**Vulnerable Adults Pathway Referral Form**

Once **complete** please email this form to: [vulnerability.referrals@rotherham.gov.uk](mailto:vulnerability.referrals@rotherham.gov.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Vulnerable Adult Full Name** |  | | |
| **Date of Birth** |  | | |
| **Full Postal Address** |  | **Postcode** |  |
| **Tenancy** *(Private or Name of Housing Provider)* |  | | |
| **Is this a transitions referral from CYPS?** |  | | |

**REFERRER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Full Name** |  | **Referrer Job Role** |  |
| **Referring Organisation** |  | | |
| **Date of Referral Submitted** |  | | |
| **Contact Details**  *(Telephone Number/Email Address)* |  | | |

**ISSUES AND VULNERABILITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mental Health** |  | **Housing (inc. Homelessness)** |  | **Community Issues e.g. Anti-Social Behaviour** |  |
| **Physical Health** |  | **Engagement with Services** |  | **Historic/Current Criminal Activity/Exploitation** |  |
| **Self-Neglect (and/or) Hoarding** |  | **Drug or Alcohol Use** |  | **Historic/Current Sexual Trauma/Exploitation** |  |
| **Family, Child, and Relationship Issues** |  | **Domestic Abuse** |  | **Operation Stovewood** |  |
| **Summary of Issues and Vulnerabilities** *(please indicate whether this relates to sexual trauma, CSE survivors or Operation Stovewood and as such requires input from TRS or the ISVA service)* | | | | | |
|  | | | | | |
| **Summary of Any Previous Referrals** *(including Vulnerability Alerts)* | | | | | |
|  | | | | | |
| **Summary of Interventions to Date** *(including what’s working, what’s not and potential solutions)* | | | | | |
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| **Has consent to refer been obtained from the vulnerable adult?** | **YES** | **NO** |
| **If no, please give the rationale for progressing with the referral** *(if you have risk assessed the vulnerable adult as being at high-risk of serious harm or death, a referral can be made and information shared without consent)* | | |
| **What is the vulnerable adult wishing to achieve?** *(person-centred outcomes)* | | |

*\*If you believe that the vulnerable adult is at imminent risk of harm, please contact the appropriate agencies or call 999.*

**AGENCY INVOLVEMENT***Please indicate which organisations are needed to support the C-MARAC, VARM or VAP meeting. Please ensure you include the correct email address.*

|  |  |  |
| --- | --- | --- |
| **ORGANISATION** | **PLEASE TICK** | **NAME, ROLE AND CONTACT DETAILS** *(If known)* |
| **ADULT SOCIAL CARE** |  |  |
| **SOUTH YORKSHIRE POLICE** |  |  |
| **MENTAL HEALTH ADULTS** |  |  |
| **HOUSING** |  |  |
| **DRUG & ALCOHOL SERVICES** |  |  |
| **PROBATION  (INCL VICTIM SUPPORT & LIASION)** |  |  |
| **DOMESTIC ABUSE SERVICE** |  |  |
| **NATIONAL CRIME AGENCY** |  |  |
| **TRAUMA & RESILIENCE SERVICE** |  |  |
| **ISVA** |  |  |
| **THE ROTHERHAM NHS  FOUNDATION TRUST** |  |  |
| **MENTAL HEALTH CHILDREN & YOUNG PEOPLE** |  |  |
| **SOCIAL CARE CHILDREN & YOUNG PEOPLE** |  |  |
| **EARLY HELP SERVICES** |  |  |
| **SOUTH YORKSHIRE FIRE & RESCUE** |  |  |
| **YORKSHIRE AMBULANCE SERVICE** |  |  |
| **OTHER** |  |  |

**TRIAGE DECISION**

|  |  |  |
| --- | --- | --- |
| **Referral accepted into the Vulnerable Adults Pathway** | **YES** | **NO** |
| **Information shared in triage** | | | |
| **If no, what is the rationale for declining the referral?** *This must be fed back to the referrer, along with suggested next steps.* | | | |

**PROGRESSION OF CASE:**

|  |  |
| --- | --- |
| **Community Multi-Agency Risk Assessment Conference (C-MARAC)** |  |
| **Vulnerable Adults Risk Management Meeting (VARMM)** |  |
| **Vulnerable Adults Panel (VAP)** |  |
| **Other** *(provide details)* |  |