

**SAFEGUARDING ADULT BOARD GUIDANCE AND REFERRAL FORM**

**for**

**Positive Outcomes and Good Practice Reviews**

Referrals for a ‘Positive Outcome and Good Practice Reviews’ could be made in instances where care and support interventions have led to a positive impact on the lived experiences of the adult at risk, where positive/good (better than normal) outcomes are achieved and/or there is evidence of strong partnership working between agencies.

Professionals should discuss the case with their agency designated safeguarding lead and/or member of the SSAB SAR panel sub group to help formulate the rationale for submitting the referral.

When a referral is received by the support team for the SSAB, it will be screened by the Business Manager and if deemed appropriate will be taken to the next available SAR panel for a discussion and decisions (if required) regarding how wider learning should be shared.

Positive Outcome and Good Practice Reviews will examine multi agency success, how it was achieved and what we can learn to disseminate the success further. Sharing good practice and learning can help others improve their practice, reduce variations in support and improve the lives of adults.

**A good practice / outcome review will:**

* Evidence the impact of practice upon the improved outcomes for the adult and how their voice has been heard throughout the process.
* Present the steps taken to improve care and support in a practical and accessible way
* Give others the knowledge they need to improve the support offered in their areas
* Provide an opportunity to reflect on your successes and challenges
* Helps to identify learning and further areas for improvement

Referrals should be very clear about **what was done**, and **how this made a difference**, and include the following features:

* The lived experience of the adult - how we know we made a positive difference to their lived experience (positive outcomes).
* How the views and wishes of the adult were sought and to what extent this influenced the actual outcome
* Present the steps you took to improve care in a practical and accessible way. Your referral needs to be easy for others to understand
* Give others the knowledge they need to improve care in their areas
* Provide an opportunity to reflect on your successes and challenges
* Help to identify learning and further areas for improvement
* Highlight learning that could be useful to others
* Be written in easy to understand English, free from jargon
* Have clear objectives, including an explanation of what was happening before the support plan/risk management plan/protection plan, why it was needed and how it was implemented
* Outline any barriers the organisation faced when implementing the support plan/risk management plan/protection plan and the methods used to overcome these

Positive Outcome and Good Practice Reviews will also be shared at the SSAB and with the SSAB Annual Thematic Review Group to ensure the positive learning and good practice is captured.

Annual data collection regarding Positive Outcome Reviews will also be reported within the SSAB annual report.

Completed Forms should be returned via email to: [SAR.Referrals@salford.gov.uk](mailto:SAR.Referrals@salford.gov.uk)



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| **Reference (SSAB use):** |
| **CONFIDENTIAL** |

**Referral Form**

**POSITIVE OUTCOME AND GOOD PRACTICE REVIEW**

**REFERRAL FORM**

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| **REFERER INFORMATION** |

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| **Date of Referral to SSAB** |  |

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| **Referring agency** |  |
| **Name of referrer** |  |
| **Job Title and Agency** |  |
| **Contact details** | Tel:  Email: |
| **Who has the referral been discussed with** | Name:  Title:  Contact Details: |
| **Timeframe of intervention with the Adult at Risk** |  |

**REFERR INFORMATIO**

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| 1. **ADULTS DETAILS** |

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| **Adult’s Name** |  |
| **Address** |  |
| **If adult is living, consent has been gained to shared information.** | Yes/no  If no, why not? |

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| --- | --- | --- | --- | --- | --- |
| **Date of Birth** | **Gender** | **Ethnicity** | **Religion** | **First Language** | **Care and Support Needs** |
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| **ABOUT THE ADULT**  Please provide a short description of the adult and their life to assist professionals in understanding the lived experience and impact of the event/reason for referral has had on their life. |
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| Please state if the adult is aware of the referral and if not, the rationale for not informing them.  If they are aware, please state how they would like to be part of the potential good case review |
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| **View of the adult -** what they told us to let us know we made a positive difference? |
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| * SUMMARY OF THE CASE AND EVIDENCE OF A GOOD OUTCOME FOR THE ADULT |

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| **Multi Agency involvement- summary**  **Brief description of the multi agency involvement/intervention. Include details of action taken to ensure the adult was safeguarded:** |
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| **WHY ARE YOU ARE MAKING THIS REFERRAL: YOUR VIEWS considering…..** |
| **Describe what was done and what difference it’s made. What good outcomes have been achieved?** |
| **What worked well? And why?** |
| **Was there anything that could have worked better?** |
| **What strengths in practice could be disseminated to promote the success further?** |
| **Additional information you think may be relevant and assist decision making:** |

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| The referral is now complete. Please return the referral via a secure method to  Sar.Referrals@salford.gov.uk |

**The next stage is for the SAR Panel to make a decision based what learning should be shared based on information provided. Please note that as the referrer, you may be asked to present the referral at a SAR panel. You will be informed of the decision, and notified if further information is required**