

# City of York Safeguarding Adults Board

## Safeguarding Adults Review (SAR) Referral form

### PART A – Case details

(Referring agency to complete Part A and return to [SAB@york.gov.uk](mailto:SAB@york.gov.uk) email)

The Care Act guidance states the following in regard to SARs. The following link provides more details. <https://www.legislation.gov.uk/ukpga/2014/23/section/44>

#### Safeguarding Adult Reviews (SARs)

- 14.162 SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- 14.163 SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.
- 14.164 The SAB should be primarily concerned with weighing up what type of ‘review’ process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

#### 1. Referrer Details

<b>Name</b>		<b>Job Role</b>	
<b>Agency</b>			
<b>Address</b>			
<b>Tel No</b>		<b>Email</b>	
<b>Date of referral:</b>			
<b>Please confirm if this referral has been signed off by your agency safeguarding lead:</b>	Yes <input type="checkbox"/>	<b>Name of Safeguarding Lead</b>	
	No <input type="checkbox"/>	<i>Please insert below:</i>	

## 2. Details of the adult

<b>Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Date of Death (where applicable):</b>	
<b>Ethnicity:</b>	
<b>Gender</b>	
<b>Name and address of GP:</b>	

## 3. Consent/ Mental Capacity of the adult

<b>Is the adult alive?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>If YES, please confirm if the adult has been informed of this referral. If not, please provide brief details of why the adult has not been informed below?</b></p> <p><i>Please note it is expected that the adult will always be informed, exceptional circumstances should be discussed with the agency Safeguarding lead.</i></p>	
<b>In your professional opinion, does the subject have capacity to take part in the SAR process?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 4. Details of family/ advocate and/or significant others

Name of family/ advocate and/or significant others	Relationship to adult	Has the adult's family/ advocate and/or significant others been informed of this referral?
		Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>

**5. Please indicate why, in your opinion the case should be considered for a Safeguarding Adults Review (SAR)**

Please provide a brief description the circumstances of this case. A full chronology is **not** required for screening purposes. *For example, details of allegation of abuse or neglect, agency responses, key decisions made, any safeguarding procedures (500 Max)*

*When a case is referred for a SAR the following questions should be answered to determine if the case meets the statutory criteria for a SAR.*

Does the adult have care and support needs? *Please provide details below*

Did the adult die or suffer significant harm? *Please provide details below*

Is there a suspicion that abuse, or neglect contributed to the death or significant harm?  
*Please provide details below*

Is there a reasonable cause for concern about how agencies worked together to safeguard the adult or evidence that one or more of the agencies involved did not support joint agency working? *Please provide details below*

Does the case provide an opportunity to learn from good practice that could be applied to agencies working with adults? *Please provide details below*

**6. Other Agencies you know to be involved with the adult**

Agency	Contact Details: Address, Telephone and E-mail	Reason for involvement (include whether current or not)
<b>Are any other reviews taking place regarding the case?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<i>If yes, please state name of review</i>

**7. Coroner involvement**

Is the case known to the coroner?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not known</b> <input type="checkbox"/>
Has the coroner been notified of the SAR consideration?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not known</b> <input type="checkbox"/>

**8. Additional information**

**Please provide details of any additional information being submitted with this referral form**  
*for example Safeguarding concern forms; S42 Enquiries; NHS Serious Incident (SI) report; Complaints investigation; Police or GP records, Photographs/body map; Coroners report; Agency Chronology or other relevant information.*

Once Part A of this referral is completed and signed off by your agency Safeguarding Lead  
**Please email to: [SAB@york.gov.uk](mailto:SAB@york.gov.uk)**

## PART B – Review and Learning Group (RLG) consideration and decision

<b>Date of notification to SAB Business Manager:</b>	
<b>Date scoping request sent out to partners:</b>	
<b>Date considered by RLG:</b>	
<b>Agencies Present</b>	
<b>Information Reviewed</b>	
<b>Summary of Discussion</b>	

<b>Recommendation</b> Have the criteria for a SAR been met?	
What further actions/type of SAR should take place <i>(if known at this point).</i>	
If the SAR criteria has not been met, what alternative action is recommended?	

<b>Name (RLG Chair)</b>	
<b>Date</b>	
<b>Signature</b>	

## PART C – SAB Independent Chair Review

<b>I endorse the recommendation for a SAR to be undertaken</b>	
<b>I endorse the recommendation for a SAR not to be undertaken</b>	
<b>Further information/ clarification is required (refer to RLG)</b>	
<b>Comments</b>	
<b>Name (SAB Chair)</b>	
<b>Date</b>	
<b>Signature</b>	