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# Family Member or Friend Request for a Safeguarding Adult Review (SAR)

This form is for use by the family/friends of a person, to refer a case into the HSAB for a decision to be made as to whether the case fits the criteria for a SAR, under the Care Act 2014. The purpose of a SAR is to ‘promote effective learning and improvement action to prevent future deaths or serious harm occurring again’. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm reoccurring.

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| Statutory Criteria for Conducting a Safeguarding Adult Review (SAR) The Care Act 2014 stated that Safeguarding Adult Board’s (SAB) must arrange a Safeguarding Adult Review for an adult with care and support needs in its area (whether or not the local authority was meeting those needs) if:  a) There is reasonable cause for concern about how organisations worked together to safeguard the adult  AND  b) The person died, and the Safeguarding Adults Board knows or suspects that this resulted from abuse or neglect  OR  c) The person is alive, but the Safeguarding Adults Board knows or suspects they’ve experienced serious abuse or 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).

**Anyone can make a referral to the Safeguarding Adults Board if it is believed that there are important lessons to be learned from the case.**

* Please provide as much information as you can to show that the criteria above are met.

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| **Please email completed form to:**  [**SafeguardingBoards@hertfordshire.gov.uk**](mailto:SafeguardingBoards@hertfordshire.gov.uk) |

## 1.1 Details of the adult you want to refer

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

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| --- | --- |
| Current adult protection plan: | Yes  No  Has been  Not known |
| Category of alleged abuse: | Physical  Sexual  Emotional  Self neglect  Financial  Modern slavery  Domestic violence  Organisational  Neglect  Discriminatory |

## 1.2 Family composition/significant others

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | DoB | Address |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1.3 Which professionals or agencies have been involved?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Contact Details | Are they still involved? |
|  |  |  |  |
|  |  |  |  |
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## 1.4 Summary of events – to support the request for SAR or other Review

Please tell us about what has happened and why you believe that this case should be looked at as a safeguarding adults review.

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## 1.5 Details of referrer

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| --- | --- | --- |
| Your Name | Your relationship to the Adult | Email, address, phone number |
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