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

Any agency or individual can refer a case for consideration to the Cheshire West and Chester Local Safeguarding Adults Board (LSAB).

This form can be used to refer a case that meets the criteria for a Safeguarding Adult Review or a case where there are significant and unresolved concerns and the decision making framework for a Safeguarding Adult Review may be appropriate.

Please refer to the Cheshire West and Chester Safeguarding LSAB Safeguarding Adult Reviews (SARs) Procedure before making a referral.

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| **Safeguarding Adult Review (SAR) Referral Form** |
| **Form Start Date:** | **Referrer Name:****Agency ( if applicable) :** |
| **Person at risk details** |
| **Name:** | **Liquid Logic ID if known:** |
| **DoB/EDD:** | **Gender:** |
| **Address:** | **Telephone No:** |
| **Ethnicity:** |
| **Please provide the following information to explain why you think the referral meets the Safeguarding Adult Review Criterion:** |
| **Criterion 1 - Was the adult in need of care and support services? (**The eligibility threshold for adults with care and support needs is set out in the Care and Support (Eligibility Criteria) Regulations 2014 (the ‘Eligibility Regulations’). The threshold is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing |
| **Criterion 2 - Is there a cause for concern about how partners with safeguarding functions worked together to safeguard the adult with a particular emphasis that they could have worked more effectively to protect the adult from the resultant outcome and therefore potential for learning?** |
| **Criterion 3 - Is there a link between the death or serious harm and suspected abuse or neglect? (**Significant impact is not defined and should be understood to have its everyday meaning). |
| **Timescales – 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?****Yes/No** |
| **Date of death (if applicable)**  |
| **Cause of death (if known)** |
| **Agencies involved:** |
| **Is this multi-agency or a single agency issue?** |
| **Brief summary of what if any safeguarding or adult protection risks were present prior to the death or serious harm/initial safeguarding alert details** |
| **If there was a death how was it linked to the safeguarding concerns (establishing the link between the abuse and cause of death)?** |
| **If the case does not relate to a death, what measures were put in place to prevent serious harm or reduced capacity or significant impact on quality of life?** |
| **Please outline a timeline of key events** |
| **If applicable what were the issues with regard to how effectively the relevant agencies worked together?** |
| **Any other relevant information?** |
| **Completion** |
| **Completed by:****Referrer:****Telephone number:****Address:** | **Date:** |

**Please note that this form contains personal information and should be submitted by secure means only to the Local Safeguarding Adults Board Manager** **dawn.lewis@cheshirewestandchester.gov.uk**