**Shine Young Carers Referral Form.**

**Shining a light on hidden young carers in Manchester.**

Shine Young Carers Project is part of Gaddum charity and is funded by the National Lottery. We work with young people aged 5-16 in Manchester\* who have been identified as a young carer in need of targeted support.

\***we may consider older young carers depending on their situation.**

**Service Aim**

The service will work with the young carer, the lead professional and other agencies to help identify and prevent any inappropriate levels of caring responsibilities and work with the young person to find the most appropriate support in both the medium and long term. The service offers 6-12 weeks of individually tailored support packages which includes access to groups and events throughout the year. There will also be an opportunity for young carers to mentor for the project, using their skills to help others.

Shine will provide training and education to professionals around the identification of young carers and how to best support them, leading to lasting awareness and new opportunities for young carers as they grow. Our aim is to enable the young people we work with to reach their full potential with a sense of pride in what they do!

**Referral Criteria**

* A Young Carers Needs Assessment must have been completed, i.e CAFA or EHA.
* Consent from the Parent / Guardian and young carer has been obtained.
* There is a named lead professional working with the family who will remain involved for the duration of our targeted intervention with the young carer (6-12 weeks)
* The Young Carers Needs Assessment has identified concerns of unmet needs for the Young Carer that are likely to require targeted support.

**Please complete all sections of the referral form in as much detail as possible and return to** [**shine@gaddum.org.uk**](mailto:shine@gaddum.org.uk) **. If you wish to discuss a referral please phone: 0161 834 6069.**

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| **FOR OFFICE USE ONLY** | | | |
| **Allocated Gaddum Worker:** |  | **Date:** |  |

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| **Consent**  Professionals should have discussed the reasons for requesting young carer targeted support with the family and sought agreement for the sharing of information prior to making this request .  **Please do not refer without consent.** | |
| Name of Parent/ Guardian and Young Carer providing consent. |  |
| Date consent obtained |  |

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| **Has the young person had a Young Carers Needs Assessment?** | |
| **YES**  Please proceed with referral | **NO -** Please do not proceed with referral,  follow the  [Manchester Young Carers Pathway to Support](https://search3.openobjects.com/mediamanager/manchester/fsd/files/88969_06_young_carers_strategy_2020-23_aw_pathway_single_page.pdf) |
| **Allocated Lead Professional:** |  |
| **Liquid Logic ID** |  |

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| **Young Carer Information** | | | | | | | | |
| Title: |  | | | | | | Home Address & Postcode: |  |
| Forename: |  | | | | | |
| Surname: |  | | | | | |
| Date of Birth: |  | | Age: | |  | |
| Home Tel. No.: |  | | | | | |
| Mobile No.: |  | | | | | |
| Can answerphone messages be left? | Home: | Y/N | | Mob: | | Y/N |
| Email: |  | | | | | |
| School/college address |  | | | | | | | |
| Ethnicity |  | | | | | | | |

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| **Safeguarding** | |
| Any known risks? |  |
| Is there anything else we should be aware of? | |

**Issues/ that affect the Young Carer.** Please tick all that are appropriate to referral

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| --- | --- | --- | --- |
| Educational opportunities/ achievement |  | Emotional wellbeing |  |
| Self esteem |  | Physical wellbeing |  |
| Behaviour |  | Family relationships |  |
| Bullying (Victim) |  | Their own alcohol/ drug misuse |  |

**Please explain the impact that caring has on the young person’ life.** You may wish to refer to issues/concerns raised asked in the previous question

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**Parent or Guardian contact details**

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| Name | Relationship | Telephone Number |
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**Who else is working with the family and why?**

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| --- | --- | --- | --- |
| Agency | Contact name | Contact details | Reason for involvement |
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| **Referrer Information** | |
| Referrer contact details:  Please include address, email, telephone number: |  |
| What is your relationship to the young person?  **or** what is your role and name of your organisation? |  |
| How is your organisation supporting this young person and their family? |  |

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| **Signed:** | **Date** |

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| **Please note that all referrals MUST include the Young Person’s Liquid Logic ID, Ethnicity, School Name & Address before submitting.**  **Thank you.** |