**Swindon Safeguarding Partnership**

**Consideration of SAR**

**Part 1 - Referral**

Use this form to request a Safeguarding Adults Review or a case discussion by the Safeguarding PartnershipPractice Review Group.

In April 2015, the requirement to undertake SARs became statutory through the Care Act 2014, Section 44 of which states:

(1) A Safeguarding Adult Board (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:

1. 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**
2. either of the following conditions are met—
3. Condition 1 is met if—
4. The adult has died, **and**
5. 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)
6. Condition 2 is met if—
7. The adult is still alive, **and**
8. The SAB knows or suspects that the adult has experienced serious abuse or neglect

A case discussion can be requested by any agency where it is believed that there is learning from a case that was or should have been managed as a safeguarding adults concern and may not meet the criteria for a SAR (e.g. the issue is a single agency concern, unclear of meeting the SAR criteria).

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| **Section 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Referral Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of notification:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of referrer:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tel No:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-mail:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Adults Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adults First Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adults Surname:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any Known Aliases:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth:** *(DD/MM/YYYY)* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Date of death:** *(DD/MM/YYYY) (if applicable)* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Accommodation:** *e.g. council property, privately owned/rented, housing association, temporary accommodation, living with family, sleeping rough etc.* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | |  | | Male | | |  | | Female | | | | | | |  | | Other (please detail) | | | | | | | | | |  | | | | |
| **Service User Group – please tick the relevant box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Support Reason** | | | | | | | | | **Secondary Support Reason** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Physical Support | | | | | | | |  | | Personal Care Support | | | | | | | | | | |  | | | Access & Mobility Only | | | | | | | |
|  | Sensory Support | | | | | | | |  | | Visual Impairment | | | | | |  | | Hearing Impairment | | | | | | | | | |  | Dual Support | | |
|  | Support with Memory & Cognition | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Learning Disability Support | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mental Health Support | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Social Support | | | | | | | |  | | Support to Carer | | | | | | | | | | |  | | | Substance Misuse Support | | | | | | | |
|  | | Asylum Seeker Support | | | | | | | |  | | | Support for Social Isolation/other | | | | | | | | | | |
| **Ethnic origin – please tick the relevant box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) White | | | | | | | (B) Mixed | | | | | | | | | (C) Asian or Asian Britain | | | | | | | | | | | | | | | | |
|  | British | | | | | |  | | Asian and White | | | | | | |  | | | | Indian | | | | | | | | | | | | |
|  | Irish | | | | | |  | | Black African and White | | | | | | |  | | | | Pakistani | | | | | | | | | | | | |
|  | Any other White background | | | | | |  | | Black Caribbean and White | | | | | | |  | | | | Bangladeshi | | | | | | | | | | | | |
|  |  | | | | | |  | | Any other mixed background | | | | | | |  | | | | Chinese | | | | | | | | | | | | |
|  |  | | | | | |  | |  | | | | | | |  | | | | Any other Asian background | | | | | | | | | | | | |
| (D) Black or Black British | | | | | | | (E) Other Ethnic Group | | | | | | | | | (F) Not declared | | | | | | | | | | | | | | | | |
|  | Caribbean | | | | | |  | | Please specify | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | African | | | | | |  | |  | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | Any other Black background | | | | | |  | |  | | | | | | |  | | | |  | | | | | | | | | | | | |
| **Faith:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location of incident:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Carer at time of incident:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.3 Family composition/significant others** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Relationship to Adult** | | | **DOB** | | | | | | | **Address** | | **Legal status and/or current criminal proceedings** | | | | | | | | | **Ethnic origin** | | | | **Are there concerns about this person e.g. potential abuser** | | | | |
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| **Details of the representative/family of the adult with care and support needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the adult have any family or representative as far as you are aware?  Yes ☐ No ☐ (if no move to question 1.4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are they aware of the SAR referral? Yes ☐ No ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family member/representative contact name:  Relationship to the adult:  Phone number:  Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any reason the family should not be contacted if a decision is made that the case meets the criteria for a SAR? Yes ☐ No ☐ (if Yes please give details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.4. Agencies known to be involved with the case (please add their name and contact details and include GP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Agency** | | | | | | | | | **Contact details** | | **Are they still involved?** | | | | | | | | | | | | | | | | |
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| **1.5. Reason for notification (more than one box may be ticked)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * An adult died (including death by suicide) and abuse or neglect is known or suspected to be a factor in the death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * An adult died in custody, either in police custody, on remand or following sentence, or an adult dies who was detained under the Mental Health Act 2005. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * An adult is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * There was clear evidence of a risk of significant harm to an adult that was:   + not recognised by organisations or individuals in contact with the adult or perpetrator or   + not shared with others or   + not acted on appropriately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * An adult has been abused or neglected in an institutional setting (e.g. Care Home, nursing home, respite provision, college or higher education). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * An adult died while absent from or having left their home or other care setting or whilst being homeless. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * One or more agency or professional considers that its concerns were not taken sufficiently seriously, or acted on appropriately, by another despite using the Safeguarding Partnership escalation process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * One or more agency or professional considers that its concerns were not taken sufficiently seriously, or acted on appropriately, by another despite using the Safeguarding Partnership escalation process.. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * The case indicates that there may be failings in one or more aspects of the local operation of formal safeguarding adult procedures, which go beyond the handling of the specific case. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * The adult concerned was the subject of adult safeguarding procedures, or had previously been the subject of such procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * The case suggests that the Swindon Safeguarding Partnership may need to change its local protocols or procedures, or that protocols and procedures are not being adequately promulgated, understood or acted on. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * There are indications that the circumstances of the case may have national implications for systems or processes or there are significant public interest or community issues. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * Other reason *(please specify)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **1.6 Characteristics of Case** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Domestic abuse | | | | | | |  | | | | Alcohol abuse | | | | | | | | |  | | | | | Drug abuse | | | | | | |
|  | Mental Health | | | | | | |  | | | | Fabricated illness | | | | | | | | |  | | | | | Neglect or acts of omission | | | | | | |
|  | Sexual abuse | | | | | | |  | | | | Parent in care | | | | | | | | |  | | | | | More than one adult abused | | | | | | |
|  | Financial abuse | | | | | | |  | | | | Parent is care leaver | | | | | | | | |  | | | | | Serious illness | | | | | | |
|  | Psychological & Emotional abuse | | | | | | |  | | | | Recent neglect | | | | | | | | |  | | | | | Self-Neglect | | | | | | |
|  | Physical abuse | | | | | | |  | | | | Discriminatory abuse | | | | | | | | |  | | | | |  | | | | | | |
|  | Institutional/Organisational abuse | | | | | | |  | | | | Modern Slavery *(incl. human Trafficking or Criminal exploitation)* | | | | | | | | | | | | | | | | | | | | |
|  | Other features *(please specify)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Adult subject to: (*please tick the relevant box)* | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | Has been | | | | Don’t know | |
| * Adult Protection Plan? | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | |
| * Care and Support Services? | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | |
| * Have criminal proceedings been instigated? | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | |
| * Has there been a conviction? | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | |
| * Is the case awaiting coroner inquest? | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | |
| **1.7 Please provide a brief summary of the case and the circumstances that led to the referral including any practice issues identified.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.8 Why do you think this meets the criteria for a SAR?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please outline the factors that suggest the SAR** [**criteria**](http://www.worcestershire.gov.uk/info/20222/safeguarding_adults/159/safeguarding_adults_reviews) **are met:**  Please refer to the front page of this referral form and include in detail how you feel the circumstances meet the criteria for a Safeguarding Adults Review **responding fully to each separate criteria.**  For the circumstances to meet the criteria there must be concerns about how separate agencies **worked together.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a ) The adult has care and support needs / significant medical information – specify below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **b) 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. Specify below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Supporting information to include what the abuse and neglect consisted of:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **c) The adult has died (suspected to be resulting from abuse or neglect). Specify below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Supporting information to include what the abuse and neglect consisted of:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d) The adult is still alive and suspected to have experienced abuse or neglect:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Supporting information to include what the abuse and neglect consisted of:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **1.9. Please provide any additional information you think may be relevant and assist decision making** |
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| **Signature:** |  |
| **Date:** |  |