not be able to process this referral |

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| Has the young person been spoken to about this referral? | |  | |
| Please provide more information | |  | |
| What is the young persons' First name? | |  | |
| What is the young persons’ family name? | |  | |
| What Gender is the young person? | |  | |
| And the young persons’ date of birth | |  | |
| Please enter their Home Address | |  | |
| Please give a full postcode | |  | |
| Please tell us about the Young Carers parent/guardian? | | | |
| What is their full name |  | | |
| What is the relationship to the young person? |  | | |
| What is their phone number? |  | | |
| And their email address. |  | | |
| Is there a preferred method and/or time to contact? |  | | |
| Please give names, dates of birth, and relationship to young person of all other members of the household, and health needs/conditions as applicable | | | |
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| What is the main language spoken at home? | |  | |
| What school does the young carer attend? Please indicate if Home Schooled. | |  | |
| Does the Young Carer have an Education Health and Care Plan | | No  Yes  In progress  Unknown | |
| Are there any support needs for the young carer? - ie allergies, health conditions, disabilities etc | |  | |
| If more than one person being cared for, please provide information relating to the person who the child cares for most, or whose caring has the most impact. | | | |
| Who is the child caring for? | |  | |
| What type of conditions does this person being cared for have? | |  | |
| Please tell us more about their condition?  This will help us to tailor the support we can offer the whole family. If there is more than one person being cared for, please outline their details here too. | |  | |
| Please tell us more about what the young person does to support with their condition? | |  | |
| Does the young carer have any of the following? | | | |
| Early Help Plan,  Child in Need Plan  Child Protection Plan,  Social Care Family Assessment,  None of the above  Not known | | | |
| Are there any other agencies working with the family?  Including Early Help, and Children's or Adult Social Care. | | | No  Yes |
| You have indicated "yes there are other agencies working with the family", please give details here:  Adult Social Care, Children’s Social Care, etc | | |  |
| Please tell us about what the young person currently accesses.  i.e counselling/youth groups/after school clubs etc. Please indicate if none. | | |  |
| Please tell us why you are making this referral  How would the young carer would benefit from our support | | | |
|  | | | |
| Do any of the concerns listed below pertain to the Young Person | | | |
| Mental Health Concerns  Diminished Self Care (physical / emotional wellbeing)  Alcohol/Drug Misuse  Being Bullied  Social Isolation/Limited Outside Interests  Sudden change in circumstance  Poor school attendance  Reduced Academic Attainment  Limited support networks  Low confidence & Self esteem | | | |
| Do any of the concerns listed below pertain to the Person being cared for? | | | |
| Mental Health Concerns  Diminished Self Care (physical / emotional wellbeing)  Alcohol/Drug Misuse  Limited support networks  Social Isolation/Limited Outside Interests  Sudden change in circumstance  Low confidence & Self esteem  Other | | | |
| Are there any safety issues within the home that we need to be aware of should the staff team be carrying out a home visit?  e.g. dangerous dogs, risks for lone workers, remote location etc ? | |  | |
| Does anyone in the home show dangerous behaviour/known to be aggressive or violent? Please provide details. | |  | |



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| Please tell us about yourself as the person making this referral | |
| Your Name |  |
| Job Role |  |
| Organisation |  |
| How will your organisation continue to support this family? |  |
| Postal Address |  |
| Email Address |  |
| Telephone Number |  |
| How did you hear about Imago Young Carers? |  |

Please return this this completed form to [youngcarers@imago.community](mailto:youngcarers@imago.community)

Once received we will confirm receipt of the referral and contact the family to collect additional information and complete a Young Carers Assessment which will allow us to identify the most appropriate support for the Young Carer.

If you have any questions, please email or call us on 0300 111 111 0