|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| LL ID |  |
|  |  |
| Date of referral to Evolve |  |
| Allocated Evolve SW |  |
| Date of CSE Risk assessment & Outcome |  |
| CSE tool and Direct work plan Attached | YES/NO |

**EVOLVE**

**Reason for referral to Evolve** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**CSE History** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

|  |  |
| --- | --- |
| Core groups attended    Direct work sessions completed | Date:  Date:  Sessions undertaken: |
| What are we worried about?  Risks, Concerns and Barriers. |  |
| What is working well?  Including intervention completed. |  |
| What needs to happen?  Including planned intervention/direct work and review time scales. |  |
| Parenting Capacity |  |
| Mapping including Concerning Relationships/Associates  and Locations | Name ……DOB/Age….LL ID………  Additional information………………………………………………………  Name ……DOB/Age….LL ID ……  Additional information………………………………………………………  Name ……DOB/Age….LL ID ……  Additional information……………………………………………………… |
| Is an exclusion Required  Has reported been Shared | Yes/No – If Yes telephone discussion with chair required 24 hours prior  Parents: Yes/No  Young Person: Yes/NO |

**Child’s views**……………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Parents Views** ………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Social workers Analysis**…………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Social worker: Name……………….……………… Date………………..**

**Team Manager Oversight**

………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Name**……………….………………  **Date**………………..