

THE LIONCARE GROUP

CONFIDENTIAL

RESIDENTIAL REFERRAL:

Please use block capitals

BASIC INFORMATION	
Name of young person	
Date of birth	
Legal status	
Referring authority	
Placements officer	
Social worker	
Date initial referral made	
Required admission date	
Name of LA contact	
Contact No. for follow up	
Person taking initial referral	

REPORTS TO BE ATTACHED (where possible)	Tick if enclosed
Case history <ul style="list-style-type: none"> ▪ Family composition ▪ Family history ▪ Chronology of social services involvement ▪ Details of previous care placements ▪ Current placement report ▪ Current care plan 	
Medical: <ul style="list-style-type: none"> ▪ Previous medical history ▪ Current medical issues 	
Professional reports: <ul style="list-style-type: none"> ▪ Psychiatric assessment ▪ Psychological assessment ▪ Report re: individual therapy sessions 	
Legal: <ul style="list-style-type: none"> ▪ Court reports ▪ Report from guardian ad litem ▪ Copy of care order 	
Education. <ul style="list-style-type: none"> ▪ Statement of special educational needs ▪ Report from educational psychologist ▪ Current school report 	

SPECIFIC INFORMATION

1. Reason For Referral To Residential Unit:

2. Type Of Education Provision Required:

3. Placement Plan:

- **General Aim:**

- **Immediate Plan:**

- **Long Term Plan:**

4. Family's View Concerning Referral:

5. The Young Person's View Concerning Referral:

6. Current Contact Arrangements: supervised, unsupervised, frequency, venue

7. Pending Court Work: (including expectations from residential team)

8. Cultural, Racial And Gender Issues That Need To Be Addressed

9. Hobbies, Interests, Likes And Dislikes

THE FOLLOWING WILL GIVE US A PEN PICTURE OF THE YOUNG PERSON

10. Presenting Behaviour:

Does this young person become depressed, angry, raging, cry, panic?

Does this young person display violence and/or aggression and if so to whom?

11. Ability to Maintain Own Boundaries / Respect Other's Boundaries:

12. Ability to Communicate:

13. Capacity For Concern, Empathy, Remorse:

14. Levels Of Delinquent Excitement:

(Do they set it up? Are they easily drawn in? Do they merge with others?)

15. Does This Young Person Disrupt The Functioning Of Others In A Group?

(How do they cope with group dynamics)

16. Signs of Self Harming / Self Destruction:

17. Safety Of Other Young People:

(Are there any risk factors to take into account?)

18.Ability To Play

19.Reaction to Situations of Separation / Loss

20.At What Emotional Age Do You Feel This Young Person Functions At?

21.On A Scale Of 1-10 Where Would You Place This Young Person's Level Of Self Esteem?

Please return this form and all relevant reports to:

Matt Vince,
Director,
The Lioncare Group,
Lioncare House,
58a Livingstone Road,
Hove BN3 1RJ.

T: 01273 720424
F. 01273 720836
E: info@lioncare.co.uk