|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Name & Team:** |  | **Date of referral:** | \*will be pre-populated on Mosaic |
| **Child/rens names** | \*will be pre-populated on Mosaic | **Dob(s)** | \*will be pre-populated on Mosaic |
| **Address:** | \*will be pre-populated on Mosaic |
| **Case Status:** PLO/ Proceedings | CIN ☐  | CP ☐ | PLO/ pre-proceedings ☐ | Care Proceedings ☐ |
| Do you consider any of the children to be Edge of Care? If so, who and why? |
| Please tick areas of need for each family member |
| **Family Member**Name and Age | DA Perpetrator Service | DA Victim Service | DA Adolescent | Substance Misuse | Mental Health | Specialist Adolescent worker |
| Assessment | Programme of work | Assessment | Programme of work | Assessment | Programme of work | Assessment | Programme of work | Assessment | Programme of work | Assessment | Programme of work |
| Joe Bloggs |  |  |  |  |  |  | x |  |  |  |  |  |
| Jane Bloggs |  |  | x |  |  |  |  |  | x |  |  |  |
| Jonny Bloggs |  |  |  |  |  |  |  |  |  |  | x |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Please provide a brief rationale for needs of each family member, what you want the intervention to achieve and state if they are aware the referral has been made:  |

**Solutions & Safe Pathways Forum Referral Form**

**PLEASE ALSO INCLUDE**

* **CURRENT CP/CIN PLAN**
* **CHRONOLOGY**
* **Any current or previous written agreements**
* **ANY RELEVANT ASSESSMENTS eg C&F, PA, EXPERT, PAMS, RISK**
1. **PLEASE SUMMARISE PREVIOUS INVOLVEMENT AND PLANS**

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1. **WHAT ARE THE RISKS TO THE CHILD AND HOW DO WE KNOW THIS?**

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1. **WHAT IS THE CHILD SAYING?**

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1. **WHAT IS THE PLAN FOR THE CHILD/REN?**

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1. **WHAT WOULD YOU LIKE LEGAL/CASE ADVICE ON?**

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**Record of Solutions & Safe Pathways**

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| **Attendees:**  |
| **Summary of Discussion:** |
| **Actions (SMART)** |
| **Review By:**  |

**Record of LAM ( For Completion at LAM)**

|  |
| --- |
| **Attendees:**  |
| **Threshold discussion at LAM:** |
| **Legal Advice:** |
| **Decisions:** |