

Transitional Safeguarding Panel Referral

(This referral will not be processed unless the form is completed in full)

Panel Date	/ /		
Presenting Officer Name		Role	
Team/Service/Agency		E-Mail	

Service User Name			
Address		Tel No.	
NHS Number		Ethnic Origin	
Date of Birth	/ /	Age	
Protocol Reference No		RiO Ref No.	

Service User Context <i>(Context of the young person for example: age, ethnicity, culture, lived experiences, mental health or social care intervention, CIN,CP, CiC plan and legal status pen picture of themselves)</i>			
Service User consent to referral	Y/N	Service User attendance at Panel	Y/N

Family Composition (please provide details below)

Name	Date of Birth	Age	Relationship	Employment Details	Siblings opened to Children Services (Y/N)

Information held

<p>Outline of how the young person is currently supported, please set out the role of all agencies involved.</p>	
<p>Identify areas that would support transition and preparation into adulthood</p>	
<p>Does the young person have 2 or more stable and loving relationships or any other potential lifelong relationships that can be explored/supported</p>	
<p>Please outline any potential gaps in service provision that may impact on the young person's journey into adulthood safely.</p>	
<p>What is the young person's accommodation/Housing situation?</p>	
<p>Home office status/NRPF etc</p>	

Service User's Plan

Please identify which are the views of the worker and which are the views or input of the service user.

<p>Identified Risks (including contextual Safeguarding, transitional safeguarding, mental health and wellbeing context)</p>	
<p>Identified Needs</p>	

<p>Please indicate what the panel is being asked to consider with specific reference to service provision and/or blockages</p>	
<p>What would be a good outcome for this young person</p>	
<p>Any Additional Information</p>	

<p>Line Managers Comments</p>			
<p>Line Manager Signature</p>		<p>Date</p>	<p>/ /</p>