



## High Risk Adults Panel (HRAP) Referral Form

|                         |          |
|-------------------------|----------|
| <b>Date of Referral</b> | 12/06/23 |
|-------------------------|----------|

### Referrer Details

|   |  |
|---|--|
| <b>Name (of person making referral)</b>   | Mick Mouse   |
| <b>Name of your agency</b>                | Change Grow Live   |
| <b>Position</b>                           | Recovery Coordinator   |
| <b>Your email</b>                         | <a href="mailto:Mick.mouse@cgl.org.uk">Mick.mouse@cgl.org.uk</a>     |
| <b>Your telephone number</b>              | 07900000000  |
| <b>Name of manager approving referral</b> | Sarah Valums   |
| <b>Manager's email</b>                    | <a href="mailto:Sarah.valums@cgl.org.uk">Sarah.valums@cgl.org.uk</a> |
| <b>Manager's telephone number</b>         | 07911111111  |

### Details of Person being Referred

|   |  |              |     |
|---|--|--------------|-----|
| <b>Name:</b>  | Joe Bloggs   |              |     |
| <b>Address:</b>   | No Fixed Abode   |              |     |
| <b>Date of Birth:</b>   | 01/01/1991   |              |     |
| <b>Gender Identity:</b>                                       | Male   |              |     |
| <b>Lives in rented accommodation?</b>                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> |              |     |
|   | If Y please provide landlord's details:  |              |     |
| <b>Do they have any communication needs? e.g. interpreter</b> | No   |              |     |
| <b>GP Name &amp; Address:</b>                                 | Dr Brown<br>Whitehouse Surgery<br>Stockton-on-Tees   |              |     |
| <b>Number of Dependent Children:</b>                          | 0  | <b>Ages:</b> | N/A |

### Key Family Members and Associates

| Name      | Relationship to the Individual | Address | Does this relationship pose a risk to the individual? (if Y provide details in the referral section) |
|-----------|--------------------------------|---------|--|
| Not known |                                |         |  |

### Reason for Referral – Identification of Risks

|   |
|---|
| <b>Briefly outline the reasons for your referral – What are you worried about?<br/>Please structure this section by providing relevant background information and considering the VOLT model looking at the Victim, Offenders, Location and Time.</b>   |
| <p>Joe has been known to substance misuse services since 2016 he has engaged sporadically and dropped out of treatment on 5 occasions leading to closure after long re-engagement efforts during this period. During all treatment journeys with ourselves he has received Opiate Substitute Therapy (OST) and struggled to maintain the regime of attending pharmacy daily to collect this medication, regularly missing doses each week. When he disengages from substance use services there are no professionals working with him as he has currently failed to engage with adult safeguarding team and isn't working with housing to obtain a property.</p> <p>Joe has been in structured treatment with substance misuse services since he was 24 years old. His current drug use is variable and concerning in nature as Joe will use any substance he can afford or obtain without considering his own safety/consequences. Joe has had multiple non-fatal overdoses (NFO) and self-discharged from hospital following these. Post NFO substance use services have attempted to outreach Joe to give harm reduction, overdose, and tolerance advice to no avail.</p> <p>Joe is currently No Fixed Abode, he has had multiple placements from housing which have ended for various reasons, such as eviction for substance misuse, drug dealing, rent arrears, non-compliance with house rules, non-engagement, abandonment.</p> <p>Joe was diagnosed with autism spectrum disorder (ASD) as an adult and this present itself in Joe being unable to identify risky situations, understand healthy friendships/relationships and mitigate risks around people taking advantage of this vulnerability. Joe has no contact with any family and doesn't name friends.</p> |

### Mental Capacity:

|  |
|--|
| <b>Do you have concerns about the mental capacity of the individual in relation to the risks identified?</b> |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| (Please refer to <a href="#">Mental Capacity Act Code of Practice</a> for guidance)                          |

### Key Locations of Risk

|   |
|---|
| <b>Are there any addresses, locations which are a key risk to the individual?</b>   |
| Stockton Town Centre – due to being no fixed abode. Joe spends a lot of time in the town centre where people are known to seek him out. |

### Actions Taken to Reduce Risk

|   |
|---|
| <b>Briefly outline the multi-agency work/meetings that have been held to date e.g. Multi-Disciplinary Team meetings, Safeguarding, MARAC, MATAAC etc. and the frequency of interventions - what were the outcomes?</b>  |
| <ul style="list-style-type: none"><li>• Joe is open to adult safeguarding but fails to engage in the offer and the named social worker is unable to contact successfully. A strategy meeting has been held because of ongoing concerns from multiple agencies all of which are struggling to engage Joe and the NFO becoming regular.</li></ul> |

- Substance misuse services have held regular in-house MDT meetings to attempt to manage substance use risks.
- NFO outreach attempted unsuccessfully.

### Think Family

**Are there any risks to children or other vulnerable adults in the home or through coincidental contact?**

N/A

**Is the person aware of this referral? What are their views about their situation and the risks? What are their desired outcomes?**

Due to being unable to engage with Joe at present consent has not been sought.

**As the referrer what are your views about the situation/risks and what are your desired outcomes?**

We as a service believe that Joe is at huge risk of death by misadventure due to increasing non-fatal overdoses and his lack of concern for own wellbeing around risks. He cannot identify his own risks and as a result isn't able to safeguard himself.

**Desired Outcomes:**

- Appropriate housing provided
- Professionals working together
- Consideration for capacity assessment

Please email your referral securely to the appropriate Local Authority area:

Hartlepool - [iSPA@hartlepool.gov.uk](mailto:iSPA@hartlepool.gov.uk)

Middlesbrough - [adultaccessteam@middlesbrough.gov.uk](mailto:adultaccessteam@middlesbrough.gov.uk)

Redcar & Cleveland - [AccessAdultsTeam@redcar-cleveland.gov.uk](mailto:AccessAdultsTeam@redcar-cleveland.gov.uk)

Stockton-On-Tees - [SMAAdultProtection@stockton.gov.uk](mailto:SMAAdultProtection@stockton.gov.uk)

For further information and guidance about the High Risk Advisory Panel, please visit:

<https://www.tsab.org.uk/key-information/policies-strategies/>