

**Leaving Care Safety Panel**

**Referral Form & Minutes**

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| **Name of young person** |  |
| **Date of birth** |  |
| **PIN** |  |
| **Personal Advisor** |  |
| **Team Manager** |  |
| **Date of referral** |  |

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| **REASON FOR REFERRAL** *(to be completed by the Personal Advisor)* | | |
| **Category** | **Concern** | **Evidence** |
| Homelessness – potential street homelessness, frequent tenancy breakdowns, poor contingency options |  |  |
| Significant mental health concerns – risky self-harm and any suicide risks |  |  |
| Self-neglect – poor hygiene, hoarding, dangerous living conditions due to poor maintenance |  |  |
| Risk of exploitation – including modern day slavery, trafficking, sexual and criminal exploitation, such as cuckooing, sex work |  |  |
| Risk of facing custodial time or due to be released from prison with potential risks |  |  |
| Risk of violence or abuse from others |  |  |
| Missing or refused communication with leaving care for more than 6 months |  |  |
| Significant risky substance misuse |  |  |
| Significant financial difficulties that have not been resolved through signposting or support |  |  |
| Young parents at risk of losing care of their child, i.e., through care proceedings |  |  |
| Exploitation – A separate Exploitation Indicator Form is required where there is a risk of exploitation |  |  |

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| **MANAGER’S OVERSIGHT** *(to be completed by the Team Manager)* | |
| Manager response including agreement to proceed to the Safety panel/need for immediate Adult Social Care referral/Enhanced Pathway Planning Meeting |  |
| Date |  |

**Safety Panel Meeting**

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| **Panel details** | |
| Date |  |
| Time | 09:30 hrs |
| Venue | Microsoft Teams |

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| **Panel members** | | | |
| Name | Agency | Attended | Apologies |
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| **Additional attendees (professionals working with young people)** | | | |
| Name | Role | Attended | Apologies |
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| **Discussion** | |
| **Update on previous actions** | |
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| **Updates since previous meeting** |
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| **What is working well?** |
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| **Any new concerns from YARE, ongoing work or review or partner agencies?** |
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| **What are the young person’s views?** |
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| **Action Plan** | | |
| Action | By who | By when |
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