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Bristol Safeguarding Adults Board (BSAB)

# Request for a Safeguarding Adult Review (SAR)

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| Statutory Criteria for Conducting a Safeguarding Adult Review (SAR)The Safeguarding Adults Board (SAB) must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether or not the local authority was meeting those needs) if:a) There is reasonable cause for concern about how the SAB, its members or organisations worked together to safeguard the adultANDb) The person died and the SAB knows/suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)ORc) The person is still alive but the Safeguarding Adults Board knows or suspects they’ve experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development. |

The SAB has the lead responsibility for conducting a Safeguarding Adult Review (SAR). **NB: Any agency or professional can refer a case to the Safeguarding Adults Board if it is believed that there are important lessons for inter-agency working to be learned from the case.**

* Before submitting the referral do discuss with your agency representative on the Safeguarding Adult Review sub-group or Safeguarding Adults Board.
* If you do not have a representative please discuss with the safeguarding Adults lead in your organisation.
* Please provide as much information as you are able regarding the fulfilment of the SAR criteria above. **However, do not delay in making your referral if there is an urgent need to do so.**

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| **Once you have completed the form, please email to:** **becky.lewis@bristol.gscx.gov.uk** |

## 1.1 Details of adult at risk

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Date of birth:  | Click here to enter text. |
| Home address: | Click here to enter text. |
|  Postcode: | Click here to enter text. |
| Name and address of G.P Practice: | Click here to enter text. |
| Date of death (if applicable) (DD/MM/YYYY) | Click here to enter text. |
| Nature of death/ serious incident: | Click here to enter text. |
| Date of serious incident: (DD/MM/YYYY) | Click here to enter text. |
| Location of death/ serious incident: | Click here to enter text. |
| Significant others at time of incident: | Click here to enter text. |
| All of the above information is essential; without it, your referral may be delayed. |

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| Ethnic origin: |
| White | Mixed | Asian or Asian British |
| [ ]  British[ ]  Irish[ ]  Any other White background: | [ ]  Asian and White[ ]  Black African and White[ ]  Black Caribbean and White[ ]  Any other mixed background | [ ]  Indian [ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian background: |
| (D) Black or Black British | (E) Other Ethnic Groups | (F) Not Declared |
| [ ]  Caribbean[ ]  African[ ]  Any other Black background | Please specify: | [ ]  Not Declared |

|  |  |
| --- | --- |
| Faith: | Click here to enter text. |
| Disability: | Click here to enter text. |
| Current adult protection plan: | [ ]  Yes [ ]  No [ ]  Has been [ ]  Not known  |
| Category of alleged abuse (if any): | [ ]  Physical [ ]  Sexual [ ]  Emotional [ ]  Self neglect [ ]  Financial [ ]  Modern slavery [ ]  Domestic violence [ ]  Organisational [ ]  Neglect [ ]  Discriminatory |
| Relevant safeguarding adults proceedings (if known): | Click here to enter text. |

## 1.2 Family composition/significant others

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Relationship  | DoB | Address | Legal status and/ or current criminal proceedings | Ethnic origin | Is/ was subject to an adult protection plan? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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## 1.3 Other agencies involved

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| Name | Agency | Contact Details | Are they still involved? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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## 1.4 Summary of events – analysis to support the request for SAR or other Review

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 SAR criteria and guidance (see above). If you are requesting consideration of a Single Agency Review as no failure in multi-agency working has occurred do make this clear.

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| Click here to enter text. |

## 1.5 Details of referrer

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| Name | Agency & designation | Email, address, phone number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| Signed | Date (DD/MM/YYYY) |
|  | Click here to enter text. |

### 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.