# Request for Safeguarding Adult Review

# Part 1: SAR Request Form

The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. In Bristol the function of a Safeguarding Adult Board is undertaken by the Keeping Bristol Safe Partnership.

## SAR criteria

Extract from [Care Act 2014 - Part 1: Care and Support](https://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted)

44. Safeguarding Adult Reviews

(1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—

(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) condition 1 or 2 is met.

(2) Condition 1 is met if—

(a) the adult has died, and

(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(3) Condition 2 is met if—

(a) the adult is still alive, and

(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

(4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

# Request Form

Anyone can submit a referral to be considered for a Safeguarding Adult Review where they believe a case meets the criteria. Before submitting this referral, please discuss the case with the relevant agency representative on the Safeguarding Adult Review / Domestic Homicide Review (SAR/DHR) sub-group. If you are not sure who your representative is, please contact [KBSP@bristol.gov.uk](mailto:KBSP@bristol.gov.uk) for advice.

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| **Referrer details** | | | | | | |
| **Name:** | | | Click or tap here to enter text. | | | |
| **Job Role and organisation (if applicable):** | | | Click or tap here to enter text. | | | |
| **Email address:** | | | Click or tap here to enter text. | | | |
| **Telephone number:** | | | Click or tap here to enter text. | | | |
| **Date submitted:** | | | Click or tap to enter a date. | | | |
| **Details of adult at risk** | | | | | | |
| **Name of subject:** | | | Click or tap here to enter text. | | | |
| **Date of birth:** | | | Click or tap to enter a date. | | | |
| **Date of death or critical incident:** | | | Click or tap to enter a date. | | | |
| **Home address:** | | | Click or tap here to enter text. | | | |
| **Location of incident:** | | | Click or tap here to enter text. | | | |
| **GP Practice:** | | | Click or tap here to enter text. | | | |
| **Composition of family and significant others** | | | | | | |
| **Name** | | **Relationship to adult** | **Date of Birth** | | | **Address** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
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| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Is the person known to Adult Social Care?** | | | | | | |
| Yes, the person was known to Adult Social Care at the time of the critical incident  The person has been known to Adult Social Care in the past but was not at the time of the critical incident  No, the person is not known to Adult Social Care  Unsure | | | | | | |
| **Other agencies**  *If you are aware of any other agencies involved in the care of this adult please list below* | | | | | | |
| **Professional’s Name (if known)** | **Agency** | | | **Contact details** | **Are they still involved?** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | |
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| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Category of alleged abuse**  *Select all that apply (if any)* | | | | | | |
| Physical  Sexual  Neglect  Self neglect  Emotional  Modern slavery  Organisational  Financial  Discriminatory  Domestic violence | | | | | | |
| **Which Care Act section 44 criteria does this case meet?**  *Select all that apply* | | | | | | |
| The adult has needs for care and support (whether or not the local authority has been meeting any of those needs)  There is reasonable cause for concern about how the Safeguarding Adult Board, members of it or other persons with relevant functions worked together to safeguard the adult.  The adult has died and you know or suspect that the death resulted from abuse or neglect (whether or not you knew about or suspected the abuse or neglect before the adult died).  The adult is still alive and you know or suspect that the adult has experienced serious abuse or neglect. | | | | | | |
| **Please state why you think this person should be considered for a Safeguarding Adults Review?**   * What serious harm has the person experienced? * What are the concerns about how local services have acted to safeguard the person?   *Please include any relevant historical information, section 42 enquiries and outcomes.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Other processes**  *If you aware of any other processes that this case is currently subject to, i.e. Coroner’s inquest, criminal proceedings, section 42 etc. please list below and provide information about the current status.* | | | | | | |
| Click or tap here to enter text. | | | | | | |

# Please return to [KBSP@bristol.gov.uk](mailto:KBSP@bristol.gov.uk) once completed in full.

## What happens next in the SAR referral process?

Upon receival of a ***Part 1: SAR Request Form***, the KBSP Business Unit will circulate the form to SAR/DHR sub-group members and arrange a sub-group meeting to take place within one month of receiving the referral.

SAR/DHR sub-group members will research information held by their agency and prepare to bring sufficient information and analysis to the sub-group meeting.

At the sub-group meeting, a decision will be made about whether a SAR needs to be commissioned; and if not, it will be agreed what other action needs to be taken.

This decision is recommended to the KBSP Executive who make the final decision whether to commission a SAR.