

COMMUNITY ADULT SUPPORT PANEL (CASP)

Referral Form

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

The Community Adult Support Panel (CASP) is a meeting where information is shared on the high risk/complex cases between representatives of the local authority, local police, mental health services, housing practitioners, safeguarding advisors and other specialists from the statutory and voluntary sectors.

After sharing all relevent information they have about the adult at risk, the representatives discuss options for increasing the safety of any victim and turn these into a co-ordinated action plan.

The main focus of the CASP is to manage the risk to the individual, but in doing so it will also consider other persons affected and manage the behaviour of any perpetrator. The panel will advise on the best approach to manage the overall risk to the person/community at large and on effective safety planning strategies.

Information shared at the CASP is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The CASP is not an agency and does not have a case management function. **The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the CASP.**

**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.

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

* Non engagement issues
* Self neglect and hoarding
* Complex DV cases and especially where someone has recognised care and support needs
* Complex family cases
* Complex mental health cases such as frequent attenders with personality disorder as primary presenting issue
* Frequent attenders at the Emergency Department.
* Frequent missing persons
* Significant Alcohol or Drug issues

**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 JMAPPA and MARAC**

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| --- |
| **Adult at risk details** |
| **Name** (include any aliases): |  |
| **Date Of Birth:** |  |
| **Gender:** |  |
| **GP:** |  |
| **Address** (including landlord/tenancy status if known): |  |
| **Who else lives in the premises?** |  |
| **Ethnicity:** |  |
| **Does the person have a Disability?:** | **Yes / No** |

**CASP referrals can only proceed where a person has given consented to the referral. In giving valid consent a person must be given information, in a way that they can understand about what the referral will be used for, who will be involved and what might happen next and be able to make that decision.**

|  |  |
| --- | --- |
| **What information has been given to the person regarding the CASP referral?** |  |

|  |  |
| --- | --- |
| **This person is able to understand the information relevant to the referral**  | Y/N list. |
| *Please explain further:*Click here. |
| **This peron is able to retain the information for a period sufficient to make the decision about the referral** | Y/N list. |
| *Please explain further:*Click here. |
| **This person is able to use or weigh the information in making the decision to make the referral** | Y/N list. |
| *Please explain further:*Click here. |
| **This person is able to communicate their decision about the referral by any means** | Y/N list. |
| *Please explain further:*Click here. |

**Valid consent requires an adult to be able to make a decision to consent to this referral. If you have answered no to any of the above questions then there is a difficulty with decision-making. Capacity may be an issue for this person. Where a person is unable to make the decison to consent to this referral please refer to SPOR.**

|  |  |
| --- | --- |
| **Is the adult at risk safe to contact?** If Yes please include safe contact details (e.g. mobile/ email and any specific hours safe to contact) | **Yes / No** |
| **Basis of referral & relevant risk factors** |
| *Please provide summary of reasons for referral. Please include relevant case history, agencies involved and state clearly the* ***risk factors****:* |
| **What outcome(s) are you hoping to achieve by referring to the CASP?** |
| Referrer | Adult concerned |
| **Adult at risk aware of CASP Referral?** If no, please state why, this could preclude the case from discussion at CASP: | **Yes / No** |
| **Referrer – Name, Agency** |  |
| **Case manager/lead contact** |  |
| **Telephone / Email** |  |
| **Date referred to CASP** |  |

**COMPLETED FORMS TO** **CASP@gov.je**by secure email. If you do not have access to secure email refer via your CASP Rep. **Please also send a copy of completed forms to your Agency’s CASP Representative.**

##### COMMUNITY ADULT SUPPORT PANEL (CASP)

##### REFERRAL FORM

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| **MANDATORY** **All cases that are deemed complex with high risks that cannot be sufficiently mitigated, referred or managed under any other process should be considered for referral after consultation with your Line Manager.** |
| **Please consider the below options as your reason for considering this referral high risk (see risk matrix at end of form)** |
|  | **YES** | **NO** |  |
| 1. **REPEATING INCIDENTS**:
 | **If yes, how many and what type of incidents/concerns?** |
| * 1. Have there been a number of incidents/concerns involving the same individual for at least 6 months prior to this referral?:
 |  |  |  |
| * 1. If yes, are these incidents increasing in severity or frequency after initial input and service provision being provided?:
 |  |  |
| 1. **ACTION(S) TAKEN SO FAR TO MITIGATE AND MANAGE RISK**:
 | **Outcome of actions taken** |
| * 1. Please detail any actions taken to date and their outcome(s)
 |  |
| * 1. Date of most recent discussion
 | **DATE:** |  |
|  |
| 1. **SPECIFIC ACTIONS TAKEN TO DATE TO MANAGE RISKS:**
 |  |  |  |
| * 1. Is this person able to make the decision to agree to this referral? If no, please complete attached best interest determination *(TF to design and forward).*
 |  |  |  |
| * 1. Has the person refused to engage in previous plans/interventions and/or with any particular agencies?
 |  |  | **If yes, please identify agencies, number of attempts with dates:** |
|  |
| * 1. Has a safeguarding enquiry been triggered?
 |  |  | **If yes, please provide the date it was triggered:** |
|  |
| * 1. Have referrals been made to other services as necessary in order to mitigate risks?:
		1. Accommodation services
		2. Environmental Health
		3. Community Health and Social Services (ie; A&DS, Social Security etc)
		4. States of Jersey Police
		5. States of Jersey Fire and Rescue Service
		6. Voluntary Sector Organisations (ie Jersey Autism, Mind Jersey etc)
		7. Other (please state)
 |  |  | **If yes, please state which referrals, the referral’s date and outcome:** |
|  |
| * 1. Is there a current up to date risk assessment / management plan available?

If not, please explain: |  |  | **Where one exists, please attach to this referral.** |
| 1. **KEY RISK FACTORS FOR DISCUSSION:**
 | **Referrer’s perception** | **Adult’s perception** |
| **Using the risk grid as below, please identify the levels and types of risk, taking into consideration the person’s own perception of risk and:*** 1. Impairment that may limit mobility or capacity/learning difficulties
	2. Physical health issues
	3. Self neglect and hoarding
	4. Mental health issues
	5. Drug or alcohol misuse
	6. Limited support network
	7. Anything else that constitutes risk
 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Severity of impact** | Some harm | Low Risk | High Risk | High Risk |
| Some impact | Low Risk | Medium Risk | High Risk |
| Minimal impact | Low Risk | Low Risk | Low Risk |
|  | Remote | Reasonably possible | Probable |
| **Likelihood of Harm** |