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| Oxfordshire Safeguarding Adults Board**Case Review** – **Referral Form**  |

This form should be completed in the event of an incident that might meet the criteria for either a [**Safeguarding Adults Review**](#_Appendix_1_–) or a [**Homeless Mortality Review**](#_Appendix_2_–). The conditions for both are in the Appendices of this referral form.

Completed forms should be emailed to **OSAB@oxfordshire.gov.uk****.**

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| **Information required from the Notifying Agency:** |
| **Name of the Notifier** |  |
| **Job Role** |  |
| **Agency** |  |
| **Contact Details of Notifier** |  |
| **Date of Notification to OSAB** |  |
| **Relationship to the person** |  |
| **Referring for a SAR or HMR?** |  |
| **If you are referring for a SAR, how do you think it meets the criteria?** (see Appendix 1) |  |
| **Details of the person who is being Referred** |
| **First Name**  |  |
| **Surname**  |  |
| **Any Aliases?**  |  |
| **Date of Birth** |  |
| **Date of Death (if applicable)**  |  |
| **Age at Death (if no DOB known)** |  |
| **Home address or last known home address** |  |
| **Where were they living if not at home address?** Please provide an address if possible. |  |
| **NHS Number (if known)** |  |
| **Gender/Gender Identity** |  |
| **Sexuality** |  |
| **Faith/Religion** |  |
| **Nationality, Ethnic Origin & First Language** |  |
| **Disability? If so, in what respect are they disabled?** |  |
| **Care Needs** (formally assessed or not) |  |
| **Marital/Relationship Status** |  |
| **Parent/Caring Responsibilities** |  |
| **Socio-Economic Status** (*Employed, unemployed, claiming benefits, No recourse to public funds)* |  |
| **Did the person have a local connection to Oxfordshire? Which area?**  |  |
| **Were they living in a supported housing provision? (When did they move in?)** |  |
| **Notifying Others of the Incident** |
| **Have you, or anyone in your organisation, notified any of the following or do you know if they are aware?**  | 1. **Next of Kin**
 | **Yes/No** |
| 1. **Police**
 | **Yes/No** |
| 1. **Coroner’s Office**
 | **Yes/No** |
| 1. **GP**
 | **Yes/No** |
| 1. **Care Quality Commission**
 | **Yes/No** |
| 1. **Place of residence**
 | **Yes/No** |
| 1. **Any other, please give details …………………………..**
 | **Yes/No** |
| **Involvement of Family, Next of Kin & Significant Others** |
| **Do you have details of any family members/ Next of Kin/ Significant others?** |  |
| **Have they been made aware of the HMR/SAR Referral?** |  |
| **Are they willing to be involved in the process?** |  |
| **Please provide contact details: (***Name, Address, Telephone Numbers, email)* |  |
| **Details of the Death/Serious Harm:** |
| **Place of Death/Serious Harm** |  |
| **Have you conducted or do you plan to conduct an internal review of the incident/death?** |  |
| **Please give a brief summary of how you/your agency became aware that this person had died/been seriously harmed.** |  |
| **Please provide a summary of the person’s history with your service** |
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| **What would you/your organisation want to see the HMR/SAR achieve?** |
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| ***The following questions are specifically if the person has died*** |
| **Official Cause of Death if available:** *(As described on the Death Certificate 1a/1b/1c/2)* |  |
| **What do you understand the cause of death to be?**  |  |
| **Were you surprised that the person died from this cause at this time? If so, why?**  |  |
| **Will there be a post mortem?** |  |
| **Will there be a Coroner’s inquest?** |  |
| **Will there be any other investigation into the death (DHR, Fatal Fire Review, etc)?** If YES, please describe |  |
| **Other Agencies known to the Person/Pertinent to the Review** |
| **Agency/Organisation** | **Contact details*****(Name of organisation/lead worker/e-mail &/or telephone contact)*** |
| **Supported Housing/Hostel**  | **Y/N** |  |
| **Local Housing Authority** | **Y/N** |  |
| **Adult Social Care** | **Y/N** |  |
| **GP** | **Y/N** |  |
| **Drug or Alcohol Services** | **Y/N** |  |
| **Mental Health Services** | **Y/N** |  |
| **Street Outreach Team** | **Y/N** |  |
| **Probation/CRC** | **Y/N** |  |
| **Other**  | **Y/N** |  |
| **Did the person usually receive statutory or voluntary sector support?** | Yes / No / Don’t know |
| **If YES did they receive support:****(Delete as appropriate)**  | 1. Daytime only
2. Day and night (waking night)
3. Day and night (sleeping night)
 |
| **Who was the primary support/care provider?** |  |

**Thank you for completing the form.**

**This is as much as you are requested to complete to refer a case for consideration. Please email the completed form to:** **OSAB@oxfordshire.gov.uk****.**

**The Following Sections are for the those Responding to Scoping Request ONLY**

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| **To be Completed by the SAR Subgroup Member/Scoping Organisation** |
| **Name** |  |
| **Job Role & Agency** |  |
| **Contact Email** |  |
| **Date of Response to OSAB** |  |
| **Is your agency completing any form of internal review?** |  |
| **A short summary of agency’s involvement** |
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| **Having reviewed the record, are there any obvious indications that the common learning points from Case Reviews are present?** [*See Appendix 3*](#_Appendix_3_–)*.* **If so, please provide details.** |
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| **Having reviewed the record, are there any indications of unique learning points (something other than is listed in** [*See Appendix 3*](#_Appendix_3_–)*)* **If so, please provide details.**  |
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**TO BE COMPLETED AFTER THE SAR SUBGROUP HAS MET TO CONSIDER THE SCOPING RETURNS**

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| **Outcome of Initial Screening***For OSAB use to determine whether the referral should be progressed* |
| **Outcome** | **Date** | **Reason** |
| Case closed without proceeding further |  |  |
| HMR instigated |  |  |
| SAR Scoping instigated |  |  |

# **Appendix 1 – Safeguarding Adults Review**

A person (or persons) should be referred for a SAR when one of the following conditions is met.

**Condition 1: Adult has Died as a result of abuse or neglect (known or suspected)**

Safeguarding Boards must arrange a Safeguarding Adult Review when:

1. An adult with care and support needs
2. Dies as a result of abuse or neglect (whether known or suspected)
3. and there is concern that partner agencies could have worked more effectively to protect the adult.

**Condition 2: Adult has not Died but experienced significant harm from abuse or neglect**

Safeguarding Boards must also arrange a Safeguarding Adult Review when:

1. An adult with care and support needs
2. has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect
3. and there is concern that partner agencies could have worked more effectively to protect the adult.

*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 has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.*

**Condition 3: Discretionary Review**

Safeguarding Boards can choose to arrange for a Safeguarding Adult Review (a discretionary SAR) when a case does not fulfil the above criteria and when:

* The case involves an adult with care and support needs, AND
* the review will help promote effective learning and improvement action to prevent future deaths or serious harm occurring again, OR
* the review will be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

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# **Appendix 2 – Homeless Mortality Review**

A person has died for any reason and one of the following apply -

At the time of their death, the person was:

* Rough Sleeping, or
* Living in temporary Homeless Accommodation, or
* Living in settled accommodation within the last 6 months (having moved there with a history of being involved with homeless services)

# **Appendix 3 – Common Lessons from SARs (Local and National)**

The most commonly noted **direct practice shortcomings** from local and national reviews:

1. Poor or absent risk assessment/risk management
2. Shortcomings in mental capacity assessment
3. Lack of recognition of abuse/neglect
4. Shortcomings in making safeguarding personal
5. Absence of professional curiosity
6. Lack of attention to people’s mental health needs
7. Absence of legal literacy
8. Superficial acceptance of individuals’ apparent reluctance to engage
9. Absence of a ‘think family’ approach
10. Poor recording practices
11. Poor attention/invisibility of unpaid carers
12. Lack of understanding of personal history
13. Absence of trauma-informed practice
14. Shortcomings in hospital discharge
15. Poor attention to living conditions
16. Lack of perseverance
17. Poor access to advocacy
18. Lack of attention to substance use
19. Poor/absent transition planning
20. Poor/no attention to protected characteristics
21. Absence of relationship-based practice

The most commonly noted **organisational features** from local and national reviews:

1. Poormanagement oversight
2. Poor use of policies and procedures
3. Pressures on staffing and workloads
4. Failure to provide training
5. Concerns about commissioning practice, including quality assurance of provider services
6. Communication about ‘out of authority’ placements
7. Absence of suitable, often specialist, resources