**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**](mailto:liana.kotze@lbbd.gov.uk) **and Joanne Kitching** [**joanne.kitching@lbbd.gov.uk**](mailto:joanne.kitching@lbbd.gov.uk)

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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 | Yes  No |

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| Do you have consent from the adult to share information with partner agencies? | Yes  No |
| If no, what is your rationale for presenting this case to the group without the consent of the adult? | Best interest decision  Other 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. |  |