****

**Adult Support and Protection Learning Review Notification**

|  |  |
| --- | --- |
| **Request from:** |  |
| **Contact details:** |  |
| **Agency:** |  |
| **Date completed:** |  |

Any agency with an interest in an adult’s wellbeing or safety can raise a concern about a case which it believed may meet the criteria for a Learning Review and submit a notification to the APC using the Learning Review notification form.

This notification will be acknowledged and then responded to with the outcome of the Adult Protection Committee’s consideration of whether or not to proceed to Learning Review.

**Criteria for undertaking a learning review**

An Adult Protection Committee will undertake a learning review in the following circumstances:

1. **Where the adult is, or was, subject to adult support and protection processes** and the incident or accumulation of incidents gives rise to reasonable cause for concern about how professionals and services worked together to protect the adult from harm and one or more of the following apply:

**(i) The adult at risk of harm dies and:**

* harm or neglect is known or suspected to be a factor in the adult’s death;
* the death is by suicide or accidental death;
* the death is by alleged murder, culpable homicide, reckless conduct or act of violence or

**(ii) The adult at risk of harm has not died but is believed to have experienced serious abuse or neglect.**

2. **Where the adult who died or sustained serious harm was not subject to adult support and protection processes**

**(i) Where the findings of an inquiry or review by another organisation or court proceedings, or a referral from another organisation** gives rise to reasonable cause for concern about lack of involvement in relation to the Adult Support and Protection (Scotland) Act 2007 or

**(ii) The Adult Protection Committee determines** there may be learning to be gained from a Learning Review

|  |
| --- |
| **Adult’s details** |
| Name: |  |
| Date of birth: |  |
| Date of death: |  |
| Home address &/or current residence: |  |
| Gender: |  |
| Next of kin /carers address if different: |  |
| Is/was the adult subject to any statutory powers at the time of concerns arising in relation to Adult Support and Protection, Adults with Incapacity or the Mental Health (Care and Treatment) Act? |  |
| Contact details for any Guardian, or Power of Attorney, if known: |  |
| **Criteria for Learning Review** |
| What grounds within the criteria do you consider apply for a Learning Review in this case? |  |
| **Immediate and general concerns** |
| Are there any immediate concerns? If yes:* What are the immediate concerns and have they been passed to the relevant agency for consideration / action?
* What action has been taken?
 |  |
| Are there any general concerns identified during this process of notification? If yes:* What are the concerns and have these been passed to the relevant agency for consideration / action?
* What action has been taken?
 |  |

|  |
| --- |
| **Summary of the case** |
|  |  |
| **Are other reviews, criminal investigations or other statutory proceedings underway? If so, please give details:** |
|  |
| **Name of service / agency / individuals involved with the adult, with contact details** |
|  |