

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

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The Safeguarding Adults Case Review Group (SACRG) of the Safeguarding Adults Executive Board (SAEB) considers every SAR referral in accordance with the SAR Protocol and Guidance and the [London Multi-Agency Adult Safeguarding Policy and Procedures](https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf).

Before submitting your referral, please consult the SAR Protocol and Guidance, as well as the SAR Referrals Briefing Note.

If you feel that the SAR criteria are met and need to submit a referral, we ask that you discuss this initially with a senior manager or safeguarding lead within your organisation before submitting a referral. The referral should also be authorised by a senior manager within your organisation. You can also contact the SAEB Business Manager for consultation on referrals via the email address listed below. Please complete the referral form with as much information as possible.

The completed referral should be sent via secure email to: makingsafeguardingpersonal@rbkc.gov.uk

**SECTION 1: REFERRAL INFORMATION**

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| **DETAILS OF ADULT**  |
| **Full name of adult:** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **Ethnicity:**  |  |
| **Disability / care and support needs:**  |  |
| **Sex / gender:** |  |
| **Religion / belief:** |  |
| **Civil / marital status:** |  |
| **Borough of ordinary residence:** |  |
| **Case identifier e.g. Mosaic/RIO/Datex /CAD/ NHS number (if relevant)** |  |
| **Date and place of serious incident or death:** |  |
| **GP details:** |  |
| **Family / next of kin / representative details (including name, address and contact details):** |  |
| **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?** |  |
| **DETAILS OF INDIVIDUAL / ORGANISATION MAKING SAR REFERRAL** |
| **Referral date:** |  |
| **Name:** |  |
| **Role / position:** |  |
| **Organisation:**  |  |
| **Address:**  |  |
| **Email:** |  |
| **Contact number:** |  |
| **Authorising manager:** |  |
| **Role / position:** |  |
| **Contact number:** |  |
| **Email:** |  |
| **DETAILS OF THE CASE** |
| **Brief summary of concerns which have triggered this referral:*****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.*** |
| **Please identify the type(s) of abuse relating to this case (more than one may apply):**[ ]  **Physical Abuse**[ ]  **Neglect / Acts of Omission** [ ]  **Self-Neglect**[ ]  **Financial Abuse** [ ]  **Domestic Abuse** [ ]  **Psychological Abuse** [ ]  **Sexual Abuse**[ ]  **Modern Slavery** [ ]  **Organisational/Institutional Abuse** [ ]  **Discriminatory Abuse** |
| **EXPLAIN HOW THE CASE MEETS THE CRITERIA FOR A SAR**  |
| **Please refer to the criteria for a SAR as set out within the SAR Protocol and Guidance and explain in detail how you feel this case meets the criteria:** |
| **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** |
| **AGENCIES INVOLVED:** |
| **Agency**  | **Key contact person** | **Contact details** | **Agency informed of SAR referral?** |
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| **PARALLEL PROCESSES** |
| **Have any other processes commenced which are looking into the circumstances of this case and/or 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**  |  |  |  |  |
| **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** |  |  |  |  |
| **Agency Complaints Process** |  |  |  |  |
| **Other (please state)** |  |  |  |  |
| **Please provide additional details of any parallel processes below, including lead contact, current status of process and if completed outcomes:** |
| **SENIOR MANAGER SUBMISSION AND AUTHORISATION OF REFERRAL**  |
| **Completed by:**  |  |
| **Signed:** |  |
| **Date:** |  |

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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)**[ ]  **Chronology** |

**SAEB USE ONLY FROM HERE ONWARDS**

**SECTION 2: TRAIGE BY SAEB BUSINESS MANAGER**

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| **TRIAGE INFORMATION FROM THE REFERRER**  |
| **Date referral received:** |  |
| **Date contact made with the referrer:** |  |
| **Summary of discussion with the referrer:** |  |
| **SAR NOTIFICATION LETTERS** |
| **Date notification letters sent to SACRG:** |  |
| **TRIAGE INFORMATION FROM SUPPORTING AGENCIES (IF APPLICABLE)** |
| **Name:** |  |
| **Role / position:** |  |
| **Organisation:**  |  |
| **Contact details:**  |  |
| **Date of discussion:** |  |
| **Summary of discussion and agency view:** |  |
| **LINKS OR SIMILARITIES WITH LOCAL OR NATIONAL REVIEWS** |
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| **TRIAGE COMPLETION** |
| **Completed by:**  |  |
| **Date:** |  |
| **Feedback provided to referrer?** |  |

 **SECTION 3: SACRG CONSIDERATION AND RECOMMENDATION**

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| **PRESENTATION TO THE SACRG**  |
| **Name / role / agency:** |  |
| **Date:** |  |
| **Summary of discussion and agreed actions (usually taken from SACRG minutes):** |  |
| **SACRG RECOMMENDATION**  |
| **Date:** |  |
| **Recommendation and rationale for decision including:*** **Confirmation as to whether a SAR is recommended and mandatory / discretionary**
* **Feedback to referrer**
* **Proposed methodology**
* **Adult / family involvement**
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**SECTION 4: SAEB INDEPENDENT CHAIR DECISION**

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| **Date of consideration:** |  |
| **Comments:** |  |
| **Signed:** |  |