

“*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](mailto: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?** |  | |

|  |  |  |
| --- | --- | --- |
| 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** | | | | | |
| **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** | | | | | |
| **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** | | | | | |
| **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** [**TSAB@thurrock.gov.uk**](mailto:TSAB@thurrock.gov.uk)