**Safeguarding Adults Review Referral and Learning Request Form**

***Strictly Confidential***

The Purpose of a Safeguarding Adult Review (SAR) is to determine what the relevant agencies and individuals involved in a case might have done differently that could have prevented harm or death and ensure maximum learning can be achieved.

As set out in the Care Act 2014, a SAR will only be considered by the Statutory Safeguarding Partners if Section 1 and either Section 2 or 3 are met.

For any case where you determine does not meet the criteria for SAR i.e. section 1 or 2 & 3 are not met yet, you believe there is learning to be explored such as the potential for a single or multi-agency review or audit or a practice issue has been highlighted then click 4 below.

**In your opinion**, please select all that apply.

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| 1. | There is reasonable cause for concern about how the Safeguarding Partners, members of the Darlington Safeguarding Partnership (DSP) or other persons with relevant functions worked together to safeguard the adult | ☐ |
| 2. | The adult has died and you know or suspect the death resulted from abuse or neglect (whether or not you knew about or suspected the abuse or neglect before the adult died) | ☐ |
| 3. | The adult is still alive, and you know or suspect the adult has experienced serious abuse or neglect | ☐ |
| 4.  | Does not meet criteria for SAR but there is learning to be explored (to be referred to the Learning and Development Group). | ☐ |

The information on this form is confidential and will only be shared in accordance with the [DSP Information Sharing Protoco](https://www.darlington-safeguarding-partnership.co.uk/media/1895/information-sharing-protocol-revised-july-2019-dsp-13.pdf)l and in the best interests of the adult/adult’s family.

Darlington Safeguarding Partnership needs as much information as possible to enable members to make a proportionate decision as to how to respond to a SAR referral, therefore it is essential that you complete as much information on this form as possible. Pease refer to the [SAR Protocol](https://www.darlington-safeguarding-partnership.co.uk/reviews/reviews/) for further guidance.

If you have any questions or wish to discuss the referral, please do not hesitate to contact the DSP Business Unit via email: DSP@darlington.gov.uk

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| **SECTION 1: ABOUT THE PERSON COMPLETING THE FORM (REFERRING AGENCY)** |
| FULL NAME |       |
| JOB TITLE |       |
| ORGANISATION |       |
| EMAIL |       | TELEPHONE NUMBER |       |
| DATE SUBMITTED |       |
| AUTHORISING OFFICER WITHIN AGENCY  |       | JOB TITLE |       |
| ORGANISATION AGREEMENT:       |

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| **YOU DETERMINE THE CASE MEETS THE CRITERIA FOR A SAFEGUARDING ADULT REVIEW** (to be referred to Statutory Safeguarding Partners) | YES☐ | NO☐ | **YOU DETERMINE THE CASE DOES NOT MEET THE CRITERIA FOR A SAFEGUARDING ADULT REVIEW, HOWEVER THERE IS LEARNING TO BE EXPLORED** (to be referred to the Learning and Development Group – see section 15 SAR Protocol for further guidance) | YES ☐ | NO☐ |
| **ONCE COMPLETED PLEASE SEND SECURELY TO**  | **DSP@darlington.gov.uk** |

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| **SECTION 2: ABOUT THE ADULT** |
| FULL NAME |       |
| DATE OF BIRTH |       | GENDER | Choose an item. | ETHNICITY(if known) |       |
| ADDRESS |       | POSTCODE |       |
| DATE OF SERIOUS INCIDENT |       | DATE OF DEATH (if applicable) |       |
| CAUSE OF DEATH (if applicable) |       |
| IS A CORONER INVOLVED? | YES ☐ | NO ☐ | UNSURE ☐ |
| IF YES, RECORD DETAILS OF THE CORONER AND LOCAL AUTHORITY AREA |       |
| DOES ADULT HAVE CARE AND SUPPORT NEEDS? | YES ☐ | NO ☐ |
| MENTAL CAPACITY – Does/did adult have capacity to make their own decisions? | YES ☐ | NO ☐ |
| MAIN TYPE OF ABUSE OR NEGLECT IDENTIFIED (please tick as appropriate) |
| Discriminatory Abuse | Domestic Abuse | Financial Abuse | Modern Slavery | Neglect/Acts of Omission |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| Organisational Abuse | Physical | Self-Neglect | Psychological/Emotional Abuse | Sexual Abuse |
| ☐ | ☐ | ☐ | ☐ | ☐ |

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| **SECTION 3: ADULT’S REPRESENTATIVE**e.g. Family/next of kin/advocate/representative – who should be contacted if a SAR/Review is agreed |
| FULL NAME |       | GENDER | Choose an item. |
| RELATIONSHIP TO ADULT |       |
| ADDRESS |       | POST CODE |       |
| TELEPHONE NUMBER |       | EMAIL |       |

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| **SECTION 4: OTHER AGENCIES INVOLVED\*** (please indicate all agencies that you know are involved with this adult as this detail will be used to contact the organisations involved for further information |
| FULL NAME | ORGANISATION | RELATIONSHIP TO ADULT | ADDRESS AND CONTACT DETAILS |
|       |       |       |       |
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\*Please add more rows if necessary

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| ***SECTION 5: DETAILS OF THE CASE*** |
| This should include a clear factual outline of the concerns being raised with details of times, dates, people and places whenever possible. This will enable the Statutory Safeguarding Partners to make an informed decision on whether this meets the criteria for a Safeguarding Adult Review. |
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| **SECTION 6: WHY YOU BELIEVE IT MEETS THE CRITERIA FOR SAFEGUARDING ADULT REVIEW?** |
| Please outline why you feel this case meets the criteria for a Safeguarding Adult Review.A brief overview/narrative and professional judgement is required (if not relevant, i.e. it is a learning request - insert not applicable and complete section 7 below). |
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| **SECTION 7: WHY YOU BELIEVE CASE DOES NOT MEET THE CRITERIA FOR SAFEGUARDING ADULT REVIEW HOWEVER THERE IS LEARNING TO BE EXPLORED?** |
| Please outline why you feel this case meets the criteria for a Learning Request and referral into the Learning and Development Group (if not relevant, i.e. it is a SAR referral – insert not applicable and complete section 6 above). See section 15 SAR Protocol for further guidance |
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| **SECTION 8: AGENCY AUTHORISING OFFICER COMMENT & RECOMMENDATION** |
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| **SECTION 9: ANY OTHER REVIEW PENDING OR COMPLETE?** |
| e.g. Internal Agency Review, Disciplinary Processes, Professional Body Process, Criminal Investigation, MAPPA, MARAC, Domestic Homicide, Child Safeguarding Practice Review, LeDeR Review, Regulatory Bodies or Other (please provide details). Please provide details of any early learning or changes to practice that you may have implemented to improve or safeguard individuals going forward with your knowledge from this case.Please indicate if you are unaware of any other reviews ongoing (do not leave blank). |
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| **SECTION 10: COMMUNICATION** |
| Communication with the Adult/family will be considered by the Business Manager and SAR Sub-Group Chair upon receipt of this Notification |
| Is the Adult aware of this Notification? | Yes | ☐ | No | ☐ |
| Is the Adult’s Representative aware of this Notification? | Yes | ☐ | No | ☐ |

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| **SECTION 11: BUSINESS UNIT USE ONLY** |
| DATE REFERRAL RECEIVED BY BUSINESS UNIT |       | DATE ACKNOWLEDGED |       |
| IF SAR REFERRAL - DATE STATUTORY SAFEGUARIDNG PARTNERS NOTIFIED |       | IF LEARNING REQUEST - DATE REFERRED TO LEARNING AND DEVELOPMENT GROUP |       |
| STATUTORY SAFEGUARDING PARTNERS DECISION AS TO WHETHER MEETS CRITERIA FOR SAR |
| DOES MEET CRITERIA | YES ☐ | NO ☐ |
| DATE AGREED |       |
| SUMMARY OF STATUTORY SAFEGUARDING PARTNERS DECISION |
|       |
| IF IT DOES NOT MEET CRITERIA FOR SAR – DO STATUTORY SAFEGUARDING PARTNERS RECOGNISE THERE MAY BE LEARNING FROM THE CASE?     *If yes, refer to chair or Learning and Development Group for consideration of next steps.**If no, there should be no further action taken and the decision to be shared with the Chair of the Learning and Development Group for information.* |
| REFERRAL TO LEARNING AND DEVELOPMENT GROUP | YES ☐ | NO ☐ |
| FEEDBACK AND OUTCOME OF REFERRAL TO REPORTING AGENCY |
|       |
| DATE |       | WHO NOTIFIED |       |