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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
|  |  | |  |  | |  |  |  | |  |  |  |  | |  |  |
|  |  | |  |  | |  |  |  | |  |  |  |  | |  |  |
| 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)**

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