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

**Referral Form**

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**Please complete this document to the best of your ability including as much information as possible and sent this to:**

**Liana Kotze** **liana.kotze@lbbd.gov.uk** **and Joanne Kitching** **joanne.kitching@lbbd.gov.uk**

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| **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 |

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| Do you have consent from the adult to share information with partner agencies? | YesNo |
| If no, what is your rationale for presenting this case to the group without the consent of the adult? | Best interest decisionOther adults or children are at risk A crime may have been committed |
| Other (please describe) |  |

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| **Background information**  |
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| **What outcomes does the adult want from the process? (Making Safeguarding Personal)** |
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| **Summary of risks to be considered by the group** |
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| **What has been done to minimise risks?** |
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| **Decision to be considered at the panel** |
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| **Family / carer details** |
| Name | Relationship  | Address |
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| **Agencies involved in 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 |
| 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 |
| 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. |  |