

**Redbridge ‘One Panel’ Case Referral Form**

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| This referral form is to be used when referring a case for consideration by the Redbridge ‘One Panel’ for either a statutory review, i.e., a Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) or Child Safeguarding Practice Review (CSPR) or when a case may not meet the criteria for a statutory review but there is the opportunity to learn lessons.  Please complete the form below and send to: [**RedbridgeOnePanel@redbridge.gov.uk**](mailto:RedbridgeOnePanel@redbridge.gov.uk) | Click on the below for the full definition of each:   * [**Child Safeguarding Practice Review**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)   Chapter 4, Working Together 2018   * [**Safeguarding Adults Review**](http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted)   The Care Act 2014   * [**Domestic Homicide Review**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf)   In brief, a statutory SAR or CSPR is when (1) an adult or child has died or been serious injured and serious abuse or neglect is suspected **and** (2) there is concern about how agencies have worked together to safeguard the child or adult.  A DHR is when the death of a person over the age of 16 years appears to be the result of violence, abuse, or neglect by a (a) a person whom they were related or had an intimate relationship with or (b) a member of the same household. |

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| 1. **Context for referral to One Panel** | |
| **Date of this One Panel referral** | **/ /** |
| **Summary of reason for referral** |  |
| **Date of incident/death** | **/ /** |

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| 1. **Subject details** | | | | | | | | |
| **First name** |  | **Last name** | | |  | | **Other names used** |  |
| **Date of birth** |  | **Age** | | |  | | **Gender** |  |
| **Ethnicity** |  | **Disability** | | |  | | **NHS number** |  |
| **GP** |  | | | | **Postmortem result** (if applicable) | | |  |
| **Home address** |  | | **Housing tenure** |  | | | **School / college** |  |
| 1. **Other relevant person(s) details** | | | | | | | | |
| 1. **Next of kin / nearest relative / nearest relevant person** | | | | | | | | |
| **Name** |  | | | | **DOB** |  | | |
| **Relationship to subject** |  | | | | **Address** |  | | |
| **Any other information that is relevant to the discussion** | |  | | | | | | |
| 1. **Other relevant person / family member / friend** | | | | | | | | |
| **Name** |  | | | | **DOB** |  | | |
| **Relationship to subject** |  | | | | **Address** |  | | |
| **Any other information that is relevant to the discussion** | |  | | | | | | |
| 1. **Other relevant person / family member / friend** | | | | | | | | |
| **Name** |  | | | | **DOB** |  | | |
| **Relationship to subject** |  | | | | **Address** |  | | |
| **Any other information that is relevant to the discussion** | |  | | | | | | |
| ***Please add others as required*** | | | | | | | | |

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| 1. **Agency involvement with the subject and relevant others**   Brief summary of work/intervention undertaken. Please include the key points, an analysis that summarises and gives the case outline. Do not include a full chronology at this stage. | |
| **Details of original referral/contact with agency** | *Subject:* |
| *Others:* |
| **Status** i.e., subject of a CP plan, looked after child, subject to adult at risk procedure, subject to deprivation of liberty safeguards (DoLS) etc. | *Subject:* |
| *Others:* |
| **Summary of work/intervention and analysis that illustrates the case outline** | *Subject:* |
| *Others:* |
| **What other agencies have been involved with the family?** | *Subject:* |
| *Others:* |
| **How well, in your opinion, has the multi-agency partnership worked together?** |  |

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| 1. **Referrer details** | | | |
| **Name** |  | **Agency** |  |
| **Role** |  | **Contact** | *Tel no. / email* |
| **Manager Name responsible for quality assuring the referral** | |  | |
| **Is this referral subject to an internal/single agency review?** | |  | |
| **Lessons learnt:** *If appropriate please describe the lessons that have been learnt by your agency and any changes made as a result.* | |  | |
| **Considerations:** *For example, is there media interest? Are there criminal proceedings? Is the case linked to a complex abuse case?* | |  | |

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| 1. **One Panel Decision** *(to be completed by One Panel Secretariat following meeting)* | | | |
| **Meeting Date** | **/ /** | **OP recommendation** |  |
| **Follow up action** |  | | |