**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* | | | | | | |
|  | | | | | | |
| **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.* | | | | | | |
|  | | | | | | |

**Please return this completed form to** [**safeguardingadultsboardsecure-mailbox@devon.gov.uk**](mailto:safeguardingadultsboardsecure-mailbox@devon.gov.uk)