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| When to request a SAR |
| A SAR should be considered if there is concern that;   1. an adult with care and supports needs (whether the adult was in receipt of services or not) has experienced or may have experienced serious neglect or abuse that has either led to permanent emotional or physical harm, death or would have experienced such if not for intervention. Or: where there are multiple victims; where the abuse occurred in an institutional setting; a culture of abuse was identified as a factor in the Enquiry.   And:   1. partner agencies could have worked more effectively to protect the adult. |

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| Who can request a SAR? |
| Any partner agency can request that North Somerset Safeguarding Adults Board gives consideration to carrying out a SAR when the above concerns exist. |

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| Referrer details |  |
| Name of Referrer: | Department: |
| Referral Authoriser: | Authorising Signature: |
| Date: | Email:    Telephone Number: |

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| Details of Vulnerable Adult | |  | |
| Full Name: |  | | |
| Date of Birth: |  | | |
| Gender: |  | | |
| Faith: |  | | |
| Self-defined Ethnic origin: | |  | |
| (A) White | (B) Mixed | (C) Asian or Asian British | |
|  |  |  | |
| (D) Black or Black British | (E) Other Ethnic Groups | (F) Not Declared | |
|  | Please specify: |  | |
| Ethnic origin defined by 3rd party: | |  | |
| (A) White | (B) Mixed | (C) Asian | |
|  |  |  | |
| (D) Black | (E) Unknown | (F) Not Declared | |
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| Home Address (including post code): |  | |  |
| Name and Address of G.P: |  | |  |
| Current adult protection plan in place: |  |  |  |
| Category of alleged abuse (if any): |  |  |  |
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| Relevant safeguarding adults proceedings (if known) |  | | |
| Date of Death or Serious Incident: |  | | |
| Location of Incident: |  | | |

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| Summary of Events  Set out a brief analysis of how you consider the criteria for a SAR to be met. A detailed analysis is not needed at this point. Please refer to the ‘When to request a SAR’ above. | |
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| Key agency or agencies | |
| Organisation: *(if applicable)* |  |
| Relevant professional(s): |  |
| Address: |  |
| Agencies Involved: |  |
| Care Setting: |  |
|  |  |
| Organisation: *(if applicable)* |  |
| Relevant professional(s): |  |
| Address: |  |
| Agencies Involved: |  |
| Care Setting: |  |

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| Other Agencies Known to be Involved *(if applicable)* | |  |  |
| Agency: | Relevant professional(s): | Contact Details: | Are they still involved? |
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| Family Composition / significant others: *At time of Death / Serious Incident* | | | |  |  |
| Name | Relationship | DOB | Address | Legal status and/or current criminal proceedings | Is/was subject to an adult protection plan? |
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| Reason For Referral | |
| 1. Describe what makes the adult Vulnerable?    What were the adult’s care and support needs and how did they impair their ability to protect themselves from the experience or risk of abuse or neglect?    (needs must be demonstrated in order for a SAR to be commissioned) |  |
| 2. Describe the cause for concern about how the Safeguarding Adults Board, its members or other local professionals and services or partner agencies could have worked more effectively to protect the adult.    *(This needs to be met along with either 3 or 4, for an automatic referral. If no concern about failing to work together a referral may still be warranted if there is learning to be taken across single or multiple agencies)* |  |
| 3a. Has the Vulnerable Adult at risk died  (including death by suicide)? *(please provide details)* |  |
| 3b. Has there been ‘Abuse’ known or suspected to be a factor in their death? *(please provide details)* |  |
| 3c. Has there been ‘Neglect’ known or suspected to be a factor in their death? *(please provide details)* |  |
| 4. Is the Vulnerable Adult still alive? |  |
| 4a. Has the Vulnerable Adult sustained a potentially life-threatening injury through abuse or neglect? *(please provide details)* |  |
| 4b. Was there a risk that death or serious harm\* would have occurred if not for the intervention of agencies? *(please provide details)*    *\*Serious harm includes permanent emotional or physical harm* |  |

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| 5. Has Serious Abuse taken place in an institution or are there multiple abusers involved? *(please* *provide details)*    *(This is additional information which may assist the boards’ decision making)* |  |
| 6. Are there any aggravating factors such as harassment, bullying, anti-social behaviour or hate crime? *(please provide details)*    *(This is additional information which may assist the boards’ decision making)* |  |

NB Agencies are reminded of the need to secure their files as soon as they become aware that a Safeguarding Adult Review might take place