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

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 is met. Please check the criteria and guidance before you complete the form.

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 professionals and volunteers in all organisations. Adult Social care staff should use the internal 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.***

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| **DETAILS RELATING TO THE PERSON** | |
| **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)** |  |
| **Summary of relevant information related to the adult’s physical and mental health** |  |
| **Any formal or informal care and support in place – please state the name of the organisation or person providing the support** |  |
| **Name of current allocated worker and team if applicable** |  |
| **Date of last assessment/review** |  |
| **Any Safeguarding Concerns in the last year** |  |
| **Any current Safeguarding Protection Plan in place** |  |
| **Any Power of Attorney or Deputy in place** |  |
| **Is the adult currently or previously known to any other organisations; if yes, please provide details** |  |

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| **DETAILS OF THE INCIDENT** | |
| **Details of the incident being reported** | *NB: Please use plain language that can be understood by those with no prior knowledge of your agency and provide the meaning of any acronyms you use. Please do not copy and paste extensive information from your agency’s records.* |
| **Date of the incident being report** |  |
| **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? If yes, please explain what this is and the action being taken to manage this** |  |
| **Is there a risk of harm to others i.e. children, carers, family, friends, staff etc.?**  **If yes, how is this being managed** |  |
| **Are the Police aware? Please include crime reference number.**  **If so, what action are the Police taking?**  **If you suspect a crime has been committed – please share information with the Police immediately via 999** |  |
| **What has been done as a result of the incident? i.e. to manage wider risks**  **To request information/ alerting other people/ agencies** |  |
| **Is there any media interest relating to the incident?** |  |
| **Have any other processes commenced which are looking into the circumstances of this and are you are aware of any that are likely to be instigated** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Process** | **Commenced** | | **Planned** | | | **Yes** | **No** | **Yes** | **No** | | Section 42 Safeguarding Adults Enquiry |  |  |  |  | | Criminal Investigation |  |  |  |  | | Civil Proceedings |  |  |  |  | | Coroner’s Inquest |  |  |  |  | | Domestic Homicide Review (DHR) |  |  |  |  | | Mental Health Homicide Review (MHHR) |  |  |  |  | | Child Safeguarding Practice Review (CSPR) |  |  |  |  | | NHS Serious Incident (SI) Review |  |  |  |  | | Learning Disabilities Mortality LeDeR Review |  |  |  |  | | |

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| **Family members and others at the same address** | **Name** | **Relationship** | **DOB** |
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| **Name of main carer (if applicable)** |  | | |
| **Other significant family members or personal contacts outside the household.** | **Name and address** | **Relationship** | |
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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?** |  |  | |
| **How would they like to be contacted?** |  |  | |

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| **Please explain how the** [**criteria**](#_The_Care_Act) **for a Safeguarding Adults Review is met** | **A Safeguarding Adults Board (SAB) must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:** |
| 1. **Please explain how this section is met** | *there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult,* |
| 1. **Please explain how this section is met** | *the adult has died* ***AND*** *the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died)* |
| 1. **Please explain how this section is met** | *the adult is still alive* ***AND*** *the SAB knows or suspects that the adult has experienced serious abuse or neglect.* |
| **What are the multi-agency lessons to be learnt:** | Please indicate any emerging themes:  Complex needs and multiple disadvantage  Homelessness  Mental capacity  Non-engagement  Pressure ulcers  Suicide  Social isolation  Transfer of care  Trauma |

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| **Please provide any supplementary documentation which could support your referral, please tick as appropriate:** |
| Section 42 report  Serious Incident Review  Root Causes Analysis  Provider internal investigation report  Domestic Homicide Review  Child Safeguarding Practice Review  Learning Disabilities Mortality Review (LeDeR) |

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| **Form completed by** |  | | |
| **Role** |  | Date |  |
| **Team** |  |

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| **This form must be signed off by designated safeguarding lead or manager before being shared** |  |
| **Date** |  |

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

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