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**Northumberland Children and Adults Safeguarding Partnership**

**Consideration Request Form**

**for**

**a Safeguarding Adults Review**

**Part A – Referral**

**Part B - SARC consideration and decision**

**Part C - SAB Independent Chair Review**

**PART A – Referral**

Please complete as fully as possible after discussion with your agency’s SAB representative who will submit to the SARC chair. If your agency does not have a SAB representative please discuss with the SAB Coordinator.

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| **Referrer Details** | |
| Name |  |
| Job Title |  |
| Organisation |  |
| Contact details |  |

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| **Date of Referral** |  |
| Please detail any reasons for a delay in referral |  |

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| **Details of Adult** | |
| Name |  |
| Address |  |
| Date of birth |  |
| Date of death (if applicable) |  |
| Ethnicity |  |
| Any protected characteristics which should be taken into account. |  |
| Was the adult a care leaver or care experienced? |  |
| Name and address of GP |  |
| Family/ Next of Kin/ Advocate |  |
| Was/is the adult known to any other agencies that you’re aware of? |  |

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| **Circumstances of the case** | |
| Brief details of case | *(include chronology of events, details of allegation of abuse or neglect, agency responses, key decisions made, any safeguarding adults procedure followed)* |
| Type of abuse/neglect suspected in death/serious harm |  |
| Any other relevant information |  |

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| **Parallel processes** | |
| Is this incident the subject of any concurrent internal investigation?  E.g. Serious Incident, Disciplinary, Complaint. |  |
| Is this incident the subject of any concurrent external investigation or legal process?  E.g. Inquest, LeDeR, Police investigation |  |
| Has a safeguarding concern been raised in relation to the incident/s which resulted in the death or serious harm? |  |

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| **Rationale for Safeguarding Adults Review referral** | |
| Does the individual have Care and Support needs? Please provide details: |  |
| Did they die or suffer significant harm? AND is there a suspicion that abuse or neglect contributed to the death or harm? Please provide details. |  |
| Is there a reasonable cause for concern about how agencies worked together to safeguard the adult? Please provide details: |  |
| Why, in your opinion, should this case be considered for a Safeguarding Adult Review? |  |
| Is the case known to the coroner?  Has the coroner been notified of the SARC consideration? | Yes/No/Unknown |

**PART B – SARC consideration and decision**

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| **Date of Meeting** |  |
| **Agencies Present** |  |
| **Information Reviewed** |  |
| **Summary of Discussion** |  |
| **Recommendation**  Is a SAR proposed?    If not, is an alternative review type recommended? | *Questions which the SAR Committee may find helpful to consider:*   * *Was there clear evidence of a risk of significant harm to the adult which was not recognised and acted upon appropriately by an organisation or individuals in contact with the adult or perpetrator?* * *Does one or more agency or professional involved with this case or cases consider that its concerns were not taken sufficiently seriously, or acted on appropriately, by another?* * *Does the case indicate that there may be failings in one or more aspects of the local operation of formal safeguarding adult procedures, which go beyond the handling of this case?* * *Was the adult current to safeguarding or had they previously been subject to safeguarding arrangements?* * *Does the case appear to have implications for a range of agencies and/or professionals?* * *Does the case suggest that the SAB or other agencies may need to change their local protocols or procedures, or that protocols and procedures are not being adequately understood or acted on?* * *Are there any indications that the circumstances of the case may have national implications for systems or processes or, that it is in the public interest to undertake a Safeguarding Adult Review?* |
| **Is notification to HM Coroner required?** Notification will be required before the commencement of a SAR or any other type of review. |  |
| **Further Actions** |  |

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| **Name (SARC Chair)** |  |
| **Date** |  |
| **Signature** |  |

**PART C – SAB Independent Chair Review**

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| **I endorse the recommendation for a SAR to be undertaken** |  |
| **I endorse the recommendation for a SAR not to be undertaken** |  |
| **Further information/ clarification is required (refer back to SARC)** |  |
| **Comments** | |
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| **Name (SAB Chair)** |  |
| **Date** |  |
| **Signature** |  |