|  |  |
| --- | --- |
| 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/NoYoung Person: Yes/NO  |

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

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

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

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

**Team Manager Oversight**

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

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