**Rapid Review - Initial Scoping and Information Sharing**

**Safeguarding Adults Review (SAR) Referral**

The Care Act (2014) provides clear direction and criteria about when a Safeguarding Adults Review should be conducted. We have received a Safeguarding Adults Review referral and will, therefore, be holding a Rapid Review case discussion within the next Safeguarding Adult Review and Complex Case Group (SARCC) to consider the circumstances of the case.

To inform the Rapid Review, we need to gather the basic facts about the case and determine the extent of agency involvement with the Adult. This will help the safeguarding partners to decide whether to progress a statutory Safeguarding Adults Review and to determine the most appropriate method to disseminate any learning from this case.

This initial scoping and information sharing form must be returned to us **within 5 working days of receipt**.

Contact details of individual / agency completing this form – ENSURE THIS IS COMPLETED

|  |  |  |
| --- | --- | --- |
| **Name** | **AGENCY & DESIGNATION/TITLE** | **CONTACT DETAILS – Address, telephone number and e-mail address** |
|  |  |  |

**Date completed:**

**Background Information** *(This should be completed before this form is sent out)*

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| **Summary of Case:** |
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| **Indicative time period to be looked at:** *(Good practice suggests that the time period examined should be limited. However, please include information from outside this time period if you feel it is relevant to the case.)* |
| From: To:  |

**Section 1: Details of the Adult**

*This should be completed BEFORE the form is sent out.*

*All agencies are asked to check whether the details below match information held on their systems. Please advise of any anomalies (highlight in red)*

|  |  |
| --- | --- |
| **Name:** |  |
| **Also known as:** |  |
| **NHS number:** |  |
| **D.O.B:** |  |
| **D.O.D: (If applicable)**  |  |
| **Home Address:** |  |

***SIGNIFICANT ADULTS / OTHERS***

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* | *Relationship to Adult* | *Date of Birth* | *Address* |
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|  |  |  |  |
| *Please include any others not listed* |  |  |  |
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**Section 2: Agency Information and Involvement**

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| 1. **Provide a summary of your agency’s involvement with A**dult **AND the Significant Adults / Others.** *(Please focus on the key significant events in chronological order and, where appropriate, include the date of commencement and completion of service.)*
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| 1. **Brief analysis of individual or / and agency practice.** *(Please identify any outstanding practice or potential learning).*
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| 1. **Please identify any areas for concern as to the way in which partners have worked together to safeguard the Adult.**
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| 1. **Are you aware of the involvement of any other agencies? If yes, please give details.**
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| 1. **Please include any further relevant information that you wish to share with the SARCC.**
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**Section 3: Submission of this Form**

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| Send the completed form to Carole Paz-Uceira CarolePazUceira@Gateshead.Gov.UK |

***A multi-agency Rapid Review will be undertaken within the SARCC, and you will be informed of the* outcome.**