

Scoping information request

Section 45 of the care Act 2014 establishes the importance of organisations sharing with the Safeguarding Adults Boards (SAB) information relating to the abuse or neglect of people with needs of care and support. If the SAB requests relevant information from a body or person (for example, in the context of a safeguarding adult review) then section 45 of the Act creates a legal duty for that body or person to share what they know with the SAB. The test is that the information requested by the SAB must be for the purpose of enabling or assisting the Board to perform its functions of which carrying out safeguarding adult reviews form part.

The Equality Act 2010: Protected Characteristics.

Public Authorities have an obligation under the Equality Act 2010 to have due regard to equality considerations. This includes assessing the impact of policies and practices on equalities in relation to protected characteristics.

The information collected about a persons protected characteristics will be used to support the SAR decision making process by ensuring due regard is applied to equality considerations.

A referral for a multi-agency review has been received about the person named on this form. To help the HSAB decide if any response is required, you are requested to conduct a record check and to provide the following information. Please send the form to: HSAB@hants.gov.uk

Service user details	Details
Name of Adult	
Address	
Date of birth (or Age if DOB unknown)	
Date of incident and cause of death (if applicable)	
GP contact details	

Was this person known to your agency? (Delete as applicable) Yes No

If not known to your agency, please submit the form to HSAB

If known to your agency, please complete the rest of this form:

Please provide information for the period two years prior to incident/death (Or provide details of contact if this falls outside these dates)	
Reason for involvement with the person	
Summary of services in place (or offered)	
Other organisations known to have worked with the person	
Outline any concerns you may have about the way agencies worked together in this case	

<p>Please provide information relating to Protected Characteristics relevant to the person:</p> <p>Gender reassignment, Being married or in a civil partnership, Being pregnant or on maternity leave, Disability, Race (including colour, nationality, ethnic or national origin), Religion or belief, Sex, Sexual orientation</p>

Name and contact details of person completing this form:

Name:

Organisation:

Role:

Email Address:

Date: