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| --- |
| **When to consider a referral** |
| Adults should be referred to Safeguarding Adults Board SAR Panel for consideration if:  * **An adult at risk of abuse or neglect has been seriously harmed (has died or is alive)** and abuse or neglect are believed to have been a factor. * There is also **concern how partners have worked together.**   This referral form should be completed by anyone who has become aware of an adult where the above criteria are met.  All information provided should adhere to information sharing protocols - please note there is a statutory duty in [Section 45 of the Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/section/45/enacted) for agencies to share relevant personal data with the Safeguarding Adults Board.  You will receive confirmation of your SAR referral form has been received and be updated on the date that the referral is considered by the SAR panel and the outcome of the referral. |

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| **Purpose of a SAR** |
| The [Care and Support Statutory Guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1) clearly states that a Safeguarding Adult Review is to promote effective learning and improvement action to prevent future deaths or serious harm from occurring again.  It is vital, that individuals and partners agencies are to be able to learn lessons, that the review process is trusted and a safe experience that encourages honesty, transparency and sharing of information to obtain maximum benefit to enable positive change.  Its purpose **is not to hold any individual or organisation to account**. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council |

**1. Referrer details**

|  |  |
| --- | --- |
| **Referrer name** |  |
| **Role of referrer** |  |
| **Contact Details (telephone, email)** |  |
| **Work base and Address** |  |
| **Organisation** |  |
| **Date, name and additional comments from Senior Manager/Safeguarding Lead** |  |
| **Date Submitted to the SAB** |  |
| **Please advise if there have been any delays in making this referral, if yes, please explained why?** |  |

**2. Adult’s details**

|  |  |
| --- | --- |
| **Adult’s first name(s)** |  |
| **Adult’s Surname** |  |
| **NHS number (if known)** |  |
| **Any known alias’s** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Date of Death (if applicable)** |  |
| **Place of Death (if known)** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Is this adult a carer leaver?** |  |

**3. Significant Others**

The details of any significant others should be recorded. This could be next-of-kin, carers, children or other dependents. Where there are no details, this should be recorded as not applicable (N/A).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Address** | **Relationship to the adult** | **Known to services** | **Are they aware of the SAR referral** | **Please indicate who is the main contact/representative for the adult?**  **(The SSAB may wish to contact them to discuss the SAR referral)** |
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**4. Agencies known to be involved with the adult**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency name** | **Contact name** | **Contact details** | **Are they still involved?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5. Reason for notification**

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| --- | --- |
| **Reason for notification** | **Yes/No** |
| 1. An adult with care and support needs (whether or not those needs are met by the Local Authority) in the Safeguarding Adults Board’s (SAB) area **has died as a result of abuse or neglect**, whether known or suspected and there is concern that partner agencies could have worked together more effectively to protect the adult |  |
| 1. An adult with care and support needs (whether or not those needs are met by the Local Authority) in the SAB’s area **has not died**, but the SAB knows or suspects the adult has experienced serious abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the about or neglect. |  |
| 1. The referring agency believes that **whilst the above two criteria are not met** that the SAR panel should consider conducting a Safeguarding Adults Review. Please note that informal carers could be included for consideration |  |

**6. Abuse identified or suspected**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Types of abuse**  *(Please identify the type(s) of abuse relating to this case (more than one may apply)* | | | | | |
| Physical Abuse |  | Exploitation/Modern Slavery |  | Domestic Violence |  |
| Discriminatory Abuse |  | Sexual Abuse |  | Organisational abuse |  |
| Psychological Abuse |  | Neglect and actions of omission |  | Financial or material abuse |  |
| Self-Neglect |  | Serious illness |  | Other  (Please specify) |  |

**7. Details of the SAR referral**

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| Briefly summarise the details of your referral giving an overview of your agencies’ involvement with the adult including dates. |
|  |

|  |  |
| --- | --- |
| How do you believe agencies could have worked better together to protect the adult at risk? |  |
| What learning do you think can be achieved through review of this case or cases? |  |
| What other learning /review processes have been followed? |  |

**8. Parallel Processes**

|  |
| --- |
| **Please provide any details of parallel processes that may need to be considered i.e., criminal investigation, coronial proceedings, serious incidents, datix relating to this incident etc.** |
|  |

**9. Additional Information**

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| --- |
| Any additional information |
|  |

***10. For completion of the SAB Business Unit***

|  |  |
| --- | --- |
| Initial of Adult to be used in internal documentation |  |
| Date Referral received by the SAB |  |
| Date requests for single agency information were made |  |
| Date referral reviewed by the chair/Business Manager |  |
| Deadline for agencies to submit single agency information |  |
| Date of initial Screening meeting or presented to SAR Panel |  |
| Date Recommendation submitted to the SAB chair |  |
| Date of decision of the SAB Chair |  |
| Decision agreed – Mandatory/Discretionary/other/ No SAR |  |

**Please return this form to** [**sar.referrals@salford.gov.uk**](mailto:sar.referrals@salford.gov.uk) **and should only be sent by secure email.**

**Please contact the Business Manager if you have any questions or queries about the referral or information being requested.**

**SSAB Business Manager –** [**jane.bowmer@salford.gov.uk**](mailto:jane.bowmer@salford.gov.uk)