**Appendix 3**

This form should be completed when notifying Barnsley’s Adult Safeguarding Single Point of Contact and the Chair of the Community Safety Partnership (CSP) that a Domestic Homicide Review/ Safeguarding Adults review may be required. This form should be submitted within **48 hours** of a verbal referral to request that a DHR/SAR Executive Group is convened.

This form should be sent **securely (*marked confidential*)** to Barnsley’s DHR Single Point of Contact via e-mail to safeguardingadultsservice@barnsley.gov.uk

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| **Notifier’s details** |
| **Name of person notifying** |  |
| **Name of agency (if applicable)** |  |
| **Designation (if applicable)** |  |
| **Address of person notifying** |  |
| **Telephone number of notifying person**  |  |
| **Email of notifying person** |  |
| **Date of notification**  |  |
| **Victims details** |
| **Victim’s last name(s)**  |  |
| **Victim’s first name(s)**  |  |
| **Other names used**  |  |
| **Victim’s date of birth** |  |
| **Age (if DoB not known)** |  |
| **Date of death (if applicable)** |  |
| **Home address** |  |
| **Any other known addresses****(please list):**  |  |
| **Ethnicity** |  |
| **Preferred language** |  |
| **Any disability** |  |
| **Religion**  |  |
| **Are or were there any legal orders in place?**  |  |
| **Is the victim or has the victim ever been the subject of a Multi-agency Risk Assessment Conference (MARAC)?**  |  |
| **Brief summary of contact with the agency i.e. date span of contact/number of contacts and result of contact (NFA/Prosecution/Risk assessment not resulting in MARAC etc.)** |  |
| **Alleged perpetrators details**  |
| **Perpetrators last name (s)** |  |
| **Perpetrators first name(s)** |  |
| **Other name(s) used** |  |
| **Perpetrators date of birth** |  |
| **Age (if DOB unknown)** |  |
| **Home address** |  |
| **Any other known addresses****(please list):**  |  |
| **Ethnicity** |  |
| **Preferred language** |  |
| **Any disability** |  |
| **Religion** |  |
| **Are or were there any legal orders in place?** |  |
| **Please state the current status of the police investigation if known. (Has the alleged perpetrator been arrested, released pending further enquires or charged)?** |  |
| **Is or has the alleged perpetrator ever been the subject of Multi-Agency Public Protection Arrangements (MAPPA)?** |  |
| **Brief summary of contact with the agency i.e. date span of contact/number of contacts and result of contact (NFA/Prosecution/Risk assessment not resulting in MARAC etc.)** |  |

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| **Other members of the victims household – please provide details of any other members of the victims household?** |
| **Name** | **Date of birth** | **Address** | **Relationship to victim** |
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| **SAR criteria** |
| **Please highlight which of the criteria below has been met in order to convene a DHR/SAR Executive Group meeting? (Please put a cross in the applicable section)** |
| An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death; | Y/N |
| An adult has sustained a potentially life threatening injury through abuse, neglect, serious sexual abuse or sustained serious and permanent impairment of health or development through abuse or neglect; and one of the following: * Where procedures may have failed and the case gives rise to serious concerns about the way in which local professionals and/or services worked together to safeguard adults at risk;
* Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved. Such reviews are likely to be more complex, on a larger scale and may require more time;
* Where circumstances give rise to serious public concern or adverse media interest in relation to an adult/adults at risk.

If the answers to all these questions is No a SAR request is not required. | Y/NY/NY/N |
| **Why do you feel a SAR should be considered?** |
| **Address where incident occurred if different from the address above** |  |
| Please provide a brief overview of the circumstances of the case in the space below |
| 1. Provide information about the circumstances of the death of the adult and why abuse, neglect or self-neglect and/or hoarding have been identified or suspected?
2. OR provide information about the serious harm experienced by the adult and why abuse, neglect or self-neglect and/or hoarding have been identified or suspected
3. What evidence exists to suggest that organisations did not work well together to keep the adult safe?
4. Is there any evidence that organisations did not follow agreed multi agency or single agency policies and procedures?
5. Are there any other enquiries taking place about the adult – e.g coroners enquiry, police enquiry, complaint etc
6. Is there any media interest in the death or treatment of this adult? Please list
7. Are there any other geographical areas involved in the care of the adult? (e.g – placed by another Local Authority, Continuing Health Care Team etc) If so please list
8. Any other information relevant to a SAR, not covered above?
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| **Details of any agency known to or working with the victim** |
| **Name** | **Designation** | **Agency** | **Contact details** |
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| **Details of any agency known to or working with the alleged perpetrator** |
| **Name** | **Designation** | **Agency** | **Contact details** |
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Please return this form securely to safeguardingadultsservice@barnsley.gov.uk within 48 hours of notification.