

“*To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities”*

**Safeguarding Adult Review Request Form**

Complete this form if you believe that an adult at risk has died or would have died if it were not for intervention, as a result of abuse or neglect.

For further information please see the Safeguarding Adult Review policy or contact the Safeguarding Adults Board Manager at TSAB@thurrock.gov.uk or 01375 659713.

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| 1. **Details of the Adult**
 |
| **First name** |  |
| **Preferred name** |  |
| **Surname** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Date of Death (if applicable)** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **GP Name** |  |
| **GP Practice and Address** |  |
| **Was the adult subject to a DoLS?** | Yes | No | **Was the adult detained under the Mental Health Act?** | Yes | No |
|  |  | **If yes, which section?** |  |

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| 1. **Your details**
 |
| **Your name** |  |
| **Your role** |  |
| **Your relationship to the adult** |  |
| **Organisation name** |  |
| **Organisation address** |  |
| **Your telephone number** | Landline | Mobile |
| **Your email address** |  |

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| 1. **Case summary**
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| **Date of incident(s)** |  |
| **Location of incident(s)** |  |
| Please include type of abuse e.g. physical abuse, sexual abuse, domestic violence, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglects and acts of omission, self-neglect. |
| **Has a safeguarding concern been raised regarding the adult?** | Yes | No |
| **Has another review been commissioned, such as a Domestic Homicide Review, Serious Incident or SCR?** | Yes | No | Unsure |
| **Are criminal proceedings underway?** | Yes | No |
| **Has the adult been the subject of a S42 enquiry** | Yes | No |
| 1. **Please explain how this case meets the criteria for a statutory SAR**
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| **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** | Yes | No |
| **The adult has died, and there is a suspicion that the death resulted from serious abuse or neglect** | Yes | No |
| **The adult is still alive, and there is suspicion that the adult has experienced serious abuse or neglect** | Yes  | No |
| 1. **Please explain how this case meets the criteria for a non-statutory SAR**
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| **The case provides an opportunity to learn from good practice that could be applied to agencies working with adults.** | (please provide an explanation) |
| **Whilst there are no concerns about the multi-agency working to protect the adult, there is evidence that one or more of the agencies involved did not support this joint working** | (please provide an explanation) |
| 1. **Agencies known to be involved with the adult**
 |
| **Police** |  |
| **Adult Social Care** |  |
| **Basildon and Thurrock University Hospital NHS Foundation Trust** |  |
| **GP** (please provide name and address) |  |
| **Residential care home/supported living/nursing home** (please specify) |  |
| **Domiciliary care agency** (please specify) |  |
| **Community Care** (please specify e.g. District Nurse) |  |
| **MARAC/MAPPA** |  |
| **Children’s Services** |  |
| **Drug and Alcohol service** |  |
| **Mental health service** |  |
| **Housing provider** (please specify) |  |
| **Other** (please specify) |  |
|  |  |

**Please send this form to** **safeguardingadults@thurrock.gov.uk**