**Safeguarding Adult Review**

**Referral Form**

* Cases should be referred to the Safeguarding Adults Review Panel for consideration if an adult at risk of abuse or neglect 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. For Dudley MBC this is the Head of Adult Safeguarding.**
* 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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| **Forms should be returned via email to** [**DSPP@dudley.gov.uk**](mailto:DSPP@dudley.gov.uk) | |
| Referral | To be completed by the referring officer and line manager/safeguarding lead |

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| ***To be completed by DSPP Business Unit*** | | | |
| Adults Initials: |  | | |
| Date referral received by DSPP: |  | Date referral sent to Chair of SAR Panel: |  |
| Date individual agency summaries requested: |  | Deadline for agency return: |  |
| Date considered by SAR Panel: |  | Date SAR Panel recommendations sent to Independent Chair: |  |
| Date of decision by Independent Chair |  | | |

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| **SECTION 1 – REFERRAL**  **To make a referral, please complete Section 1**  (The objective of this section is to provide as much information that is known at the time of the notification. If information is not available then do not delay in sending in the notification as this information can be submitted at a later stage) | | | |
| **1.1 Referral Details \*** | | | |
| **Date of notification:** |  | | |
| **Name of referrer:** |  | **Role of referrer** |  |
| **Name of Reviewing Line Manager / Safeguarding Lead** |  | **Role of reviewer** |  |
| **Agency:** |  | **Address:** |  |
| **Tel No.** |  | **Emails:** |  |

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| **1.2 Adult Details \*** | | | | | | | | |
| **Forename:** | |  | | **Surname:** | | |  | |
| **Any Know Aliases:** | |  | | | | | | |
| **Date of birth:** | |  | | **Date of death (if applicable)** | | |  | |
| **Address:** | |  | | | | | | |
| **Gender:** | |  | | **Disability:** | | |  | |
| **Ethnicity:** | |  | | **Faith:** | | |  | |
| **Legal Status of the Adult *(Please tick)*** | | | | | | | | |
| **Detained under the Mental Health Act** |  | | **Subject to 117 (Mental Health Act)** | |  | **Subject to Guardianship** | |  |
| **Subject to Deprivation of Liberty** |  | | **Lasting/Enduring Power of Attorney Registered** | |  | **Mental Capacity Assessment completed** | |  |
| **Legal Status Unknown** |  | | **Other *(please provide details)*** | |  |  | | |

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| **1.3 Family composition/significant others** | | | |
| **Name** | **Relationship to adult** | **DOB** | **Address** |
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| **Are you aware of any complex family issues:** | | | |

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| **1.4. Agencies known to be involved with the adult *(please include names and contact details)*** | | | |
| **Name** | **Agency** | **Contact details** | **Are they still involved?** |
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| **1.5. Reason for notification \*** | **Yes/No** |
| 1. An adult with care and support needs (whether or not those needs are met by the Local Authority) in the Safeguarding Adults Board’s (SAB) area has died as a result of abuse or neglect, whether known or suspected and there is concern that partner agencies could have worked together more effectively to protect the adult |  |
| **Or** |  |
| 1. An adult with care and support needs (whether or not those needs are met by the Local Authority) in the SAB’s area has not died, but the SAB knows or suspected the adult has experienced serious abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died bout for an intervention, or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the about or neglect. |  |
| **Why do you think this referral reaches the threshold for a SAR?** | |

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| **1.6 Types of abuse *(Please identify the type(s) of abuse relating to this case (more than one may apply)* \*** | | | | | |
| Physical Abuse |  | Modern Slavery |  | Domestic Violence |  |
| Discriminatory Abuse |  | Sexual Abuse |  | Organisational abuse |  |
| Psychological Abuse |  | Neglect and actions of omission |  | Financial or material abuse |  |
| Self-Neglect |  | Serious illness |  | Other (Please specify) |  |

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| **1.7 Incident Leading to the Referral \*** | | | | | | | |
| **Date(s) of Incident** |  | **Date of Death of the adult (if different)** | | |  | | |
| **Location of Incident:** | | | | | | | |
| **Please outline events and circumstances which triggered this referral**  *(This is to help establish if the case meets the criteria for conducting a Safeguarding Adults Review and does not need to be detailed analysis of involvement at this stage)*  *Please bear in mind that the purpose of the referral is only to determine whether the case meets the criteria for a SAR or other type or review or audit at this stage, so it is suggested that this section should not generally exceed 1-2 pages* | | | | | | | |
| **Please indicate the following:\*** | | | **Yes** | **No** | | **Unknown** | |
| **Is there a criminal investigation on going?** | | |  |  | | |  |
| **Are Coroners involved?** | | |  |  | | |  |
| **Is there an ongoing investigation by any other agency?** | | |  |  | | |  |
| **Has a safeguarding enquiry been completed?** | | |  |  | | |  |
| **If yes please give details and outcome:** | | |  | | | | |
| **The referral is now complete.**  **Please return the form via email to:**  [DSPP@dudley.gov.uk](mailto:DSPP@dudley.gov.uk) | | | | | | | |