Units 6 & 8, Hill View Business Park

Old Ipswich Road, Claydon, Suffolk IP6 0AJ

**Email** enquiries@suffolkfamilycarers.org

**Website** www.suffolkfamilycarers.org

**Telephone** 01473 835430

**Information Line** 01473 835477

**GUIDELINES FOR Making a Referral**

These guidelines are intended for anybody wishing to make a referral to Suffolk Young Carers for a Young Carer or a Young Adult Carer requiring support. Please read these guidelines carefully before completing the attached referral form.

**Who can you make a referral for?**

Any young carer between the ages of 5 & 24 can be referred to our project, who is:

* Providing care or support for someone with a physical disability, long term physical illness, mental ill health or substance misuse.
* Is significantly affected by the condition of their cared for.

**Service availability**

Due to the high demand for our service, we have to prioritise young carers with the highest needs.

**How to make a referral?**

Please complete all the pages of our referral form and email to young.carers@suffolkfamilycarers.org or send to:

**Suffolk Young Carers**

**Units 6&8 Hill View Business Park**

**Old Ipswich Road**

**Claydon**

**Ipswich IP6 0AJ**

If you need any assistance in completing this form please contact our direct line on **01473 835430.**

**What happens now?**

On receipt of the referral we will register the Young Carer/Young Adult Carer on our in house database and allocate for an assessment of their support needs.

We aim to complete an assessment within **4 weeks** of receiving the referral.

**Assessment Process**

For the Under 16’s a worker will contact the family and arrange to meet with the young carer in school to complete an assessment.

For the Over 16’s the assessment will take place at a location of the young person’s choice, usually home, school or college.

Suffolk Carers Limited Registered Charity No.1069937



A company limited by guarantee in England No.3507600

Registered Office: Unit 8, Hill View Business Park, Claydon IP6 0AJ



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**Referral Information Form**

**Please fully complete this form.**

|  |  |
| --- | --- |
| **First name of young person being referred:** | **Surname:** |
| **Date of birth:**  **Age:** | **Male / female /transgender/prefer not to say/other** |
| **Religion:** | **Ethnicity:** |
| **Health: (please circle)**  **Very Good / Good / Fair / Poor / Very poor** | **Any known health needs / conditions:** |
| **Home telephone no.:**    **Mobile no.**    **Email address:** | **Address:**          **Postcode:** |
| **GP Practice:** | **School/College attending:**  **Or Employment Statues** |
| **How did you become aware of Suffolk Young Carers/Young Adult Carers?** | |
| **Is the family working with any other health or social care professional?**  **(If yes, please give contact details of Lead Professional)** | |
| **If you are a professional making this referral please include your contact details here:**    **Name of referrer: Name of organisation / Job title:**    **Address:**    **Telephone no.: Mobile: Email:** | |

|  |  |
| --- | --- |
| **Name of person(s) who is cared for or supported:** |  |
| **Date of birth:**  **Ethnicity:** | **Male / Female (please circle)** |
| **Economic status (full time employment / part time employment / pupil / unable to work etc.):** | |
| **Please circle all that apply:**  **Physical Disability Yes / No Learning Disability Yes / No Mental Ill Health Yes / No**  **Drug Misuse Yes / No Alcohol misuse Yes/No Other – (please Specify)** | |
| **Name of condition(s):** | |
| **Relationship to young person:** | |
| **Who else provides care within the home?** | |
| **Reason for referral (please continue on separate sheet):** | |
| **If you have a disability, impairment or sensory loss and require information in a non-standard format for example brail, BSL, large print please contact us.** | |

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| --- |
| **Suffolk Family Carers Confidentiality Statement** |
| "To help us help you we need to have your permission to keep certain information about you, and the person you care for. We will not share the private and personal information you give us with anyone outside Suffolk Family Carers without your permission. However, we have a legal duty, to inform other agencies if we believe you or someone else is at risk of harm."  It is important that we talk to other organisations who are also working with your family, so that we fully understand your needs and support you better. |
| **Section A – For referrals of young carers under 16** |
| We will meet you in school to complete your assessment and then again at agreed intervals. Please sign here to confirm you agree and would like someone from Suffolk Young Carers to get in touch with you:  **Young Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parents – please sign here to confirm you agree and to give your permission for Suffolk Young Carers to visit your child in school.**  **Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of parent/guardian (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Section B – For referrals of young adult carers aged 16+** |
| For young adult carers we prefer to make contact with the young person directly. If your contact details are different to the details overleaf, please provide below.  **Mobile No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please sign here to confirm you agree to the referral and would like someone from Suffolk Young Adult Carers to get in touch with you:**  **Signature of Young Adult Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Young Adult Carer (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you happy for us to inform your college that you are a young adult carer? YES / NO** |