

Our services

CaringKids provides practical support to young people aged 18 years or under who undertake a significant caring role (the primary carer or alternate secondary carer) for a family member who has a disability or chronic illness. Young people who provide unpaid care and support for someone with a disability or illness are also known as 'Young Carers'. To be eligible for a service, young carers must live in South East or South West Sydney and be experiencing financial hardship. The types of support available include a Young Carer Assessment, assisted referrals to local support, short-term case management, limited financial assistance and more. Visit www.caringkids.org.au for more information or call us on (02) 9247 7990.

How to make a referral

The Referral Form can be completed by either:

- The young carer and their family, or other relative or friend
- Professionals (with consent and involvement of the young carer and their family)

If you are a young carer and need assistance to complete the Referral Form, call us on (02) 9247 7990.

If you are a family member, relative, friend, health professional, teacher, or other service provider and wish to refer a young carer to CaringKids for support, complete our Referral Form with or on behalf of the young carer and their family and return to us. Obtain the consent of the young carer and their parent/guardian before making a referral. Where possible, give the family a copy.

Once a referral has been received, we will assess if our service is the most suitable for the young carer. If we are able to provide support, we will arrange a home visit to meet the young carer, their family and the cared-for person and complete a Young Carer Assessment. We will advise you if there is a wait list.

Service eligibility

- The young carer must be providing unpaid care for a family member who has a disability or chronic illness and be experiencing financial hardship
- The young carer must be the primary or secondary alternate carer (provides more care than anyone else in the family, or provides care when the primary carer is absent)
- The impact of caring is affecting the emotional and physical wellbeing of the young carer, or participation in social activities and education
- The young carer and their family must consent to a referral
- The young carer resides in South East or South West Sydney

South Eastern Sydney includes suburbs within Georges River Council, Bayside Council, Sutherland Shire Council, City of Randwick, Waverley Council, and Municipality of Woollahra.

South Western Sydney includes suburbs within Canterbury-Bankstown, City of Fairfield, City of Liverpool, City of Campbelltown, Camden Council, and Wollondilly Shire Council.

Return the completed Referral Form to info@caringkids.org.au We will acknowledge receipt of the Referral Form.

Young Carer Contact Details

Name _____

Age _____ Date of birth _____

Male Female

Cultural Background _____

Address _____

Suburb _____ Postcode _____

Local government area _____

Phone _____

Mobile _____

Email _____

Preferred language _____

Attending school Yes No

Name of school/TAFE _____

Year at school _____

Criteria for Service

(young person/ parent/guardian or referrer tick all that apply)

The young carer is

- 18 years or under and resides in the South East or South West Sydney
- takes on the main carer role, or has significant caring responsibilities has given consent to this referral
- is caring for someone with a disability, chronic illness, mental illness or who is terminally ill or elderly
- is experiencing financial hardship
- is experiencing the impact of caring on their emotional and/or physical wellbeing, participation in social activities and/or education
- has copy of the referral

Please tell us how you first heard about CaringKids

Young Carer Information

Relationship to cared for person
 Son Daughter Sibling Other _____

Estimated number of hours spent caring per week
 1-5 5-10 10-20 20-40 40+

Is school aware of caring role? Yes No

Is the family subject to any court orders?
 Yes No

If yes, please give details

Does the young carer have an illness/disability, support needs or any other additional needs that would be helpful for us to know? _____

Are there any other agencies providing support to the young person?

Referrer Contact Details

(complete if you are making a referral on behalf of a young person)

Name _____

Job Title _____

Organisation _____

Address _____

Phone _____

Mobile _____

Email _____

In my absence please speak to _____

Can attend joint home visit Yes No

Are there any risks we should be aware of before completing a home visit? Yes No

Details: _____

Parent/ Guardian Details

Parent/Guardian 1

Name _____

Cultural Background _____

Address _____

Suburb _____

Postcode _____

Phone _____

Mobile _____

Email _____

Living with the young person Yes No

Parent/Guardian 2

Name _____

Cultural Background _____

Address _____

Suburb _____

Postcode _____

Phone _____

Mobile _____

Email _____

Living with the young person Yes No

Family Details

No of siblings _____ Names and ages of siblings _____

If an adult without care needs lives at home, what are the barriers to them providing care?

Information about the cared for person

Name of cared for person/s _____

Relationship to young carer _____

Illness / disability / condition/s of person(s) being cared for: _____

Physical disability (including sensory impairment) Intellectual or Learning Disability

Elderly Chronic Illness Terminal Illness Mental Illness

What are the impacts and needs resulting from the illness/disability/condition? (e.g. physical, emotional, parenting capacity etc)

Are there any specific requirements from the family arising from sensory impairment/ language difficulties etc? (e.g. is an interpreter required?)

Yes No Details: _____

At the time of the referral where is the cared for person

Home In hospital Somewhere else _____

Caring Responsibilities Undertaken by the Young Carer

PRACTICAL

- Washing the dishes
- Laundry
- Cooking
- Cleaning
- Helping with siblings
- Shopping
- Gardening
- Help CFP keep / attend appointments

PERSONAL

- Helping cared-for person (CFP) dress
- Helping CFP bath/shower
- Helping CFP toilet
- Helping CFP in/out of bed
- Giving medication
- Prompt CFP

EMOTIONAL

- Listening to Cared For Person (CFP)
- Worrying about CFP
- Don't want to leave CFP
- Understand CFP's mood
- Helping with siblings

Any other information about the young person's responsibilities:

The Impact of Caring Responsibilities on the Young Carer

Please give details of how caring for impacts on the following

	Mild	Moderate	High
Physical wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School attendance and achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to socialise with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to participate in sport/recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the impact of caring on you (or referrer to describe and provide reason for referral)

Tell us which CaringKids services would be of most help to you and your family (or referrer to make a recommendation) and why

Privacy & Confidentiality Statement

CaringKids works within the guidelines of the Australian Privacy Principles (2014). We will only share your personal information with your permission. Your information will be kept strictly private and confidential and will not be shared with a third party unless we are legally obliged to share this information.

By giving consent to a referral, you give CaringKids permission to confirm your identity and caring role with the person or organisation who made the referral and share information for the purpose of providing help and assistance. You also consent to CaringKids sharing non-identifying information provided in this referral such as age and geographical location of the young carer, the nature of illness or disability of the person being cared for and impact of the caring role. This non-identifying information is shared publicly for the purpose of securing additional funds to support our programs and to help us to create and improve our services. You may withdraw consent at any time by contacting us.

Young Carer & Parent/Guardian Consent

I _____ (name of young carer & name of parent/guardian) give consent to this referral and have read the Privacy & Confidentiality Statement. Date: _____

If you are a referrer, please confirm the date you were given verbal consent for this referral.

Date: _____

Please return the completed Referral Form to info@caringkids.org.au



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 PO Box 91 Edgecliff NSW 2027

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 www.caringkids.org.au