

**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 / NA  Email [Lsab.erf@leeds.gov.uk](mailto: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: |  |