

<b>Plymouth</b>	<b>Creative Solutions Forum</b>
<b>PART 1 Referral Form (COMPLETED BY THE REFERRER)</b>	

<b>Referrer:</b>	
Referrer:	
Agency:	
Contact number:	
Email address:	
Your manager:	<i>Please Note: a referral to the Forum is made with the support and awareness of your manager/agency.</i>
<b>Person concerned:</b>	
Last name:	
First name:	
Date of birth:	
Current Address or confirm no fixed abode:	
Post Code:	
Telephone:	
GP name & contact details:	
Please provide a pen picture and summary of concerns:	
Please continue on a separate sheet if required	
Desired Outcome for the: <ul style="list-style-type: none"> <li>• Person</li> <li>• Referrer</li> </ul>	
Does this person currently have support? i.e. Agency or Family/Friends If yes please provide details	
What has already been considered or actions taken?	
<b>DISCLOSURE:</b>	
If the person is not present at the Forum, are they aware a meeting is taking place and information may be shared as part of Plymouth's multi-agency safeguarding policy?	<i>Please confirm</i>

<b>ADULT SAFEGUARDING</b>	
<p>A referral to the Creative Solutions Forum is not a substitute for an Adult Safeguarding referral.</p> <p>Call Plymouth City Council Customer Services 01752 668000 to make an Adult Safeguarding referral.</p>	<p><b>Care Act 2014: safeguarding duties apply to an adult who:</b>  <i>has needs of care and support (whether or not the Local Authority is meeting any of those needs)</i>  <i>and</i>  <i>is experiencing, or at risk of, abuse or neglect</i>  <i>and</i>  <i>as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect</i></p>

<b>PART 2 Risk Assessment (COMPLETED BY THE REFERRER)</b>
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1. Summary of risk?	
2. What are the specific risks?	1) 2) 3) etc
3. What is the person's own understanding of the risk(s)?	
4. Are there considerations in relation to the persons Mental Capacity?	
5. What support has been offered or attempted before?	
6. Where support has previously been declined, please note the reasons	
7. What is the evidence of risk?	
8. How often does the risk occur/recur?	
9. What existing factors increase the likelihood of risks occurring or recurring?	
10. What existing factors decrease the likelihood of risks occurring or recurring?	

**Risk Rating – for each identified risk (noted 2 in above)**

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
<b>Catastrophic</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Major</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Moderate</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Minor</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
<b>Negligible</b>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>

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Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
<b>Catastrophic</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Major</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Moderate</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Minor</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
<b>Negligible</b>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>

**Risk Rating – for each identified risk (noted 2 in above)**

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
<b>Catastrophic</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Major</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Moderate</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Minor</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
<b>Negligible</b>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>

**Risk Rating – Overall summary of risk**

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
<b>Catastrophic</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Major</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Moderate</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Minor</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
<b>Negligible</b>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>

**PART 2 Risk Management Plan (COMPLETED AT THE FORUM)**

	Risk Management Plan Actions	Person responsible	Completion Date
1			
2			
3			
4			
5			
6			
7			
8			

**Risk Management Plan Risk Rating**

Taking into account the Risk Management Plan, rate the risk again according to the likelihood and impact of its occurrence.

**Identified Risk:**

	Rare	Unlikely	Likely	Highly likely	Almost certain
<b>Catastrophic</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Major</b>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Moderate</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>
<b>Minor</b>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
<b>Negligible</b>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>

<b>Additional Comments/Notes:</b>	

<b>Review Plan</b>	
<b>Milestone dates:</b>	
<b>Date of next review:</b>	
<b>Comments:</b>	

<b>Risk Management Plan Agreement</b>	
<b>Name(s) of agencies/persons responsible for actions recorded on the plan:</b>	
<b>Forum Date:</b>	
<b>Creative Solutions Forum Chair:</b>	