**Safeguarding Adult Review (SAR) Referral Form (Appendix 1)**

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| **Referral details** |
| Safeguarding Adults Board/Partnership |  |
| Date of referral to SAR Subgroup |  |
| Name of referrer |  |
| Job title |  |
| Agency |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| **Adult’s details** |
| Adults Name |  |
| Any known other names |  |
| Date of Birth |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Name of Nearest Relative/Next of Kin |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| **Agencies known to be involved** |
| *Service* | *Details* |
| Care/Nursing Provider/Home |  |
| District General Hospital |  |
| NHS Provider |  |
| Mental Health Services |  |
| Community Nursing |  |
| General Practitioner |  |
| Domiciliary Provider |  |
| Community Interest Company  |  |
| Local Authority Adult Social Care |  |
| Local Authority Children Social Care |  |
| Police |  |
| Probation |  |
| Housing Services |  |
| Drug and Alcohol services |  |
| CQC |  |
| SWAST |  |
| Other Service(s) (please specify) |  |
| **Reason for the referral***Please identify the basis on which you are making this referral using the relevant legislation* |
| ***Care Act 2014 Section 44 Safeguarding Adults Reviews****This section has no associated Explanatory Notes**(1) A 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 -**(a) 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, and**(b) condition 1 or 2 is met.**(2) Condition 1 is met if -**(a) the adult has died, and**(b) 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).**(3) Condition 2 is met if -**(a) the adult is still alive, and**(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.**(4) A SAB may arrange for there to be a review of any other 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).**(5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to -**(a) identifying the lessons to be learnt from the adult’s case, and**(b) applying those lessons to future cases.***Please ensure you clearly highlight above, which section of the Care Act you are submitting this referral.** |
| **Characteristics of the referral (Y/N)** |
| Domestic abuse |  | Alcohol/substance use |  | Discrimination |  |
| Mental health |  | Death in custody |  | Honour based violence |  |
| Sexual abuse |  | Suicide |  | Modern slavery |  |
| Psychological abuse |  | Self-harm |  | Hate/mate crime |  |
| Physical abuse |  | Organisation abuse |  | Mental capacity |  |
| Self-neglect |  | Neglect/acts of omission |  | Serious illness |  |
| Are there other related processes ongoing or planned? i.e. criminal proceedings, ombudsman investigations, professional conduct enquiries |  |
| **Referral summary** *Please**provide a summary of the circumstances that have led to this referral* |
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| **Involvement***Please outline the communication that has taken place with the individual concerned, their family and/or friends regarding this referral and their views. Please give contact details of the people involved.*  |
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**Please return this completed form to** **safeguardingadultsboardsecure-mailbox@devon.gov.uk**