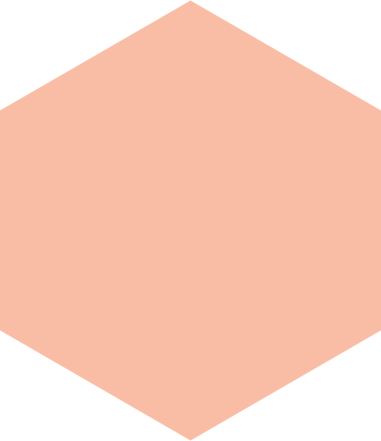
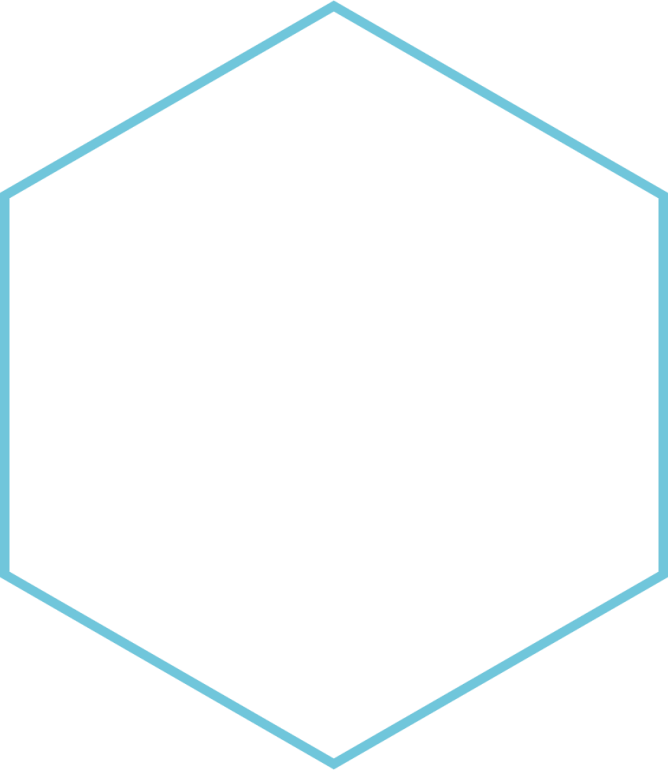


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| **Safeguarding Adults Reviews:**  **A Guide for Practitioners** |
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| This document provides guidance on the Hertfordshire Safeguarding Adults Board (HSAB)’s Safeguarding Adults Review purpose and processes. This guide will assist people to decide when to refer a case to the Safeguarding Adults Board for consideration as a Safeguarding Adults Review, as well as providing guidance regarding the Safeguarding Adults Review process itself. |
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# **Foreword from Liz Hanlon**

# **Independent Chair Hertfordshire Safeguarding Adults Board**

Welcome to this guide; Safeguarding Adult Reviews are about learning together and improving how adults are protected from abuse of all kinds.

A Safeguarding Adult Review (SAR) is a multi-agency learning process that considers:

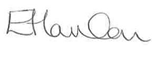
* Why and how serious abuse or neglect happened to an adult and what could have been done to prevent it happening
* Could partners work together differently to protect the adult and prevent the abuse that lead to the death or serious harm of an adult with care and support needs

The review aims to identify and share lessons learnt to prevent similar abuse or neglect happening again.

**It is not the reviews job to redo the investigation or apportion blame to any organisation or partner**. The aims of a Safeguarding Adult Review include:

* Establish if there are lessons that can be learned about how professionals and organisations work together to protect adults
* Giving adults and/or their advocates a voice about how professionals and services can better protect vulnerable adults in the future
* Review how effective Hertfordshire’s safeguarding procedures are
* Act on learning to improve local multi-agency practice
* Highlight good practice that can be shared with others

I hope this guide will give a clear understanding of what constitutes a SAR and reasons for undertaking such a review.



Elizabeth Hanlon

Independent Chair

Hertfordshire Safeguarding Adults Board

# **What is a Safeguarding Adult Review?**

# **The Criteria and Purpose**

* The Care Act 2014 (the Act) Section 44 requires Safeguarding Adults Boards (SABs) to commission Safeguarding Adults Reviews (SARs) in specified circumstances.

# **Key Principles**

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| * The Hertfordshire Safeguarding Adults Board has the lead responsibility for commissioning a Safeguarding Adult Review. |
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| * It is acknowledged that all agencies will have their own internal /statutory review procedures to investigate serious incidents: This document is not intended to duplicate or replace these. Agencies may also have their own mechanisms for reflective practice. |
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| * The Hertfordshire Safeguarding Adults Board will include in its Annual Report the findings of the reviews which have concluded in that year (whether or not they began in that year) and details of the reviews which are ongoing at the end of the year (whether or not they began in that year) as required under the Act Schedule 2 4(d) and (e). |
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| * The Hertfordshire Safeguarding Adults Board will, other than in exceptional circumstances, publish the Executive Summary of all reviews on its website. |
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| * Safeguarding Adult Reviews must be completed in a timely manner. Once the decision to commission a SAR has been made, it should be completed and presented to Hertfordshire Safeguarding Adult Board within six months unless agreed by the Chair of the Board. |
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| * All contact with the media with reference to the Safeguarding Adult Review will be managed through the Hertfordshire Safeguarding Adult Board Chair via the County Council Press Office. |
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| * Hertfordshire Safeguarding Adult Board will consider conducting a Partnership or other form of review when the above criteria for a Safeguarding Adult Review is not met but when a review into the circumstances of a death or serious abuse or neglect can provide useful multi-agency learnings. This decision is made on a case by case basis. |
|  |
| * All emails, minutes and other paperwork relating directly to the Safeguarding Adult Review must be password protected. Documents and emails must also make reference to the Boards’ privacy notice. Confidentiality agreements must be signed by all individuals attending or contributing to meetings held under this guidance. * For all supporting paperwork and documentation involved in the Safeguarding Adult Review (SAR) process, please see the SAR toolkit which can be found: <https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx> |

# **Referral Process Flow Chart**

# **Safeguarding Adult Review / Partnership Case Review Process**

**Acronyms**

**SAR** – Safeguarding Adult Review. **HSAB** – Hertfordshire Safeguarding Adults Board

**DHR** – Domestic Homicide Review.

**HSCP** – Hertfordshire Safeguarding Children Partnership

**Safeguarding Adults Review REFERRAL Form**

For information on safeguarding adults reviews please refer to the HSAB Safeguarding Adult Review Guidance at:<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/safeguarding-adults-from-abuse-–-information-for-professionals.aspx>

Please complete and return via secure email to: [Jean.Banks@hertfordshire.gov.uk](mailto:Jean.Banks@hertfordshire.gov.uk) and Mary.Moroney@hertfordshire.gov.uk

This information will be collated and used by the Safeguarding Adults Review sub-group to inform the decision about whether or not any form of review should be undertaken by Hertfordshire Safeguarding Adults Board.

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| **PART 1 – to be completed by the person making the referral** | |
| Referrer: |  |
| Identified adult(s) at Risk  Name:  D.o.B.:  D.o.D.:  Address: |  |
| Known person(s) / Organisation(s) having had contact with the adult: |  |
| Other relevant family / friends: |  |
| Has the Adult got/had care and support needs – please specify | **YES / NO (please delete as appropriate) –Please specify** |
| Has their death resulted from abuse or neglect – please specify  OR  If they are alive have they experienced serious abuse or neglect – please specify | **YES / NO (please delete as appropriate) –Please specify** |
| Is there concern that partner agencies could have worked more effectively to protect the adult – please specify | **YES / NO (please delete as appropriate) –Please specify** |
| Is this person subject to a DoLS? | Yes 🞎 No 🞎 |

**Responding agency**:

**Name of person completing this form**:

**Job title**:

**Contact details**:

**Executive Officer**

**Name:**

**Job Title:**

**Signature:**

|  |  |
| --- | --- |
| **Question** | **Response** |
| Period under consideration : | |
| Did your agency have any contact with the adult concerned? |  |
| If so, in what capacity? (Please detail all services) |  |
| Has your agency identified any safeguarding concerns in relation to or any other family member / significant other? (please detail) |  |
| Has your agency identified any areas of learning in the way in which services were provided to? |  |
| Has your agency undertaken any form of learning / incident review in relation to this case? (If so, please detail, including recommendations and actual / anticipated impact). |  |
| Is your agency of the view that any form of multi-agency review should be undertaken? (Please explain your response) |  |
| Please detail any other information / comment that you consider would assist the sub-committee in deciding how to respond to this referral. |  |

**PLEASE ENSURE THIS REFERRAL IS SIGNED BY YOUR AGENCY’S HSAB MEMBER. THE REFERRAL WILL BE RETURNED IF SIGN OFF IS NOT COMPLETE.**

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| **PART 2 – to be completed by the chair of the SAR sub group** | | |
| **It is recommended/not recommended that this case be subject to a Safeguarding Adult Review for the following reasons:** | | |
|  | | |
| **When a case does not meet the criteria for a Safeguarding Adult Review, other options may be considered – in this case the following is recommended:** | | |
|  | | |
| **Legal advice has been sought** | Yes | No |
| **Signed** |  | |
| **Print Name** |  | |
| **Date** |  | |

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| **PART 3 – to be completed by the chair of the HSAB** |
| **Does this case meet the requirements of a SAR?** |
| Yes/No |
| **Does this case meet the requirements of a PCR?** |
| Yes/No |
| **Reason for decision:** |
| **Shared with HSP members**  Yes/No |
| **Raised at HSAB meeting under confidential section?**  Yes/No |
| **Date:** |
| **Signed:** |
| **Print name:** |
| **Date:** |