**Referral Form of Serious Incidents involving an adult with additional care and support needs for Consideration by MKT Case Review Panel**

The Care Act Statutory Guidance (2016) Chapter 13, provides clear criteria for when a Safeguarding Adult Review (SAR) should be conducted.

Anyone wishing to refer a case to the MK Together Partnership should discuss the case, and their reasons for referring with their agency designated safeguarding lead/officer and/or the MK Together (MKT) office. The referrer should make clear on this referral form their reasons for asking for this case to be considered for a SAR.

Agencies should ensure that serious incidents which may meet the criteria for a SAR, or other type of local learning/review (including single and multi-agency),are brought to the attention of the MK Together Partnership using this form.

MKT will refer on to the safeguarding partners and co-ordinate a rapid review within 15 working days. The safeguarding partners will make a recommendation to the Independent Scrutineer for agreement following the rapid review.

Possible outcomes for your referral:

* Safeguarding partners and Independent Scrutineer agree case meets Care Act 2016 criteria for a full safeguarding adult review and commission the process
* Safeguarding partners and Independent Scrutineer agree case does not meet statutory criteria however there is the opportunity for lessons learned. A local practice learning review will be commissioned.
* Safeguarding partners and Independent Scrutineer agree the case does not meet Care Act 2016 criteria and there are no opportunities for lessons learned, no further action.

**Criteria for referral:**

* An adult with care and support needs has experienced significant harm or died and there is suspected abuse or neglect (including family, institution, and service). For more information about levels of harm please refer to the Milton Keynes [Decision\_Making\_Tool](https://www.mktogether.co.uk/wp-content/uploads/2021/01/Decision-Making-Tool-v1_2020.pdf).
* Does this meet the three-step test:
1. has needs for care and support (whether or not the authority is meeting any of those needs)
2. is experiencing, or is at risk of, abuse or neglect, and

(iii) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. (*ref: Care Act s42)*

* There is potential learning from this case about how agencies worked together

Please note the information on this referral may be shared with relevant agencies.

Please ensure you differentiate between fact and opinion when submitting information on this referral form.

**Please send the completed form to:**

mktogether@milton-keynes.gov.uk

**Name of adult family being referred for review consideration:**

Date of referral:

Date of incident:

Place incident occurred *(i.e. residential home, hospital, own accommodation):*

**REFERRER**

|  |  |  |
| --- | --- | --- |
| NAME | AGENCY & DESIGNATION/TITLE | CONTACT DETAILS – Address, telephone number and e-mail address |
|  |  |  |

**Please give the details of the designated safeguarding lead/officer with whom you have discussed the case.**

|  |  |  |
| --- | --- | --- |
| NAME | AGENCY & DESIGNATION/TITLE | CONTACT DETAILS – Address, telephone number and e-mail address |
|  |  |   |

***REFERRAL RELATING TO AN ADULT***

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| **Once completed, this form should be sent to the MK Together office as soon as possible, preferably by email:** MKTogether@milton-keynes.gov.uk  |

***THE ABOVE SHOULD FOLLOW A DISCUSSION WITH A NOMINATED MANAGER OR SAFEGUARDING ADVISOR IN YOUR AGENCY****.*

**1.1(b) BRIEF INFORMATION OF FACTS AND ADULT’S CIRCUMSTANCES**

**ADULT’S DETAILS**

|  |  |
| --- | --- |
| Name of Adult |  |
| Date of Birth |  |
| Home address |  |
| Ethnic Origin |  |
| Faith/Religion |  |
| Disability |  |
| Is the adult an adult for whom safeguarding duties apply? *ie* adult has care and support needs and as a result of those needs was unable to protect themselves from abuse or neglect |  |
| Date of Death or Serious Incident |  |
| Address of location of incident |  |
| Adult’s living arrangements *eg* independent living, care home, supported living  |  |
| Carer at time of incident |  |
| Is this case known to be the subject of a criminal investigation? (If so who is the lead investigator?) |  |
| Is this case known to be the subject of a Coroner’s Inquiry? (If so who is the key contact?) |  |
| Is this case known to be the subject of any other investigation? (If so who is the key contact?) |  |
| Are there any children safeguarding concerns and have these been shared via MASH  |  |

**1.2 (b) INDIVIDUAL’S RELATIONSHIPS**

**(family members; carers; representatives; Lasting Power Attorney, etc)**

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Adult | Contact details where known |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**1.3 (b) All OTHER AGENCIES KNOWN TO BE INVOLVED**

|  |  |  |
| --- | --- | --- |
| Agency | Contact Details: Address, Telephone and E-mail | Reason for involvement(include whether current or not) |
|  |  |  |
|  |  |  |
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**1.4 (b) BRIEF synopsis of case**

*PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a Safeguarding Adult Review or other type of learning review.*

*Please tick one or more types of abuse you feel are relevant in this case:*

* Physical [ ]
* Sexual [ ]
* Emotional/psychological [ ]
* Domestic violence or abuse [ ]
* Financial or material abuse [ ]
* Neglect or acts of omission [ ]
* Modern Slavery [ ]
* Self–neglect [ ]
* Organisational or institutional [ ]
* Discriminatory [ ]

|  |
| --- |
| ***Please provide a brief outline of the adult’s circumstances:*** |
| *Including their care and support needs.**Please state whether in your opinion these care and support needs affected the person’s mental capacity* |

|  |
| --- |
| ***Please provide details of the incident which triggered this referral and state why you think a SAR should be considered.*** |
| 1. Include how you believe the person has been abused and by whom.
2. Please state how you feel agencies failed to work together to appropriately safeguard the individual.

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Signature of referrer: