

**Exceptional Risk Forum**

**Referral Form**

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| **1. About the referrer:**  |
| Name:  |  |
| Job title:  |  |
| Organisation: |  |
| Email address:  |  | Telephone: |  |
| If your organisation has an ERF member, you need to agree the referral with them in the first instance. This applies to A&H, ICB, LYPFT, LTHT, LCH, Forward Leeds and Housing Leeds Has this been agreed? Yes / No / NAEmail Lsab.erf@leeds.gov.uk if you are unsure who your ERF member is |
| All other organisations should agree the referral with their agency practice/safeguarding lead. |
| Has this been done: Yes/No | Name of agency lead: |
| Date of referral: |  |

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| **2. About the person at risk:** |
| Title:  | First Name(s):  | Surname:  | Date of Birth:Age:  |
| Address: Post Code:  | NHS Number (if known): |  |
| Gender: |  |
| Language spoken: |  |
| Ethnicity: |  |
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| **3. Referral checklist'** |
| I have read and considered the ['Before you make a referral checklist'](https://leedssab.org.uk/i-work-with-adults/exceptional-risk-forum-erf/making-erf-referral)  | **Yes / No** |

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| **4. Multi-agency agreement** |
| I have discussed and agreed the need to make an ERF referral with other members of the multi-agency team and agreed appropriate representation.  | **Yes / No** |

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| **5. Brief high level outline of concerns**  |
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| **6. About the person’s circumstances:**  |

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| **A. Information about the person at risk** Who are they? What is their history? What is their cultural background? What is important to them?  |
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| **B. Does the person have a physical or mental impairment or illness** **and as a result require assistance with aspects of their day-to-day living?**  |
| Substance misuse  |  | Mental illness / Mental health condition |  |
| Physical disability |  | Age-related frailty  |  |
| Learning Disability  |  | Dementia |  |
| Physical illness |  | Sensory impairment |  |
| Please describe, including the impact these needs on the person and the risk they experience: |

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| **C. Has the person experienced adverse childhood experiences or adult trauma that impacts on their ability to maintain their safety?** |
| Please describe:  |

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| **D. Summary of mental capacity issues?**Has mental capacity been assumed? Has there been cause for it to be assessed? What was the outcome? And in relation to what decisions?  |
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| **E. Summary of the person’s views, wishes and desired outcomes in relation to the concerns** |
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| **7. About risks:**  |

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| **A. Risk Assessment:** What are the current risks? And to whom? What are you concerned could happen? How likely do you think this is? |
|  Have you attached a completed risk assessment? Yes / No |

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| **8. About agency support and involvement:**  |

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| **A. Summary of services involved and support networks** (include friends/relatives as appropriate) If a key agency is not involved, please explain why, and what has been done to gain their involvement. |
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| **B. Summary of the person’s engagement with services?** If it has not been possible to engage effectively with the person, what are the reasons for this, what has been tried so far?  |
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| **C. Summary of multi-agency meetings held in relation to these concerns?** If none held, why is this not possible? |
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| **D. Summary of approaches undertaken and support offered/provided?** |
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| **E. Please comment on why it has not been possible to effectively mitigate risk?** What are the barriers to addressing the risk? |
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| **9. About your request to the Forum:**  |

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| * What advice are you seeking from the forum?
* What outcome(s) are you aiming to achieve for the person at risk?
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| **To be completed by a core ERF Member** |
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| **ERF Screening decision:** Each referral will need to be assessed by members as appropriate for consideration at the Exceptional Risk Forum. Please note; where declined, this record of decision making will be shared with the referrer |
| In your judgement, is the referral appropriate for consideration at the Forum?If not; please comment on why this is.  |
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| If yes, are there any additional invites to for this forum meeting. Please note: Core Members of the ERF and the referrer will be invited automatically |
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| Name:  |  |
| Organisation: |  |
| Date:  |  |