



Safeguarding Adult Review or Child Serious Case Review

Referral Response Form

The criteria for the respective Safeguarding Board to commission a Safeguarding Adult Review or a Child Serious Case Review are as follows:-

Safeguarding Adult Review (Section 44 Care Act 2014)

(1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

(a) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult **AND**

(b) Condition 1 or 2 is met.

(2) Condition 1 is met if:

(a) The adult has died, **AND**

(b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(3) Condition 2 is met if:

(a) The adult is still alive, **AND**

(b) The SAB knows or suspects that the adult has experienced serious abuse or neglect.

(4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

(5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to:

(a) Identifying the lessons to be learnt from the adult's case, and

(b) Applying those lessons to future cases.

Child Serious Case Review (Chapter 4 Working Together March 2015)

Regulation 5 (2) of the Local Safeguarding Children Boards Regulations 2006 sets out the criteria for when a LSCB is required to undertake a review into a serious case. A serious case is defined as one where:

(a) Abuse or neglect of a child is known or suspected;

AND

(b) Either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

PART 1.

Details of Referral as Supplied to the Respective Safeguarding Board

(Part 1 is for completion by LSAB or LSCB Partnership Support Team copied & pasted from original Referral Form)

1. Referral Details

Referrer's Name & Role	
Agency	
Tel. No.	
Email	
Date of Referral	
State if referral is for IOW LSAB or IOW LSCB	
Details of any other review or investigation e.g. SIRI, mental health review, criminal investigation, SFO review, MAPPA review, DHR, YOT review etc.	

2. Details of Subject (add additional table for each additional subject)

Full Name	
Any Aliases	
Date of Birth	
Date & Cause of Death (if applicable)	
Ethnicity	
Gender	
Address	
School / Nursery / Residential Home etc. (if applicable)	

3. Details of Significant Person e.g. parent, carer, sibling, son, daughter etc. (add additional table for each additional significant person)

Full Name	
Any Aliases	
Date of Birth	
Relationship to Subject	
Address	

4. Agencies Involved with Subject (please tick)

Adult Mental Health		Health	
Adult Social Care		Hospital	
Ambulance		LA Education Service	
CAMHS		Police	
Children’s Social Care		LA Regulatory Services	
College		Probation	
CRC		Residential Home	
Drug / Alc Services		School	
Fire & Rescue		YOT	
G.P		Other (specify)	

5. Reasons for Referral
(Refer to SAR and SCR criteria on Page 1)

(a) Reasons for Referral for Safeguarding Adult Review

Adult with needs for care and support	
Concern about multi agency working	
Adult has died AND death linked to abuse or neglect	
Adult is alive having experienced serious abuse or neglect	
Other reason (specify)	

(a) Reasons for Referral for Child Serious Case Review

Abuse or neglect of a child is known or suspected.	
A child has died (including suicide)	
A child has been seriously harmed	
Concern about multi agency working	
Other reason (specify)	

6. Characteristics of Case

Domestic abuse		Alcohol abuse		Drug abuse	
Mental health		Fabricated illness		Shaken baby	
Sexual abuse		Looked after child		Sexual exploitation	
Emotional abuse		Neglect		Physical abuse	
Self-neglect		Homelessness		Abusive head trauma	
Hidden adults		Financial abuse		Overlay	
Disability		Chronic illness		Learning difficulties	
Self-harm		Suspected suicide		Cross border issues	
Abuse by person in position of trust		Section 47 investigation		Section 42 Care Act procedures	

PROTECT – PERSONAL

Human trafficking		LGBT issues		Forced marriage	
Child Protection Plan					
Other (specify)					

7. Case Outline

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, child serious case review, single agency review, or multi-agency/partnership review.

PART 2.

Agency Details

(Part 2 for completion by agency member undertaking referral response)

Details of Agency Undertaking Referral Response

Name of agency	
Name & role of person completing response	
Contact details (telephone number & e mail address)	
Which subjects or significant persons, if any, were known to your agency?	
Details of any other review or investigation e.g. SIRI, mental health review, criminal investigation, SFO review, MAPPA review, DHR, YOT review etc.	
Date referral response completed	

If none of the subject(s) or significant person(s) were known to your agency please submit your Referral Response at this stage.

If any of the subject(s) or significant person(s) were known to your agency please complete the rest of the form.

PART 3.

Agency Referral Response

(Part 3 for completion by agency undertaking referral response)

1. Does your agency have any different names or dates of birth for the subject(s) or significant person(s) compared to the details provided in the referral? If so please detail.

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2. Does your agency have any different addresses for the subject(s) or significant person(s) compared to the details provided in the referral? If so please detail.

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3. Please identify all agencies that you are aware of that were involved with subject(s) or the significant adult(s) (please tick boxes)

Adult Mental Health		Health	
Adult Social Care		Hospital	
Ambulance		LA Education Service	
CAMHS		Police	
Children’s Social Care		LA Regulatory Services	
College		Probation	
CRC		Residential Home	
Drug / Alc Services		School	
Fire & Rescue		YOT	
G.P		Other (specify)	

4. Please identify any characteristics of the case that you are aware of from searching your agency records (please tick boxes)

Domestic abuse		Alcohol abuse		Drug abuse	
Mental health		Fabricated illness		Shaken baby	

PROTECT – PERSONAL

Sexual abuse		Looked after child		Sexual exploitation	
Emotional abuse		Neglect		Physical abuse	
Self-neglect		Homelessness		Abusive head trauma	
Hidden adults		Financial abuse		Overlay	
Disability		Chronic illness		Learning difficulties	
Self-harm		Suspected suicide		Cross border issues	
Abuse by person in position of trust		Section 47 investigation		Section 42 Care Act procedures	
Human trafficking		LGBT issues		Forced marriage	
Child Protection Plan					
Other (specify)					

5. Please list a summary of your agency’s involvement on a separate Chronology Template supplied by the Partnership Support Team.

Complete Chronology Template

(Please note that the Referral Response Chronology will be considered by the Board when assessing whether or not to commission a review. If a review is subsequently commissioned and the scope of the review is extended then agencies will be required to expand their Chronology to incorporate the additional information).

6. Please indicate if you believe the mandatory review criteria for a Safeguarding Adult Review and / or Child Serious Case Review are met (please tick boxes) (Refer to SAR and SCR criteria on Page 1)

(a) Criteria for Safeguarding Adult Review

Adult with needs for care and support	
Concern about multi agency working	
Adult has died AND death linked to abuse or neglect	
Adult is alive having experienced serious abuse or neglect	
Other reason (specify)	

(b) Criteria for Child Serious Case Review

Abuse or neglect of a child is known or suspected.	
A child has died (including suicide)	
A child has been seriously harmed	
Concern about multi agency working	
Other reason (specify)	

7. If mandatory review criteria are not met are you proposing that a discretionary multi-agency review is commissioned? If so please state what review is being proposed and explain why such a review should be considered.

8. Did your agency have any concerns regarding the subject(s) of the referral? If so please add details.

9. Were any concerns raised by your agency not responded to appropriately by other agencies? If so please add details.

10. Are there any key decisions which taken differently could have prevented or reduced the likelihood of the final outcome in this case? If so please add details.

11. Have any failures in multi-agency working been identified? If so please add details.

12. Has any good practice been identified within your agency? If so please add details.

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13. Have you identified any lessons that could be learnt within your agency from undertaking this initial scoping? If so please add details.

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PART 4.

Agency Quality Assurance

(Part 4 for completion by manager from agency undertaking referral response)

Agency Quality Assurance

Name & designation of manager quality assuring response	
Date response approved & submitted to Safeguarding Board	

When completed please send this referral form as a password protected document to one of the following addresses:

For a Safeguarding Adult Review Referral please e-mail to the IOW LSAB Partnership Support Team: rachel.watson@iow.gov.uk

For a Child Serious Case Review Referral please e-mail to the IOW LSCB Partnership Support Team: LSCB@iow.gcsx.gov.uk