**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/ManagerName: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**
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| **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)**
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| **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***