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 **Safeguarding Adults Review Request Form**

Croydon Safeguarding Adult Board will consider every SAR request on the basis of whether it meets the Safeguarding Adults Review criteria as stipulated in section 44 of the Care Act 2014.

The SAR Sub Group requires 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 a review, that maximum learning can be achieved. Please complete the form below providing relevant information which will assist the decision making.

1. **Details of adult at risk:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of birth** |  |
| **Date of death (if applicable)** |  |
| **Ethnicity** |  |
| **GP (if known)** |  |
| **Family/ next of kin/ advocate/ representative** |  |

1. **Details of individual/ organisation requesting the SAR:**

|  |  |
| --- | --- |
| **Date of Request** |  |
| **Name** |  |
| **Position/ designation** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone** |  |
| **Contact email** |  |

|  |  |
| --- | --- |
| **Authorising manager** |  |
| **Position/ designation** |  |
| **Contact telephone** |  |
| **Contact email** |  |

1. **Details of the Case**

|  |
| --- |
|  **Brief summary of concerns which triggered this request:** |
| 1. **Chronology of Events**

|  |  |  |
| --- | --- | --- |
| **Date** | **Activity/Action** | **Who** |
| *An example:**December 2016* | *Concerns raised via email due to non engagement* | *Utilities Company* |
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| **Any other relevant information**: |

**5. Why should this be a SAR?** |
| 1. **Reason:**
2. **Lessons to be learned:**
3. **Agencies involved:**
 |
| **Do you believe a SAR is required in response to this case?** | **Yes** |  | **No** |  |
|  |
| 1. **Parallel Processes**

*Have any other processes commenced which are looking at this case* ***and/or*** *are you aware of any that may likely to be instigated. Please tick the relevant boxes, and where another process has started or is likely to start, please give details below.* **Please tick as applicable:**

|  |  |  |
| --- | --- | --- |
| **Process** | **Commenced** | **Planned** |
| Yes | No | Yes | No |
| Section 42 Adult Safeguarding Enquiry |  |  |  |  |
| Criminal Investigation  |  |  |  |  |
| Domestic Homicide Review (DHR)  |  |  |  |  |
| Mental Health Homicide Review (MHHR)  |  |  |  |  |
| Serious Incident (SI)  |  |  |  |  |
| Coroner’s Inquest  |  |  |  |  |
| Serious Case Review (Children)  |  |  |  |  |
| Learning Disabilities Mortality LeDeR Review |  |  |  |  |
| Agency complaints process |  |  |  |  |
| Other [please state] |  |  |  |  |

**Lead contact for each of the processes identified above** *[where known]* |

**Please submit your form via secure email to** **csab@croydon.gov.uk**

**Section 2**

***To be completed on behalf of the Croydon SAB***

**Record of Discussion at SAR Sub group meetings**

|  |  |  |
| --- | --- | --- |
| **Date** | **Name** | **Title & Organisation** |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Date** | **Discussion** | **Actions** |
| Expands to fit | Expands to fit | Expands to fit |

|  |
| --- |
| **After reviewing the information from all involved agencies it is recommended that this case:** |
| i | Meets the criteria for a SAR under S44 of The Care Act 2014 |  |
| ii | Does not meet the criteria for a SAR under S44 The Care Act 2014 |  |

**Recommendation to SAB Chair**

|  |
| --- |
| **It is recommended/not recommended that this case is subject to a SAR for the following reasons** (include rationale for recommendation and consideration of MSP, information on key areas of enquiry, methodology and timeframe): |
|  |

|  |
| --- |
| **If the case does not meet the criteria for a SAR and another review process has been agreed, please give details below (please refer to the framework):** |
|  |

|  |
| --- |
| **Please account for any delay in decision making:** |
|  |

**Signed: .................................................................. SAR Sub Group Chair**

**Date: ........................................................................**

**CSAB Chair Decision**

|  |
| --- |
| **It is recommended/not recommended that this case is subject to a SAR for the following reasons** (include rationale for recommendation and consideration of MSP, information on key areas of enquiry, methodology and timeframe): |

**Signed: .................................................................. Independent Chair**

**Date: ..........................................................................**

|  |  |
| --- | --- |
| **Date** **CSAB notified referrer of decision** |  |