



Scottish Borders CHIMES Service Referral Form

(Formerly the Children & Families Service and the Young Carers Service)

We provide support to:

- Young people under the age of 18 who are impacted by parental/carer alcohol or substance use. This can be current or historical use and the parent/carer does not have to be currently living with the child/young person.
- Parents/carers whose current or historical alcohol/substance use is likely to have an impact of their children/unborn baby.
- Young Carers age 7 – 18 who are providing care and support to parents, siblings or another family member who has a physical illness/disability, a mental health illness/disability or substance misuse issue. Young carers assume a level of responsibility for themselves and/or another person that would normally be taken on by an adult. A young carer may be affected practically, emotionally and/or socially because of the caring situation.

Chimes can only provide a service to children, young people and parents whose support needs cannot be met by Universal Services.

Please complete all sections as fully as possible as we are unable to accept incomplete referrals. It is also important that you have consent from the child/young person/parent for the referral to be made.

If you need more information about our service or would like to have a chat about someone you think may require support then please contact Jo Glover at jo.glover@actionforchildren.org.uk or at the number below.

Please send all referrals to: Chimes@actionforchildren.org.uk

**Action for Children
Unit 12a
Galabank Business Park
Wilderhaugh
GALASHIELS
TD1 1PR**

Tel. 01896 750173

CHIMES@actionforchildren.org.uk

SERVICE USER DETAILS	DATE OF REFERRAL:
Forename:	Surname:
Age:	Date of Birth:
Gender:	Religion:
Ethnicity:	Nationality:
Disability:	Primary Language:
Statutory orders/criminal convictions:	Is the child on the Child Protection Register?

Service Users Address:	Telephone:
GP Name and Contact Details:	School or Work Details: School Contact / Guidance:

Has the Service User been consulted regarding the referral? Yes/no

If referral is for a child / young person, are parents aware of referral? Yes/no

REFERRER DETAILS

Name:	Job Title/Relationship: Click to Input
Telephone:	Email:
Address (including Post Code): Click to Input	Other agencies working with the family: Are they aware of this referral? No

FAMILY / HOUSEHOLD DETAILS – Required for all referrals.

<p>Name: D.O.D/age: Age: Relationship: Illness/disability:</p> <p>Address (if different):</p> <p>Tel No (if different):</p>	<p>Name: D.O.D/age: Age: Relationship: Illness/disability:</p> <p>Address (if different):</p> <p>Tel No (if different):</p>
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Reason for Referral

Please provide information as much information as possible. Please include:

- The person using substances, substance used, impact on self and children and involvement with Addaction or BAS.
- The nature and extent of the caring role taken on by the young carer and the impact this is having on the young person in terms of emotional and physical development and their opportunities for social / recreational activities.

Additional Information

Is there anything else we should be made aware of such as mental health issues or risks to self or others? Young carers assessment.

If there is an existing Care Plan or Risk Assessment? Please provide a copy.