

## Safeguarding Adult Review Notification Form

Please send the completed form securely to:

Email: [BoltonSafeguardingAdultsBoard@bolton.gov.uk](mailto:BoltonSafeguardingAdultsBoard@bolton.gov.uk)

By post: FAO BSAB, Bolton Town Hall, 3<sup>rd</sup> Floor, Le Mans Crescent, BL1 1RU

Enquiries: [BoltonSafeguardingAdultsBoard@bolton.gov.uk](mailto:BoltonSafeguardingAdultsBoard@bolton.gov.uk),

### REFERRER DETAILS

NAME	AGENCY & DESIGNATION	CONTACT DETAILS – address, telephone number and e-mail address

Date of referral submission to SAB:

Missing information on under referrer details:

Date, name and additional comments from Senior Manager/Safeguarding Lead

**Please advise if there have been any delays in making this referral, if yes, please explained why?**

Cases which meet one or more of the following criteria should be referred for 12

The criteria used to determine if a case should be considered as a SAR is described below:

- 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.
- SABs must also arrange a SAR if an adult in its area, with needs for care and support, has not died but the SAB knows or suspects 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.

**Adult DETAILS** – this relates to the adult who is the subject of the serious incident

Name of Adult	
Date of Birth	
Date of Death or Serious Incident	
Home address	
Gender	
Ethnic Origin	
Faith/Religion	
Disability	
Level of involvement at time of Incident:- (please select one option)	
Location of incident if different from Home Address	
Are there any children safeguarding concerns and have these been shared and with whom?	
Is the adult a care leaver?	

**DETAILS of Significant Others – Relatives, Next of kin, Advocate, IMCA, Power of Attorney**

Name	Relationship to adult	Date of birth	Address	Known to services	Are they aware of the SAR referral	Please indicate who is the main contact/representative for the adult? (The BSAB may wish to contact them to discuss the SAR referral)

**3. Agencies known to be involved with the case (please specify)**


**4. Reason for notification (more than one box may be ticked)**

An adult with care and support needs (whether or not those needs are met by the Local Authority) in the Safeguarding Adults Board's (SAB) area has died as a result of abuse or neglect, whether known or suspected and there is concern that partner agencies could have worked together more effectively to protect the adult	
An adult with care and support needs (whether or not those needs are met by the Local Authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.	
An adult is confirmed or suspected of being abused or neglected <b>and</b> 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. The referring agency believes that whilst the above two criteria are not met that the SAR panel should consider	

conducting a Safeguarding Adults Review. Please note that informal carers could be included for consideration	
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5. Characteristics of Case (Please tick all applicable factors)					
Domestic abuse		Alcohol abuse			
Mental health		Drug abuse		Organisation Abuse	
Sexual abuse		Discriminatory Abuse			
Self-neglect		Neglect or acts of omission			
Emotional/psychological abuse		Modern slavery			
Physical abuse		Financial abuse			

<b>6. Case Outline</b> Please give a summary of the circumstances of this case and explain why you feel this case should be considered for a Safeguarding Adult Review.
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## 7. Details of the SAR referral

<b>Briefly summarise the details of your referral giving an overview of your agencies' involvement with the adult including dates.</b>	
How do you believe agencies could have worked better together to protect the adult at risk?	
What learning do you think can be achieved through review of this case or cases?	
What other learning /review processes have been followed?	

## 8. Parallel Processes

<b>Please provide any details of parallel processes that may need to be considered i.e., criminal investigation, coronial proceedings, serious incidents, Datix relating to this incident etc.</b>

## 9. Additional Information

Any additional information

***10. For completion of the SAB Business Unit***

Initial of Adult	
Date Referral received by the SAB	
Date requests for single agency information were made	
Date referral reviewed by the chair/Business Manager	
Deadline for agencies to submit single agency information	
Date of initial Screening meeting or presented to SAR Panel	
Date Recommendation submitted to the SAB chair	
Date of decision of the SAB Chair	
Decision agreed – Mandatory/Discretionary/other/ No SAR	

**Please return this form to [boltonsafeguardingadultsboard@bolton.gov.uk](mailto:boltonsafeguardingadultsboard@bolton.gov.uk) should only be sent by secure email.**

**For Office Use:**

**This section will be used to record Bolton's Lessons Learned Sub-group of the screening decision of BSAB**

<b>INITIAL CASE SCREENING OUTCOME</b>	
Safeguarding Adult Review criteria <b>highly likely</b> to be met	
Safeguarding Adult Review criteria <b>possibly</b> met	
Safeguarding Adult Review criteria not met but possibility of further review	
Safeguarding Adult Review criteria not met and no requirement for further action	

<b>CASE TRACKING INFORMATION</b>	
Date of Screening	
CareFirst/NHS No:	
Date form completed	
Date submitted to BSAB Chair	