



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	

2. 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	

3. Details of the Case

Brief summary of concerns which triggered this request:

4. Chronology of Events

Date	Activity/Action	Who
<i>An example: December 2016</i>	<i>Concerns raised via email due to non engagement</i>	<i>Utilities Company</i>

Any other relevant information:

5. Why should this be a SAR?

(a) Reason:

(b) Lessons to be learned:

(c) Agencies involved:

Do you believe a SAR is required in response to this case?	Yes		No	
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6. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Homicide Review (DHR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Homicide Review (MHHR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Incident (SI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coroner's Inquest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Case Review (Children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities Mortality LeDeR Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency complaints process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date	Discussion	Actions
<u>Expands to fit</u>	<u>Expands to fit</u>	<u>Expands to fit</u>

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):

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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