

Harrow Safeguarding Adults Board

Consideration for Safeguarding Adults Review Notification Form - March 2024

Safeguarding Adults Review Notification Submission Guidance

- Please use this form to notify the Harrow Safeguarding Adults Board (HSAB) about a potential Safeguarding Adult Review (SAR), which in the first instance will be considered by the Board's Case Review Sub-Group.
- All Notifications should be discussed with the HSAB Board member for your organisation (if your agency is a Board member), who should help to ensure the form is completed to the required standard.
- The HSAB Business Unit can also offer advice and support on completion of this Notification Form and to discuss the criteria for SAR's set out below. Email: HSAB@harrow.gov.uk

Safeguarding Adult Review (SAR) Threshold Criteria Guidance

The following should be considered when deciding whether to make a referral for a Safeguarding Adult Review. Please refer to these points when completing the Notification Form, stating why it is considered that the criteria for a SAR are met in this case:

1. The adult has died (including death by suicide) as a result of abuse or neglect, whether known or suspected (OR);
2. The adult has not died, but it is suspected that the adult has experienced serious abuse or neglect. This could include potentially life-threatening injury or sustained serious and permanent impairment of health or development.

The cause for concern could involve the following circumstances:

- Where procedures may have failed, and the case gives rise to serious concerns about the way in which local professionals worked together to safeguard adults at risk of abuse and neglect.
- Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved.
- Concerns are held about systemic failings relating to multiple organisations and so there is potential to use learning to improve multi agency practice and partnership working.
- Where circumstances give rise to serious public concern or adverse media interest in relation to an adult/adults at risk.

1. Date of Notification (fields marked * are mandatory)

Date of Notification:*	
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2. Notifier

Your Agency:*	
Your Details:*	
Your Role:*	
Your Email Address:*	
Your Phone Number:*	

3. Adult's Details

Last Name:*	
Forename(s):*	
Other/Preferred Name Used:	
Date Of Birth:*	
Age (If DOB unknown):	
Date of Death (if applicable):*	
Gender:*	
Ethnicity:*	
Adult's Address:*	
Client/Incident Reference No:	
GP Details:	

4. Family Members/Significant Others

	Person 1	Person 2	Person 3
Name:			
Date Of Birth:			
Address:			
Telephone/Email:			
Relationship:			
No Known 'Family Members/Significant Others':			

5. Family Awareness

Are the Adult's family aware of this referral?	<u>Yes</u>	<u>No</u>	<u>Not Known</u>
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6. Incident Summary

Incident Date:	
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Please provide a summary of the circumstances, including relevant details of the adult's physical and mental health:*

7. SAR Threshold Consideration

Please explain why this Notification meets the criteria for a SAR outlined on Page 1.*

8. Care & Support Needs and Safeguarding Enquiries

Did the person have care and support needs?*	<u>Yes</u>	<u>No</u>	<u>Not Known</u>
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Was the Adult subject to a Section 42 Safeguarding enquiry at the time of the incident?	<u>Yes</u>	<u>No</u>	<u>Not Known</u>
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Which agencies were involved?

Please provide known Contact Details of agencies involved:

9. Other Notifications & Investigations

Has this incident been referred to another body?	<u>Yes</u>	<u>No</u>	<u>Not Known</u>
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Agency or Body/ies referred to:

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Are there on-going criminal proceedings?	<u>Yes</u>	<u>No</u>	<u>Not Known</u>
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Details of any internal agency review or investigation carried out:

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Please return the completed form to hsab@harrow.gov.uk