**Haringey Multi-Agency Solutions Panel (MASP)**

**Referral Form**

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| **Residents Name**  |  |
| **Residents Date of Birth** |  |
| **Residents Address**  |  |
| **Residents contact number / email** |  |
| Please do not assume the answers to the following questions even if you think it is obvious, please ask the resident and use their words to complete the questions. |
| **Gender** |  | **Sexuality** |  |
| **Ethnicity** |  | **Nationality** |  |
| **Religion** |  | **Disability/Long-term conditions** |  |
| **First Language/ Language Needs** |  |

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| --- | --- |
| **Referrer Name**  |  |
| **Role and Organisation** |  |
| **Contact number and email address**  |  |

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| **Please provide an overview of the resident’s current circumstances, including what is important to them, their strengths and goals, as well as areas of concern and risk:** |
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| **Please describe the support/input that you would like the MASP to offer:** |
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| **Please let the panel know about other agencies, services or supporters working with this resident:** |
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| **Please describe any concerns related to the safety of workers that the panel should be aware of:** |
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**Referral Checklist**

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| --- | --- |
| Has a multi-agency risk assessment been completed?  | Yes/No |
| Has the risk assessment scored 6 or higher?  | Yes/No |
| If the score was between 6-12, has a multi-agency case discussion been held?  | Yes/No |
| Have actions from this meeting failed to reduce the risk of harm?  | Yes/No |

**If you have answered ‘No’ to any of the above questions, you should not refer into the MASP at this time.**

**Please ensure the risk assessment tool is sent with the referral.**

Please email the completed referral to MASP@haringey.gov.uk at least 6 working days prior to panel. Please password protect any documentation if not sent via a secure email account.