|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \\Home\StoZ\Siddrah.Farid\Desktop\Random\Logo.pngImage result for oldham council logo

|  |
| --- |
| **AIM Strategy Meeting Referral Form** |
| **Please send completed form to****CSC Leads****Claire Rinaldi** **Claire.Rinaldi@oldham.gov.uk****Rima Zafrin** **Rima.Zafrin@oldham.gov.uk****YJS Lead** **Nicola Holmes-** **NicolaHolmes@positive-steps.org.uk****CSC strategic lead Andrea Worthington-** **andrea.worthington@oldham.gov.uk** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s name:** |  | **Role of Referrer:** |  |
| **Contact Telephone Number (inc Extension + Mobile):** |  | **Date:** |  |
| **Agency:** |  |
| **Address:** |  |
| **Name of** **child/YP :** | **Home address + phone No or Placement Details** | **Male or Female** | **DOB** | **PID No**  |
|  |  |  |  |  |
| **Any diversity needs for the child/young person:** |
| **YP’s/Family’s first Language?****Will an interpreter be required? Yes No**  |  |
| **Other household members/parent’s/carers/significant others** |
| **Name**  | **Relationship**  | **Male or Female** | **DOB** | **Contact number**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **REFERRAL CONCERNS; Details of sexual behaviour, chronology of allegations and specific incidences of inappropriate sexual behaviour** |
| **Background information (Lived experiences, ACE’S, discontinuity of care, domestic abuse, reason for CSC involvement and status i.e., CIN, CP, CLA)****Home circumstances (genogram, relationship status, protective factors, any contact with adults who pose risk, past or present)****General Behaviour** **(any aggressive behaviour or strengths)****Education/Leisure (which establishment, any hobbies, interests, strengths, protective factors, isolation concerns)****Peer relationships (Age-appropriate friendships, positive/negative influences, was behaviour peer led?)****Emotional/Mental & physical health (taking any medication, any current previous involvement with services such as CAMHS?)****SEN (any additional needs, suspected or diagnosed, functioning age, EHCP plan)** |
| **Is there an ongoing police investigation?** | **Yes No****bail dates:****Released under investigation: Yes No****Awaiting CPS decision: Yes No** |
| **Date of initial strategy discussion:****Outcome of initial strategy discussion:** |
| **Young Person’s views on their situation? (in denial, accepting of some responsibility, prepared to engage in intervention, struggling emotionally)** |
|  |
| **What are the parent/carers/family’s views?** |
|  |
| **Action plan following AIM strategy discussion:** |
|  |

 |