|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Name** |  | **Mosaic Ref** | |  |
| **Risk** | **Low** |  | | Please indicate the level of risk considered for this young person by an **X** in the appropriate box |
| **Medium** |  | |
| **High** |  |  |
| **Team Manager** |  | **Current : Social Worker** | |  |
| **Managers Audit case file Date** |  | **Care Status** | |  |
| **Involved YAS SW Name** | | Relevant | |  |
| Eligible | |  |
| Full care/ s20 | |  |
| **Chronology completed and up to date?** | |  | | |
| **Other agencies/professional involved.**  *Provide name and full contact details* | |  | | |

*The purpose of the checklist is to ensure there is a standard quality of work that is completed prior to a case being transferred out of YPIC/Court to YAS services. It is the responsibility of the transferring Team Manager to ensure that once a case is identified for transferring that they are responsible for the checking and audit of information that ensure the basic necessary information is available and correct.* ***This checklist should be e-mailed to the relevant manager within the transferring team for de-allocating the YPIC/Court SW and allocation of YAS worker at the point of transfer. The receiving team manager may return the case within 48 hours with their comments if there are areas unchecked.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHECKLIST TASKS** | **Yes / No** | **Comments** | | | |
| **Resource Panel/Transitions Panel last decision and timeframe** |  |  | | | |
| **Referral to Adult services/ outcome or likelihood of this being a need?** |  |  | | | |
|  |  |  | | | |
| **Passport** |  | **Nationality** | |  | | |
| **Location of**  **Original**  **Document** | |  | | |
| **Birth Certificate** |  | **Location of**  **Original**  **Document** | |  | | |
| **Scan uploaded**  **on to Mosaic** | |  | | |
| **Bank Account** |  | **Details -** | | | |
| **NI No** |  | Please confirm recorded on front screen of Mosaic | | | |
| **Savings** |  | *Provide details of where the savings are held* | | | |
| **YP current contact details and email address/ confirm updated on the front screen** |  |  | | | |
| **YP current college details/ confirm updated on the front screen** |  |  | | | |
| **Immigration Status confirmed**  *If yes, please tick as appropriate* |  | Discretionary Leave to Remain | |  | |
| Limited leave to remain | |  | |
| Exceptional Leave to Remain | |  | |
| Humanitarian Protection | |  | |
| Indefinite Leave to Remain | |  | |
| Application for Further Leave | |  | |
| Other: | | | |
| **Immigration Status Recorded on Mosaic on front screen up to date** |  |  | | | |
| **Immigration Documents Uploaded on to Mosaic** |  |  | | | |
|  |  |  | | | |
| **In their care history are there the following issues/ behaviours**  *Tick where appropriate* |  | Mental or Emotional Instability |  | Child Protection |  |
| Teen parent |  | Domestic Violence |  |
| Substance Misuse |  | Prison Resettlement |  |
| Abuse |  | Offending |  |
| Gang Involvement |  | Self Harming |  |
| High Placement breakdown |  | Suicidal Tendencies |  |
| Family Danger |  | Low Coping Skills |  |
| Vulnerable Adult |  | Challenging Behaviour |  |
|  |  |  | | | |
| **Are there any communication issues to be aware of?**  *Tick where appropriate* |  | Learning Disability |  | Reads English |  |
| Mental or Emotional |  | Writes English |  |
| Require BSL or an Interpreter | *Specify Language* | | |
|  |  |  | | | |
| **Immigration Issues Outstanding?** |  |  | | | |
| **Are they NRPF** |  |  | | | |
| **Are they ETE or NEET** |  | *Please provide details of ETE placement* | | | |
| **Are they eligible to claim benefits at 18?** |  |  | | | |
| **Will they be in ETE post age 18 yrs** |  |  | | | |
|  |  |  | | | |
| **Pathway Plan last reviewed (updated within last 3 months)** |  |  | | | |
| **Full Risk Assessment uploaded on Mosaic?** |  |  | | | |
| **Transfer Summary on file?** |  |  | | | |
| **Date of Handover Meeting between SW’s and the YP ( and TM’s discussion if complex)** |  |  | | | |
| **Last Visit written up / reflective/ next steps clear?**  **When is the next visit due?** |  |  | | | |
| **Last date of SOS supervision? Next steps clear?** |  |  | | | |
| **Up to date Child & Family Assessment?** |  |  | | | |
| **Up to date Case Summary within the last 3 months?** |  |  | | | |
| **Front screen cleansed of old data (Kim Tobin can assist) as receiving team cannot close front screen work down.** |  |  | | | |
| **Date for First step Transfer discussion booked for both SW’s ?** |  |  | | | |

|  |  |  |
| --- | --- | --- |
| **3 way meeting booked with young person, s/w and PA** |  |  |
| **YP booked to meet with 18+ Welfare Benefits Officer**  **(minimum one month prior to 18th Birthday?)** |  |  |
| **Housing application form completed** |  |  |

**CASE INFORMATION**

|  |  |
| --- | --- |
| Reason for being a ‘Looked After Child’  Family History and Dynamics  Case History  Health  Outcome | |
| Analysis (what is going on and what are the possible risks to manage this young person including what you conclude given the key factors. | |
|  | |
| REVIEW OF CURENT CARE/SUPPORT PACKAGE & PLACEMENT (include any panel decision and instructions to providers) | |
|  | |
| RECOMMENDATIONS POST AGED 18 YEARS | |
|  | |
| **Referring Worker** |  |
| **Date** |  |
| **Referring Team Manager** |  |
| **Date** |  |

All TRANSFERS TO HAVE COMPLETED AS MINIMUM THE TWO MINUTE RISK ASSESSMENT (below)

|  |  |
| --- | --- |
| HC_Logo_Greyscale | **Two Minute Risk Assessment**  **Leaving Care and Asylum Service** |

|  |  |
| --- | --- |
| **Young person:** | **Frameworki number:** |
| **Completed by:** | **Date completed:** |

|  | | | | **Score** |
| --- | --- | --- | --- | --- |
| 1 | Have you known the young person longer than six months? | Yes = 5 | No = 10 |  |
| 2 | If “yes”, do they have a known history of violence? (including domestic violence)? | Yes = 10 | No = 0 |  |
| 3 | Has the person become verbally abusive, or suddenly become quiet? | Yes = 10 | No = 0 |  |
| 4 | Has the person said he/she intends to become violent towards you or a colleague? | Yes = 10 | No = 0 |  |
| 5 | Does the person have or appear to have a problem with communicating or processing information? | Yes = 10 | No = 0 |  |
| 6 | Is the person a regular user or has ever appeared to be under the influence of drugs or alcohol? | Yes = 10 | No = 0 |  |
| 7 | Is the person’s body language hostile or aggressive? | Yes = 10 | No = 0 |  |
| 8 | Does the person have a history of mental illness needing hospitalisation or treatment by a CMHT? | Yes = 10 | No = 0 |  |
| 9 | Does the person have mental health that might affect their behaviour? | Yes = 10 | No = 0 |  |
| 10 | Are there anger management issues or verbal aggression? | Yes = 10 | No = 0 |  |
| 11 | Has the young person ever been involved in a situation whilst receiving services? | Yes = 5 | No = 0 |  |
| 14 | Does the person have sexualised of racist behaviour | Yes = 10 | No = 0 |  |
| 12 | Is lone working a threat to the allocated worker? | Yes = 10 | No = 0 |  |
| 13 | Is joint working recommended? | Yes = 10 | No = 0 |  |
| **TOTAL→** | | | |  |

|  |
| --- |
| **Scores of less than 35 are a low risk of violence,** **35-84 medium to high risk and 85-120 is a high risk. Medium to high risk requires FULL risk assessment.** |