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| **Safeguarding Adults Review Referral Form** |  |

* Cases should be referred to the Safeguarding Adults Review Panel for consideration if an adult with care and support needs has died or been seriously harmed and abuse or neglect are believed to have been a factor.
* This form should be completed by any professional who has become aware of a case where the above criterion is met. **All referrals must be signed off by a Head of Service/Service Lead before being submitted.**
* All information provided should adhere to information sharing protocols and have due regard to the Mental Capacity Act and Best Interest Decision protocols.
* Please note there is a statutory duty in Section 45 of the Care Act 2014 for agencies to share relevant personal data with the Safeguarding Adults Board.

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|  | **REFFER DETAILS[[1]](#footnote-1)** | | | |
| **Referrer’s Name:** | |  | **Referrer’s Role:** |  |
| **Referrer’s Agency:** | |  | Tel Number / Email address: |  |
| **Date of Notification:** | |  | Subject of Review’s Initials: |  |

# Referral for a Safeguarding Adult Review To be completed by the referring officer

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **ADULT WITH CARE AND SUPPORT NEEDS DETAILS** | | | | | | | | | | | |
| **Adult’s Last Name/s:** | |  | | | **Adult’s Date of Birth:** | | | |  | | |
| **Adult’s Forename/s:** | |  | | | **Age:** [If DOB not known] | | | |  | | |
| **Other Names Used (also known as):** | |  | | | **Date of Death** [if applicable] **or SI date** | | | |  | | |
| **Home Address:** | |  | | | | | | | | | |
| **Gender:** | |  | | | **Disability** | | | |  | | |
| **Ethnicity:** | |  | | | **Faith:** | | | |  | | |
| **Legal status of the Adult** | | | | | | | | | | | |
| Detained under the Mental Health Act | |  | Subject to 117 (Mental Health Act) | | |  | | Subject to a Community Treatment Order (CTO) | |  |
| Subject to Guardianship | |  | Subject to Deprivation of Liberty | | |  | | Lasting/Enduring Power of Attorney | |  |
| Mental Capacity Assessment completed | |  | Legal Status Unknown | | |  | |  | |  |
| Other including Immigration status (please provide details) | |  | | | | | | | | | |
| **Name of GP Practice (if known)** | |  | | | | | | | | | |
| **Housing provider (if applicable/known)** | |  | | | | | | | | | |
| **Does the adult have a learning disability?** | |  | | | | | | | | | |
| **Is the adult open to Adults Social Care?** | |  | | | | | | | | | |
| **Are there any Criminal / Parallel Proceedings?** | |  | | | | | | | | | |
| **Is the Coroner involved?** | |  | | | | | | | | | |
| **Incident location and Carer at time** | |  | | | | | | | | | |
| **Details of family members and any significant others** | | | | | | | | | | | |
| **Name** | **Address (if different from above)** | | | **Date of Birth** | | | **Relationship to Adult** | | | | |
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| **Other agencies known to be involved** | | | | | | | | | | | |
| **Agency** | **Contact details: Address, Telephone and Email** | | | | | | **Reason for involvement (include whether current or not)** | | | | |
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| **Please state which of the following Care Act s44 criteria does this case meet? Tick all that apply.** | |
| The adult has needs for care and support (whether or not the local authority has been meeting any of those needs) |  |
| There is reasonable cause for concern about how the Safeguarding Adult Board, members of it or other persons with relevant functions worked together to safeguard the adult |  |
| The adult has died and you know or suspect that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died) |  |
| The adult is still alive and you know or suspect that the adult has experienced serious abuse or neglect |  |

***Category of Abuse***

*The Categories listed below are used to support the National Panel collate data. Please select any that are relevant.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Abuse** | | | | | |
| Domestic Abuse |  | Physical Abuse |  | Discriminatory Abuse |  |
| Sexual Abuse |  | Psychological Abuse |  | Organisational Abuse |  |
| Financial or Material Abuse |  | Neglect: Long standing |  | Neglect: Recent |  |
| Self-Neglect |  | Drugs/Solvents |  | Alcohol |  |
| Hoarding |  | Faith-Based |  |  |  |
| **Exploitation** | | | | | |
| Countylines |  | Trafficking |  | Sexual Exploitation |  |
| Modern Slavery |  | Radicalisation |  | Forced Marriage |  |
| Online |  |  |  |  |  |
| **Health/Medical Issues** | | | | | |
| Injury |  | Self-harm |  | Suicide |  |
| Serious illness |  | Life-limiting illness (natural causes) |  | Lacks capacity |  |
| Mental Illness (unconfirmed) |  | Learning Disabilities (unconfirmed) |  | Learning difficulties |  |
| Mental Illness (confirmed diagnosis) |  | Learning Disabilities (confirmed diagnosis) |  | Other (see below) |  |
| **Other:** if you have responded other to any areas above/if the issue is not categorised, provide details | | | | | |
|  | | | | | |

***Case Background***

*This information will be used to determine whether to trigger a multi-agency review.* ***This is a significant step that commits substantial professional time and has capacity and resource implications and should have senior management sign off at submission****. Please ensure that the information you provide is accurate and does not omit significant details. If you are uncertain of details, please highlight this.*

|  |
| --- |
| **Please provide a brief outline of the circumstances and the incident that triggered this referral. Please note this should be a brief narrative outline and not a copy of case notes or case chronologies. The narrative should focus on your agencies involvement with the adult.** |
|  |
| **Please outline why you are making this referral and how it meets the SAR criteria:** |
|  |
| **What action if any has been taken to safeguard the adult affected?** |
|  |
| **Have you taken any steps to escalate these concerns outside of the Safeguarding Adults Review Group? Have any other investigations into the incident been triggered? If so, please provide details and outcomes.** |
|  |

**Please use the chronology table below to outline any key events around the time of the incident.**

*PLEASE NOTE: This should only include* ***key significant events*** *and* ***DOES NOT*** *need to be a detailed chronology at this stage.* ***Do not cut and paste case notes/ chronologies straight from records into the box.***

|  |  |
| --- | --- |
| **Date and Time** | **Event** |
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| **Please add any additional information you think may be relevant and may assist decision making, including any possible learning arising from the case:** | |
|  | |

**Once completed please email the completed form to: safeguardingboards@cambridgeshire.gov.uk**

# Agency Information and Involvement

# to be completed by agencies other than the referring agency

Provide a ***brief* analysis** of **your** agency’s involvement with the adult listed above. The SAR subgroup requires a concise summary of the facts, so far as they can be ascertained, about the serious incident and relevant context; this should give sufficient detail to underpin the analysis, but does not require lengthy detailed **chronologies of agency involvement that can obscure the pertinent facts;**

***Do not cut and paste case records/ notes or chronologies***

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Agency |  | | |
| Summary and analysis of agencies involvement | | | |
|  | | | |
| **Based on your summary above, does your agency’s involvement in this case highlight any of the following areas?**  **Please provide further details below, or record N/A (not applicable).** *Where appropriate, cross reference Analysis to the key practice episodes noted in summary above* | | | |
| **The need for improvement in services to safeguard adults with care and support needs in your own agency or sector? If yes, please give details** | | | |
|  | | | |
| **Concerns about the way in which two or more agencies have worked together to safeguard adults with care and support needs** | | | |
|  | | | |
| **Gaps in service provision or the lack of involvement of an agency with safeguarding responsibilities** | | | |
|  | | | |
| **The safeguarding of adults with care and support needs by or in an institutional setting** | | | |
|  | | | |
| **Good practice identified?** | | | |
|  | | | |
| **Other areas not listed above** | | | |
|  | | | |
| **Do the themes of this case merit a national thematic review?** | | | |
| **Y/N. If yes, please stipulate why** | | | |
| **Views on learning to be gained?** | | | |
| **Please use space below to summarise your agency’s response to this case in terms of:**   * ***immediate safeguarding arrangements of any adults involved;*** * ***any immediate learning already*** * ***plans for the dissemination of immediate learning;*** * ***potential for additional learning within your agency*** | | | |
|  | | | |
| **Name** |  | **Dated** |  |
| **Job Role** |  | **Contact Email/Number** |  |

**Once completed please email the completed form to: safeguardingboards@cambridgeshire.gov.uk**

# Decision making

To be completed by the Independent Safeguarding Partnership Service following the SAR subcommittee meeting

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Agencies involved** | | | | | | | | | |
| **Adult Social Care** | | |  | | **Early Help** | |  | **Probation** | |  |
| **Health Services** | | |  | | **Mental Health Services** | |  | **Police** | |  |
| **Learning Disability Services** | | |  | | **Care Provider** | |  | **Other** | |  |
|  | **Case Features** | | | | | | | | | |
| **Domestic Abuse** | | |  | | **Alcohol Abuse** | |  | **Substance Abuse** | |  |
| **Mental Health** | | |  | | **Exploitation** | |  | **Sexual Abuse** | |  |
| **Non-Accidental Injury** | | |  | | **Learning Disabilities** | |  | **Neglect** | |  |
| **Self-Neglect** | | |  | | **Hoarding** | |  | **Emotional Abuse** | |  |
| **More than one adult abused** | | |  | | **Other – possible FII** | |  |  | |  |
|  | **Details of SAR Subcommittee** | | | | | | | | | |
| Date of SAR Subcommittee | | | |  | | Chair of meeting | | |  | |
| Members of SAR Subcommittee | | | | | | | | | | |
| Name and job title | | | | | | Agency | | | | |
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|  | **a) Known facts about the case at time of discussion** | | | | | | | | | |
| Brief History: | | | | | | | | | | |
|  | **Is there any immediate action needed to ensure the adult’s safety and share any immediate lessons?** | | | | | | | | | |
| Has ALL appropriate immediate action been taken to ensure adult’s safety and share any learning appropriately?  **Yes  No**  **Please give details of action taken.** | | | | | | | | | | |
|  | **What is the potential for identifying improvements to safeguarding adults?** | | | | | | | | | |
|  | | | | | | | | | | |
|  | **Decide the next steps including whether to undertake a Safeguarding Adults Review** | | | | | | | | | |
|  | | | | | | | | | | |
|  | | **Decision / recommendation** | | | | | | | | |
| **After completing this decision making process, it has been agreed that this case:**  Meets the criteria for a Statutory Safeguarding Adults Review (Section 44(2));  Meets the criteria for a Discretionary Safeguarding Adults Review Section 44(4));  Does not meet the criteria but warrants an alternative Learning Review (i.e. Mental Health Review, Domestic Homicide Review) | | | | | | | | | | |
| Was the recommendation unanimous? **Yes  No**  **Comments/reasons for dissent/who?** | | | | | | | | | | |
| Reasons for Recommendation | | | | | | | | | | |
| **Name** | | |  | | | **Dated** | | |  | |

1. Please note that, as the referrer, you may be required to present the referral at the local Safeguarding Adult Review Group. [↑](#footnote-ref-1)