**Referral for Care Leaver Safety Panel.**

|  |  |
| --- | --- |
| Name of Young Person  |  |
| Pin |  |
| Leaving Care Worker |  |
| Leaving Care Line Manager |  |
| Date of referral |  |

**Reason for Referral.**

Please complete the table below and bullet point any concerns/evidence you have for each section. Please put NA in the boxes that do not apply to your young person.

|  |  |
| --- | --- |
| 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. |  |

**Action for Worker**

Complete the table.

Send to Line Manager for their rationale.

**Action for Manager.**

|  |  |
| --- | --- |
| Date |  |
| Manager response including agreement to proceed to the safety panel |  |

Send to Helen Green (helen.green@derbyshire.gov.uk) for triage consideration for the care leaver safety panel