

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

Please consult and consider the Referrer Flowchart prior to submitting this referral - <https://www.tsab.org.uk/wp-content/uploads/2023/08/1.-HRAP-Referral-Flowchart-Stage-1.pdf>

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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** |  |

**Details of Person being Referred**

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:** |  | | |
| **Date of Birth:** |  | | |
| **Gender Identity:** |  | | |
| **Accommodation type** | **If applicable please provide the 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? What are the specific safeguarding issues/concerns?**  **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 Current Risk in Safeguarding**

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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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| **Name of manager approving referral** |  |
| **Managers rationale for referral to HRAP** |  |
| **I confirm that the HRAP Referral Flowchart (Stage 1) has been followed fully prior to this form being submitted** | **Yes** |
| **Manager’s email** |  |
| **Manager’s telephone number** |  |

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 - [SMAdultProtection@stockton.gov.uk](mailto: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/>