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

**Referral Form**

Note: To help ensure that your referral is coming to the right place we have provided an outline of what each of the four multi-agency panels In Haringey supports. You can also refer to appendix 1 Multi-Agency Panels in Haringey for more information.

MASP: Complex needs/risk

MAPPA: Sexual and Violent Offenders

MARAC: Domestic Abuse

CMARAC: ASB/Crime

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  | | |

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

|  |
| --- |
| **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:** |
|  |
| **Please describe the support/input that you would like the MASP to offer:** |
|  |
| **Please let the panel know about other agencies, services or supporters working with this resident:** |
|  |
| **Please describe any concerns related to the safety of workers that the panel should be aware of:** |
|  |

**Referral Checklist**

|  |  |
| --- | --- |
| 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? Has there been challenges in initiating this meeting? | 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. However, if you have attempted to hold a multi-agency meeting but this has proven unsuccessful then the referral can be made.**

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

Please email the completed referral to [MASP@haringey.gov.uk](mailto: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.