**Havering Multi-Agency Transitions to Adulthood Panel**

*Referral Form*

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| Referral forms for the Panel must be submitted to the Business Support Officer at least 5 working days prior to the date of the panel. Once a case has been submitted and accepted by the chair, a minimum of 5 working days’ notice must be given for cases to be withdrawn. It is expected that cases will only be withdrawn due to exceptional change of circumstances and these must be discussed with the Chair. Once the agenda has been circulated it will not be possible to withdraw a case. |

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| ***Details of person to be presented*** |
| ***Name*** *of Child/Young Person/Adult* |  | ***ID Number*** |  |
| ***Date of Birth***  |  | ***Age*** |  | ***Ethnicity*** |  |
| ***Gender***  |  | ***Religion***  |  |
| ***Identified Needs/Disability*** |  |

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| ***Details of professional presenting the case*** |
| ***Name*** *of professional presenting the case*  |  |
| ***Role***  |  | ***Team and Agency***  |  |

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| ***Details of current placement*** *(for Looked After Children or Care Leavers)* |
| ***Cost of current placement*** |  | ***Type of placement***  |  |
| ***Start date of current placement*** |  | ***Number of previous placements*** |  |
| ***Details of Support Package*** | What interventions are being provided (*Included any psychological interventions and practical interventions)*? |
| ***Strengths/Weaknesses of Current Placement*** |  Is there clear evidence that the placement is meeting the needs of the young persons? ( *if available this should include standardised assessment tools* )  |

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| ***Other Contributing Factors***  |
| ***Education, Employment or Training (EET) Status***  | Is the young person in Education/ Training and or Employment? What are the young person Employment and or Training aspirations?  |
| ***Activities of Daily living, is the young person able to engage in actives such as cooking, shopping, money management independently?***  |  |
| ***Any concerns regarding Education, Employment or Training?*** | Y / N  |
| *If yes, please provide details* |  |
| ***Any relevant health concerns (including mental health)?***  | Y / N  |
| *If yes, please provide details such as a confirmed Diagnosis, current treatment including medication*  |  |
| ***Any concerns regarding offending/anti-social behaviour or association with criminal activity?*** | Y / N |
| *If yes, please provide details* |  |
| ***Any concerns regarding substance or alcohol misuse?*** | Y / N |
| *If yes, please provide details such as the frequency and illicit substances used and the effect on daily function*  |  |
| ***Any concerns regarding Housing?***  | Y / N |
| *If yes, please provide details* |  |

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| ***Supporting Information***  |
| ***What are the positive/protective factors in this child/young person/adult’s life?*** |  |
| ***What is the long term plan?***  |  |
| ***Has this case been discussed at any other multi-agency or statutory panel?*** ***If yes, please tell us the outcome of this discussion*** |  |
| ***Is there any other information the panel should be aware of when considering this case?***  |  |