**Safeguarding Adults Complex Cases Group (SACCG)**

**Referral Form**

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**Please complete this document including as much information as possible and send this to:**

**Joanne Kitching** **joanne.kitching@lbbd.gov.uk**

**Rita Modza** **rita.modza@lbbd.gov.uk**

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| **Date** |  |

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| **When did the last multi-agency meeting chaired by the team manager take place to attempt to address the issues and was a clear plan agreed?** | Include date |

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| **Please select which one applies** |
| This is an Initial Referral for Risk Identification |  |
| This is a Follow up Referral for Risk Monitoring |  |
| This is a Final Referral for Risk Review |  |

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| **Details of referred person**  |
| Full Name |  |
| Liquid Logic Number |  |
| NHS number |  |
| RIO number  |  |
| Date of Birth |  |
| Address |  |

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| **Details of person making referral**  |
| Name |  |
| Job title |  |
| Organisation, service area and team |  |
| Email address |  |
| Contact numbers |  |

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| Has the adult been made aware of this referral?  | YesNo |
| If not, please explain why? |  |

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| Do you have consent from the adult to share information with partner agencies? | YesNo |
| If not, please explain why? |  |
| Other adults or children are at risk | YesNo  |
| If yes, please explain |  |

**Chronology (this must be completed)**

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| **Date**  | **Event / incident** | **Impact** |
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| **Background information (please describe the key issues, concerns and strengths that have led to this referral in no more than 350 words)** |
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| **What outcomes does the adult want from the process? (Making Safeguarding Personal)** |
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| **Please name the four main risks to the service user and/or others that have led to this referral** |
| 1.2.3.4. |

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| **What has been done to minimise the risks above?** |
| 1.2.3.4. |

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| **Decision to be considered at the meeting (what are some of the things that you would like the group to think about)** |
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| **Family / carer details** |
| Name | Relationship  | Address | Contact Details |
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| **Are there any children under the age of 18 that have a relationship with the referred person or live in the household (this could be the person’s own children, step-children or other children that are living in the household or living elsewhere)?**  |
| Name of child | Relationship  | Address | Social Worker or Support Worker Name and contact (if relevant) |
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| **Agencies involved in the case to date** |
| Name & job title  | Agency / Organisation | Email address | Contact number |
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| **Checklist** Please tick the actions that have been taken. | Please tick all that apply & state the dates where requested |
| Ensure that you have raised a safeguarding concern and state the date this was done.  | Include date |
| Is the assessment, care and support plan and appropriate risk management plan up to date?  |  |
| Does the assessment, care and support plan and appropriate risk management plan identify risk and what has been done to manage the risk? |  |
| When was a risk assessment undertaken? | Include date |
| When was the last Mental Capacity Assessment (MCA) completed with regards to the person’s capacity to make the decision to be considered at the panel? | Include date |
| Does the team manager agree to a referral being made to the group? |  |
| Does the referral identify the decision to be made at the group? |  |

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| **Documentation provided** | Please tick all that apply  |
| Referral form |  |
| Multi-agency meeting minutes |  |
| Reports (where relevant) |  |
| Copy of assessment, care and support and appropriate risk management plan or equivalent. |  |

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| **Line Manager Sign Off** |
| Name:Job Title:Date:Line manager comments: |