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**CHSAB Safeguarding Adults Review**

**& Case Review Referral Form**

**Please complete as fully as possible**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Referral author** | | | | | | | |
| **Name:** | | |  | | **Position:** | |  | |
| **Agency:** | | |  | | **Tel. number:** | |  | |
| **Address:** | | |  | | **Email:** | |  | |
| **Authorising Manager:** | | |  | | **Position:** | |  | |
| **Date of referral:** | | |  | | | | | |
| **Case Synopsis/Outline**  Please provide as much information as possible   * details of referral agency * Case outline * status of adult, for example: * subject to an open safeguarding enquiry (or an enquiry closed within the previous 3 months) * subject of an Adult at Risk procedure * subject to DoLS at time of death/serious incident * experiencing domestic violence * other services person known to * person died after going missing from 24 hour setting * Coroners Request? * Fire-related death? * brief summary of work undertaken/practice issues of concern * Any other relevant factors | | | | | | | | |
|  | | | | | | | | |
| **2.** | **Adult At Risk details** | | | | | | | |
| **Last name/s:** | | | |  | | **Date of birth:** | |  |
| **Forename/s:** | | | |  | | **Age** (if D.O.B. not known)**:** | |  |
| **Other names used:** | | | |  | | **Gender:** | |  |
| **Home address:** | | | |  | | | | |
| **Ethnicity:** | | | |  | | | | |
| **Disability:** | | | |  | | | | |
| **Health and/or other presenting needs** | | | |  | | | | |
| **MOSAIC or RIO ID:** | | | |  | | | | |
| **Details of any other individuals or service providers involved** | | | |  | | | | |
| **Any other significant info: i.e. Next of Kin or Nearest Relative, Advocate, Relevant Persons Representative (R.P.R), etc** | | | |  | | | | |
| **Relevant documents (e.g. Risk Assessment, Safeguarding Referral etc) list here and provide** | | | |  | | | | |
| **Has any learning review** | | | |  | | | | |
| **Linked cases:** | | | |  | | | | |
| **3.** | | **Reason/s for requesting a discussion (to be completed by the referring agency):**  Please state if you think adult with care and support needs (regardless of whether the local authority was meeting any of those needs)   * Has died (including from suicide) and the CHSAB knows or suspects that the death resulted from abuse or neglect (regardless of whether or not it knew or suspected the abuse or neglect before the person died);   *OR*   * Is still alive, and the CHSAB knows or suspects that the adult has experienced serious abuse or neglect   *OR*   * Agencies or professionals in contact with the adult at risk or the person alleged to be causing neglect or harm did not recognise or respond appropriately to the abuse or neglect * Serious or apparently systematic abuse is taking or took place in an institutional setting * Multiple suspected abusers are involved   Please ensure you state what is fact and what is opinion, being mindful of judgmental language. | | | | | | |
|  | | | | | | | | |
| **Any other relevant information:** | | | | | | | | |
|  | | | | | | | | |

**What to do next:**

Send the completed referral form to the CHSAB Business Support Team either by secure email or post protect personal and/or sensitive information:

[CHSAB@hackney.gov.uk](mailto:CHSAB@hackney.gov.uk)

City & Hackney Safeguarding Adults Board

Hackney Service Centre

1 Hillman Street

Hackney

London

E8 1DY

The BST uses the [egress](https://www.egress.com/) secure email system. Please call the BST on 020 8356 6498 if you have any queries regarding egress.