

# Safeguarding Adults in Stockport

## Safeguarding Adult Review Referral Form

Cases should be referred initially to the SAB 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 the referral in order to make a notification to the SAB
- if information is not available at this time, do not delay in sending in a notification

Referral details			
<b>Date of notification</b>			
<b>Name of referrer</b>			
<b>Role of referrer</b>			
<b>Agency</b>			
<b>Address</b>			
<b>Telephone</b>			
<b>Email</b>			
<b>Name of agency safeguarding lead</b>			
Adult details (subject of referral)			
First name(s)		Last name	
Known alias(s)			
Date of birth			
Home address			

Date of death (if applicable)		Date of incident (if applicable)	
Gender		Disability	
Ethnicity		Faith or religion	
GP name		GP Practice contact details	

<b>Legal status of adult - tick as appropriate</b>			
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	

<b>Has the person, or their representative, been consulted about the referral? YES/NO</b>	
Yes:	No:
<b>Further comments</b>	

### **Criteria for safeguarding adult review**

- (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 -
  - (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.
- (2) Condition 1 is met if –
  - (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).
- (3) Condition 2 is met if -
  - (a) the adult is still alive, and
  - (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.
- (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).
- (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 -
  - (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 the reason for referral and that the criteria is met

Please note the purpose of a referral is to determine if the case meets the criteria for a SAR, or another type of review or audit at this stage

<b>Rationale for referral</b>			
Detail the reason for referral when considering the above criteria			
Date(s) of incident		Date of death	
Location of incident			
<b>Outline events and circumstances which triggered referral:</b> 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			

<b>Reason for any delay in referral</b>

<b>Actions already taken</b> - provide a summary of outcome of Section 42 and case conference if appropriate

**Is a coroner known in this case? Provide details below**

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**Agencies known to be involved with the adult - provide names and contact details**

<b>Name</b>	<b>Agency</b>	<b>Contact details</b>	<b>Are they still involved?</b>

**Any comments and sign off by your agency Safeguarding Lead - to confirm that the referral has been quality assured regarding the information provided**

**Name** \_\_\_\_\_ **Date**

**Referrer Name** \_\_\_\_\_ **Date**

**Sign off by Safeguarding Lead**

**Name** \_\_\_\_\_ **Date**

**This referral is now complete**

**Email the completed form to: [lsb@stockport.gov.uk](mailto:lsb@stockport.gov.uk)**

**For completion by the SAB Business Unit**

Initials of Adult	
Date referral received by SAB	
Date referral received by Chair of SAB SAR Sub Group	
Date of call for information to agencies	
Deadline for agencies to submit information	
Date of initial screening meeting	
Date recommendations submitted to SAB Chair	
Date of decision of SAB Chair	