**COMMUNITY ADULT SUPPORT PANEL (CASP)**

**What is the Community Adult Support Panel (CASP)?**

The Community Adult Support Panel (CASP) is a meeting where information is shared on high risk/complex cases between representatives of sevices from the statutory and voluntary sectors.

Core attendees to the meeting will attend each meeting and other agencies will be invited as required. All representatives should have delegated authority to direct services/practioners and deploy necessary resources.

The main focus of the CASP is an escalation pathway to manage the risk to the individual, but in doing so it will also consider other persons affected and manage the behaviour of any person alleged to have caused harm . The panel will aim to devise a robust multi-agency risk assessment and contigency plan and work to involve the individual and their family/carers with the risk management plan. If there is currently no allocated case manager then the chair of the panel has the responsbility to appoint a case manager if this is required.

The CASP is not an agency and does not have a case management function. The governance of CASP lies with each individual agency and escalation would be via each agency line management structure. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the CASP.

CASP will collate appropriate anonymised reporting data and report quarterly to the SPB.

**Who should be referred?**

An adult at risk should be referred to the CASP if they are vulnerable or at risk to either themselves or others. The case must present with high level risks that still cannot be sufficiently mitigated, referred or managed under any other panel. The case may be complex or involve a multi-agency approach. CASP does not consider high risk cases where the nature of the risk relates to other areas of work that may be addressed at other forums, eg MAPPA and MARAC.

Any case referred must have been subject to a multi-agency meeting prior to being referred to CASP.

**Some examples of cases that may need to be considered would be:**

* Recurrent non-engagement issues
* Self neglect and hoarding
* Complex domestic violence cases and especially where someone has recognised care and support needs
* Complex family cases
* Complex mental health cases such as frequent attenders
* Frequent attenders at the Emergency Department
* Those with Significant Alcohol or Drug issues that they are struggling to manage their addiction.

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| **CASP Referral form** **Referrals please to CASP@gov.je** |
| **Name** (include any aliases): |  |
| **Date Of Birth:** |  |
| **Gender:** |  |
| **Address** (& landlord/tenancy status if known): |  |
| **Ethnicity:** |  |
| **Please state date of MDT meeting and other inteventions prior to this meeting**  |  |
| **Date that person was informed that there will be a meeting about them. (Please note that under FOI the person will usually recieve full details of this referral).** |  |
|  **Is there any reason that the person should not be invited to the meeting**  |  |
| **Basis of referral & relevant risk factors** |
| *Please provide summary of reasons for referral. Please include case history, agencies involved and any relevant mental capacity issues and state clearly the* ***risk factors****:* |
| **What outcome are you hoping to achieve by referring to the CASP?** |
|  |
| **Referrer’s Name & Agency** |  |
| **Case manager/lead contact** |  |
| **Telephone / Email** |  |
| **Date referred to CASP** |  |