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| **CONSIDERATION REQUEST FOR SAFEGUARDING ADULTS REVIEW** |

A **Safeguarding Adults Review (SAR)** is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adult cases, where an adult in vulnerable circumstances has died or been seriously injured, and abuse or neglect has been suspected.  As a result of a detailed review, recommendations are made to change or improve practice and services.

**APPENDIX 2**

**The aim of the process is to learn lessons and make improvements, not to apportion blame to individual people or organisations.**

A SAR is about promoting effective learning and improvement to prevent future deaths or serious harm occurring again. It relies on a spirit of openness to learning about what went well, as well as what could be improved. The process is based on national guidelines and has been agreed by all agencies who are members of the South Tyneside Safeguarding Children and Adults Partnership (STSCAP).

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| **Criteria for a SAR:** the South Tyneside Safeguarding Children and Adults Partnership (STSCAP) must arrange a Safeguarding Adults Review when either of these criteria are met: |
| 1. An adult with care and support needs**\*** (whether or not those needs are met by the Local Authority) in the STSCAP 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 STSCAP area has not died, but the STSCAP knows or suspects the adult has experienced serious**\*\*** abuse or neglect **and** there is concern the partner agencies could have worked together more effectively to protect the individual, ***or…***
 |
| 1. The STSCAP has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice, ***or…***
 |
| 1. The STSCAP can also consider conducting a SAR into any incident(s) or case(s) involving adults(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.
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| **\* Care and support needs** arise as a result of a physical or mental impairment and are focused on providing assistance with activities of daily living, maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations, helping them to manage complex relationships and (in some circumstances) accessing a care home or other supported accommodation. |
| **\*\*** 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 but 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 abuse or neglect. |
| **The submission of this form should not prevent immediate learning and action for any agency** |

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| **Referral Date:** |  |
| **REFERRER’S DETAILS** |
| **Name:** |  | **Organisation:** |  |
| **Role:** |  | **Telephone:** |  |
| **Email address:** |  |
| **AUTHORISED BY SENIOR MANAGER** |
| **Name:** |  | **Role:** |  |
| **Email address:** |  |

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| **DETAILS OF ADULT AT RISK OF ABUSE OR NEGLECT** |
| **Full Name:** |  |
| **Any Known Aliases:** |  |
| **Date of birth:** |  | **Date of death:** |  |
| **Cause of Death:** | (If applicable) |
| **Gender:** |  | **Ethnicity:** |  |
| **Religion:** |  | **Disability:** |  |
| **Address:** |  |
| **Any Other Known Address(es):** |  |
| **GP name:** |  | **NHS number:** |  |
| **GP surgery:** |  |
| **Did this adult meet the Adult at Risk Criteria?** | No [ ]  Yes [ ] If yes, what are the care and support needs you feel this adult may have had? |

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| **FAMILY / NEXT OF KIN / ADVOCATE / REPRESENTATIVE** |
| **Full Name:** |  | **Telephone Number:** |  |
| **Address:** |  |
| **OTHER MEMBERS OF THE ADULT CONCERNED HOUSEHOLD** |
| **Name** | **Date of Birth** | **Address** | **Relationship to adult concerned** |
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| **Details of Alleged Perpetrator(s)** |
| **Full Name:** |  | **Telephone Number:** |  |
| **Date of Birth:** |  | **Ethnicity:** |  |
| **Address:** |  |
| **Relationship with the adult concerned:** | (If applicable) |
|  |
| **Full Name:** |  | **Telephone Number:** |  |
| **Date of Birth:** |  | **Ethnicity:** |  |
| **Address:** |  |
| **Relationship with the adult concerned:** | (If applicable) |
|  |
| **Full Name:** |  | **Telephone Number:** |  |
| **Date of Birth:** |  | **Ethnicity:** |  |
| **Address:** |  |
| **Relationship with the adult concerned:** | (If applicable) |

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| **SUMMARY OF WHAT HAPPENED** |
| **Provide a brief summary of what happened** – the events and circumstances that led to this referral; include when and where the event happened, and in what context.**Please do** use plain language that can be understood by those with no prior knowledge of your agency; give the meaning of any acronyms you use.**Please do not** copy and paste extensive information from your agency’s records or case management systems. |
| (Enter text here) |
| **Please identify** the type(s) of abuse relating to this case (more than one may apply):[Click here for guidance on types and indicators of abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse) |
| (Enter text here) |

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| **EXPLAIN HOW THE CASE MEETS THE CRITERIA FOR A SAR** |
| **Please refer to the criteria for a SAR on the first page** and explain in detail, how you feel this case meets the criteria for a Safeguarding Adults Review.**Please do** respond fully to each separate criteria, using plain language, easily understood by those working outside of your agency.**Please ensure** for criteria a) and b) that you clearly outline your concerns about how separate agencies worked together.Further information can be found in the [Care and Support Statutory Guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance), Chapter 14, paragraphs 14.162 to 14.179. |
| 1. An adult with care and support needs 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.
 |
| (Enter text here) |
| 1. The adult has not died but has experienced serious abuse or neglect**\****(see first page),* whether known or suspected **and** there is concern the partner agencies could have worked together more effectively to protect the individual.
 |
| (Enter text here) |
| 1. The STSCAP has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults and can include exploring examples of good practice.
 |
| (Enter text here) |
| 1. The STSCAP can also consider conducting a SAR into any incident(s) or case(s) involving adults at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.
 |
| (Enter text here) |

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| **OTHER PROCESSES & AGENCIES INVOLVED** |
| **Are or were there any legal orders in place?** No [ ]  Yes [ ]  |
| (If yes please identify what they were) |
| **Please provide details of any other processes** you know to be underway in relation to this case, eg. DHR, LeDeR, SI / RCA review, criminal investigation, coroner’s inquest.No [ ]  Yes [ ]  |
| (If yes please identify what they were) |
| **Please list any other agencies or services** you know to be involved in this case.For example: social services, police, health services, fire and rescue, housing, probation services, ambulance, residential or domiciliary care, nursing homes. |
| (Enter text here – please include contact names and telephone numbers if known) |

**Please return this form to** **STSCAP@southtyneside.gov.uk** **within 48 hours of notification.**