**Next Steps Referral Form** 

[ ]  Child Protection [ ]  Child in Need [ ]  Child Looked After

[ ]  Care Proceedings [ ]  Pre-Proceedings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child/ren  | Date of birth and age | Mosaic number | Ethnicity / Religion | Address |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Parents/Holders of Parental Responsibility/primary care givers |
| Name | DOB | Address  | Relationship to child |
|  |  |  |  |
|  |  |   |  |

|  |
| --- |
| What Specialist Assessment are you requesting?  |
| **Cognitive Assessment** *(has a Learning Disability Screening Tool been undertaken and what is the outcome of this?)* | Please give details |
| **Risk Assessment** *(please identify what risk assessment is required – domestic abuse/sexual abuse etc.)* | Please give details |
| **PAMS Assessment** *(has a cognitive assessment/LDSQ been undertaken, if so when and what was the outcome? What is the assessed IQ?)* | Please give details |
| **Consultation** *(please specify)* | Please give details |
| **Other** *(please specify)* | Please give details |

|  |
| --- |
| Brief reasoning as to why you require a specialist assessment/consultation? Why can this not be completed within a Social Work assessment? What do you want to gain from a specialist assessment? Are there any timescales that need to be met e.g. Pre-Proceedings/Court?  |
|  |

|  |
| --- |
| Have there been any previous expert assessments, if so, what were these, when were they completed, what were the recommendations and have the recommendations been followed, if so, what was the outcome?  |
|  |

|  |
| --- |
| Confirmation that this has been agreed by the Practice Manager/Group Manager or via Legal Gateway? Has this agreement been recorded on Mosaic case file? |
|  |

**Important Documents Required (please ensure that these are available on Mosaic):**

[ ]  LD Screening tool / LD referral form – uploaded to Mosaic

[ ] Previous specialist/expert assessment – uploaded to Mosaic

Social Worker’s Name:

Practice Manager’s Name:

Date form completed:

**Please email completed form to** **nextsteps@westsussex.gov.uk**