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South Gloucestershire Safeguarding Adults Board (SGSAB)

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

This form is only for use by the family/friends of an individual, when they believe a Safeguarding Adults Review should take place.

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| Statutory Criteria for Conducting a Safeguarding Adult Review (SAR) The Safeguarding Adults Board (SAB) must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether or not the local authority was meeting those needs) if:  a) There is reasonable cause for concern about how the SAB, its members or organisations worked together to safeguard the adult  AND  b) The person died and the SAB knows/suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)  OR  c) The person is still alive but the Safeguarding Adults Board knows or suspects they’ve experienced serious abuse/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 refer a case to the Safeguarding Adults Board if it is believed that there are important lessons for inter-agency working to be learned from the case.**

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

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| **Once you have completed the form, please email securely to Sarah Taylor (Board manager)**  [**Sarah.taylor2@southglos.gov.uk**](mailto:Sarah.taylor2@southglos.gov.uk?subject=Family%20SAR%20Referral) |

## 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. | | | |

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

## 1.2 Family composition/significant others

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

## 1.3 Which professionals or agencies have been involved?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Contact Details | Are they still involved? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1.4 Summary of events – to support the request for SAR or other Review

Please tell us about what has happened and what has led to you believe that the criteria for a SAR to be met.

|  |
| --- |
| Click here to enter text. |

## 1.5 Details of referrer

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