**Criteria for referral**

High cost to the authority No improvement

Escalation of problems

MULTI AGENCY SUPPORT PANEL Referral Form

Please complete and return to MASP@leicester.gov.uk

(Referral to be completed by Social Worker / Lead Professional and e-mailed to Panel Administrator **before 12.00 noon 7 days prior** to the arranged MASP meeting date (and updated assessment (if appropriate).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of MASP meeting: | | | | |  | | | | | |
| Social Worker / Key Worker /Lead Professional: | | | | |  | | | | | |
|  | | | | | | | | | | |
|  | | | Attached Yes | | | | | Attached No | | |
| \*\*Genogram | | |  | | | | |  | | |
| \*\* Chronology | | |  | | | | |  | | |
| Assessment (within last 3mths) | | |  | | | | |  | | |
| \*\* **Compulsory for social workers** | | | | | | | | | | |
| Current Status of child: | | | | | | | | | | |
| EH |  | CIN | |  | | CP |  | | LAC |  |

**Child / Young Person’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: |  | Given Names: |  |
| Dob or expected date of delivery: |  | Age: |  |
| Gender: | Male | Female |  |
| Address: |  | | |
| Post code: |  | Telephone number: |  |
| ID number: |  | Ethnicity: |  |
| Registered disabled: | Yes / No | | |

**Parent/ Child / Young Person’s Family Details (include siblings)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | D.o.B | Relationship to Child / Young Person | Ethnicity | First Language | Parental Responsibility |
|  |  |  |  |  | Yes / No / NA |
|  |  |  |  |  | Yes / No / NA |
|  |  |  |  |  | Yes / No / NA |
|  |  |  |  |  | Yes / No / NA |
|  |  |  |  |  | Yes / No / NA |

Please mark with **\*** any siblings subject to the same referral.

Please ensure details of extended family members and significant others are included on the form.

|  |  |
| --- | --- |
| **Has the family/ young person give permission for this referral to the panel? If not, why?** | Yes / No |
|  |  |
|  | |
| **NB: If high cost resource please provide details and costings eg) MST, Respite** | |
|  | |

|  |  |
| --- | --- |
| **Reasons for referral / current situation** – What are you worried about?  **Include:** children and families’ views, their strengths, the risks, has the case stepped up or down – the child’s journey, does the child or any family member have any additional needs/vulnerabilities? | |
|  | |
| **What are the protective factors?** | |
|  | |
| **What are the views of the child/young person/parent/carer?** | |
|  | |
| **Significant Events in the last 12 months** | **Date** |
|  |  |
| **Services currently working with family** - (Include what has been tried before, give dates – did it work, if not, why not?)  **Services:** | |
|  | |
| **What has been tried before?** | |
|  | |
| **If it didn’t work, why not?** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Resources requested**:  Please describe what outcomes you wish to achieve?  The impact you feel these resources would have?  Include the child/ young person’s and family’s view, and are they willing to engage? | | | |
|  | | | |
| **Who needs to attend the panel** | | **Attended** | **Apologies** |
| **Name** | **Organisation** |  |  |
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| **Panel Discussion:** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Panel outcome** – (Tick all that apply)   **NB: you must complete the Panel outcome actions within the timescales set to prevent delay/drift** | | | |
| A | Resources agreed (Please state Providers) also include timescales for completion of referrals | |  |
| B | Case Step Down to EH (Identify/recommend Lead Agency (Include timescales) | |  |
| C | Case Step Up to CIN (include timescales) | |  |
| D | Convene Family Group Conference (Include timescales) | |  |
| E | Progress to CP (Include timescales) | |  |
| G | Refer to Leicester Access to Resource Panel ( Social Worker completes section A) include timescales | |  |
| I | Other | |  |
| Panel review date (if required):- | |  | |

# Only complete this section pending outcome of MASP

# SECTION A

# REQUEST FOR LEICESTER ACCESS TO RESOURCES PANEL

|  |  |
| --- | --- |
| **Why is the case coming to Panel?**  **** | |
|  | Agree resources – High cost\* |
|  | Agree recommendations to initiate proceedings |
|  | Approval for all requests for Sec 20 – accommodations, including respite\*\* |
|  | Approval for all recommendations to place a child with parents  (Placement with Parent Regs.) \*\* |

\*Attach Care Plan

\*\*Attach Care Plan and Placement with Parents Regulations Report

|  |  |  |
| --- | --- | --- |
| **Who will be attending Panel?** | | |
| **Name** | **Email** | **Telephone** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Overview of what you wish panel to consider - (include any updates since presentation at MASP)** |
|  |

|  |
| --- |
| **Summary of Panel discussion** |
|  |

|  |
| --- |
| **Outcome of Panel – all actions should have a timescale attached to prevent drift/delay** |
|  |

|  |  |
| --- | --- |
| **Signed by Social Worker:** |  |
| **Signed by Service Manager** |  |
| **Signed by Head of Service** |  |
| **Date:** |  |