Lancashire Care NHS
NHS Foundation Trust

# Referral and Appointment Centre - Request for Involvement Form

**Please email request for involvement form to:** C&F.ReferralCentre@lancashirecare.nhs.uk
**Alternatively to:** lcn-tr.cfreferralcentre@nhs.net **Telephone No:** DPA **Fax No:** DPA
**Post to:** Referral and Appointment Centre - Room 216 (2nd floor), Innovation Centre, Haslingden Road, Blackburn, BB1 2FD

Referral Date: Click here to enter a date. ** are mandatory fields and must be completed*

| **SECTION 1 – SERVICE USER DETAILS (please provide details of child/young person)** | | | |
|---|---|---|---|
| NHS No*: | Date of Birth*: 07/08/2006 | | Gender*: Male |
| Title: Master | First Name*: **Axel** | Surname*: **Rudakubana** | Preferred Name: Axel |
| Address*: 10 Old School Close Banks Southport | | Postcode*: PR9 8SB | Tel No*: DPA Mobile No: DPA |
| School*: The Acorns School, 43 Ruff Lane, Ormskirk, L39 4QX | | Nursery*: | |
| Ethnicity: Black African | Language Spoken*: | Interpreter Required: ☐ Yes ☒ No | Factors affecting communication: |

| **SECTION 2 – PARENT/CARER/NEXT OF KIN/SIGNIFICANT OTHER DETAILS** | | |
|---|---|---|
| Name*: Alphonse Rudakubana | Relationship to service user*: Father | |
| Address*: 10 Old School Close, Banks,Southport | Postcode: PR9 8SB | Telephone No*: DPA Mobile No: DPA |

Does the parent/carer (shown above) have parental responsibility for the service user*: ☒Yes ☐ No

If the parent\carer does not have parental responsibility, please provide the name, address and contact number of the person who has parental responsibility (e.g. local authority, foster carer, social worker etc.) *:
**Name:**

**Address:**

**Contact No:**

Does the parent/carer with parent responsibility consent to the request for involvement* : ☒ Yes ☐ No

Does the young person (aged 16 or over) consent to the request for involvement *: ☐ Yes ☐ No

**Safeguarding:**
Is the service user on a Child Protection Plan/a Child in Need?* ☐ Yes CP Plan ☐ Yes CIN ☒ No CP Plan ☒ No CIN

**Please indicate type of care order (if known):**

Looked After Child\Child In Our Care .....☐

Interim care order .....☐

Full care order.....☐

Common Assessment Framework (CAF):
CAF open ☐ Yes ☒ No: (If CAF open please provide details below)*: CAF open for family

CAF No*: ……Name of CAF Lead*: …

**SECTION 3 - GP DETAILS**

| GP Name*: Dr Alison Trevor | GP Telephone No*: DPA |
|---|---|
| GP Surgery/Address: Roe Lane Surgery, Churchtown, Southport. PR9 7PN | |

**SECTION 4 - REFERRER'S DETAILS (details of person requesting involvement for the child\adolescent)**

| Referrer Name*: **Joanne Hodson** | Telephone No*: DPA |
|---|---|
| Organisation and Address*:<br>**The Acorns School**<br>**43 Ruff Lane, Ormskirk, L39 4QX** | Designation*:<br>**Deputy Headteacher** |

**SECTION 5 – REQUEST FOR INVOLVEMENT INFORMATION**

Which service(s) do you wish to refer the service user to (please tick relevant box(es) below)*:

| **Children's Integrated Therapies and Nursing Service (CITNS):** | **Child and Adolescent Mental Health Services (CAMHS): ☒** | **CAMHS:**<br>**Paediatric Learning Disability Service: ☐**<br>**Paediatric Learning Disability and Complex Needs Team: ☐** | **Children's Psychological Services (CPS): ☐** |
|---|---|---|---|
| Occupational Therapy……..☐ | | | |
| Physiotherapy……☐<br>Musculo-skeletal (MSK)……..☐<br>**Please note that these services are only available for children\young people in the following areas:**<br>Greater Preston, Chorley South Ribble and West Lancashire | | | |
| Speech and Language…..……..☐ | | | |

**For request for involvement to CAMHS Paediatric Learning Disability Service\Learning Disability and Complex Needs Service:**

Please provide evidence of Learning Disability (please enclose relevant information or detail below)*:

**SECTION 5 – REQUEST FOR INVOLVEMENT INFORMATION** ***(please note that boxes will expand as you type)***

Reason for request for involvement (professional and family concerns – please refer to cue card for referral criteria)*:

Axel was recently permanently excluded from his mainstream high school. He perceived that he was being targeted by a boy at school and had taken a knife into school on several occasions with the stated intention of using it.

Axel rang Childline, to tell them what was happening. Childline rang the police, who contacted school and home.

Axel started at The Acorns School on 17.10.19 and was placed on a part time timetable, in a small group of 3 pupils with a dedicated keyworker.

On 15.11.19 in his ICT lesson, the teacher found Axel searching school shootings in America. Dad was contacted but stated that Axel was following the lead of another learner in class. This is untrue.

Axel is now stating that he is being targeted by another learner in his class “like the boy at the other school”.

Please provide details regarding presenting difficulties*:

- There was significant lack of emotion and awareness with regards to Axel carrying a knife, implications in using one and the risk posed to himself and the school community.
- Poor social interaction and communication with teachers or peers in school
- No social interaction or friends outside of school. He is not involved in any gangs or inappropriate associations.
- Cannot make eye contact at all
- Rigid and inflexible thinking patterns

Please advise how this impacts on the service user (e.g. at school/nursery/home, distress, anxiety, behaviour etc.)*:

Axel has been excluded from his mainstream school. He is struggling to engage at The Acorns School and is starting to have the same issues with other learners as he did in his previous school.

What steps have been taken to address these concerns by family\other services\professionals and how effective have they been?*

1:1 sessions with a trusted member of staff in school to talk through his concerns. “Social stories”

What help are you looking for from the service?*

We would like Axel to be assessed for ASD

Risk factors for the service user (please provide details e.g. self-harm, suicidal ideation, eating\drinking\ swallowing etc.).

Are there any known risks for staff? ☐ Yes ☒ No (If Yes, please provide details below)*:

Axel has not displayed aggression towards any staff.

**SECTION 6 - OTHERS INVOLVED IN THE SERVICE USER’S CARE**

**HEALTH PROFESSIONALS:**

| Name: | Organisation: | Contact No: |
|---|---|---|
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| | | |
| | | |
| | | |

**SOCIAL CARE:**

| Name: | Organisation: | Contact No: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**EDUCATION (SCHOOL/NURSERY etc.):**

| Name: | Organisation: | Contact No: |
|---|---|---|
| Joanne Hodson | The Acorns School | DPA |
| | | |

| | | |
|---|---|---|
| | | |
| **VOLUNTARY GROUPS/SIGNIFICANT OTHERS/OTHER:** | | |
| Name: | Organisation: | Contact No: |
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| **SECTION 7 - Please include any attachments or supporting information here:** |
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