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: |  |

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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 |
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| 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   |
| **Hastings and Rother** MASH.Hastings@sussex.police.uk |
| **Brighton and Hove** Brighton.Mash@sussex.police.uk   |
| **West Sussex** WS\_PSH@sussex.police.uk  |

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

**Triage by Police**

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

**Record of IJAM**

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| **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. |  |  |  |

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