

When to consider a referral

Adults should be referred to Safeguarding Adults Board SAR Panel for consideration if:

- **An adult at risk of abuse or neglect has been seriously harmed (has died or is alive) and abuse or neglect are believed to have been a factor.**
- **There is also concern how partners have worked together.**

This referral form should be completed by anyone who has become aware of an adult where the above criteria are met.

All information provided should adhere to information sharing protocols - **please note there is a statutory duty in [Section 45 of the Care Act 2014](#) for agencies to share relevant personal data with the Safeguarding Adults Board.**

You will receive confirmation of your SAR referral form has been received and be updated on the date that the referral is considered by the SAR panel and the outcome of the referral.

Where to submit referral

Completed referral forms should be emailed via secure email to –

Referrals for Cheshire West and Chester Safeguarding Adults Board –
lsab@cheshirewestandchester.gov.uk

Referrals for Cheshire East Safeguarding Adults Board –
lsab@cheshireeast.gov.uk

Purpose of a SAR

The [Care and Support Statutory Guidance](#) clearly states that a Safeguarding Adult Review is to promote effective learning and improvement action to prevent future deaths or serious harm from occurring again.

It is vital, that individuals and partners agencies are to be able to learn lessons, that the review process is trusted and a safe experience that encourages honesty, transparency and sharing of information to obtain maximum benefit to enable positive change.

Its purpose **is not to hold any individual or organisation to account**. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council

Cheshire West and Chester Safeguarding Adults Board
Cheshire East Safeguarding Adults Board
Safeguarding Adult Review (SAR)
Referral Form

1. Referrer details

Referrer name	
Role of referrer	
Contact Details (telephone, email)	
Work base and Address	
Organisation	
Date, name and additional comments from Senior Manager/Safeguarding Lead	
Date Submitted to the SAB	
Please advise if there have been any delays in making this referral, if yes, please explain why?	

2. Adult's details

Adult's first name(s)	
Adult's Surname	
Any previous Surname	
Any known alias's	
Address	
any previous known addresses	
Date of Birth	
Date of Death (if applicable)	
Place of Death (if known)	
Cause of Death (if known)	
Disability	
Gender	
Ethnicity	
Religion	
Is the adult a care leaver?	
NHS number (if known)	
Liquid Logic number (if known)	

3. Significant Others

The details of any significant others should be recorded. This could be next-of-kin, carers, children or other dependents. Where there are no details, this should be recorded as not applicable (N/A).

Name	Date of Birth	Address	Relationship to the adult	Known to services	Are they aware of the SAR referral	Please indicate who is the main contact/representative for the adult? (The SSAB may wish to contact them to discuss the SAR referral)

4. Agencies known to be involved with the adult

Agency name	Contact name	Contact details	Are they still involved?

5. Reason for notification

Reason for notification	Yes/No
a) An adult with care and support needs (whether or not those needs are met by the Local Authority) in the Safeguarding Adults Board's (SAB) area has died 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	
b) An adult with care and support needs (whether or not those needs are met by the Local Authority) in the SAB's area has not died , but the SAB knows or suspects the adult has experienced serious abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect. In the context of SAR's, something can be considered abuse or neglect where, for example the individual would have likely died but for an intervention. Likewise, if they have suffered permanent harm or physical / psychological effects of abuse or neglect and this has reduced the persons quality of life.	
c) The referring agency believes that whilst the above two criteria are not met that the SAR panel should consider conducting a Safeguarding Adults Review. Please note that informal carers could be included for consideration	

d) Any learning from a review should be current or recent, therefore any request for a SAR should be within 12 months of the alleged abuse/incident occurring. Is this referral within the 12 months?	
---	--

6. Abuse identified or suspected

Types of abuse (Please identify the type(s) of abuse relating to this case (more than one may apply))					
Physical Abuse		Exploitation/Modern Slavery		Domestic Abuse	
Discriminatory Abuse		Sexual Abuse		Organisational abuse	
Psychological Abuse		Neglect and actions of omission		Financial or material abuse	
Self-Neglect		Hoarding		Serious illness	
Homelessness		Online/ digital Abuse		Other (Please specify)	

7. Details of the SAR referral

Briefly summarise the details of your referral giving an overview of your agencies' involvement with the adult including dates.	
How do you believe agencies could have worked better together to protect the adult at risk?	
What learning do you think can be achieved through review of this case or cases?	
What other learning /review processes have been followed?	

Is the individual (*if living*) or their family (*if deceased*) aware of this SAR referral?

8. Parallel Processes

Please provide any details of parallel processes that may need to be considered i.e., criminal investigation, coronial proceedings, serious incidents, datix relating to this incident etc.

9. Additional Information

Any additional information

Please return this form via secure email to –

Referrals for Cheshire West and Chester Safeguarding Adults Board -
lsab@cheshirewestandchester.gov.uk

Referrals for Cheshire East Safeguarding Adults Board –
lsab@cheshireeast.gov.uk

Please contact the SAB Business Manager if you have any questions or queries about the referral or information being requested.

Cheshire West and Chester SAB Business Manager – Dawn.Lewis@cheshirewestandchester.gov.uk

Cheshire East SAB Business Manager – Katie.Jones@cheshireeast.gov.uk

For SAB Business Unit to Complete

Initial of Adult

Date Referral received by the SAB

Date referral reviewed by the chair/Board Manager

Cheshire West and Chester Safeguarding Adults Board
Cheshire East Safeguarding Adults Board
Safeguarding Adult Review (SAR)
Referral Form

<i>Date requests for single agency information were made</i>	
<i>Deadline for agencies to submit single agency information</i>	
<i>Date of initial Screening meeting or presented to SAR Panel</i>	
<i>Date Recommendation submitted to the SAB chair</i>	
<i>Date of decision of the SAB Chair</i>	
<i>Decision agreed – Mandatory/Discretionary/Assurance/No SAR</i>	
<i>Password agreed</i>	