Please complete this form if you would like to request a Safeguarding Adults Review (SAR)

Any individual, agency or professional can request a SAR. This should be made in writing to the Independent Chair of the Safeguarding Adults Board (SAB) using this form. All requests received will be shared with the Director of Adult Social Care.

Upon receiving the request, the Independent Chair of the SAB will request that a Case Review Working Groups (CRWG) is convened, where a panel of multi-agency professionals scrutinise information relating the case and determine whether the criteria for a SAR have been met in line with Section 44 of the Care Act 2014 and associated statutory guidance. The CRWG will make a recommendation to the Independent Chair of the SAB, who will then make a final decision as to whether a SAR is to be undertaken, before informing the requester and all involved stakeholders of that decision.

The CRWG needs as much information as possible to enable members to make a proportionate decision as to how to respond to a SAR request ensuring if the case is accepted for review that maximum learning can be achieved. Please therefore complete as much information on this form as possible. However, please be mindful that any information shared in this form will be provided to the members of the Case Review Working Group.

**The purpose of a SAR is to:**

* Learn from the way local agencies, staff and volunteers worked together to safeguard adults at risk, both what did and did not work well;
* Agree how this learning will be acted on and what is expected to change as a result;
* Identify any issues for a multi or single agency policies and procedures
* Publish a summary report which is available to the public

A SAR is not an enquiry into how a death or serious incident happened. Neither is the purpose to find someone to blame. Such matters will be dealt with by the Coroner’s or Criminal Courts, or other bodies.

**The desired outcome of a SAR is:**

* That adults are better safeguarded from significant harm through improved inter-agency working;
* If there are issues of performance and/or discipline to be addressed arising from the SAR, then these will be dealt with within each agency’s normal procedures;
* To set out transparently how effective the SAR’s serve the public interest.

If the incident triggers a mandatory investigation or review within the organisation concerned (e.g. NHS serious incident investigation) this should take place as a matter of priority, but a referral for a SAR (if appropriate) should not be delayed and should be made at the same time. Internal governance processes and multi-agency reviews are not mutually exclusive.

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| --- |
| 1. Your details: |
| **Name:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |
| **Date of this request:** |  |
| 2. Your Managers Details:

|  |  |
| --- | --- |
| **Name:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |

**Have you discussed this with your line manager? Y/N****If no, please state reasons why:**

|  |
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|  |

3. Details of Adult

|  |  |
| --- | --- |
| **Adult’s last name** |  |
| **Adult’s forename(s)** |  |
| **Any other names used** |  |
| **Adult’s date of birth** |  |
| **Age ( if no date of birth)** |  |
| **Gender** |  |
| **Date of death or date of incident** |  |
| **Adults current address** |  |
| **Previous addresses if applicable** |  |
| **Ethnicity** |  |
| **Names of significant others and relationship to adult** |  |
| **Contact details for significant others** |  |
| **Local authority where the incident took place** |  |
| **Local authorities where the adult is known to have resided** |  |

4. Agencies involved with the family (current and historical).

|  |
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| **Please provide a list of individuals and their agencies/service providers known to be involved in the case including carers where applicable. Please always provide latest GP details.** |

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| **Are there any other reviews taking place e.g. LeDeR, SI or Police Investigation. Please indicate below the type of investigation and the date it commenced.** |
|  |  |
|  |  |
| **Any other information that will help the CRWG to decide whether a SAR is required** |

1. Please specify the reason for raising this request from the following list of reasons: (tick where appropriate)
 |
| 1. An adult at risk with care and support needs dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death;
 |  |
| 1. An adult has sustained a potentially life threatening injury through abuse, neglect, serious sexual abuse or sustained serious and permanent impairment of health or development through abuse or neglect
 |  |
| 1. Where procedures may have failed and there is a requirement to identify if local professionals and/or services could have work together in a more effective manner to safeguard adults at risk.
 |  |
| 1. Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved. Such reviews are likely to be more complex , on a larger scale and may require more time
 |  |
| 1. Where circumstances give rise to serious public concern or adverse media interest in relation to the safeguarding of an adult (s) at risk who has care and support needs
 |  |
| If you have ticked **option c**, please specify how agencies could have worked together in a more effective manner to achieve a better outcome: |
|  |
|  |

1. Where to send this form:

**Submit by secure email to:**

safeguardingpartnerships@havering.gov.uk

**Or**

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

Independent Chair

Havering Safeguarding Adults Board

London Borough of Havering,

8th Floor, Mercury House,

Mercury Gardens,

Romford,

RM1 3SL.

*All agencies or individuals making a SAR request for consideration will be expected to comply with the Council’s confidentiality policy*