

**Horizon Young Adult Carers Service  
Agency Referral Pack**

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# Referral Pack

## Information on service

**Horizon Young Adult Carers Service** supports young adult carers and their families to reduce the impact of caring and ensure that young people have access to the same opportunities as their peers and can achieve their full potential.

**Horizon Young Adult Carers Service** works with young people aged 14 to 25 years, who are in a caring role for someone due to illness, disability, mental health or drug/alcohol addiction. We are a short term service and will work with families for an agreed period in order to promote resilience skills and independence from service, at a time when it is most needed.

Support that may be offered could include: one-to-one support, respite activities, information, advice and guidance, advocacy and signposting to alternative services available.

## Categories of a carer

**Primary Carer:** the young person is the main carer for the cared for person, providing either the main support or majority of the support for them.

**Secondary Carer:** the young person provides some of the support for the cared for person, however there is another carer providing the majority of support.

**Sibling Carer:** the young person provides support for a sibling due to specific needs.

**Parent Carer:** parent (aged under 25) provides care for a child in their care, due to illness, disability or mental health.

## Helpful tips

Speak to the young adult carer and their family before completing the referral - consent is needed for the referral and the more information the young adult carer and their family receive on our service the more likely they are to engage with us.

Take time completing the form - read through the form and become familiar with the questions before completing the form with the young adult carer and their family.

Please complete **all** questions on the referral form providing a reason for any gaps in the information or 'not applicable'. Ensure that you take time to check that everything is completed before sending in a referral as it could be returned to you.

Provide as much detail as possible as the information given will help **Horizon Young Adult Carers Service** to provide appropriate and accurate support for the Young Adult Carer. It will also help to reduce the time gap between referral made and support received.

## Disclaimer

**Any referrals that are incomplete without stating the reason why will be sent back to the referrer. The information that we ask for is needed prior to engaging with the young adult carer and a full understanding of the circumstances and reason for referral can help to reduce repeated questions when meeting with the young adult carer.**

## **Contact details**

Any issues on completing the referral form or questions that you may have please don't hesitate to contact us on:

### **Horizon Young Adult Carers Service**

Humankind

Unit 2 IES Centre

Horndale Avenue

Newton Aycliffe

DL5 6DS

Tel: 01325 731160 (press 2)

E-mail: [hyac@humankindcharity.org.uk](mailto:hyac@humankindcharity.org.uk)

## Referral Process

### Identification

Referrer identifies young adult carer and speaks to family about Horizon Young Adult Carers service. Providing information on the service and gaining their signed consent to the referral.



### Referral Form

Referrer to complete referral form, ensuring all information requested is given. That they provide a full understanding of the family/young adult carer's circumstances and clear information on what caring role the child is providing and what support is needed. Referrer then sends the completed referral form to Horizon Young Adult Carers Service.



### Referral Recieved

Horizon Young Adult Carers Service recieve the referral, which is checked and recorded on a database. Family is sent acknowledgement that referral has been made and allocation of a support worker could take a maxmium of 5 weeks.



### Initial Visit

Visit is made with family, discussing in more detail the service and assessment process. Establishing if service is relevant or still required.



### Service Engagement

Assessment completed and support level agreed. Referrer informed of the outcome of their referral.



### No Service Required

Signposting to relevant service or brief intervention made. Referrer informed of the outcome of their referral.

### Horizon Young Adult Carers Service- Referral Form

Young Adult Carers Details															
<b>Name:</b>		<b>D.O.B:</b>													
<b>Preferred Name:</b>		<b>Preferred contact method:</b>													
<b>Name of Parent or Guardian consenting (if under 18):</b> <b>Address and Postcode:</b>		<b>Mobile Number:</b> <b>Telephone Number:</b> <b>Email Address:</b> <b>Okay to leave a message?</b>													
<b>Emergency Contact Name:</b>		<b>Emergency Contact Number:</b>													
<b>Does the young adult carer have any communication needs or require any reasonable adjustments?</b>		<b>Does the emergency contact have any communication needs?</b>													
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> <i>Please state:</i>	<b>Disability:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please state:</i>												
<b>Religion:</b>		<b>School/ College/ University/ Place of Work</b>													
<b>Ethnicity:</b>															
<b>Gypsy/ Traveller:</b>	Gypsy <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other <input type="checkbox"/> N/A <input type="checkbox"/>														
<b>Safeguarding Status:</b> <small>(TACM, CIN, CP or no current status)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">CAF/ Team around the Child or Family/ Early Help</td> <td style="width: 20%;"></td> </tr> <tr> <td>Child in Need</td> <td></td> </tr> <tr> <td>Child Protection</td> <td></td> </tr> <tr> <td>Vulnerable Adult</td> <td></td> </tr> <tr> <td>No Current status</td> <td></td> </tr> <tr> <td>Status Unknown</td> <td></td> </tr> </table>	CAF/ Team around the Child or Family/ Early Help		Child in Need		Child Protection		Vulnerable Adult		No Current status		Status Unknown		<b>Has the Carer previously undertaken a Carers assessment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please provide a copy where appropriate.</i>
CAF/ Team around the Child or Family/ Early Help															
Child in Need															
Child Protection															
Vulnerable Adult															
No Current status															
Status Unknown															

**Name of Lead professional/ Social Worker (if applicable):**

**Contact Number/Email:**

**Referrer Name:**

**Referral Agency:**

**Address and Postcode:**

**Contact Number:  
Email Address:**

**Would you be interested in attending Young Adult Carers' Training?**

Yes  No

**How did the person hear about the Service?**

**Reason for Referral**

**Who the person cares for:**

**Reason for Caring role:**

**Type of Caring Role:**

Mother		Physical Disability		Primary Carer	
Father		Mental Health		Secondary Carer	
Brother		Chronic Illness		Sibling Carer	
Sister		Terminal Illness		Parent Carer	
Daughter		Learning Disability			
Son		Alcohol Misuse			
Grandmother		Substance Misuse			
Grandfather		Domestic Abuse			
Other Relative <i>Please state:</i>		Other Health Issue/Diagnosis			
		<i>Please outline health issue (s) of the person being cared for:</i>			

**Please outline the caring tasks/responsibilities that the Young Person undertakes within the household:**

Housework  Managing Finances  Cooking

Personal Care (helping to wash, dress, toilet)

Emotional Care (keeping an eye on person, listening, ensuring safety)

Taking the cared for person out/Assisting with mobility needs

Giving and/or administering medication

Looking after siblings (when cared for person is unable)

Organising (making calls, going to appointments)  Shopping

Dealing with emergencies  Interpreting

Please state any other responsibilities/tasks undertaken:

*NB in some cases safeguarding concerns can be raised particularly around personal care and giving medication as this can be inappropriate. If you are ticking this please try to provide further information as we may call you back to gain further information.*

**Please state how the Young Person is affected by their caring responsibilities. This could include their education, social and leisure opportunities, physical health, emotional well-being and employment prospects:**

**Please include the school/ college/university attendance percentage if known:**

**Please state what support could assist in reducing the impact of caring responsibilities on Child/Young Person at this time:**

One to One/Emotional Support  Family Support

Information, Advice and Guidance

Opportunities to meet other Young Adult Carers/ Break from Caring Responsibilities

Other  (please state):

**Please outline any other information you feel is useful or relevant:**

**Please outline any risks/safeguarding concerns in working with the family:**

I refer this young person:

**Name:**

**Date:**

Office Use Only	
Date referral received:	Date referral contacted:
Acknowledgement letter sent to family <input type="checkbox"/>	Entered onto database <input type="checkbox"/>
1st Visit booked for:	Informed referrer of outcome <input type="checkbox"/>
Referral checked by:	Date checked:

The information supplied on this form will be held on computer and within manual files. It may be shared with other projects and agencies to help the individual. This is in accordance with Humankind registration under the Data Protection Act 1998 and compliant with the EU General Data Protection Regulation (GDPR). **By making this referral you are agreeing to the above statement**