

ROTHERHAM

**SAFEGUARDING ADULTS**

BOARD

Safeguarding Adult Review Referral Form

You or a designated person will be responsible for attending the SAR sub-group meeting and presenting the case. Before confirming the presenter, you need to co-ordinate with your organisational lead to ensure the right person is designated. The SAR sub-group will require a brief overview of the case. This high-level briefing will provide members with essential information to facilitate informed discussions and decision-making during the meeting.

Professionals should ensure that serious incidents which may meet the criteria for a Safeguarding Adult Review (**see Annex A**) are brought to the attention of the Rotherham Safeguarding Adults Sub-Group using this form. The completed form should be sent to [RSAB@rotherham.gov.uk](mailto:RSAB@rotherham.gov.uk) and include the SAR referral documentation and the individual’s name in the subject title.

This form should be completed within **5 working days** of your organisation becoming aware of the incident prompting the referral.

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| --- | --- |
| **Details of Person Completing this Form** | |
| Forename and Surname |  |
| Job Title |  |
| Name of Organisation/Agency |  |
| Contact Details: Email |  |
| Contact Details: Telephone |  |
| Date of Email (Sent to RSAB) |  |

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| **Information about the Person** | |
| Name of Adult(s) including aliases |  |
| Date of Birth |  |
| Date of Death or Serious Incident |  |
| Home address or Last Known Address |  |
| Gender |  |
| Nationality, Ethnic Origin & First Language |  |
| Faith/Religion |  |
| Disability   * Vision Impairment * Deaf * Neurodiversity * Mental Health Condition(s) * Dyslexia |  |
| Sexuality |  |
| Did the individual have an unpaid carer?  *If yes, provide as much information as possible* |  |
| Did the individual have a care agency?  *If yes, provide as much information as possible* |  |
| Was the adult subject to an open safeguarding at the time of death/serious injury? |  |
| Do your records indicate the adult has been subject to a safeguarding investigation previously?  (If so provide as much information as possible) |  |
| Is this case known to be the subject of a criminal investigation?  (If so, who is the lead investigator?) |  |
| Is this case known to be the subject of a Coroner’s Inquiry?  (If so, who is the key contact?) |  |

**Details of Family Members/ Significant Others / Friends/ Recorded Next of Kin or Emergency Contacts**

*This information is requested so they can be informed and involved in the review, where appropriate. Please add rows as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Relationship** | **Date of Birth** | **Contact Details (Address, Telephone and E-mail)** |
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**Other Agencies/Organisations Known to be Involved**

*Scoping forms are only circulated to Rotherham SAB Board Members who are signed up to the information sharing protocol. Other agencies will only be contacted if indicated in the table below.*

|  |  |  |
| --- | --- | --- |
| **Agency/Organisation** | **Contact Details (Address, Telephone and E-mail)** | **Reason for involvement (If Known)** |
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**Brief Synopsis of Case**

***Please outline the key events and circumstances that triggered this referral.*** *The information you provide will be used to help establish whether the case meets the criteria for a Safeguarding Adult Review or other learning review.*

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| --- | --- |
| Safeguarding Concern |  |
| Where did the incident happen? |  |
| Any Subsequent Actions Taken |  |

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| *Please provide any further comments here.* |

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| Based on the information included above, I am referring the person for a Safeguarding Adults Review as I believe they meet the criteria as detailed in Annex A for a *(****delete as appropriate****)* | |
| **Type 1 Review (Mandatory)** | **Yes/No** |
| **Type 2 Review (Mandatory)** | **Yes/No** |
| **Type 3 Review (Discretionary)** | **Yes/No** |

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| --- |
| **Safeguarding Adult Review (SAR) Sub-Group Decision**  **Date** ………………………………………………………………………………………………………  **Safeguarding Adult Review (SAR) Joint Chair**  **Print Name**…………………………………………………………………………………….  **Signature**………………………………………………………………………………………  **Date** ……………………………………………………………………………………………  **Independent Chair**  **Print Name**…………………………………………………………………………………….  **Signature**………………………………………………………………………………………  **Date** …………………………………………………………………………………………… |
| **Annex A - The Criteria for a SAR** |
|  |
| **Type 1: Adult has Died**  Safeguarding Boards must arrange a Safeguarding Adult Review when: |
| 1. An adult with care and support needs; |
| 1. Dies as a result of abuse or neglect (whether known or suspected); |
| 1. and there is concern that partner agencies could have worked more effectively to protect the adult. |
| ***All three points (A-C) of the criteria must be met.*** |
| **Type 2: Adult has not Died**  Safeguarding Boards must also arrange a Safeguarding Adult Review when: |
| 1. An adult with care and support needs; |
| 1. has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect; |
| 1. and there is concern that partner agencies could have worked more effectively to protect the adult. |
| ***All three points (A-C) of the criteria must be met.*** |
| *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.* |
| **Type 3: Discretionary Review**  Safeguarding Boards can choose to arrange for a Safeguarding Adult Review (a discretionary SAR) when a case does not fulfil the above criteria and when: |
| 1. The case involves an adult with care and support needs, AND; |
| 1. the review will help promote effective learning and improvement action to prevent future deaths or serious harm occurring again, OR; |
| 1. the review will be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases. |
| ***Criteria A) and B) OR A) and C) must be met.*** |