**The Lighthouse Referral Form**

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| **To avoid delay and referrals not being accepted please complete this form in full.** |

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| 1. **Referrer details:** | |
| Full name:  Department & job title: | Date of referral:  Borough: |
| Email:  Mobile No:  Landline No: | Alternate contact details/Manager  Name:  Email:  Phone No: |

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| 1. **DETAILS OF THE CHILD/YOUNG PERSON BEING REFERRED** | | | |
| Full Name: | | | |
| Prefers to be known as: | | | |
| Date of Birth: | Religion: | | Ethnicity: |
| Sex: | Gender identity: | | Sexuality: |
| Home address:  Residing borough/Looked after by:  Choose an item. | | Location and date of alleged of sexual abuse:  **IF IN LAST 7 days please refer to Havens/police immediately.** | |
| Preferred first language: | | Interpreter required?: Choose an item. | |
| NHS number: | | GP name & address: | |
| School/College name and full address: | | School/College Safeguarding Lead name: | |
| Known disability/ Additional needs: | | | |
| Email address of CYP: | | Mobile phone number of CYP: | |

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| 1. **PERSON(S) WITH PARENTAL RESPONSIBILITY (PR), please include all those with PR.** | | | | |
| Full Names: | | | Date of Births: | |
| Full address: | | | Email:  Mobile No:  Landline No: | |
| Relationship to Child/Young Person: | | | | |
| Gender: | Ethnicity: | | | Religion: |
| 1. **CONSENT- If referral has not been discussed with child/young person and their carers we will not be able to triage the referral** | | | | |
| Has this referral been discussed and agreed with the child/young person?  What are the hopes for the child/young person like from referral? | |  | | |
| Has this referral been discussed and agreed with those who have PR.  What are the carer’s hopes on being referred? | | Choose an item. | | |
| Do the CYP/carer/s agree for the Lighthouse to contact education/mental health or health services (school, nursery, college), before they attend the Lighthouse? | | Choose an item. | | |
| Has the CYP/Carer/s agreed for documents/assessments to be shared once completed, **before** they attend the Lighthouse? **Please include as agreed.** | | Choose an item. | | |

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| 1. **REASON FOR REFERRAL** | |
| **Summary of allegation / concerns** |  |
| **Time/date of sexual abuse:** |  |
| **Relationship to alleged perpetrator:** |  |
| **Date reported to police and outcome:** |  |
| **Are children's social care aware of incident of sexual abuse? If unknown please refer to relevant MASH and include details of referral.** |  |
| **Current plan/risk assessment (how do we know children are safe):** |  |
| **Child/Young person's current circumstances:**  **Who is in their home/caring for them?** |  |
| **Any other risks/concerns? (contextual and familial)** |  |
| **Please specify the support you would like to request for Child/Young person** | |
| **Criminal Justice Support/VRI:** | Choose an item. |
| **Mental health support:** | Choose an item. |
| **Health:** | Choose an item. |
| **Other:** |  |
| **Please give details of what support has the young person received in the past? Eg CAMHS** |  |

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| 1. **DETAILS OF INVESTIGATING POLICE OFFICER(S)** | | | | |
| **CRIS Number:** | | | | |
| Name: |  | Contact details: | | Stage of investigation: |
|  |  | Email:  Direct Mobile No:  Direct Landline No: | |  |
| **7. SAFEGUARDING/SOCIAL CARE STATUS AND CONCERNS** | | | | | |
| Is the CYP known to Social Care? | | | If yes:  Current status of child and support being provided:  History of social care involvement: | | |
| Allocated Social Worker | | | Name:  Email:  Direct Mobile No:  Direct Landline No: | | |
| Has a strategy discussion taken place regarding this referral? **If so please share 87a.** | | | Outcome and date: | | |

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| **8.PROFESSIONALS / AGENCIES INVOLVED (GP, CAMHS, Early Help, other)** | | |
| Agency: | Contact Name/Position: | Email:  Direct Mobile No:  Direct Landline No: |
| *Brief summary of involvement:* | | |
| Agency: | Contact Name/Position: | Email:  Direct Mobile No:  Direct Landline No: |
| *Brief summary of involvement:* | | |

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| **9.ALLEGED PERPETRATOR DETAILS IF KNOWN** | |
| Current whereabouts: | |
| Name: | Date of Birth or approximate age: |
| Any known risks:  *e.g. violent / threatening behaviour, weapons, mental ill health, contagious disease/s, substance misuse:* | |

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| **Date & time referral sent:** |  | | **Contact:** | **0203 049 0010** |
| **Please forward any attachments by secure email to:** | | thelighthouse.referrals@nhs.net | | |

***IN CASES OF CRIMINAL PROCEEDINGS THE POLICE MAY REVEAL THE EXISTENCE OF THIS RECORD TO THE CPS UNDER THE CRIMINAL PROCEDURE AND INVESTIGATION ACT 1996***