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**Safeguarding Adult Review Notification Form**

1. **Referrer contact details**

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| --- | --- | --- | --- |
| **Name** |  | **Agency** |  |
| **Agency Address** |  | | |
| **Tel No** |  | **Email** |  |
| **Date of referral:** | | | |
| **Please confirm this referral has been signed off by your agency safeguarding lead:** | | | |

1. **Subject and Family Details *Please include all adults, children and ‘relevant others’.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Sex** | **Relationship** | **Address** |
|  |  |  | **Subject** |  |
|  |  |  |  |  |
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1. **Please indicate how the case meets statutory SAR criteria**

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| --- | --- |
| **SAR criteria** | **Please tick all that apply** |
| An adult at risk has died as a result of abuse, neglect, or harassment, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. |  |
| An adult with needs for care and support, has not died, it is known or suspected that the adult has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult. |  |
| An adult at risk is confirmed or suspected of being abused or neglected ***and*** the case is likely to be of public concern. This may include incidents of serious abuse or neglect within an institution, or agency providing services to adults at risk or where multiple abusers or victims are identified. |  |
| **OR - Please explain how this case meets the criteria for a non-statutory SAR** | **Please tick all that apply** |
| The case provides an opportunity to learn from good practice that could be applied to agencies working with adults. |  |
| Whilst there are no concerns about the multi-agency working to protect the adult, there is evidence that one or more of the agencies involved did not support this joint working |  |

1. **Consent / Mental Capacity**

|  |  |
| --- | --- |
| Is the subject alive? | Yes/No |
| If so, please confirm the subject has been informed of this referral. If not, why has the subject not been informed?  *Please note it is expected that the subject will always be informed, exceptional circumstances should be discussed with the RBSB Business Unit.* | Please confirm below: |
| In your professional opinion, does the subject have capacity to take part in the SAR process? | Yes/No |

1. **Type of Incident (Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Critical Incident** |  | **Death** |  |

1. **Characteristics of case (Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Abuse |  | Discriminatory abuse |  |
| Domestic Abuse |  | Organisational or institutional abuse |  |
| Sexual Abuse |  | Neglect or acts of omission |  |
| Psychological or emotional abuse |  | Self-neglect |  |
| Financial or material abuse |  | Other |  |
| Modern slavery |  |  |  |

1. **Case Summary**

|  |
| --- |
| Please provide a brief description the circumstances of this case NB a full chronology is **not** required for screening purposes |
|  |

1. **Other Agencies you know to be involved:**

|  |  |  |
| --- | --- | --- |
| Agency | Contact Details: Address, Telephone and E-mail | Reason for involvement (include whether current or not) |
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| 1. **Key issues for discussion or clarification at screening panel** For example: Were any procedures/policies not followed? Any specific concerns about multi-agency working? Any parallel investigations initiated/ongoing? (please add more boxes if required) |

|  |  |
| --- | --- |
| **Key issue for discussion or clarification 1:** |  |
| **Key issue for discussion or clarification 2:** |  |
| **Key issue for discussion or clarification 3:** |  |

**ONCE THIS REFERRAL IS COMPLETE AND SIGNED OFF BY YOUR AGENCY SAFEGUARDING LEAD, PLEASE SEND** [**RBSB.ADMIN@ROCHDALE.GOV.UK**](mailto:RBSB.ADMIN@ROCHDALE.GOV.UK)

For Office use only:

This section is used to record the RBSAB screening panel decision

|  |  |
| --- | --- |
| **Initial case screening outcome** | |
| SAR criteria highly likely to be met |  |
| Safeguarding Adult Review criteria **possibly** met |  |
| Safeguarding Adult Review criteria not met but possibility of further review |  |
| Safeguarding Adult Review criteria not met and no requirement for further action |  |

|  |  |
| --- | --- |
| Case Tracking Information | |
| Date of Screening |  |
| Date Submitted to RBSAB Chair |  |
| Date of Response to Referrer |  |