

Appendix 1

CONFIDENTIAL WHEN COMPLETED

SAFEGUARDING ADULT REVIEW REFERRAL FORM

Cases should be referred initially to the TASPb lead for your organisation for consideration if an adult at risk of abuse or neglect has died or been seriously harmed, and abuse and neglect are believed to have been a factor.

This form can be completed by any professional who has become aware of a case where the above criterion is met. 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 (Care Act 2014 Section 45) for agencies to share relevant personal data with the Safeguarding Adults Board.

- To make a referral please complete this form only**
- Provide as much information as is known at the time you complete referral in order to make a notification to the TASPb
 - If information is not available at this time do not delay in sending in notification

REFERRAL DETAILS			
Date of Notification			
Name of Referrer			
Role of Referrer			
Agency			
Address			
Tele			
Email			
Name of agency safeguarding lead			
ADULT DETAIL (SUBJECT OF REFERRAL)			
First Name(s)		Surname	
Known Alias(is)			
Date of Birth			
Home Address			
Date of Death (if applicable)		Date of Incident (if applicable)	
Gender		Disability	
Ethnicity		Faith / Religion	
GP Name		GP Practice Contact Details	

LEGAL STATUS OF ADULT (tick as appropriate)			
Detained under Mental Health Act		Subject to Section 117 (Mental Health Act)	
Lasting / Enduring Power of Attorney Registered for Health/and, or Finances?		Subject to Deprivation of Liberty Safeguards (DoLs) & Liberty Protection Safeguards (LPS)	
Legal Status Unknown		Other (please add in)	

HAS THE PERSON OR THEIR REPRESENTATIVE BEEN CONSULTED ABOUT THE REFERRAL? YES/NO
<i>(Further Comments)</i>

CRITERIA FOR SAFEGUARDING ADULT REVIEW
<p>(1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if -</p> <ul style="list-style-type: none"> (a) there is reasonable cause for concern about how the SAB members of it or other persons with relevant functions worked together to safeguard the adult, and (b) condition 1 or 2 is met. <p>(2) Condition 1 is met if –</p> <ul style="list-style-type: none"> (a) the adult has died, and (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died). <p>(3) Condition 2 is met if -</p> <ul style="list-style-type: none"> (a) the adult is still alive, and (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect. <p>(4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).</p> <p>(5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to -</p> <ul style="list-style-type: none"> (a) identifying the lessons to be learnt from the adult's case, and (b) applying those lessons to future cases.

PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE TO DEMONSTRATE REASON FOR REFERRAL AND THAT CRITERIA IS MET.

PLEASE NOTE THAT PURPOSE OF REFERRAL IS TO DETERMINE IF CASE MEETS CRITERIA FOR A SAR OR ANOTHER TYPE OF REVIEW OR AUDIT AT THIS STAGE

RATIONALE FOR REFERRAL

(please detail the reason for referral when considering the above criteria)

Date(s) of Incident		Date of Death	
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Location of Incident	
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Outline events and circumstances which triggered referral: *This is to help establish if the case meets the criteria for conducting a Safeguarding Adult Review – you do not have to provide detailed analysis at this stage*

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REASON FOR ANY DELAY IN REFERRAL

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ACTIONS ALREADY TAKEN *(provide summary of outcome of Section 42 and case conference if appropriate)*

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IS A CORONER KNOWN IN THIS CASE (*Details of information to be provided below*)

AGENCIES KNOWN TO BE INVOLVED WITH THE ADULT (*please include names and contact details*)

Name	Agency	Contact details	Are they still involved?

Any comments and Sign off by your agency Safeguarding Lead

This is to confirm that the referral has been quality assured regarding information provided

Name _____ Date _____

Referrer Name _____ Date _____

Sign off by Safeguarding Lead

Name _____ Date _____

THIS REFERRAL IS NOW COMPLETE.

PLEASE EMAIL THE COMPLETED FORM TO (protectadult@tameside.gov.uk)

For Completion by TASP Business Unit

Initials of Adult	
Date referral received by TASP	
Date referral received by Chair of TASP Learning and Accountability Principle	
Date of call for information to agencies	
Deadline for agencies to submit information	
Date of initial screening meeting	
Date recommendations submitted to TASP Chair	
Date of decision of TASP Chair	