**PAN-BEDFORDSHIRE SAFEGUARDING ADULTS REVIEW (SAR) REFERREL NOTICE – SECTION 44 of THE CARE ACT 2014**

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| **SUBMISSION DETAILS[[1]](#footnote-1)** |
| **Email securely to:**  **BEDFORD BOROUGH AND CENTRAL BEDFORDSHIRE SAB:**  [**SAB@centralbedfordshire.gov.uk**](mailto:SAB@centralbedfordshire.gov.uk)  **LUTON:**  [**LutonSafeguardingAdultsBoard@luton.gov.uk**](mailto:LutonSafeguardingAdultsBoard@luton.gov.uk) |

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

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| **ABOUT THE RELEVANT PERSON** | |
| **Name of person(s) being referred:** |  |
| **Date of birth(s):** |  |
| **Date of incident or issues (please give time range if more appropriate):** |  |
| **Address where the incident occurred:** |  |
| **Home Address of person(s) being referred:** |  |
| **Known Family Representative provide name and contact details:** |  |
| **Known Advocate provide name and contact details:** |  |

**Gender[[2]](#footnote-2):**

|  |  |
| --- | --- |
| **Male** |  |
| **Female** |  |
| **In another way** |  |
| **Prefers not to say** |  |

**Ethnicity[[3]](#footnote-3):**

|  |  |
| --- | --- |
| **Asian or Asian British[[4]](#footnote-4)** |  |
| **Black, Black British, Caribbean, or African[[5]](#footnote-5)** |  |
| **Mixed or multiple ethnic groups[[6]](#footnote-6)** |  |
| **White[[7]](#footnote-7)** |  |
| **Other ethnic groups[[8]](#footnote-8)** |  |

**Criteria – Care and Support needs resulting from:**

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| --- | --- | --- | --- |
| **Physical Disability, Frailty** |  | **Learning Disability** |  |
| **Sensory Impairment** |  | **Substance/Alcohol Misuse** |  |
| **Mental Health** |  | **Dementia** |  |
| **Neurodiversity *(Autism, Autistic Spectrum, Attention Deficit Hyperactive Disorder, Tourette Syndrome, etc)*** |  | **Medical or Health issues** |  |
| **Other (Please describe):** | | | |

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| **Background, timeline and facts of the case and summary of what happened:** | |
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| **List of Agencies / Professionals involved:** | |
| **Agency** | **Named professional (If known)** |
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| **REASON FOR REFERRAL**  **(Do not exceed 3 sides of text)** |
| *When considering a case for a SAR, more formal processes are likely to be reserved where there is multiple agency involvement and subsequent failure or significant public interest.*  *Please refer to Section 44 criteria and SAR Framework.* |
| **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 SAB 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 SAB, 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 SAB 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 SAB knows or suspects that the adult has experienced serious abuse or neglect.* |
| **Reasons for SAR referral and how the above SAR criteria are met:** |

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| **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** | **Planned or ongoing** | | **Concluded?** | |
|  | **Yes** | **No** | **Yes** | **No** |
| **Section 42 Adult Safeguarding Enquiry** |  |  |  |  |
| **Criminal Investigation** |  |  |  |  |
| **Serious Case Review (Children)** |  |  |  |  |
| **Coroner’s Inquest** |  |  |  |  |
| **Domestic Homicide Review (DHR)** |  |  |  |  |
| **LeDeR** |  |  |  |  |
| **Mental Health Homicide Review (MHHR)** |  |  |  |  |
| **Serious Incident (NHS England Procedures)** |  |  |  |  |
| **Root Cause Analysis (RCA)** |  |  |  |  |
| **Other** |  |  |  |  |
| **‘Other’ please state:** | | | | |
| **Detail**: | | | | |

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| **Completed by** |  |
| **Signed** |  |
| **Name (Please print)** |  |
| **Date** |  |

1. Please note: The referral must be directed to the **SAB in whose area the circumstances occurred** NOT where the person is resident in line with Section 44 of The Care Act 2014. [↑](#footnote-ref-1)
2. https://www.equalityhumanrights.com/en/publication-download/research-report-75-monitoring-equality-developing-gender-identity-question [↑](#footnote-ref-2)
3. https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups [↑](#footnote-ref-3)
4. Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background [↑](#footnote-ref-4)
5. Caribbean, African, Any other Black, Black British, or Caribbean background [↑](#footnote-ref-5)
6. White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background [↑](#footnote-ref-6)
7. English, Welsh, Scottish, Northern Irish or British, Irish Gypsy or Irish Traveller, Roma, Any other White background [↑](#footnote-ref-7)
8. Arab, Any other ethnic group [↑](#footnote-ref-8)