

# LIFE Referral Form

Please return to: [life@lambeth.gov.uk](mailto:life@lambeth.gov.uk)  
Or post to Shaila Mahomed, Youth & Violent Crime Co-ordinator  
205 Stockwell Rd, SW9 9SL  
Fax to 020 7926 8624

<b>Referrer details</b>	Name:	Agency (if applicable):
Address:		Telephone No:
		E-mail:

<b>Child details</b>	Name:	Other Names:	<b>Male</b>	<b>Female</b>
Address:		Home Telephone:	DOB:	
	Post-code:	Other Telephone:	Age:	
PREFERRED LANGUAGE (other than English):				

<b>Is the child disabled (see guidance for definition)?</b>	<b>YES</b>	<b>NO</b>
Details		

<b>Family Details</b>	Mother:	Father:	Other Carer:
	Date of Birth	Date of Birth	Date of Birth
	Ethnicity	Ethnicity	Ethnicity
	Address (if different from above):	Address (if different from above):	Address (if different from above):
	Telephone:	Telephone:	Telephone:

<b>Other Children in household</b>	<b>1</b> Name:	<b>2</b> Name:	<b>3</b> Name:
	Age: M/F	Age: M/F	Age: M/F
	Date of Birth	Date of Birth	Date of Birth
	Relationship:	Relationship:	Relationship:
	Ethnicity	Ethnicity	Ethnicity
	<b>4</b> Name:	<b>5</b> Name:	<b>6</b> Name:
Age: M/F	Age: M/F	Age: M/F	
Date of Birth	Date of Birth	Date of Birth	
Relationship:	Relationship:	Relationship:	
Ethnicity	Ethnicity	Ethnicity	

<b>Current or previous social services involvement with any child, or adult, mentioned above</b> (Please provide brief details)
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<b>Educational Details</b>	Name of School (or other educational establishment): Please state if excluded and supply details of exclusion
Address:	
Main contact at school:	Telephone:

<b>Is the child receiving support under the SEN Code of Practice 2001?</b>	<b>YES</b>	<b>NO</b>
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Has the child received a police reprimand?	YES	NO	If yes, offence:	Date:
<b>Details of any other agencies involved with child (where known)</b>	Name:	Name:	Multi-Agency Allocation Group (MAAG) YIP YAP ISSP	
	Agency:	Agency:	Date of Referral / /	
	Telephone:	Telephone:	Decision	
	Details of Involvement:	Details of Involvement:	Details of Involvement:	

The following factors can be associated with the onset of offending. Please circle as many factors as you believe apply to the child being referred and provide evidence for each:

(NOTE: YISP staff should update/amend in a different coloured pen for easy identification)

**Living and Family Arrangements**

- Not living with Mother/father or both
- Harsh discipline at home
- Deprived household
- Family involved in crime/ASB
- Inconsistent supervision
- Unstable accommodation

**Statutory Education**

- Not in full time education
- Statement of SEN issued
- Regular non-attendance
- Difficulties with school work
- Bullies others at school
- Lack of attachment to school

<b>Evidence</b>	<b>Evidence</b>
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**Neighbourhood and Friends**

- Lives in a crime hotspot area
- Isolated location
- Lack of appropriate facilities
- Non-constructive spare time
- Known pro-criminal peers
- Few age-appropriate friends

**Substance Misuse**

- Known to drink alcohol
- Known to smoke tobacco
- Known to take drugs
- At risk of harm through use
- Sees substance use as a positive part of life

<b>Evidence</b>	<b>Evidence</b>
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**Emotional and Mental Health**

- Has condition that affects everyday life e.g. ADHD
- Significant Bereavement/loss
- Emotional Disturbance
- Referral has been made to mental health service

**Perception of self and others**

- Does not trust others
- Discriminatory towards others
- Victim of discrimination
- Inappropriate self-esteem
- Does not believe s/he commit anti-social acts

<b>Evidence</b>	<b>Evidence</b>
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What work has your agency (if applicable) been doing with the child to deal with the behaviour and risk factors identified above?

<b>Office use only:</b>	<b>Referral successful?</b>	<b>YES</b>	<b>NO (if No state reason)</b>
	<b>Added to waiting list?</b>	<b>YES</b>	<b>NO</b>

Verifiers Name:

Date:

Signature:

**Referral Number:**

Please complete this questionnaire. The information will help us to meet the diverse needs of our children and young people. All the information contained in this referral form will be treated in the strictest confidence.

Ethnicity		Religion (Optional)	
<b>White</b>		Christian	
British		Buddhist	
Irish		Hindu	
Any Other White Background		Jewish	
All White Groups		Muslim	
Irish Traveller		Sikh	
Traveller		Any other Religion	
Gypsy / Romany		No Religion at all	
		<b>Question Declined</b>	
<b>Mixed</b>			
White and Black Caribbean			
White and Black African			
White and Asian			
Any Other Mixed Background			
All Mixed Groups			
<b>Asian or Asian British</b>			
Indian			
Pakistani			
Bangladeshi			
Punjabi			
Any Other Asian Background			
All Asian Groups			
<b>Black or Black British</b>			
Caribbean			
African			
Other Black Groups			
All Black Groups			
<b>Chinese or Other Ethnic Group</b>			
Chinese			
Other Ethnic Group			
All Chinese or Other Ethnic Groups			
<b>Question Declined</b>			
<b>Please select these options if applicable</b>			
Refugee			
Asylum Seeker			