**Form A**

**SAR Referral Form**

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| **REFERRAL INFORMATION** | |
| **NAME OF PERSON MAKING THE REFERRAL** |  |
| **NAME OF YOUR AGENCY** |  |
| **YOUR POSITION** |  |
| **YOUR EMAIL ADDRESS** |  |
| **YOUR ADDRESS** |  |
| **YOUR CONTACT NUMBER** |  |

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| **DETAILS OF PERSON BEING REFERRED FOR A SAR** | |
| **NAME OF PERSON BEING REFERRED** |  |
| **DATE OF BIRTH** |  |
| **Next of Kin** |  |
| **DATE OF INCIDENT OR ISSUES** |  |
| **Is the person deceased or alive?** |  |
| **Has the person or family member been informed of the SAR referral?** |  |

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| **AGENCIES INVOLVED** | **KEY CONTACT NAME** | **CONTACT DETAILS** | **Has the agency been informed about the SAR referral?** |
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| **REASON FOR REFERRAL – PLEASE DO NOT EXCEED 3 SIDES OF TEXT** | | | |
| **Please refer to the Sussex Safeguarding Adults Policy and Procedure Manuel;** [**http://sussexsafeguardingadults.procedures.org.uk/hkyly/appendices/appendix-2-roles-and-responsibilities-safeguarding-adults-board-functions-and-safeguarding-adults-reviews**](http://sussexsafeguardingadults.procedures.org.uk/hkyly/appendices/appendix-2-roles-and-responsibilities-safeguarding-adults-board-functions-and-safeguarding-adults-reviews) **and consider if your referral meets the following criteria:**   * *SABs must arrange a SAR when an adult in their 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.* * *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 may likely have died had it not been for an intervention or has suffered permanent harm or 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 their area with needs for care and support.* * *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.* | | | |
| **Insert your summary here:** | | | |
| **Completed by** |  | | |
| **Signed** |  | | |
| **Date** |  | | |
| Pl Please submit this form for the attention of:  **For Brighton & Hove:**  Mia Brown, LSCB & SAB Business Manager  Tel: 07584217256  Email**:** [**SafeguardingReviews@brighton-hove.gcsx.gov.uk**](mailto:SafeguardingReviews@brighton-hove.gcsx.gov.uk)  **For East Sussex:**  Fraser Cooper, SAB Manager  Tel: 01273 335277  Email:[**fraser.cooper@eastsussex.gov.uk**](mailto:fraser.cooper@eastsussex.gov.uk) **or** [**fraser.cooper@eastsussex.gcsx.gov.uk**](mailto:fraser.cooper@eastsussex.gcsx.gov.uk)  **For West Sussex:**  Naomi Ellis – Chair of the Safeguarding Adult Review Subgroup  Email: [**safeguardingadultsboard@westsussex.gov.uk**](mailto:safeguardingadultsboard@westsussex.gov.uk)  (NB: Confidential information should be password protected and the password e-mailed separately) | | | |
| **To be completed by Board Manager** | | | |
| **Da Date SAR referral was discussed:** | |  | |
| **f SAR criteria met:** | **Y** | **g SAR criteria not met:** |  |
| **Date sent to Independent Chair:** |  | **Date Independent**  **Chair approved**  **Referral:** |  |
| **Rationale for decision and proposed methodology:** | | | |
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| **Comments from Independent Chair:** | | | |
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