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| People Directorate, Children Services  Dudley Lighthouse Links  292 Stourbridge Road  Dudley, West Midlands, DY1 2EE  01384 812352  [www.Lighthouse.Links@dudley.gov.uk](http://www.Lighthouse.Links@dudley.gov.uk) | | | | DMBCLOGO.JPG | | |
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**Dudley Lighthouse Links**

**Referral Form**

**Child/Young Person Details:**

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| **Name:** |  | **Gender:** |  |
| **PIN:** |  | **Date of birth:** |  |
| **Ethnicity:** |  | **Age:** |  |
| **Care Address:** |  | **School:**  **Contact Person & Telephone No:** |  |

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| **Who has parental responsibility:** |  |
| **Date Child/Young Person became looked after:** |  |
| **Length of time in current placement:** |  |
| **Number of moves the Child/Young Person has experienced:** |  |
| **Number of placement moves in the last 2 years:** |  |
| **Does the child/young person have a permanency plan in current placement?** | ☐Yes ☐No |
| **Latest Health Assessment date:** |  |

**Services and Professionals currently involved**

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| **Agency / Service:** (e.g. CAMHS, EPS) | **Referral date:** | **Outcome of referral:** | **Current Involvement:** |
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| **Reason for referral:**  **Current presenting problem (what are you worried about?)** |
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| **Brief overview of historical background** |
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Are there indications of the following emotional/mental health difficulties? (Please tick)

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| --- | --- |
| Child/Young Person identifying difficulty in managing emotional/mental health: | ☐Yes ☐No |
| Generalised anxiety/social anxiety/panic attacks that are having a significant impact on their development: | ☐Yes ☐No |
| Obsessive, compulsive or repetitive behaviours that are intrusive to everyday life: | ☐Yes ☐No |
| Trauma based behaviours: nightmares, bedwetting, outbursts: | ☐Yes ☐No |
| Illogical fears: | ☐Yes ☐No |
| Long term low mood / depression and/or withdrawn: | ☐Yes ☐No |
| Self-harm / injury  If yes, please give details: | ☐Yes ☐No |
| Suicidal thoughts or risk taking behaviours  If yes, please give details: | ☐Yes ☐No |
| Eating difficulties: | ☐Yes ☐No |
| Sexually harmful behaviour: | ☐Yes ☐No |
| Relationship difficulties: | ☐Yes ☐No |
| Hearing voices: | ☐Yes ☐No |
| Significant oppositional/controlling or violent behaviour: | ☐Yes ☐No |
| Significant uncontrollable anger: | ☐Yes ☐No |
| Difficulty in emotional regulation: | ☐Yes ☐No |
| Drug and/or alcohol misuse: | ☐Yes ☐No |
| Disabilities: Physical or learning difficulties | ☐Yes ☐No |

Are there indications of placement instability? (Please tick)

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| --- | --- |
| Is there an indication of the placement ending in an unplanned way? | ☐Yes ☐No |
| Is there an indication of carer fatigue? | ☐Yes ☐No |
| Increased missing episodes? | ☐Yes ☐No |
| Violence or aggression within the relationship between carer and child/young person: | ☐Yes ☐No |
| Blocked care: | ☐Yes ☐No |
| Carer reporting difficulty in responding to emotional or behavioural presentation: | ☐Yes ☐No |
| Children at risk of Sexual Exploitation: | ☐Yes ☐No |
| Children/Young Person who have had multiple placement moves: | ☐Yes ☐No |
| Relationship breakdown within foster/residential placement: | ☐Yes ☐No |
| Are the carer’s able to meet the child’s presenting needs? | ☐Yes ☐No |
| Has the child/young person had any difficulties in school? | ☐Yes ☐No |

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| **Carer’s views:** Have you discussed your concerns/referral with the carers? What are their views? |
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| **Child/Young person’s views:** Have you discussed your concerns/ referral with the child/young person? What are their views (if appropriate)? |
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| **What is the child/young person’s understanding of their life story and future?** |
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| **How does the child/young person express and regulate their emotions?** |
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| **What are the strengths/protective factors? For example, resilient carers, good physical health of child, some positive relationships, etc** |
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| **What outcomes are you hoping for by the involvement of the Lighthouse Links Team** |
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| **Name of Referrer:** |  | **Date:** |  |
| **Role of Referrer:** |  | | |
| **Team:** |  | | |

Manager’s Signature (agreement to referral)

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| --- | --- | --- | --- |
| **Team Manager:** |  | | |
| **Signature:** |  | **Date:** |  |
| **Comments:** |  | | |

**ALL REFERRALS SHOULD BE SENT TO:** [Lighthouse.Links@dudley.gov.uk](mailto:Lighthouse.Links@dudley.gov.uk)