# Step Up/Step Down Referral Form

This form should be completed for every case which will be presented to the Step Up/Step Down meeting. Meetings will be held on a Wednesday and this form should be completed by the Lead Person/relevant worker by 4pm on the Wednesday prior to the meeting the following week, to enable the agenda to be sent out to all relevant attendees by 12pm on the Monday. Send completed forms to [AdminCreweCiN&CP@cheshireeast.gov.uk](mailto:AdminCreweCiN&CP@cheshireeast.gov.uk) for cases open to Crewe CiN/CP or [MacclesfieldCIN&CPAdmin@cheshireeast.gov.uk](mailto:MacclesfieldCIN&CPAdmin@cheshireeast.gov.uk) for cases open to Macclesfield CiN/CP. Rationale to be completed by the chair/minute taker of the meeting.

**Bottom lines for ANY case to be considered at Step Up Step Down Meeting:**

* Authorised C&F Assessment.
* Visit to family recorded within the last 4 weeks.
* Plan (if there has been one since assessment) within the last 4 weeks.
* Record that the family have been spoken to and agree with support from Early Help / Social Care.

|  |  |  |  |
| --- | --- | --- | --- |
| Step up  please tick |  | Step down  please tick | Please evidence here what discussions have been held with the professionals already involved and the reasons the case has now required presentation at SUSD? |
| Child’s Name |  | DOB |  |
| Date of meeting |  | Liquid Logic number |  |
| Child’s school /setting |  | | |
| Current worker and team |  | | |
| Contact details  Phone & email |  | | |
| Chronology  attached |  | | |
| Date of referral |  | | |
| Date of completion of C&F |  | | |
| Date of Last CIN meeting |  | | |
| CIN meeting members agree to step down include summary of their views. |  | | |
| EH cases Group supervision  held on |  | | |
| Summary of Reasons for Step up/Step down and intervention so far. |  | | |
| Wellbeing Statement & Safety Goals |  | | |
| Members of the network |  | | |
| Practitioners signature & date |  | | |
| Line Managers signature & date |  | | |
| Accepted Yes/No  & Rationale  Completed by Chair of Meeting | **What’s working well**  **What are we worried about**  **What needs to happen** | | |
| What if….  Is there a need for a contingency plan if parents with draw consent |  | | |
| Chairs signature & date |  | | |

V4 – 15.4.21