**SAR Threshold Screening Panel – Process Flowchart**

Is the SAR referral form completed correctly and in full, and has the referrer notified the family or NOK of the referral?

Yes

Threshold NOT met (recommendation to SAB chair)

Advise referrer and inform Coroner

No

Is the subject an adult with care and support needs (whether met by the LA or not)?

**Screening Panel**

Arrange SAR Threshold Screening Panel with 3 statutory partners reps

Contact ASC to ascertain if a S42 is already held (including the category of abuse)

Advise referrer and forward form to ASC

No

Yes

Does the information relate to a safeguarding enquiry (Section 42 of the Care Act) as opposed to a SAR (Section44)?

Yes

No

Return to referrer

Yes

Advise referrer and inform Coroner

Threshold NOT met. Discretionary SAR not required (recommendation to SAB chair)

No

Does the Screening Panel wish to consider recommending a discretionary SAR?

Yes

Yes

Advise referrer and inform Coroner

No

Threshold NOT met (recommendation to SAB chair)

No

Is the adult still alive and the SAB knows or suspects the adult experienced serious neglect or abuse.

No

Yes

Has the adult died and the SAB knows or suspects abuse or neglect prior to the death?

**Screening Panel**

Is there a cause for concern about how the SAB/members or agencies worked together to safeguard the adult?

**Screening Panel**

Threshold MET. Recommendation to SAB chair for SAR (either Mandatory or Discretionary)

**Screening Panel**

**SAB chair** to review (with input from Partnership Manager – including Tracker information) and either accept or reject the Threshold Screening Panel recommendation along with rationale.

**SAB chair** decision to be circulated via the **partnership business unit to ACRG** for information and implementation and management where applicable.

Threshold MET. **Recommendation to SAB chair to** **include;**

**Screening Panel**

**Which agencies** should form part of the review panel?

Should the **family/significant others be involved** in the review?

What are **the Key Lines of Enquiry /Thematics** and the information **search period**?

**Commissioning Type** (e.g. Internal partnership resource or externally commissioned reviewer - incl skillset).

**Type of SAR** recommended (e.g. Traditional SAR, Rapid SAR, LLR, Thematic Review etc)

**Local Prompt Questions**

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| --- | --- | --- | --- | --- | --- | --- |
| **Box** | **Question (from Care Act)** | **Local Prompts** |  | | | |
| **1** | Does this case involve an adult with care and support needs? | What are the care and support needs? | Yes | Go to 3 | No | Go to 2 |
| **2** | A SAR is not permitted under the Care Act 2014. | Consider whether criteria for alternative  reviews may be met and follow any relevant processes (e.g. DHR) |  | | | |
| **3** | Has the adult died, and is it known or suspected that the death resulted from abuse or neglect (whether or not this was known or suspected before the adult died)? | What is the known or suspected cause of death?  How is it known or suspected that the abuse or neglect contributed to their death?  Please minute the category of known or  suspected abuse or neglect. | Yes | Go to 4 | No | Go to 5 |
| **4** | Is there reasonable cause for concern about how partners, or other persons with relevant functions, worked together to safeguard the adult? | How is it thought this contributed to the abuse or neglect?  Does the cause relate to i) practitioner issues  or ii) organisational factors that make these mistakes more likely? | Yes | Go to 6 | No | Go to 7 |
| **5** | Is the adult still alive and is it known or suspected that the adult has experienced serious abuse or neglect? | What is the serious abuse or neglect in this  case? For example, was it likely that the individual would have died but for an  intervention? Or, suffered permanent harm or has reduced capacity/quality of life (physical or psychological effects) because of the abuse or neglect? | Yes | Go to 6 | No | Go to 7 |
| **6** | Under the Care Act 2014, BSAB must arrange a Mandatory SAR. No one  model is prescribed. | Please minute the recommended methodology for undertaking a SAR. | See 11 for further steps | | | |
| **7** |  | Is it thought that the case would provide useful insights into the way agencies work together to prevent and reduce abuse and neglect of adults? | Yes | Go to 8 | No | No SAR |
| **8** |  | Are similar learning themes already being explored by other reviews or in other parts of the system? | Yes | Go to 9 | No | Go to 10 |
| **9** |  | Please minute an explanation of the rationale for an alternative learning process.  Record who will lead the work to reduce duplication and promote joint working with other parts of the system. |  | | | |
| **10** | Under the Care Act 2014, a  Discretionary SAR may be undertaken. No one model is prescribed. | Please minute an explanation of the rationale for a Discretionary SAR.  Please minute the recommended methodology for undertaking a SAR. | See 11 for further steps | | | |
| **11** |  | What are the key lines of enquiry for this case? And, have any of these been identified in other SARs?  What learning and added value is expected to be gained?  Which agencies should be involved in the  review? |  | | | |