

 **High Risk Adults Panel (HRAP) Referral Form**

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| **Date of Referral** |  |

**Referrer Details**

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| **Name (of person making referral)** |  |
| **Name of your agency** |  |
| **Position** |  |
| **Your email** |  |
| **Your telephone number** |  |
| **Name of manager approving referral** |  |
| **Manager’s email** |  |
| **Manager’s telephone number** |  |

**Details of Person being Referred**

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| **Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Gender Identity:** |  |
| **Lives in rented accommodation?**  | **Yes [ ]  No [ ]  Unknown [ ]** **If Y please provide landlord’s details:** |
| **Do they have any communication needs? e.g. interpreter** |  |
| **GP Name & Address:** |  |
| **Number of Dependent Children:** |  | **Ages:** |  |

**Key Family Members and Associates**

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| **Name** | **Relationship to the Individual** | **Address** | **Does this relationship pose a risk to the individual?** (if Y provide details in the referral section) |
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**Reason for Referral – Identification of Risks**

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| **Briefly outline the reasons for your referral – What are you worried about?****Please structure this section by providing relevant background information and considering the VOLT model looking at the Victim, Offenders, Location and Time.**  |
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**Mental Capacity:**

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| **Do you have concerns about the mental capacity of the individual in relation to the risks identified**? |
|  **Yes [ ]  No [ ]** (Please refer to [Mental Capacity Act Code of Practice](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) for guidance) |

**Key Locations of Risk**

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| **Are there any addresses, locations which are a key risk to the individual?** |
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**Actions Taken to Reduce Risk**

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| **Briefly outline the multi-agency work/meetings that have been held to date e.g. Multi-Disciplinary Team meetings, Safeguarding, MARAC, MATAC etc. and the frequency of interventions - what were the outcomes?** |
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**Think Family**

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| **Are there any risks to children or other vulnerable adults in the home or through coincidental contact?** |
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| **Is the person aware of this referral? What are their views about their situation and the risks? What are their desired outcomes?** |
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| **As the referrer what are your views about the situation/risks and what are your desired outcomes?** |
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Please email your referral securely to the appropriate Local Authority area:

Hartlepool - iSPA@hartlepool.gov.uk

Middlesbrough - adultaccessteam@middlesbrough.gov.uk
Redcar & Cleveland - AccessAdultsTeam@redcar-cleveland.gov.uk
Stockton-On-Tees - SMAdultProtection@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/>