Sussex Safeguarding Adults Boards

**Adult Death Protocol Referral Form and**

**Record of Initial Joint Agency Meeting.**

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| **Person completing the referral form:** | | | |
| Name: |  | | |
| Role: |  | | |
| Agency: |  | | |
| Email:  Telephone: |  | | |
| Date: |  | | |
| **Details of the deceased adult** | | | |
| Name: |  | ASCH number (if applicable): |  |
| Date of Birth |  | Gender: |  |
| Address:  Postcode: |  | | |
| Date of death if known: |  | | |
| Recognition of Life Extinct Certifying Doctor (if known): |  | | |
| Current resting place of deceased (if known): |  | | |
| Details of next of kin (if known): |  | | |
| Are next of kin aware of this referral (if known)? |  | | |

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| **ADP Criteria - Summary of circumstances**  Please provide information below that supports the criteria in as much detail as you can |
| 1. An adult with care and support needs (whether or not the Local Authority was meeting those needs) dies in unexpected or unnatural circumstances |
|  |
| 2. There is suspicion, or it is known, that they suffered from recent abuse or neglect or that it was a contributary factor in their death |
|  |
| 1. The abuse or neglect is believed to have been caused by a third party (please provide details of the third party if known) |
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| **Known agency involvement**  Please add name, agency and contact details if known |
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| **Your referral is now completed please forward by email to the relevant Multi Agency Safeguarding Hub listed below:** |
| **Wealden, Lewes, and Eastbourne** [MASH.Eastbourne@sussex.police.uk](mailto:MASH.Eastbourne@sussex.police.uk) |
| **Hastings and Rother** [MASH.Hastings@sussex.police.uk](mailto:MASH.Hastings@sussex.police.uk) |
| **Brighton and Hove** [Brighton.Mash@sussex.police.uk](mailto:Brighton.Mash@sussex.police.uk) |
| **West Sussex** [WS\_PSH@sussex.police.uk](mailto:WS_PSH@sussex.police.uk) |

**The following sections are for triage and recording purposes only**

**Triage by Police**

|  |  |
| --- | --- |
| **ADP Criteria met/not met (to be completed by reviewing DI)** | |
| Date: |  |
| Reviewed by: |  |
| Criteria met/not met |  |
| Rationale: |  |

**Record of IJAM**

|  |  |
| --- | --- |
| **Meeting or discussion details (where ADP criteria met)** | |
| Date of meeting: |  |
| Chair: |  |
| Attendees: |  |
| Rationale for each criteria being met/not met with key discussion points | |
| 1. An adult with care and support needs (whether or not the Local Authority was meeting those needs) dies in unexpected or unnatural circumstances | |
| 1. There is suspicion, or it is known, that they suffered from recent abuse or neglect or that it was a contributary factor in their death | |
| 1. The abuse or neglect is believed to have been caused by a third party. | |

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| **Outcome/Actions agreed** | | | |
|  | **Action** | **Lead** | **Agency** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

**Review meeting**

|  |  |
| --- | --- |
| Is another meeting or discussion required? | Yes No |
| Proposed date, time, and venue: |  |
| Identified Chair and lead agency: |  |