# LIFT (Local Integrated Family Team)

01824 706106

**We can only accept referrals where consent has been obtained from the parent or a person with parental responsibility.**

**This referral is for:**

[ ]  **LIFT**

# LIFT can provide advice and signposting, specialist consultation, assessment, formulation, and intervention for:

* Challenging behaviour that occurs in the home.
* The behaviour is NOT occurring in the context of a learning disability.
* The Child is not open or actively working with other specialist teams.

[ ]  **Disability Wellbeing Navigator (Denbighshire ONLY)**

DWN can provide information, advice and assistance to families who have a child or young person (0-25) with an additional need or disability to liaise/access appropriate support from education, healthcare, and social care professionals and from the voluntary sector.

**The referral and supporting documents can be emailed to:**

LIFT@denbighshire.gov.uk

**For full details of how we use your data please visit** [**www.denbighshire.gov.uk/en/privacy/privacy.aspx**](http://www.denbighshire.gov.uk/en/privacy/privacy.aspx)

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| **Referrer Details** |
| **Name:**  | **Relationship to child:**  |
| **Date of online contact form:** | **Contact Telephone:****Contact Email:** |
| **Professional:****LIFT Team member:****Date referral form completed:** |

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| **Child’s Home Address & Parent/Carer Contact Details**  |
| Home address & postcode |  |
| Contact telephone number(s) | Mobile:Landline: |
| Email address |  |
| Preferred contact time |  |
| Preferred method of contact | [ ]  Phone [ ] Text/WhatsApp [ ] Email [ ] Post  |

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| **Child’s Personal Details**  |
| Full name |  |
| Date of Birth |  |
| Gender |  | Ethnicity |  |
| Preferred language |  English / Welsh / Other | If Other, please state |  |

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| **Parental consent** |
| **Full Name of parent(s) / person(s) with parental responsibility:**  | **Full Name of parent(s) / person(s) with parental responsibility:**  |
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| **Have they given their consent to the referral being made to the Service?** | [ ]  YES[ ]  NO | **Have they given their consent to the referral being made to the Service?** | [ ]  YES [ ]  NO |
| **By giving consent, you agree for our team to request and share information regarding the child(ren) with agencies supporting the family in order to deliver our service.**  | [ ]  YES [ ]  NO |
| **Child / young person’s consent** |
| **Has the child / young person consented to the referral being made to the Service?** | [ ]  YES [ ]  NO |
| **If child refuses or is unable to give consent, please provide details:** |

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| **Details of Persons living in Child’s Household** |
| Name | Relationship to child/young person | Date of Birth | Has Parental Responsibility?Y/N | Disability/Mental Health |
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| **Significant Others – Not in Household**(Please list any significant others who are not listed in the household section above) |
| Name | Relationship to child/young person | Date of Birth | Has Parental Responsibility?Y/N | Disability/Mental Health |
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**Please give details of the child’s GP, Health Visitor, School Nurse, Paediatrician and any known health conditions or diagnosis. Please include the most recent health or clinic letters.**

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| **Details -**GP Name:GP Address:GP Contact Number:**Other -****Child’s health conditions or diagnosis –**  |

**Is the child on a waiting list or currently working with any other children’s services?**

**Have they previously been known to any services?**

**Please provide the relevant reports; we cannot decide eligibility without this information.**

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|[ ]  Early Years Nursing Team  |[ ]  Family Wellbeing Service  |
|[ ]  Child and Adolescent Learning Disability Service (CALDS) | [ ] [ ]  | Speech and LanguageOccupational Therapy  |
|[ ]  CAMHS |[ ]  Physiotherapy |
|[ ]  Sleep Clinic |[ ]  Paediatrician  |
|[ ]  Neurodevelopmental Services |[ ]  Other  |

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| **Please give further details of service input:** |

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| **Which school do they attend?** | [ ]  Primary [ ]  Secondary [ ]  Special [ ]  Educated at home |
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| **Details:** School:Year:**Who would be the best person to contact? (Teacher/Head of Year/ALNCo)**Contact information:  |

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| **Are they receiving any additional support at school?** |[ ]  Yes |[ ]  No |
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| **Details:**  |

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| **Social Care**

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| * Is the child/family under social services or have they been previously?
* Is the child/family under any child protection services or have they been previously?
* Does the child/family have any other social care teams involved or have they been previously?
 | [ ]  YES [ ]  NO[ ]  YES [ ]  NO[ ]  YES [ ]  NO |

**If you answered Yes to any of the above, please add details below:**  |
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| Details:  |

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|  **What matters to the child?** **What matters to the parent(s)/carer(s)/family?****What is the child/parent(s)/carer(s)/family’s strengths? What is currently working well?** **What are the barriers that prevent the child, parent(s)/carer(s) achieving what matters to them?** (e.g. significant life events, changes, stresses, bereavement, mental health concerns)**What are the risks if the child, parent(s)/carer(s) don’t achieve what matters to them?****Have the family accessed any of the following services?**

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| **Courses** | **Voluntary Services** | **Early Help Services** |
| [ ]  Solihull Online[ ]  Solihull Face to Face[ ]  Incredible Years[ ]  Nurturing Programme[ ]  Living with teenagers[ ]  Talking Teens[ ]  NVR – Non Violence Resistance[ ]  Cygnet[ ]  Early Bird[ ]  Other | [ ]  Integrated Autism Service[ ]  STAND NW[ ]  Barnardo’s [ ]  WCD Young Carers[ ] NEWCIS[ ]  Other | [ ]  Conwy Family Centres[ ]  Flying Start[ ]  Families First[ ]  Team around the family (TAF)[ ]  Family Link Workers [ ]  Other |
| **What worked well? What didn’t work well?**  |

**What are your main concerns around the challenging behaviour?** **Details:*** **Challenging behaviour:**
* **Physical aggression –**
* **Verbal aggression –**
* **Self-injurious behaviour –**
* **Disruptive behaviour –**
* **Sexually inappropriate behaviour –**
* **Property destruction –**
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* **Sleep pattern –**
* **Eating Pattern –**
* **Relationships –**
* **Peer relationships –**
* **Sensory concerns –**
* **Stereotypic/Repetitive behaviour –**
* **Motivation –**
* **School attendance –**
* **Substance misuse –**
* **Self-harm –**

**Other –**

LEASE COMPLETE

**Children and Young People’s CPG**

**Lone Worker Checklist**

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| **Section A – Risk identified prior to home visit**  |
| **Hazard/Risk Factor** | **Comments/Actions** | **Date and Signature** |
| Location/isolated area  |  |  |
| Access difficult  |  |  |
| Animals  |  |  |
| Violence/Domestic violence |  |  |
| Substance abuse  |  |  |
| Child protection/family issues  |  |  |
| Social services involvement  |  |  |
| Any other risk  |  |  |

**Note: If the assessment identifies significant risk, visits alone will not be permitted (See lone worker policy)**

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| **Section B – Identified risk post home visit**  |
| **Hazard/Risk Factor** | **Comments/Actions** | **Date and Signature** |
| Building conditions  |  |  |
| Communication difficulties e.g., mobile phone signal |  |  |
| Any other risk factors (please list)  |  |  |

**This check list should be placed in the individual’s file for access. If the individual circumstances/and or environment/location changes the assessment needs to be reviewed.**

**A full risk assessment should be completed as/if required**  [Risk Assessment Form](http://howis.wales.nhs.uk/sitesplus/861/opendoc/299808)