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| The purpose of a Safeguarding Adult Review (SAR) is to determine what the relevant agencies and individuals involved in a case might have done differently that could have prevented harm or death. This is so that lessons can be learned and those lessons applied to future cases to prevent similar harm occurring again.  The Care Act 2014 sets out the criteria for a SAR as follows:   1. *There is reasonable cause for concern about how the TSAB, its members or organisations worked together to safeguard the adult.*   **and**   1. *The adult died and the TSAB knows/suspects this was as a result of abuse or neglect.*   **or**   1. *The adult is still alive but the TSAB knows or suspects the adult has experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.*   The information included on this form is **confidential** and will only be shared in in accordance with the Teeswide Safeguarding Adults Board [Information Sharing Agreement](https://www.tsab.org.uk/key-information/policies-strategies/), [SAR Policy & Procedures](https://www.tsab.org.uk/professionals/safeguarding-adult-review-sar-policy-procedures/) and in the best interests of the adult/adult’s family.  Please complete the form as fully as possible, if you cannot complete some sections, please explain why (do not leave blank). |

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| **SECTION 1: ABOUT THE ADULT** | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Date of Birth |  | Gender Identity | | |  | | Ethnicity | | Choose an item. | | | |
| Address |  | | | | | | | | Post Code | |  | |
| Accommodation Type (e.g. private rental, housing association rental, own home, care home etc) | | | | |  | | | | | | | |
| Date of Serious Incident |  | | | | Date of Death  (if applicable) | | | |  | | | |
| Cause of Death\* (if applicable) |  | | | | | | | | | | | |
| \*[Consider if the Coroner needs to be notified](https://www.coronersociety.org.uk/faqs/) | | | | | | | | | | | | |
| Location of Abuse / Neglect / Serious Incident(s) | |  | | | Location of Death  (if applicable) | | | |  | | | |
| If the serious incident(s)/death occurred outside of the Tees area, please contact the relevant Safeguarding Adults Board to enquire about their SAR Notification process. | | | | | | | | | | | | |
| Does/did the Adult have care and support needs? | | | | | | | | | Yes  No | | | |
| **Please describe their care and support needs:** | | | | | | | | | | | | |
| **Any known protected characteristics:** | | | | | | | | |  | | | |
| Age | | | Disability | | | | | Gender Reassignment | | | | |
| Marriage / Civil Partnership | | | Pregnancy / Maternity | | | | | Race | | | | |
| Religion or Belief | | | Sex | | | | | Sexual Orientation | | | | |
| **Main** type of abuse/neglect identified:  For more information about types of abuse click [here](https://www.tsab.org.uk/key-information/general-public/). | | | | | | | | | Choose an item. | | | |
| **Other** types (sub-categories) of abuse/neglect identified (please tick as appropriate): | | | | | | | | | | | | |
| Discriminatory | Domestic Abuse | | | Financial | | Modern Slavery | | | | Neglect | | |
|  |  | | |  | |  | | | |  | | |
| Organisational | Physical | | | Psychological | | Self-Neglect | | | | Sexual | | |
| Abuse | | Exploitation |
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| **SECTION 2: ADULT’S REPRESENTATIVE** | | | | | | |
| Full Name |  | | | | Gender Identity |  |
| Relationship to Adult |  | | | | | |
| Address |  | | | | Post Code |  |
| Tel. Number |  | Email |  | | | |
| Is it appropriate to contact this person if a SAR/Review is agreed? | | | | Yes  No  Don’t Know | | |
| If no, please explain reasons for this: | | | | | | |

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| **SECTION 3: DETAILS OF THE CASE** |
| This should include a clear factual outline of the concerns being raised. This will enable the SAR Sub-Group to make an informed decision on whether this meets the criteria for a Safeguarding Adult Review. |
| **Case Summary – what happened?**  (Please include key dates, people, organisations and places where possible)    **What concerns do you have about how agencies worked together to safeguard the adult?**    **Are there any housing issues identified?**    **Why do you know/suspect that the person’s death or serious harm was due to abuse and/or neglect?**    **Is there anything else you feel that TSAB should be aware of relating to this case?** |

A Safeguarding Adult Review will only be considered if Section 1 (below) is met **and** Section 2 or 3 are met. Please select all that apply.

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| **1.** | There is reasonable cause for concern about how the Teeswide Safeguarding Adults Board, its members or organisations worked together to safeguard this adult. |  |
| **2.** | The adult died and the Teeswide Safeguarding Adults Board knows/suspects this was as a result of abuse or neglect. |  |
| **3.** | The adult is still alive but the Teeswide Safeguarding Adults Board knows or suspects the adult has experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development. |  |

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| **SECTION 4: OTHER AGENCIES INVOLVED\***  **It is important to complete this section of the form as this will be used to contact the organisations involved for further information.** | | | | |
| **Full Name** | **Organisation** | **Tel. Number** | **Email** | **Relationship to Adult** |
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\*please add more rows if necessary

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| **SECTION 5: ANY OTHER REVIEWS/PROCESSES PENDING OR COMPLETED**  e.g. Patient Safety Incident Investigation, Domestic Abuse Related Death Review, Single Agency/Management Reviews, Child Safeguarding Practice Review, Learning Disability Mortality Review (LEDER), Coroner Investigation, Criminal Enquiry, Complaint, Drug/Alcohol Related Death Review, MAPPA, MARAC, MATAC. Please indicate if you are unaware of any other reviews/processes (do not leave blank). |
|  |
| Consider if the case could meet the criteria for other review processes and any other referrals that may need to be made. If you are unsure which is the most appropriate review process to refer to, more information about different types of learning reviews can be found [here](https://www.tsab.org.uk/professionals/safeguarding-adult-review-sar-policy-procedures/different-types-of-reviews-processes/). |
| Please advise if you will be making any other referrals and to which process. |
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| **SECTION 6: COMMUNICATION**  Communication with the Adult/family will be considered by the Business Manager and SAR Sub-Group Chair upon receipt of this Notification | | | | |
| Is the Adult aware of this Notification? | Yes |  | No |  |
| Is the Adult’s representative or family/carer aware of this Notification? | Yes |  | No |  |

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| **If your organisation is a member of the Teeswide Safeguarding Adults Board, wherever possible this Notification should be forwarded to the TSAB Business Unit by your agency’s Board member.** | | | | | | |
| Has your organisation’s TSAB Member been made aware of this Notification? | Yes |  | No |  | My agency is not a member of TSAB |  |

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| **SECTION 7: ABOUT THE PERSON COMPLETING THE FORM** | | | |
| Full Name |  | Job Title |  |
| Organisation |  | Relationship to Adult |  |
| Email |  | Telephone Number |  |
| Signature |  | Date |  |
| If there is a delay (more than 4 weeks) between the serious incident and submitting the SAR Notification form, please explain the reason/rationale for this delay: | | | |

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| **Admin Use Only** | |
| Notification Received: |  |
| Case Reference: |  |

Please send the completed SAR Notification form securely to [tsab.businessunit@stockton.gov.uk](mailto:tsab.businessunit@stockton.gov.uk)