



## **Safeguarding Adult Review (SAR) Protocol**

**April 2020**

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| DSP1                               | Business Unit  | 01/10/2019  | Rebranded and updated to reflect new safeguarding partnership arrangements. Timelines and processes revised in line with Child Safeguarding Practice Review Procedure at the request of the Statutory Partners. |
| DSP1.2                             | Business Unit  | 13/11/2019  | Further amends as highlighted by Learning and Development Group.  |
| DSP 1.3                            | Kate McLatchie – Safeguarding Adult Manager, DBC     | 30/01/2020  | Further revisions provided.   |
| DSP 1.4                            | Learning and Development sub-group & Approved by SSP | April 2020  | Update from L and D sub-group to tighten up decision making following challenge to SSP on outcome of safeguarding adult referrals. Revisions approved by SSP 9 <sup>th</sup> April 2020.                        |

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## 1. INTRODUCTION

1.1 For the purpose of this document the term Statutory Safeguarding Partners refers to the new statutory arrangements as outlined in [Working Together to Safeguard Children 2018](#). The responsibility for Safeguarding arrangements rests with the Statutory Safeguarding Partners and for Darlington, they are:

- Darlington Borough Council
- Darlington Clinical Commissioning Group
- Durham Constabulary

In Darlington the safeguarding arrangements also cover the Safeguarding Adult Board, which is a statutory requirement under the [Care Act 2014](#). The main objective is to seek assurance that local safeguarding arrangements and partners act to help and protect adults who meet the criteria set out in Section 43 (Part 1).

1.2 The Statutory Safeguarding Partners have oversight of adult safeguarding across the locality and have a range of statutory duties, which contribute to the prevention of abuse and neglect. This includes the duty to conduct any Safeguarding Adult Reviews (SARs) in accordance with Section 44 of the Care Act 2014. SARs are reviews that examine the way agencies and individuals who have been involved with an adult at risk have acted. The purpose of the SAR is to identify learning to bring about improvements, so the likelihood of harm to adults at risk is minimised.

1.3 This procedure specifies the statutory requirements and the working arrangements of the Statutory Safeguarding Partners in respect of SARs and alternative learning from case reviews.

## 2. STATUTORY DUTY UNDER SECTION 44 CARE ACT 2014

2.1 There are 3 broad circumstances under which the [Care Act 2014](#) (Section 44) considers a SAR may take place. The guidance makes a distinction between those circumstances where the Statutory Safeguarding Partners are required to arrange or consider a SAR.

2.2 The Statutory Safeguarding Partners must arrange for 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:

1. there is reasonable cause for concern about how the Safeguarding Partners, members of the Darlington Safeguarding Partnership (DSP) or other persons with relevant functions worked together to safeguard the adult AND:
2. EITHER;
  - a) the adult has died, and the Statutory Safeguarding Partners know or suspect the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died). OR;
  - b) the adult is still alive, and the Statutory Safeguarding Partners know or suspect the adult has experienced serious abuse or neglect.

- 2.3 The Statutory Safeguarding Partners may also arrange for 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). SARs may also be used to explore examples of good practice, where this is likely to identify lessons which can be applied to future cases.
- 2.4 Each member of the Darlington Safeguarding Partnership 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.

### **3. SAFEGUARDING ADULT REVIEW CRITERIA**

- 3.1 The first criterion for determining whether a SAR should be conducted is in establishing whether the adult was in need of care and support services (whether or not the local authority was meeting any of those needs).
- 3.2 In considering whether an adult has needs for care and support, local authorities must consider whether:
- the adult's needs arise from or are related to a physical or mental impairment or illness;
  - as a result of the adult's needs, the adult is unable to achieve 2 or more of the specified outcomes (which are described in the Care Act 2014 guidance sections 6.105 to 6.112);
  - as a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.
- 3.3 Significant impact is not defined and should be understood to have its everyday meaning.
- 3.4 The second criterion to be met is establishing a cause for concern about how the Darlington Safeguarding Partnership, its member organisations, or other persons with relevant functions, worked together to safeguard the adult. A particular emphasis is the extent they could have worked more effectively to protect the adult from the resultant outcome and therefore the potential for learning.
- 3.5 The third criterion involves an examination of the link between the death (or other outcome) and suspected abuse or neglect.
- 3.6 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 as a result of the abuse or neglect.

## 4. THE RELATIONSHIP BETWEEN SECTION 42 ENQUIRIES AND SECTION 44 SAFEGUARDING ADULTS REVIEWS

- 4.1 There will be occasions where a safeguarding enquiry may be required when an individual has died, however the purpose and title of these meetings will need to be considered carefully.
- 4.2 Section 42 of the Care Act 2014 places a duty on the local authority to make enquiries when it has reasonable cause to suspect an adult in its area has care and support needs, is being abused or neglected (or is at risk of being), and is unable to protect themselves because of their care and support needs. The purpose of Section 42 enquiries is to enable the authority to decide what action needs to be taken to protect the person. It therefore does not apply to the situation where someone has died and may have been abused or neglected before that. Section 44 of the Act provides for Safeguarding Adult Reviews to be carried out after someone has died, if the Statutory Safeguarding Partners know or suspect the death resulted from abuse or neglect, and there is reasonable cause for concern about how agencies or other persons with relevant functions worked together to safeguard the adult.
- 4.3 Section 42 enquiries are those which are undertaken when an adult, with care and support needs, has been identified as suffering or being at risk of abuse and neglect. **As a matter of law an enquiry under Section 42 cannot be undertaken in relation to a person who is deceased.** Where someone's death is suspected to be the result of abuse or neglect, a referral should be made to the Darlington Safeguarding Partnership, the Statutory Safeguarding Partners will then consider whether the criteria for a SAR are met under Section 44.
- 4.4 If the circumstances of the death suggest there are reasons to be concerned about risk to other adults, Section 42 enquiries may need to be made to decide whether action needs to be taken to protect them.

## 5. PURPOSE AND PRINCIPLES OF A SAFEGUARDING ADULT REVIEW

- 5.1 The purpose of a SAR is to promote effective learning and improvement action, through identifying what the relevant agencies and individuals involved in the case might have done differently which could have prevented harm or death. It is not an investigation.
- 5.2 The purpose of a SAR is not to hold any individual or organisation to account as other processes exist for that. These include criminal proceedings, disciplinary procedures, employment law and those of relevant service and professional regulatory bodies.
- 5.3 A SAR should:
- understand what happened and why;
  - learn lessons from the way professionals and agencies worked together;
  - identify what the agencies and individuals might have done differently which could have prevented harm or death;
  - prevent similar harm occurring in the future;
  - improve future practice by implementing the learning;

- review and improve the safeguarding adults' procedures;
- identify good practice;
- highlight any lessons which can be learned from the case and make a clear set of recommendations;
- ensure relevant action is taken in order to help prevent future deaths or serious harm; this helps to improve both single and inter agency working and better safeguard and promote the wellbeing of adults at risk.

5.4 SARs will be undertaken in accordance with the 6 safeguarding principles:

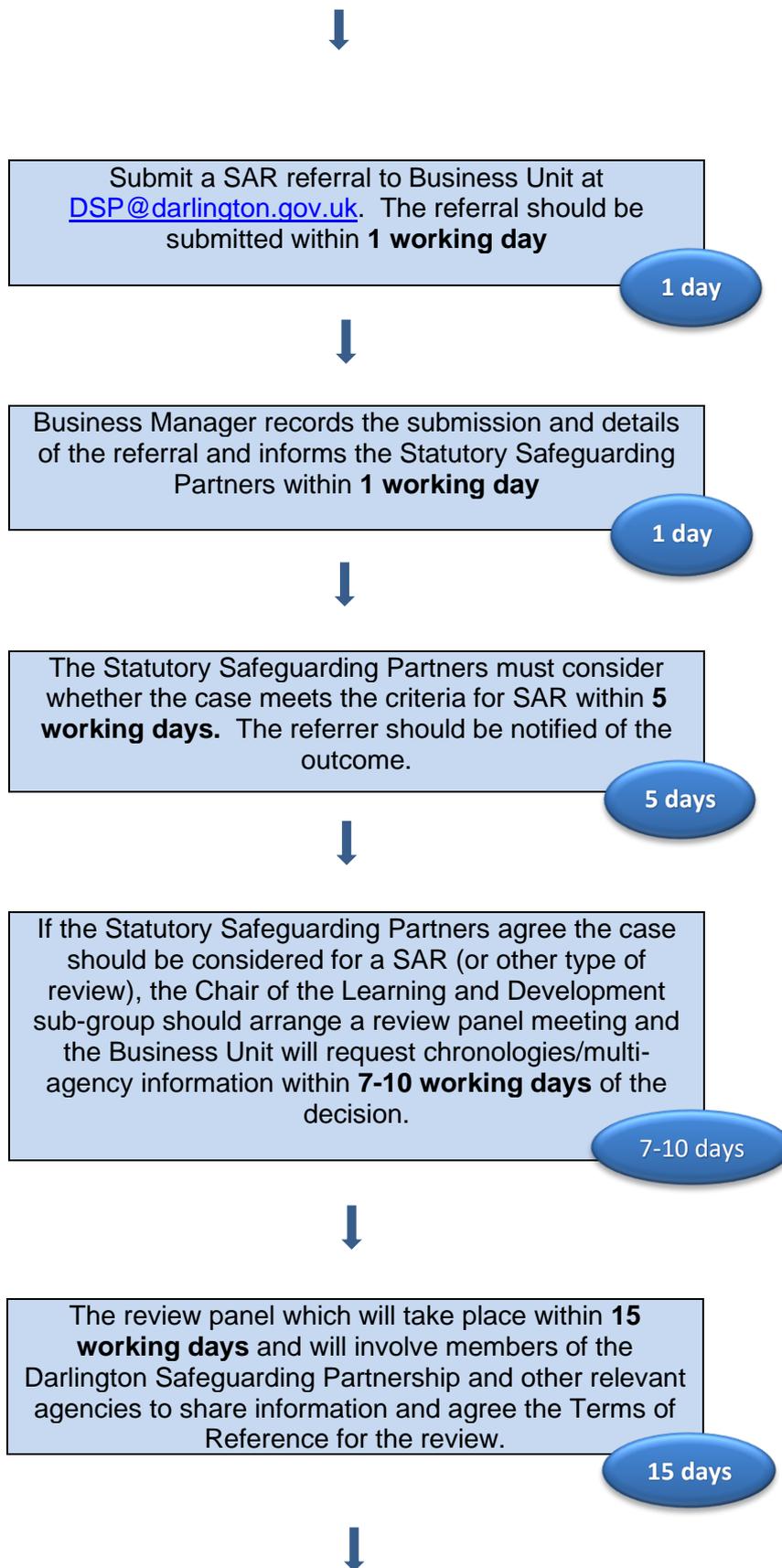
- **Empowerment** - every effort must be made to ensure the voice of the adult at risk or their relatives is evident throughout the process. Families should be invited to contribute to the review and their expectations should be managed appropriately and sensitively;
- **Accountability** - SARs should be trusted and safe experiences to encourage honesty, transparency and sharing of information and should be led by individuals who are independent of the case and of the organisations whose actions are being reviewed;
- **Protection** - SARs should seek to determine what the relevant organisations involved in the case might have done differently so lessons can be learned and applied to future cases to prevent similar harm occurring again;
- **Prevention** - there should be a multi-agency culture of continuous learning and improvement to promote the wellbeing and empowerment of adults and identify and promote good practice;
- **Proportionality** - the approach should be proportionate according to the scale and complexity of the issues and the potential for learning;
- **Partnership** - there must be appropriate involvement in the SAR by professionals and organisations which were involved with the adult at risk.

5.5 The Statutory Safeguarding Partners should be primarily concerned with ascertaining which type of review process best enables this to happen. The level of the review will be determined by the Statutory Safeguarding Partners following the SAR Screening Panel's recommendation.

## 6. FLOWCHART OUTLINING THE PROCESS AND TIMESCALES

6.1 The following process map summarises the process and timescales for the Statutory Safeguarding Partners when considering whether a referral reaches the threshold for a Safeguarding Adult Review and the procedure which must be followed:

An adult has died, and it is known or suspected the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died), OR the adult is still alive and the Statutory Safeguarding Partners know or suspect the adult has experienced serious abuse or neglect AND there is reasonable cause for concern about how the Darlington Safeguarding Partnership, agencies or other persons with relevant functions worked together to safeguard the adult.



The review panel will consider all the information and decide whether the case still reaches the criteria for a SAR and will advise the Statutory Safeguarding Partners of the decision and rationale.



The SAR should be completed within **6 months** of the decision to hold a SAR.

6 months

## 7. INITIATING A SAR - THE REFERRAL PROCESS

- 7.1 Any agency or individual (including a member of the public) can refer a case for consideration of whether it meets the criteria for a SAR. Only the Statutory Safeguarding Partners can commission a SAR in Darlington.
- 7.2 Where any individual, including a member of the public or organisation believes or suspects there may have been circumstances where the threshold for holding a SAR has been met, the case must be referred to the Safeguarding Partnership's Business Unit to establish if there are important lessons for multi-agency work to be learned. The referral must be made within **1 working day**. Unreasonable delay in raising an issue can impact both on the process and the key purpose of a SAR in a number of ways.
- 7.3 A referral is made by submitting the completed [SAR referral form](#) (see **Appendix 1**) to the Safeguarding Partnership's Business Unit [DSP@darlington.gov.uk](mailto:DSP@darlington.gov.uk) detailing why, you as the referrer, believe the case meets the criteria for a SAR. The SAR referral form should be submitted within **1 working day**. The referral form can also be found on the Safeguarding Partnership website [www.Darlington-Safeguarding-Partnership.co.uk](http://www.Darlington-Safeguarding-Partnership.co.uk)
- 7.4 On receipt of the SAR referral, the Business Manager will record the information and inform the Statutory Safeguarding Partners within **1 working day**. The Statutory Safeguarding Partners/Independent Scrutineer/Chair will meet within **5 working days** of receipt of the notification to consider the case.
- 7.5 Where appropriate the referrer should ensure that their organisation is aware of the submission of the referral.

## 8. DECISION MAKING

- 8.1 The Statutory Safeguarding Partners and the Independent Scrutineer/Chair are responsible for deciding whether the criteria meet the threshold for a SAR and must consider the referral within **5 working days** of being notified.
- 8.2 If the Statutory Safeguarding Partners agree the case fulfils the criteria for a SAR, a review panel will be convened within **15 working days**. The Business Unit will request chronologies/multi-agency information within **7-10 working days** of the decision.

- 8.3 The review panel will take place within **15 working days** of the decision by the Statutory Safeguarding Partners to hold a review and the panel should be provided with written reports/chronologies from the key agencies involved (see **Appendix 2** for chronology template). Representatives from other relevant agencies may also be asked to attend the panel, to help clarify the circumstances of the case.
- 8.4 If the Statutory Safeguarding Partners determine that a case does not meet the criteria for a SAR, the SSP should consider whether there may nevertheless be the potential for single or multi-agency learning (which falls below the threshold required for a SAR) or whether practice issues have been highlighted.
- 8.5 In these circumstances the Statutory Safeguarding Partners should refer the case to the Learning and Development sub-group Chair who will determine whether there should be a multi-agency practice review or a single agency review of the case. This process will be supported and monitored by the Learning and Development sub-group.
- 8.6 If the Statutory Safeguarding Partners determine that a case does not meet the criteria for a SAR and that there are no single or multi-agency practice issues to be considered, no further action will be taken.
- 8.7 Whatever the decision of the Statutory Safeguarding Partners, the rationale will be recorded and shared with the Learning and Development sub-group.

## 9. THE REVIEW PANEL

- 9.1 The review panel will take place within **15 working days** of receipt of the referral. The aim of the review panel is to gather further facts about the case and discuss whether there is any immediate action needed. They will also decide what steps they should take next and determine the level of review to undertake. The Review Panel Chair will provide a recommendation to the Statutory Safeguarding Partners on the level of review to undertake.
- 9.2 The review panel will be chaired by a representative(s) of the Statutory Safeguarding Partners and will be attended by members of the Safeguarding Partnership/Learning and Development sub-group supplemented by additional practitioners with the necessary knowledge or expertise pertinent to the circumstances of the case. The review panel may also wish to have available specialist advisors whose role will be to advise Panel members during the process.
- 9.3 It is expected the Local Authority will feedback to the referrer the outcome of the notification within **5 working days** of the decision being made. If the referrer is dissatisfied with this outcome, the matter should be discussed with the Statutory Safeguarding Partners. Additional guidance is available in the Professional Challenge Procedure and Guidance.
- 9.4 A SAR should be completed within **6 months** of the decision to commission a SAR.
- 9.5 The Statutory Safeguarding Partners will not normally review cases which are more than 12 months old, unless there is significant information which has more recently emerged, or there are good reasons why the SAR was not appropriate at an earlier stage. This is in order to ensure the optimum effectiveness and learning from the resources deployed.

- 9.6 By virtue of the criteria, in cases where a SAR may be indicated, a safeguarding concern and/or enquiry may already have been submitted/conducted. In this case, a discussion with the relevant Safeguarding Adult Manager should normally take place prior to making a referral for a SAR and this should be considered as part of the safeguarding enquiry. Consideration of whether a SAR is required should never delay the raising of a safeguarding concern and the adherence to multi-agency safeguarding policy and procedures, which considers any immediate protection required.
- 9.7 However, there may be circumstances where safeguarding concerns are not obvious or evident, for example, where the individual may have died as a result of suicide and there are concerns partner agencies could have worked more effectively to protect the adult. In such circumstances a SAR referral should be submitted.

## 10. SAR METHODOLOGY

- 10.1 The Care Act 2014 does not prescribe a methodology for a SAR. The methodology chosen should reflect the circumstances and scope of the individual case and enable the best possible learning outcomes. The approach should be proportionate to the scale and complexity of the issues and the potential for learning. For further information about the methodologies which are available see [SCIE – Safeguarding Adult Reviews \(SARs\)](#).

## 11. COMMISSIONING A SAR

- 11.1 The Care Act 2014 Statutory Guidance states the Statutory Safeguarding Partners should aim for completion of a review within a reasonable period of time and in any event within **6 months** of its initiation (this is from the point the Statutory Safeguarding Partners agree to proceed with a SAR), unless there are good reasons for a longer period being required, for example, because of the potential to prejudice related court proceedings as outlined in S14.144 Care Act 2014.
- 11.2 On receipt of the Statutory Safeguarding Partner's decision to undertake a SAR, the Chair of the Learning and Development sub-group will liaise with the Business Manager in order to make the necessary arrangements.
- 11.3 Once the decision has been communicated, each agency will be responsible for taking appropriate actions which may be necessary in relation to the security of their records. No member agency should comment publicly upon the case without express agreement of their senior management.

## 12. QUALITY ASSURANCE AND SAR QUALITY MARKERS

- 12.1 The Statutory Safeguarding Partners have a role in the quality assurance of the SAR process, and the Social Care Institute for Excellence (SCIE) has published SAR quality markers to assist commissioners and reviewers in conducting high quality case reviews. The quality markers assume the principles of Making Safeguarding Personal (MSP) as well as the 6 principles of safeguarding. The SAR quality markers are based on the SCR quality markers developed by the NSPCC for learning from Serious Case Reviews and adapted for adult safeguarding policy and practice. The SAR quality markers can be accessed at [SCIE Safeguarding Adult Review Quality Markers checklist](#).

### **13. CONSULTING WITH THE ADULT AT RISK AND OTHERS AFFECTED BY THE REVIEW**

- 13.1 Reflecting the principles of openness, transparency and candour, the Statutory Safeguarding Partners must ensure there is appropriate involvement in the review process of people affected by the case including, where possible, the victims of abuse and their families/significant others. In accordance with the Care Act 2014, where an adult has “substantial difficulty” in participating, this should involve representation and support from an independent advocate or their family member/friend where appropriate.
- 13.2 The review panel must consider the degree to which the adult, advocate and/or their families will be involved in the review. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. Consideration should also be given, if and how, a known abuser might have some input to the review process.
- 13.3 Where a SAR is taking place, individuals will be notified. Involvement may be by formal notification only, or by inviting them to share their views in a way which suits them. Careful consideration should be given as to who will contact the individual or their family and maintain contact throughout the SAR process. This will normally be the professional who knows the individual/family best.
- 13.4 The timing of such notification is crucial, particularly when there are criminal justice processes running parallel and decisions will need to be taken in consultation with relevant others.
- 13.5 If a decision is taken to not involve the adult at risk or their family, the reasons should be informed by legal advice and recorded.
- 13.6 If an adult affected by a notifiable patient safety incident has died, or experienced serious abuse or neglect (see section 3), then a conversation with the family/adult should be considered prior to a referral for a SAR. If a SAR is commissioned subsequently, then the family should be regularly updated on developments from the investigation into the patient safety incident and the SAR.

### **14. INFORMATION SHARING**

- 14.1 The Safeguarding Adults Review Protocol should be viewed with consideration to [Section 45 Care Act 2014](#) which outlines the expectation that organisations share information, and be fully compliant in circumstances where information is required to enable the Darlington Safeguarding Partnership to exercise its functions. Information should be shared in accordance with the [Data Protection Act 2018](#) and General Data Protection Regulations (GDPR) and the Darlington Safeguarding Partnership Information Sharing Protocol.

## **15. REFERRAL TO LEARNING AND DEVELOPMENT SUB-GROUP - CASES THAT DO NOT MEET CRITERIA FOR SAFEGUARDING ADULT REVIEW**

- 15.1 Details of all Safeguarding Adult Review referrals considered by the Statutory Safeguarding Partners (SSP) should be shared with the Chair of the Learning and Development sub-group in the interests of openness and transparency to enable the sub-group to discuss and analyse the decisions made. Details of all cases will be referred to the sub-group on the referral template (Appendix 1).
- 15.2 The SSP will have determined whether the case meets the criteria for Safeguarding Adult Review (SAR). If the case meets the criteria, a Review Panel will be convened, and the process outlined in Section 9 above will be followed.
- 15.3 If the case does not meet the criteria for SAR, the SSP will provide the rationale and decision.
- 15.4 Based on the information provided in the notification, the SSP will inform the Chair of the Learning and Development sub-group that there is no further action to be taken, or they recognise there is the potential for single or multi-agency learning.
- 15.5 The Learning and Development sub-group will then consider the information provided to determine:
1. Whether a multi-agency practice review should be undertaken;
  2. Whether a multi-agency audit should be undertaken on similar cases;
  3. Whether there is learning for a single agency and an internal review is undertaken;
  4. Whether an issue is highlighted that needs to be explored further, through quality assurance processes;
  5. No further action required.
- 15.6 The Learning and Development sub-group will then provide the rationale and outcome of their decision to the SSP for approval.
- 15.7 If agreed by SSP, the Learning and Development sub-group to progress course of action agreed.

## **16. INTERFACE WITH OTHER REVIEWS AND INVESTIGATIONS**

- 16.1 The Care Act 2014 Statutory Guidance (14.176) requires the Statutory Safeguarding Partners must consider how the SAR will interface with other parallel processes or investigations. It is helpful to establish at the outset of the SAR all relevant areas which need to be addressed, to reduce the potential for duplication. Important principles in planning include ensuring adherence to any separate statutory requirements, ensuring appropriate expertise and knowledge, reduction of duplication, maximising effectiveness and learning, and minimising the impact on those affected by the case. It is the responsibility of the Chair of the review panel to ensure contact is made with the Chair of a parallel process. There are a number of types of review and investigation which may interface with a SAR and it is important to consider any other processes which may run parallel with the SAR or which may be being considered. These may include:
- Child Safeguarding Practice Review (CSPR);

- Domestic Homicide Review (DHR);
- Safeguarding Enquiry;
- Serious Untoward Incident Investigations (SUI);
- Mental Health Homicide Review;
- Disciplinary Proceedings;
- Judicial Reviews;
- Complaints;
- Criminal Justice Processes;
- Coroner's Inquest.

16.2 Where there are possible grounds for both a SAR and a SCR (or any other type of review), then a decision should be made at the outset by the Chair of the respective decision-making bodies as to how they will coordinate the reviews, engagement and report(s). This may result in some parts being jointly commissioned and overseen, or one Board leading, with the same or different reports being taken to each commissioning body. This will necessitate a discussion between the Independent Scrutineer/Chair and the Chairs of other panels involved in a review to consider how best to proceed.

16.3 **Domestic Homicide Reviews;** Where there are possible grounds for both a Child Safeguarding Practice Review (CSPR) and a Domestic Homicide Review (DHR), a decision should be made by the Chair of the DHR and the Statutory Safeguarding Partners as to how they will coordinate the reviews, engagement and reports. This may result in some parts being jointly commissioned and overseen, or one body with the same or different reports being presented to each body.

Where either the victim or suspect/perpetrator were responsible for the care of a child under the age of 18, the Chair of the Community Safety Partnership should inform the Darlington Safeguarding Partnership's Business Unit of the homicide and the circumstances.

For further information see Home Office Guidance Dec 2016:

[assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575273/DHR-Statutory-Guidance-161206.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf)

16.4 **Mental Health Homicide Reviews;** NHS England commissions independent investigations into homicides (sometimes referred to as mental health homicide reviews) which are committed by patients being treated for mental illness. For further information see: [www.england.nhs.uk/publications/reviews-and-reports/invest-reports](http://www.england.nhs.uk/publications/reviews-and-reports/invest-reports)

16.5 All SARs needs to take account of a Coroner's Inquiry and any criminal investigation, including disclosure issues, which may impact on timescales. The Coroner must be informed of the decision to hold a SAR and the Chair of the review panel must ensure the necessary contacts are maintained with appropriate people.

## **17. MEDIA/COMMUNICATION AND PUBLICATION**

- 17.1 The media strategy should be considered by the review panel at the beginning of the process and will be approved by the Statutory Safeguarding Partners. Media and communication issues will be coordinated by Darlington Borough Council's (DBC) Communications team in collaboration with the Communications teams of other agencies involved to ensure consistency.
- 17.2 In the interests of transparency, the Statutory Safeguarding Partners should consider publishing the SAR report within legal parameters. The Statutory Safeguarding Partners/Independent Scrutineer will make the final decision on whether the SAR report will be published in full or whether to publish only the learning outcomes. Advice will be sought from the DBC Communications and Media team in respect of publication and media releases.
- 17.3 At the point of publication, the Statutory Safeguarding Partners will release a press statement via the Communications Team outlining the reason for the review, the key findings and the required actions. The Statutory Safeguarding Partners will retain discretion over the process and timing of publication, taking into account such factors as ongoing criminal investigations or court proceedings.

## **18. CONCLUSION OF A SAR**

- 18.1 Once the review process has been completed, the Independent Reviewer will present the draft report to the Learning and Development sub-group, who have the governance responsibility for all reviews. The group will review the learning outcomes and suggested recommendations for improvement. Improvement actions must be clearly communicated and achievable in the timescales considered. The final report will be presented to the Statutory Safeguarding Partners and Independent Scrutineer/Chair for final sign off, before findings are shared with the wider multi-agency partnership group.
- 18.2 The Learning and Development sub-group will be responsible for determining the improvement actions which will then be recorded into an action plan. This plan will be regularly reviewed and monitored by the Learning and Development sub-group which will ensure learning outcomes are embedded in the respective organisations. The actions will be incorporated into an exception report which will be monitored by the sub-group. The Chair of the sub-group will seek an explanation from relevant agencies in respect of outstanding actions and, in accordance with the escalation process, will inform the relevant Head of Service in cases where actions are not completed 3 months beyond the specified deadline. The Chair of the sub-group will request confirmation of what action will be taken to rectify the matter. In cases where actions remain outstanding at 6 months beyond the original deadline, the Chair of the sub-group will inform the Chief Officer of the agency concerned and will seek information about what steps are being taken to complete the action. An extension to the original deadline should only be agreed in exceptional circumstances and at the request of the Chief Officer. In exceptional circumstances there may be a requirement for the Chair of the sub-group to involve the Independent Scrutineer/Chair in the escalation process.

## **19. NATIONAL LEARNING**

- 19.1 The Business Manager should ensure that once the Statutory Safeguarding Partners have agreed a SAR is to be published, the report is shared with the National SAR Library to ensure learning points are shared and inform national policy, practice and procedures.

## **20. ANNUAL REPORT**

- 20.1 The findings from SARs will be included in the Darlington Safeguarding Partnership Annual Report, along with relevant service improvements and actions and the reasons for any decisions not to implement actions.



**Safeguarding Adult Review**

**Referral to Learning and Development Sub-Group**

|   |   |
|---|---|
| Date referred to Learning and Development sub-group:  |   |
| Date Safeguarding Adult Review referral received by Statutory Safeguarding Partners:  |   |
| Organisation submitting the Notification:   |   |
| Date referral considered by Statutory Safeguarding Partners:  |   |
| Decision by Statutory Safeguarding Partners as to whether the referral meets the criteria for Safeguarding Adult Review                                       | Yes meets criteria/No doesn't meet criteria<br><br>If yes, Review Process is followed (section 9) |
| If decision is made that case does not meet criteria for Safeguarding Adult Review, rationale and decision as to why not:                                     |   |
| What information was shared to enable the partners to make the decision that it did not meet the criteria for SAR (include agency details, where applicable). | See SAR referral and minutes  |

|  |  |
|--|--|
| <p>Based on the information provided and the criteria for SAR was not met, do Statutory Safeguarding Partners recognise there may be learning from the case?</p>   | <p>Yes/No</p> <p>If no, there should be no further action taken and decision to be shared with Chair of Learning and Development Group for information.</p> <p>If yes, refer to Chair of Learning and Development sub-group for consideration on next steps.</p> <p>(Provide copy of referral form and decision notes for information)</p> |
| <p>Date of Learning and Development sub-group meeting:</p>   |  |
| <p>Agencies Present:</p>   |  |
| <p>The Learning and Development Sub-Group to determine:</p> <ol style="list-style-type: none"> <li>1. Whether a multi-agency practice review should be undertaken</li> <li>2. Whether a multi-agency audit should be undertaken on similar cases</li> <li>3. Whether there is learning for a single agency and an internal review is undertaken</li> <li>4. Whether an issue is highlighted that needs to be explored further, through quality assurance processes</li> <li>5. No learning or further action required</li> </ol> | <p>Outcome of decision and rationale:</p>  |
| <p>Rationale and outcome of decision by Learning and Development Sub-Group shared with Statutory Safeguarding Partners</p> <p>Date:</p>  |  |



**CONFIDENTIAL**

**Referral to the Darlington Safeguarding Partnership - SAR**

|                          |
|--------------------------|
| <b>SAR Referral Form</b> |
|--------------------------|

**Section 1 - Agency/Professional Details:**

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| Referred by:                          |  | Date Submitted:  |  |
| Who reported to:                      |  | Date of Incident:  |  |
| Referring Agency:<br>(if applicable)  |  | Authorising Officer from<br>within agency:<br><br>(either DSP member or<br>Senior Manager) |  |
| Referring Agency<br>Address:          |  |  |  |
| Referrer Contact<br>telephone Number: |  | e-mail contact:  |  |

|                                |  |
|--------------------------------|--|
| <b>Send completed form to:</b> | Darlington Safeguarding Partnership Business Unit<br>Town Hall<br>Darlington<br>DL1 5QT<br>E-mail: <a href="mailto:dsp@darlington.gov.uk">dsp@darlington.gov.uk</a><br>Telephone: 01325 406450 |
|--------------------------------|--|

**Section 2 - Adult at Risk Details:**

|  |  |                               |                                 |  |  |
|--|--|-------------------------------|---------------------------------|--|--|
| Family Name:   |  | Forename:                     |                                 | Preferred Name:<br>(record any 'alias' if known) |  |
| Date of Birth:   |  | Male <input type="checkbox"/> | Female <input type="checkbox"/> |  |  |
| Address:   |  |                               |                                 | Contact Number:                                  |  |
| Please list any 'unique id numbers' known e.g. Liquid Logic, NHS Number: |  |                               |                                 |  |  |
| Did Adult Die? Yes/No  |  |                               | Date of Death:                  |  |  |

**Section 3 - Professional Involvements (record as much detail/knowledge of any involvements):**

| GP:                                | GP Practice: | Address & Contact Detail: |  |
|------------------------------------|--------------|---------------------------|--|
| Social Worker/Care Manager:        |              | Address & Contact Detail: |  |
| Community Psychiatric Nurse:       |              | Address & Contact Detail: |  |
| Consultant Psychiatrist:           |              | Address & Contact Detail: |  |
| Probation Officer:                 |              | Address & Contact Detail: |  |
| Children's Services Social Worker: |              | Address & Contact Detail: |  |
| Domestic Violence Worker:          |              | Address & Contact Detail: |  |
| Housing Officer:                   |              | Address & Contact Detail: |  |
| Advocate Details:                  |              | Address & Contact Detail: |  |
| Other Involvement <sup>1</sup> :   |              | Address & Contact Detail: |  |
| Other Involvement:                 |              | Address & Contact Detail: |  |
| Other Involvement:                 |              | Address & Contact Detail: |  |

<sup>1</sup> RECORD ROLE AND ORGANISATION DETAIL IF KNOWN.

**Section 4 – Personal Relationships/Associated People:**

|   |  |                           |  |               |  |
|---|--|---------------------------|--|---------------|--|
| Please record all personal involvements/relationships including relationship type, for example, next of kin, spouse/partner, ex-spouse/partner, sibling, neighbour, children within household, etc. |  |                           |  |               |  |
| Full Name:  |  | Address & Contact Detail: |  | Relationship: |  |
| Full Name:  |  | Address & Contact Detail: |  | Relationship: |  |
| Full Name:  |  | Address & Contact Detail: |  | Relationship: |  |
| Full Name:  |  | Address & Contact Detail: |  | Relationship: |  |
| Full Name:  |  | Address & Contact Detail: |  | Relationship: |  |

**Section 5 – Reasons for Consideration for Safeguarding Adult Review:**

|   |     |    |
|---|-----|----|
| <p>Do you feel this case meets the criteria for a SAR in line with Section 44<sup>2</sup> of the Care Act 2014? If so, why? Describe from your view referring to the SAR criteria, why you believe this case meets the threshold for a SAR.</p> <p>Record your narrative inclusive of Date, Details of Event, Agencies involved at the time, nature of abuse and/or injuries sustained and any person(s) alleged to have caused abuse or neglect, including your reasons for the request<sup>3</sup>. Please record any details pertinent to safeguarding processes and/or involvement and any subsequent actions/recommendations from that process if known.</p> |     |    |
| Case to be considered for a Safeguarding Adult Review?  | Yes | No |
| If yes, why?  |     |    |
| Summarise how you came to that decision:  |     |    |

<sup>2</sup> [Care Act Section 44](#)  
<sup>3</sup> [Care and Support Statutory Guidance](#)





**CHRONOLOGY TEMPLATE FOR Safeguarding Adult Review**

**Multi-Agency Chronology Template**

|                            |  |
|----------------------------|--|
| <b>Name of Adult</b>       |  |
| <b>Date of Birth</b>       |  |
| <b>Address</b>             |  |
| <b>Liquid Logic Number</b> |  |
| <b>NHS Number</b>          |  |
| <b>Agency</b>              |  |
| <b>Author</b>              |  |

| <b>Date<br/>dd/mm/yy</b> | <b>Time<br/>00:00<br/>(24hr)</b> | <b>Significant Event</b> | <b>Agency</b> | <b>Whose<br/>Professional/<br/>Agency<br/>Records<br/>(Source)?</b> | <b>Who was<br/>involved?</b> | <b>Decisions/Outcome<br/>including any actions<br/>taken</b> | <b>Author<br/>Comments</b> |
|--------------------------|----------------------------------|--------------------------|---------------|---|------------------------------|--|----------------------------|
|                          |                                  |                          |               |   |                              |  |                            |
|                          |                                  |                          |               |   |                              |  |                            |
|                          |                                  |                          |               |   |                              |  |                            |
|                          |                                  |                          |               |   |                              |  |                            |



## DARLINGTON SAFEGUARDING PARTNERSHIP

### Review Panel Meeting

|   |  |
|---|--|
| Date of Review Panel:   |  |
| Present:  |  |
| Apologies:  |  |
| Date of notification to Statutory Safeguarding Partners:  |  |
| Welcome/Reason for meeting:   |  |
| Factors about the case; as far as they can readily be established at the time of this meeting:                            |  |
| Details of agency involvement with the adult and family/advocate<br><br>i.e. Adult Social Care, Durham Constabulary, etc. |  |
| Is there any immediate action needed to ensure the safety of the adult?   |  |

|   |  |
|---|--|
| <p>Has the panel identified improvements necessary to safeguard the adult?</p>  |  |
| <p>Outline the panel's recommendations regards:</p> <p>Decision:</p> <p>Rationale:</p> <p>Next Steps:</p> <p>Including decisions as to whether to undertake a Safeguarding Adult Review</p> <p>Date decision sent to the Statutory Safeguarding Partners:</p> |  |

|   |   |
|---|---|
| <p><b>QA for internal use only – (tick box)</b></p> |   |
|   | <p>Was the review panel held within 15 working days of the notification to the Statutory Safeguarding Partners?</p> |
|   |   |
|   |   |