

**SINGLE POINT OF ACCESS
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REFERRAL FORM**

Providing detailed information on this form helps us to quickly allocate to the most appropriate agency/service/team and prioritise where necessary. If there is insufficient information we may return the referral to you, which will result in delay for the family. Please telephone if you would like to discuss the case before making the referral. Please also phone for more information on our consultation service to professionals. Telephone: **DPA**

1. Details of the child or young person

Name: **Axel Rudakubana**.....

Ethnicity: Black African.....

Gender: **M** / F Date of Birth:07../....08../..06...

NHS Number:

Address: 10 Old School Close
Banks
Southport

Previous Surnames:

Main telephone number:

Other telephone number:

Post Code: PR9 8SB

Parent (s) / Carer's names:
Laetitia Muzayire (Mother)
Alphonse Rudakubana (Father)

Who has parental responsibility? Mother and Father

Parent's address if different from child:
Address:

Parent's contact number (Mum) **DPA**

Parent's alternative number: (Dad) **DPA**

Post Code:

School: Range High School

Year group Legal Status: ☐ Care of Parent ✓.....

- ☐ Care of Local Authority – Liverpool/Sefton/other
- ☐ Section 20 Voluntary Accommodated
- ☐ Full Care Order
- ☐ Interim Care Order
- ☐ Care Order places at home

Key School Contact: David Cregeen

Is there a statement of educational need? Y / **N**

**All educational referrals need a Pre-CAF
All referrals from Social Services need a CAF**

☐ Child In Need

- ☐ Child Protection Plan
- ☐ Other Carer – give details

Is there a CAF – Yes/**No** If Yes please enclose

Details:.....

2. Professionals involved

Please list all professionals with current contact details (phone and email)
The Police referred the matter as High Risk to Lancashire Social Services MASH.

3. Consent

- Has the referrer met with the child or young person?Please circle **Yes** / No
- Has child / young person given consent to referral? Please circle **Yes** / No
- Has parent / guardian given consent to referral? Please circle **Yes** / No
- Has the parent/young person consented to transfer of referral information to a CAMHS partnership agency if Please circle **Yes** / No

assessed as more appropriate for their needs

Young person's signature.....Parent signature.....

Referrals can only be accepted if the referrer has met with the child, who has given their consent if Frazer competent, and full parental consent is obtained . If consent is not possible please phone to discuss.

4. GP Details (if not referrer)

Address:

Doctor.....Medical Centre.....

Telephone Number:

Post Code:

5. Reason for Referral

Please give a detailed description of the child/young person's emotional/behavioural or mental health difficulties, what help they/their family are seeking and how you think our service can help. Please indicate the severity and frequency of the difficulties and how these difficulties impact on the young person and their family. **Please continue on a separate sheet if necessary:**

Axel had contacted ChildLine to say he was being bullied and had carried a knife to school on 10 occasions. ChildLine informed the Police who went to the family home on 07.10.19 to discuss the matter and reported it to School. Axel was spoken to about this in school and admitted that he had brought the knife in previously. When asked why, he said it was because he was being pushed around and that he would have used it to stab someone. Axel appeared to lack emotion during this time even though he knew the potential consequences of carrying a knife and using it on someone. The members of staff who interviewed him were very concerned about his mental state and extremely disproportionate response to incidents in school that were under investigation. Prior to this event, Axel had hit another pupil during a lesson and on receiving notification of a detention, was overheard saying, 'that's why teachers get murdered.' Axel dismissed this concern saying that he was referring to a comment from another pupil who had mentioned a teacher had been murdered last year. Axel said this, and bringing the knife into school, were not linked at all. However, it only adds to the concerns of the school regarding Axel and why he needs support, and quickly. Axel has not signed this form as he is currently suspended from school, however, his father emailed his and his son's consent for this referral to be made.

5a. Duration of the identified problems:1.month

6. Developmental Concerns

Please indicate if the child has any global learning disability or specific learning difficulties (state nature and severity). This may include reference to attention difficulties, social and communication difficulties and delays in reaching milestones.

.....NA.....

6a. Adaptations for appointments Does the child require adaptations for attending appointments? E.g. venue, time, translation.

.....NO.....

7. Family Composition

Please detail all relevant family members

Name	Age	Relationship to child	Currently live with child?
Ms Laetitia Muzayire		<u>Mother</u>	☐ ✓
Mr Alphonse Rudakubana		<u>Father</u>	☐ ✓
Dion Rudakubana	<u>15</u>	<u>Brother</u>	☐ ✓
			☐
			☐

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8. What interventions have the family already received? What was the outcome?

The Police advised the family on 07.10.19 to remove any Knives out of Axel's reach and monitor kitchen utensils. No direct interventions in school, in relation to the knife incident, as this matter was only brought to light on 08.10.19. In school, Axel was isolated after hitting another pupil and the matter was discussed with him. He was moved away from the boys allegedly causing him concern in lessons and teachers were informed and asked to remain vigilant. His father was contacted on 05.10.19 to discuss the concerning comments made about teachers being murdered.

Thank you for completing the form

All referrals are seen by an experienced clinician at referral.

Specialist CAMHS may assume duty of care re: Mental Health Issues,

at assessment. However referrals, once reviewed, may be signposted to CAMHS

partner agencies for appropriate ongoing intervention. We will inform the referrer of our decision to do this and expect the referrer to continue to hold duty of care during this transition.

Has the possibility of the referral being signposted to one of our partner agencies been discussed with the family

Yes

No

Please return the form to Fax:

I&S

Post: Single Point of Access

Alder Hey, Mulberry House,

Eaton Road,

Referrer Details

Name: David Cregeen

Profession: Teacher and DSL

Address: Range High School

Telephone Number: **DPA** Fax number:

Post Code: L37 2YN

E-mail dc@range.sefton.sch.uk

Date: 10.10.19.....

Referrer Signature: **SIGNATURE**