**North East Lincolnshire Safeguarding Adults Board**

**Safeguarding Adults Review Referral**

When requesting a SAR using the form below, the following should be used as a guide to inform the reasons why this case should be reviewed within the SAR framework. Circumstances that fall within the scope of the SAR criteria are summarised as follows:

1. A vulnerable adult dies (including death by suicide) ***and*** abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Safeguarding Adults Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
2. A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, ***and*** the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
3. A culture of abuse has been identified where serious abuse takes place in an institution or when multiple abusers are involved.

*N.B. Safeguarding Boards may consider undertaking SARs or less formal inquiries in situations where it is believed there will be value in doing so. Such inquiries could include Individual Management Reviews (IMRs) or Serious Incident Learning Processes (SILPs).*

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| **Details of person submitting the application for a Safeguarding Adults Review** |
| **Name**:  |
| **Organisation and job role/title (if applicable):**  |
| **Contact address**:  |
| **Telephone number(s):**  |
| **Email address:**  |
| **Relationship to the victim(s):**  |
| **Date of referral**  | DAY | MONTH | YEAR  |
| **Has the case previously been subject to a safeguarding referral?**  | YES | NO |
| If subject has previously been referred to *focus safeguarding* the SA1 and or referral record should be attached to this form including details and date of referral and whether or not it was subject to a S42 enquiry. |

**Subject Details**

|  |  |
| --- | --- |
| **Name(s) of subject (or subjects)** |  |
| **Address of subject(s)** |  |
| **Date(s) of Birth** |  |
| **Care Status of Subject(s)** (e.g. community, residential or other) |  |
|  |  |
| **Name/s and details of any service providers/agencies involved:** |
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| **Name and organisation of the lead officer and/or the chair of any adult protection meeting(s) (if applicable):** |
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| **Details of reasons why and how this case fits the SAR criteria** (please refer to the guidance at the start of this form and consider that if the case fails to meet the SAR Criteria whether another form of review, such as SILP or Internal Management Review would be more appropriate) |
|  |
| **Date of incident(s)**  | DAY | MONTH | YEAR |
|  |
| **FOR OFFICE USE ONLY:**  | ***This section to be completed following SAR Panel*** |
| **Recommendations and decisions:** (please select and delete as appropriate) |
| * SAR recommended
* SILP recommended
* IMR recommended
* Refer back to source
* Other (please give details below)
 |
| **Additional Comments:** |
|  |
| **REVIEW AUTHORISED** (please tick) | **Signed and dated:** FULL NAME IN BLOCK CAPITALS |
| **REVIEW NOT AUTHORISED** (please tick) | **Signed and dated:** FULL NAME IN BLOCK CAPITALS |
|  |  |
| **Request for Safeguarding Adults Review to be re-convened made:** |
| **Date :**  | **Time:**  |
|  |
| **Venue:**  |
| This form should be sent to the Strategic Safeguarding Manager to be considered by the Chair of the SAR Panel or emailed direct to the Safeguarding Adults Administrator: Stewart.Watson@nelincs. gov.uk The referral will be received by the next SAR, SILP & Good Practice Group who will consider and make recommendations to the Deputy Chief Executive of North East Lincolnshire Council and the chair of the Safeguarding Adults Board regarding the status of further enquiries or the review to be undertaken. |