

**Derbyshire Safeguarding Adults Board Safeguarding Adult Review (SAR) Referral Form**

There is a legal requirement for Safeguarding Adults Boards to undertake a safeguarding adult review (SAR) when an adult dies as a result of abuse or neglect, whether known or suspected, and there is evidence that partner agencies could have worked more effectively to protect the adult at risk.

A SAR may also be conducted when an adult has not died, but it is known or suspected that they have experienced serious abuse or neglect, sustained a potentially life threatening injury, serious sexual abuse or serious or permanent impairment of health or development.

A SAR referral should be completed by a professional when the [SAR criteria](https://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted), as specified in Section 44 of the Care Act 2014, are met; however, all SAR referrals require sign-offfrom the safeguarding lead within the referrer’s organisation prior to submission.

There is a statutory duty in Section 45 of the Care Act 2014 for agencies to share relevant personal data with the Safeguarding Adults Board.

If a family member or carer wishes to submit a SAR referral for consideration, then they should submit their request in writing to the Independent Chair at [DerbyshireSAB@derbyshire.gov.uk](mailto:DerbyshireSAB@derbyshire.gov.uk) instead of using this referral form.

The Derbyshire Safeguarding Adults Board SAR Sub-Group considers SAR referrals and the following options are available to the group:

* Referral meets the mandatory criteria for a SAR
* Referral does not meet the criteria for a SAR but a discretionary SAR will be undertaken
* Referral does not meet the criteria for a SAR but a different type of review will be recommended (multi-agency audit, single agency review, multi-agency learning review)
* Referral does not meet the criteria for a SAR and no further action will be taken

**Please note that the SAR process does not replace any existing single agency internal review or process, complaint or legal process. These processes should continue as intended unless there is a clear rationale why the outcome of the SAR would affect this.**

# Referrer details

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Role** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Name of safeguarding lead authorising the referral** | Click or tap here to enter text. |
| **Contact email address for safeguarding lead** | Click or tap here to enter text. |

**Please do not submit this referral until you have received authorisation from your safeguarding lead.**

# Details of the subject of this SAR referral

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Date of birth** | Click or tap to enter a date. |
| **Date of death**  (if the adult has died) | Click or tap to enter a date. |
| **Address** | Click or tap here to enter text. |
| **Is the person a rough sleeper or homeless?** | Choose an item. |
| **Gender** | Choose an item. |
| **Ethnicity** | Choose an item. |

1. **Legal status of the adult (please tick)**
2. Detained under the Mental Health Act
3. Subject to 117 (Mental Health Act)
4. Subject to Guardianship
5. Subject to Deprivation of Liberty
6. Lasting/Enduring Power of Attorney registered
7. Legal status unknown
8. Other (provide details below)

If ‘Other’ above, please provide details: Click or tap here to enter text.

# Family and significant others (carers/friends)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to the adult** | **Date of birth** | **Addressed and contact details** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
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# A Safeguarding Adult Review will be considered if section 1 (below) is met, and section 2 or 3 are also met. Tick all that apply.

1. There is reasonable cause for concern about how the Derbyshire Safeguarding Adults Board, its members or organisations worked together to safeguarding the adult.

AND

1. The adult had needs of care and support and has died, and the Derbyshire Safeguarding Adults Board knows or suspects this was as a result of abuse or neglect.

OR

1. The adult has needs of care and support, is still alive, but the Derbyshire Safeguarding Adults Board knows or suspects the adult has experienced serious abuse or neglect, sustained potentially life-threatening injury, serious sexual abuse or serious or permanent impairment of health or development

# Circumstances, concerns, parallel processes and actions already undertaken

1. Explain the circumstances of the death/incident:

Click or tap here to enter text.

1. Confirm the reasonable cause for concern about how partner agencies worked together to safeguard the adult at risk:

Click or tap here to enter text.

1. What other processes are taking place or have taken place?

Coronial

LeDeR

Single Agency Review

Domestic Homicide Review

Child Safeguarding Practice Review

Complaint

Police investigation

Other (please specify) Click or tap here to enter text.

Please provide details, including the stage of the process and actions already taken, and contact details, as appropriate:

Click or tap here to enter text.

# Type of abuse

1. Please state the types of abuse that are alleged to have occurred – at least one should be selected but tick all that apply.

Physical

Sexual

Psychological/emotional

Financial/material

Discriminatory

Domestic abuse

Sexual exploitation

Neglect/acts of omission

Modern slavery

Organisational

Self-neglect

Other (please specify) Click or tap here to enter text.

# Agencies known to be involved with the adult (include names and contact details)

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Name of professional**  **(if known)** | **Contact details** | **Is the agency currently involved?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
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# Provide details of any potential areas of learning you have already identified

Click or tap here to enter text.

**Please send this referral via secure or encrypted email to:** [DerbyshireSAB@derbyshire.gov.uk](mailto:DerbyshireSAB@derbyshire.gov.uk)

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