**Safeguarding Adults Review (SAR) Referral Form**

* ***If you have immediate concerns about an adult, please send an adult safeguarding referral to*** [***ASCsafeguardingconcerns@newham.gov.uk***](mailto:ASCsafeguardingconcerns@newham.gov.uk)***.***
* ***If there is emergency situation, immediate threat to life or a crime is being committed, please call 999.***
* ***If you want to report any other type of crime, please call 101.***
* ***If you need to report Safeguarding Children and Young people concern, you can contact the MASH (Multi-Agency Safeguarding Hub) on 0203 373 4600 or Newham Contact Centre on 0208 430 2000 who will transfer you to the social work duty team.***

Under Section 44 of the Care Act 2014, Newham Safeguarding Adults Board (NSAB) has a statutory duty to carry out a SAR if the following criteria are met (see below). Please check the criteria and guidance before you complete the form.

**Criteria**

Newham Safeguarding Adults Board *must* arrange a SAR when:

There is reasonable cause for concern about how the NSAB, members of it, or other local professionals and/or services worked together to safeguard an adult with care and support needs (regardless of whether the Local Authority was meeting any of those needs) who:

* Has died (including from suicide) and the NSAB knows or suspects that the death resulted from abuse or neglect (regardless of whether or not it knew or suspected the abuse or neglect before the person died); **or**
* Is still alive, and the NSAB knows or suspects that the adult has experienced serious abuse or neglect.

Please complete this form as fully as possible. If you do not know any of the information, please state “don’t know”.

This form can be used by members of public. Professionals and volunteers in all organisations should use separate form and Adult Social care staff should use the internal form.

We acknowledge that this situation may be challenging and distressing. Should you require assistance or need to speak with someone, please contact NSAB at 020 3373 7819 or nsab@newham.gov.uk.

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| **DETAILS RELATING TO THE PERSON OF CONCERN** | |
| **Name of the adult** |  |
| **Date of birth** |  |
| **Current Address** |  |
| **Date of Death if applicable** |  |
| **If deceased – cause/ suspected cause of death if known** |  |
| **GP practice (if known)** |  |
| **Please provide a short description of what you know about the person’s health and care. Please name people or organisations providing care and support, and any allocated workers.** |  |
| **Does anyone have legal authority to make decisions for the person such as an attorney or deputy? If yes, please provide details.** |  |

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| **DETAILS OF THE INCIDENT** | |
| **Details of the incident being reported** |  |
| **When did this happen?** |  |
| **Please identify the type(s) of abuse or neglect (more than one may apply):** | Physical Abuse  Neglect / Acts of Omission  Self-Neglect  Financial Abuse  Domestic Abuse  Psychological Abuse  Sexual Abuse  Modern Day Slavery / Human Trafficking  Organisational/Institutional Abuse  Discriminatory Abuse  Cuckooing  Pressure ulcer  Female Genital Mutilation  Honour Based Violence  Forced Marriage |
| **Is there current harm/risk to the adult or others? If yes, please explain what this is and the action being taken to manage this** |  |
| **Are the Police aware? Please include crime reference number.**  **If yes, what actions are the Police taking?** |  |

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| **Family members and significant others** | **Name** | **Relationship** | **DOB** |
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| **Any other professionals involved with the adult** | **Name** | **Agency** | |
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| **Are family or next of kin aware of the SAR referral?** | **If no, please give reason why** | **If yes, what are their views of the concern?** | |
| **Form completed by** |  | | |
| **Date** |  | | |

**Please send this SAR referral form to the Newham Safeguarding Adults Board @** [**NSAB@newham.gov.uk**](mailto:NSAB@newham.gov.uk)