

## Greater Manchester SAR Referral Form

### When to consider a SAR referral

*An adult with care and support needs should be referred to Safeguarding Adults Board in the area where they died for consideration if;*

**An adult in its areas with needs for care and support** (whether or not the local authority has been meeting any of those needs) **has died or is still alive and they are known or suspected to have experienced serious abuse or neglect**, and there is **reasonable cause for concern about how partners worked together to safeguard the adult. (Care Act 2014, Section 44 1 & 1(a))**

This SAR referral form should be completed by anyone who has become aware of an adult who may meet the above criteria.

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 once your SAR referral form has been received. Following consideration by the SAR panel, you will be informed of the outcome and advised whether the referral meets the criteria for a SAR.

**Please note - this is not the form to report safeguarding concerns** – if you are concerned for someone's well-being or support needs you should report the concerns to the local Adult Social Care

### Purpose of a SAR

The Care Act 2014 and Care and Support Statutory Guidance clearly states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review when an adult in its area dies 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. This is a statutory responsibility.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to apportion blame.

It is essential that individuals and partner agencies are able to learn lessons from these reviews and that the review process itself is trusted, encouraging the open and transparent sharing of information to support and embed effective change.

Its purpose **is not to hold any individuals or organisations to account**. Other processes exist to address concerns or issues relating to a particular individual or organisation, 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

**Care Act 2014, Section 44 (5)**, all partner agencies must co-operate in and contribute to the carrying out of a SAR.

### Section 1: Referrer Details

Field	Information	
<b>Name</b>		
<b>Job Title</b>		
<b>Organisation</b>		
<b>Contact Details</b> (please provide, telephone/email address)		
<b>Please provide the following details of the Senior Manager/Safeguarding Lead who has quality assured and signed off the referral (mandatory section):</b>	Full Name	
	Designation	
	Date of Sign off	
	Any Additional Comment	
<b>Date of Referral</b>		
If there has been a delay in making this referral, please outline the reason for the delay.		

### Section 2: Adult at Risk – Demographic Information

Field	Information
<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Residential status</b> (ie, own home, with relatives, residential, nursing care, hospital, no fix abode etc)	
<b>Postcode</b>	
<b>NHS Number</b> (if known)	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Disability</b>	
<b>First Language</b>	
<b>Interpreter Required?</b> (Yes/No/NA)	
<b>Does the adult require support from advocacy services?</b>	

<b>GP Name and Practice</b>	
<b>Legal Status</b> (e.g., DoLS, LPA, Deputyship, MHA)	
<b>Is the adult a care leaver?</b>	
<b>Date of Death or Date of Incident</b>	
<b>Place of Death or incident including locality</b>	
<b>Cause of death</b> (if known)	
Was the adult known to any services at the time of their death/the incident? (Yes/No – please provide details )	

### Section 3: SAR Criteria (Care Act 2014, Section 44)

Please complete the following	
<p>The adult has care and support needs (whether or not those needs are met by the Local Authority?)</p> <p>For further information - see <u>Care and Support Statutory Guidance, section 1.5, Definition of Wellbeing.</u></p>	<b>Please specify .....</b>
The adult has <b>DIED</b> , as a result of abuse or neglect, whether known or suspected?	<b>Please specify the known or suspected type of abuse or neglect.....</b>
The adult is <b>ALIVE</b> , and the adult has or suspected to have experienced serious abuse or neglect?	<b>Please specify the type of abuse.....</b>
<p>Do you feel there is reasonable cause for concern about how effectively partner agencies worked together to safeguard the adult?</p> <p>(N.B - the mandatory or discretionary criteria is met when there is reason to believe there are concerns regarding multi-agency working which would otherwise have offered protection)</p>	<p><b>(Yes/No/Not sure)</b></p> <p><b>If yes, please provide further information</b></p>

### Section 4: Overview of Serious Incident

Field	Information
<p>Provide a brief summary of the Incident(s)</p> <p>Please describe the events and circumstances that led to</p>	

<p>this referral; include when and where the event happened, and in what context.</p>	
<p>Were there any safeguarding concerns that you are aware? (Yes/No)</p> <p>If yes, please provide dates and outcomes?</p>	

### Section 5: Partner Agencies and Significant Others including advocates and carers (unpaid)

Please list any other agencies or services you know to be involved in this adult.  
*For example: social care, police, health services, fire and rescue, housing, probation services, ambulance, residential or domiciliary care, nursing homes.*

Name of agency or services	Contact Details
Name and relationship of significant others	Contact Details

### Section 6: Consent and Family Involvement

Field	Information
<p><b>Has the adult (if alive) or their family member been informed of the SAR Referral? (Yes / No)</b></p> <p>If <b>Yes</b>, please provide:</p> <ul style="list-style-type: none"> <li>• Date and method of communication</li> <li>• Name of the person informed about the referral</li> <li>• Role/Relationship to the adult</li> <li>• Contact details of the person who provided the information</li> <li>• Any other relevant comments</li> </ul>	
<p>Are there any known risks that would place members of the SAB at risk if contact was made with the adult or family?</p>	

### Section 7: Parallel Processes

Field	Information
<p>Please provide any details of parallel processes that may need to be considered i.e., criminal investigation,</p>	

serious incidents, Datix relating to this incident, Domestic Abuse Related Death Reviews (DARDR), LeDeR, single agency reviews etc.	
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**Please return the referral form to the local SAB to where the adult has died.**

**Note: If this area is different to where the adult lived or is known to services, the local SABs will have a discussion and agree which area should lead on the screening of the referral.**

Area	Return to
Bolton	<a href="mailto:BoltonSafeguardingAdultsBoard@Bolton.gov.uk">BoltonSafeguardingAdultsBoard@Bolton.gov.uk</a>
Bury	<a href="mailto:Bsp@bury.gov.uk">Bsp@bury.gov.uk</a>
Manchester	<a href="mailto:Manchestersafeguardingpartnership@manchester.gov.uk">Manchestersafeguardingpartnership@manchester.gov.uk</a>
Oldham	<a href="mailto:OldhamSafeguardingAdultsBoard@Oldham.gov.uk">OldhamSafeguardingAdultsBoard@Oldham.gov.uk</a>
Salford	<a href="mailto:sar.referrals@salford.gov.uk">sar.referrals@salford.gov.uk</a>
Stockport	<a href="mailto:lsb@stockport.gov.uk">lsb@stockport.gov.uk</a>
Rochdale	<a href="mailto:RBSB.Admin@Rochdale.Gov.UK">RBSB.Admin@Rochdale.Gov.UK</a>
Tameside	<a href="mailto:protectadult@tameside.gov.uk">protectadult@tameside.gov.uk</a>
Trafford	<a href="mailto:TSSP@trafford.gov.uk">TSSP@trafford.gov.uk</a>
Wigan	<a href="mailto:WSAB@wigan.gov.uk">WSAB@wigan.gov.uk</a>