

**SAR REFERRAL RECOMMENDATION AND DECISION TEMPLATE**

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| --- | --- | --- | --- |
| **Full Name of Adult**  |    | **Date / Time of Meeting** |   |
| **Date of Birth** |   | **Date of Death** (if applicable)  |   |

**Attendance**

|  |  |
| --- | --- |
| **Name**  | **Organisation**  |
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***Please note this document should be completed in conjunction with the ‘SAFEGUARDING ADULTS REVIEW (SAR) Decision Support Guidance’ (Appendix 4).***

**The NYSAB via the Learning and Review Group will consider undertaking a Safeguarding Adults Review when it is known or suspected that:**

|  |  |  |
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| 1. **Criteria**
 | **YES** | **NO** |
| An adult with care and support needs has died OR been seriously harmed  |  |  |
| Abuse or neglect, whether known OR suspected, are believed to have been a factor |  |  |
| there is reasonable cause for concern about how the NYSAB, members of it or other persons with relevant functions worked together to safeguard the adult |  |  |
| **Rationale for Decision** |
|  |

**If YES to all 3, a recommendation for SAR to Independent Chair for decision-making.**

**If No, see alternative recommendations in points 2 and 3 below:**

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| 1. Discretionary

 SAR |  | Multi-agency Review |  | Single Agency Review  |  | Other (describe below)  |  |
| Rationale for Decision |
|  |
| Agency responsible for feeding back outcome of review back to the LAR within six months |  |

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| --- | --- |
| 3. No Further Action |  |
| Rationale for Decision |
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| **Other Reviews or significant processes currently being undertaken** (eg Serious Incident, Multi-Agency Public Protection Arrangements (MAPPA), Domestic Homicide Review, Single Agency/Management Reviews, Children’s Safeguarding Practice Review, police investigation, Coroner’s Inquest, Health & Safety Executive Investigation, Other)  |
| **Type of Review**  | **Lead Officer**  | **Contact Number**  |
|  |  |   |
| What potential impact may a SAR have upon any of the proceedings above? (Is legal advice required?) |
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| Are there any other conflicts of interest or reasons to delay the commencement of the SAR? If Yes, please explain |
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| **Any other actions recommended by SAR subgroup**  |  |
| **Action to be Undertaken**  | **By Whom**  | **Deadline**  |
|   |  |   |
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| --- | --- | --- | --- |
| **Signature of SAR subgroup Chair** |  | **Date** |  |
| **Recommendation Agreed** |  | Yes |  | No |  |
| **Signature of NYSAB Chair** |  | **Date** |  |