

**Safeguarding Adult Review – Initial Request for Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Adult:** | *Completed by Business Unit from referral*  | **Personal Identifier (e.g. NHS number):** | *Completed by Business Unit from referral*  |
| **Date of birth:** | *Completed by Business Unit from referral*  | **Date of death or serious incident** | *Completed by Business Unit from referral*  |
| **Gender** | *Completed by Business Unit from referral*  | **Organisation Completing Request**  |  |
| **Ethnicity** | *Completed by Business Unit from referral*  | **Name of Professional Completing Chronology** |  |
| **Last Known Address:** | *Completed by Business Unit from referral*  | **Contact Details – please provide an email and phone number** |  |
| **Summary of case/concerns** | *Completed by Business Unit*  |

This information request relates to a Safeguarding Adult Review (SAR) referral received for the adult whose details are provided above. The concerns identified relate to suspected abuse or neglect of the adult and potentially how agencies worked together to protect the adult.

We ask that all agencies consult their records on this individual in order to build a greater understanding of the circumstances surrounding this case for discussion at the SAR Subgroup Meeting. It is assumed that the person completing the return will also represent your agency if asked to attend the SAR Subgroup meeting. If this will be another professional, please provide their name, job role and email address.

|  |
| --- |
| **Agency Information**Please review records from two years prior to the significant harm or death noted in the SAR referral as a minimum. Please include a longer timeline if you feel the information is relevant to the SAR criteria or is necessary to provide a better understanding of your agency’s involvement.When providing information about other agencies/professionals with involvement, please refer to the organisation/team or specific job role rather than naming individuals within this return.  |
| **Is the adult known to your agency?****Please include the period known from and to.** The screening meeting will focus on the two year period prior to the serious harm or death, but may consider information outside of this timeframe if relevant to SAR criteria. | **Yes/ No****Time period:**If no, the remaining questions will not be applicable. Please return in a secure manner to: nysab@northyorks.gov.uk  |
| **Please provide a brief overview of the nature of your agency’s engagement/ involvement with the adult.** If the adult is alive, please confirm if they are currently receiving services from your agency or a service you commission. |  |
| **Did the adult have care and support needs?** Please describe any known or indicated care and support needs. This could include health conditions, support for daily living activities or factors that made the adult vulnerable. |  |
| **Do your records include any safeguarding concerns about abuse or neglect. If so, please provide an overview of dates and concerns.** **Please confirm if a safeguarding referral was made to the local authority** (including date referred). |  |
| **Have you identified any significant relationships, particularly anyone who lived with the adult, provided care or support, or anyone who posed a risk to the adult?** Please provide details of who and the nature of the relationship. |  |
| **Did you work with or refer to any other agencies related to this adult?** Please note agencies and provide contact details if available. |  |
| **Do your records indicate any other agencies were involved with the adult?** |  |
| **Are you aware of any other learning or investigation processes related to this adult, either planned, ongoing or completed?**If your agency has undertaken any formal investigation and/or identified any learning, please include any findings. This may include system learning or learning unique to this case. |  |
| **Do you hold any other information about the adult that relates to a) their needs, b) the risk of abuse or neglect including their ability to protect themselves, or c) concerns about how agencies worked together?** |  |
| **In reviewing your records, have you identified any missed opportunities, areas of learning/improvement or any positive or best practice.** |  |

Once complete please return to nysab@northyorks.gov.uk