**Making a Safeguarding Adult Review referral and deciding if the referral should be subject to a Safeguarding Adult Review**

The format for requesting a Safeguarding Adult Review is set out in **Form A (Parts 1 and 2).** The completed request must be sent in the first instance, under confidential cover to [SSAB@Southwark.gov.uk](mailto:SCRReferrals@richmond.gov.uk) or at the address below.

Part 1 – requires demographic information and a summary of the issues that met the SAR criteria

Part 2 - Offers questions as a guide to help decide whether or not a case could be subject to a Safeguarding Adult review. The answer “yes” or “maybe” to several of these questions is likely to indicate that a review may yield useful lessons. The decision to request a SAR should be made by someone of appropriate seniority within the organisation.

Please do not copy and paste information from other forms, unless it is fully explained and all required detail completed.

**Email to:** [SSAB@Southwark.gov.uk](mailto:SCRReferrals@richmond.gov.uk)

**By Post to:**

**Southwark Safeguarding Adults Board**

PO Box 64529

London

SE1P 5LX

All requests will be assessed by the SSAB Quality and Performance Subgroup in accordance with the SAR Protocol.

**Content of the request:**

1. Name of the person submitting the request for a Safeguarding Adult Review.

2. Position/designation of person making the request.

3. Agency/organisation of the person making the request (if applicable).

4. Contact details, to include address, telephone number, fax and e-mail.

5. Brief details of the issue to include:

* + The name(s) and date of birth of the victim(s) (if known)
  + Name of any service provider involved
  + Local authority involved in the safeguarding adults case
  + Name of the Safeguarding Adults Co-ordinating Manager and or the Chair of any strategy meeting or safeguarding adults case conference (if known)
  + Details of why, in the referrer’s opinion, the case meets the Safeguarding Adult Review criteria and guidelines contained in paragraph 3 of the protocol, specifically linking the referred to the criteria

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| **Please note that the report should not exceed 3 sides of A4 paper for form A. If any additional information is required you will be contacted.** |

**Form A: PART 1- REFERRAL NOTICE**

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| **REFERRAL INFORMATION** | |
| **Name (of person making a referral):** |  |
| **Name of your Agency** |  |
| **Position:** |  |
| **Your email:** |  |
| **Your address:** |  |
| **Your telephone number:** |  |

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| **IDENTIFYING INFORMATION** | |
| **Name of person(s) being referred:** |  |
| **Date of birth(s)** |  |
| **Date of incident or issues (please give time range if more appropriate)** |  |

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| **SUBMISSION DETAILS** | |
| **Email to**  [SSAB@Southwark.gov.uk](mailto:SCRReferrals@richmond.gov.uk) | **By Post to:**  **Southwark Safeguarding Adults Board**  PO Box 64529  London  SE1P 5LX |

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| **REASON FOR REFERRAL**  **(Do not exceed 3 sides of text)** | |
| *When considering a case for a SAR, more formal process are likely to be reserved where there is multiple agency involvement and subsequent failure or significant public interest.*  *Please refer to Section 4 of the Protocol for more assistance in defining a SAR* | |
| **Why are you referring this case for Safeguarding Adult Review?** In making your referral for Safeguarding Adult Review, you should consult the local policy, setting out your reasons as to why the criteria is met. The criteria you should consider are:  *1. “An SSAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if,*  *(a) there is reasonable cause for concern about how the SSAB, members of it or other persons with relevant functions worked together to safeguard the adult, and*  *(b) condition 1 or 2 is met.*  *2. Condition 1 is met if:*  *(a) the adult has died, and*  *(b) the SSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).*  *3. Condition 2 is met if:*  *(a) the adult is still alive, and*  *(b) the SSAB knows or suspects that the adult has experienced serious abuse or neglect.*  **Please include details of any safeguarding meetings held, and names of Social Workers or Safeguarding Adults Managers or others involved in the case.** | |
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| **Completed by** |  |
| **Signed** |  |
| **Name (Please print)** |  |
| **Date** |  |