

**Derby Safeguarding Adults Board (DSAB)**

**Safeguarding Adults Review (SAR) Referral Form**

The completed referral must be reviewed and authorised by a senior manager and submitted to the DSAB Business Manager in a confidential manner to the secure email address at [DSAB@Derby.gov.uk](mailto:DSAB@Derby.gov.uk).

Please complete all sections and include as much information as possible within this referral to enable Safeguarding Adults Review (SAR) Subgroup members to make a proportionate decision as to how to respond to a case referral, ensuring, if the case is accepted for a review, that maximum learning is achieved for the DSAB.

The DSAB SAR Sub-Group will consider each referral on the basis of whether it meets the criteria for a Safeguarding Adult Review or an alternative review, the following options are available to the group:

* Referral meets the mandatory criteria for a SAR
* Referral does not meet the criteria for a SAR and no further action will be taken
* Referral does not meet the criteria for a SAR, but a discretionary SAR will be undertaken
* Referral does not meet the criteria for a SAR, but a different type of review (non-statutory) will be undertaken (multi agency audit, single agency review, multi- agency learning review)

Please submit as much information as possible to enable subgroup members to make a proportionate decision.

**Please note that the SAR process does not replace any existing single agency internal review or process, complaint or legal process. These processes should continue as intended unless there is a clear rationale why the outcome of the SAR would affect this.**

1. **Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral** | Click or tap here to enter text. | **Agency (where applicable):** | Click or tap here to enter text. |
| **Name:** | Click or tap here to enter text. | **Job Title:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | |
| **Telephone number:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |

1. **Senior Manager Authorisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Job Title:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | |
| **Telephone number:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Date referral authorised:** | Click or tap here to enter text. | **Has the agency DSAB Member (if not Senior Manager named above) been sighted on this referral?** | YES  NO |

1. **Details of the Adults:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **DOB:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | |
| **DOD (if applicable):** | Click or tap here to enter text. | **Date of Incident:** | Click or tap here to enter text. |
| **Address where death or incident took place:** | Click or tap here to enter text. | | |
| **Age:** | Click or tap here to enter text. | **Gender:** | Click or tap here to enter text. |
| **Ethnicity** | Click or tap here to enter text. | **Religion:** | Click or tap here to enter text. |
| **Details of GP:** | Click or tap here to enter text. | | |
| **Health (physical):** | Click or tap here to enter text. | | |
| **Health (mental):** | Click or tap here to enter text. | | |
| **Details of Representative / Advocate (name, DOB & relationship):** | Click or tap here to enter text. | | |
| **Name & contact details of investigating team (where applicable):** | Click or tap here to enter text. | | |
| **Other comments:** | Click or tap here to enter text. | | |

1. **Legal Status of the Adult:**

Detained under the Mental Health Act

Subject to 117 (Mental Health Act)

Subject to Guardianship

Subject to Deprivation of Liberty

Lasting/Enduring Power of Attorney registered

Legal status unknown

None

Other

If ‘Other’ please provide details: Click or tap here to enter text.

1. **Person(s) or Organisation(s) Alleged Responsible to have caused Harm or Neglect**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Adult** | **DOB** | **Address and Contact Details** |
| 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. |
| 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. |

1. **Family and significant others:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Adult** | **DOB** | **Address and Contact Details** |
| 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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1. **A Safeguarding Adult Review will be considered if section 1 (below) is met, and section 2 or 3 are also met. Select all that apply:**

There is reasonable cause for concern about how the Derby Safeguarding Adults Board, its members or organisations worked together to safeguard the Adult

**AND**

The Adult had needs of care and support and has died, and the Derby Safeguarding Adults Board knows or suspects this was a result of abuse or neglect.

**OR**

The Adult has needs of care and support, is still alive, but Derby Safeguarding Adults Board knows or suspects the Adult has experienced serious abuse or neglect, sustained potentially life-threatening injury, serious sexual abuse or serious or permanent impairment of health or development.

1. **Reason(s) for referral, circumstances, concerns, parallel processes, and actions already undertaken:**

|  |  |
| --- | --- |
| **Your agency involvement with the Adult:** | Click or tap here to enter text. |
| **Circumstances of Death / Incident:**  **(Please states dates/locations if known)** | Click or tap here to enter text. |
| **Confirm the reasonable cause for concern about how partner agencies worked together to safeguard the Adult:** | Click or tap here to enter text. |
| **Was an adult safeguarding referral made?**  **(Please include details and a copy of the referral)** | **YES / NO**  Click or tap here to enter text. |
| **What learning do you think can be achieved through review of this case?** | Click or tap here to enter text. |
| **What other processes are taking place or have taken place?** | Coronial  LeDeR  Single Agency Review  Domestic Homicide Review  Child Safeguarding Practice Review  Complaint  Police investigation  Other (please specify) Click or tap here to enter text.  Please provide details, including the stage of the processes and actions already taken, and contact details, as appropriate: Click or tap here to enter text. |
| **Any other relevant information that will help DSAB decide whether an SAR is required:** | Click or tap here to enter text. |

1. **Type of Abuse**

Physical Sexual abuse

Psychological/emotional Financial/material

Discriminatory Domestic abuse

Sexual exploitation Neglect/acts of omission

Modern slavery Organisational

Self-neglect  Other (please specify)

Click or tap here to enter text.

1. **Agencies you know to be involved:**

|  |  |
| --- | --- |
| **Agency / Professional** | **Name, Address and Telephone Number** |
| 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. |

**Submit your referral form by post to:**

DSAB Independent Chair

C/O Sana Farah, DSAB Business Manager

1st Floor, The Council House

Corporation Street

Derby, DE1 2FS

**Or submit by email to:**

[DSAB@derby.gov.uk](mailto:DSAB@derby.gov.uk)

In line with the Derby SAB Information Sharing Agreement, emails containing personal, sensitive or confidential information (including attachments) must be sent through secure channels.

Both the sending and recipient email address must be secure.

Contact the DSAB Business Manager on 01332 642961 with any queries.