



GUIDANCE NOTES FOR COMPLETING SHETLAND CARERS' YOUNG CARERS REFERRAL FORM

1. This is a guide to help you complete the Shetland Carers Young Carers Referral Form (Appendix 2)
2. We want to identify young carers who have added responsibilities at home so they can receive additional support to help them in their caring role and do not miss out on opportunities available to their peers.
3. A Young Carer is someone, who is 18 years or under, who provides unpaid support to a family member, or friend, who could not manage without this help, due to illness, disability, mental ill-health or a substance misuse problem.

Every young carers situation is different, but the help a young carers gives could include things such as: shopping, cooking, nursing care (such as giving medication or helping someone get in and out of bed), helping someone get washed and dressed. They might be making sure a parent with a long-term illness has the right medication and arranging regular hospital visits or they could be helping a parent to look after a brother or sister with an additional support need.

4. There is no minimum amount of caring required by a young person before someone is classed as a young carer – every young person's situation is unique. Anyone with additional responsibilities at home could be in a caring role.
5. Optional Questions - we have provided some optional Questions that can be asked by you, to help you find out more about the young person's home life (Appendix 1). This may help you decide if the young person is in need of more support. The list of questions is just a suggestion, feel free to use any other questions that you feel might be relevant in the situation. If you feel that is indeed the case, please make a referral to Shetland Carers using the referral form (Appendix 2).

Appendix 6: Identifying and Supporting Young Carer's, Guidance for Practitioners

6. YC Referral Form - You may not have all the information we ask for, so please complete as much of the form as possible.
7. Any young person identified as being in a caring role can receive support through *Shetland Carers*: there is no minimum requirement to access this support. Shetland Carers can provide an info and advice service, access to support groups and short breaks.
8. Shetland Carers Young Carers Worker, or another trusted adult, can support a young carer to complete a workbook setting out their feelings about their caring role and the impact their caring responsibility is having on their life. This will help us see the best way to support the young carer in their caring role.
9. The amount of additional support a young carer can receive through the local authority will depend on the level of care they are providing. Any additional support the young person is entitled to would be identified through the Young Carer Statement.
10. Once completed, please email the Shetland Carers Young Carers referral form to carers@shetland.org

If you have any queries please contact Shetland Carers on 01595 743 980 or by email carers@shetland.org. website www.shetlandcarers.org

Other information about young carers is available at : -

[Working with Young Carers | Voluntary Action Shetland - Virtual Carers Centre \(shetlandcarers.org\)](http://www.shetlandcarers.org)

[Information for Young Carers | Voluntary Action Shetland - Virtual Carers Centre \(shetlandcarers.org\)](http://www.shetlandcarers.org)

[About young carers - Carers Trust](http://www.carers-trust.org.uk)

<https://www.mygov.scot/young-carer-support/>

[All resources - Carers Trust](http://www.carers-trust.org.uk)

APPENDIX 1 - OPTIONAL QUESTIONS TO ASSIST WITH COMPLETION OF SHETLAND CARERS YOUNG CARERS REFERRAL FORM



These are suggested questions that could be used by a teacher/trusted adult to have a conversation with a young person they suspect could be in a caring role. This will help find out more about the person's home life before making a referral to Shetland Carers.

One of the main things is to have a bit of rapport with the young person – it might be that you only ask deeper questions when you have spoken a couple of times and have built up a bit of trust. Young carers find it hard to tell people about what they do, and sometimes they don't realise they are a young carer until someone tells them.

- How are things going with school? Any subjects/topics that are tricky?
- Homework (often a struggle for yc's) – are you managing to get things completed and handed in on time? Then explore a bit more from the answers they give.
- Do you have chores and things to do in the house/to help siblings/to help mum and dad? Can then explore this a bit further to see if it is more than just 'normal' chores.
- Do you spend a lot of your time helping or looking after someone at home?
- What kinds of things do you do?
- Do you think you do more that your peers do at home?
- If something happens, do you know where to get help?

✓	Tiredness	✓	Mature for Age
✓	Lack of Concentration of Focus	✓	Bullying
✓	Academic Performance Below Potential	✓	Physical Illness, Eating Habits or Poor Hygiene
✓	Absence from School	✓	Transport Difficulties
✓	Socially Isolated	✓	Lack of Parental Contact in School
✓	Behavioural Difficulties	✓	Illness or Disability in the Household

Contact : Shetland Carers

Tel, 01595 743 980, email carers@shetland.org, Website www.shetlandcarers.org

APPENDIX 2 – SHETLAND CARERS YOUNG CARERS REFERRAL FORM



SHETLAND CARERS YOUNG CARER REFERRAL FORM

Thank you for making a referral. This form will give us a brief understanding of the caring situation. We will follow your referral up with a phone call, information pack or school visit (depending on what is most appropriate). Please feel free to call us if you have any questions whilst completing the referral.

You may not have all the information we ask for, so please complete as much of the form as possible.

Forms can be returned to: Shetland Carers, Market House, 14 Market Street, Lerwick, Shetland, ZE1 0JP carers@shetland.org 01595 743980

METHOD OF REFERRAL (PLEASE TICK)

SELF REFERRAL		FAMILY REFERRAL	
TEACHER / SCHOOL STAFF		GP/HEALTH PROFESSIONAL	
PROFESSIONAL EG SOCIAL WORK		OTHER	

Please confirm that the family and the referred young person are aware of this referral.

YES / NO

Young Carer's Name: DOB: Gender **M / F**

Young Carer's Address:

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Home / Main Contact Tel No:

Post Code: Ethnicity:

Parent / Guardian with Parental Responsibility

Name: Relationship to Young Carer:

Home Tel: Mobile:

Email:

Appendix 6: Identifying and Supporting Young Carer's, Guidance for Practitioners

Is the school aware of the caring role? **Yes / No / Unknown**

Is the young person registered on SEEMiS as a Young Carer? **Yes / No / Unknown**

Has consent for VAS to share information with SIC/NHS been provided? **Yes / No / Unknown**

Can VAS Carers Service contact the school to discuss this young person? **Yes / No / Unknown**

If yes, who would be most appropriate to contact?

Is there a Child's Plan in place? **Yes / No / Unknown**

If yes, who is the lead on this? Name:

Job Role & Agency:

About the Caring Role Name of person cared for:

What is the relationship of the Young Carer to the person they care for? (eg: Mum, Dad, Brother, Sister...):

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What is the condition/s of the person being cared for?:

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Please briefly describe the caring role, what kind of tasks does the young person do? How is the young person affected?

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If known, how long has young person been caring for?

Hours of caring? (approx.)

Any other information that you believe is relevant?

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REFERRING AGENCY (if applicable)

Name:

Job Role/Title/ Relationship to Young Carer:

Referring Agency (if applicable)

Contact No. **Email**

PLEASE RETURN THIS COMPLETED FORM TO www.shetlandcarers.org