

Redbridge 'One Panel' Case Referral Form

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

Click on the below for the full definition of each:

- Child Safeguarding Practice Review Chapter 4, Working Together 2018
- Safeguarding Adults Review
 The Care Act 2014
- Domestic Homicide Review

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.

| 1. Context for referral to One Panel | | | | | | |
|--------------------------------------|---|---|----------|--|--|--|
| Date of this One Panel referral | | 1 | 1 | | | |
| Summary of reason for referral | | | | | | |
| Date of incident/death | 1 | | <i>I</i> | | | |

| 2. 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 | | |
|--|-------------------|----------|----------------|---------|------------------|--|--|
| 3. Other relevant person(s) details | | | | | | | |
| a. Next of kin / nearest relative / nearest relevant person | | | | | | | |
| Name | | | | DOB | | | |
| Relationship to subject | | | | Address | | | |
| Any other information that is relevant to the discussion | | | | | | | |
| b. Other releva | nt person / famil | y mer | mber / frien | d | | | |
| Name | | | | DOB | | | |
| Relationship to subject | | | | Address | | | |
| Any other infor relevant to the | | | | | | | |
| c. Other releva | nt person / famil | y mer | mber / frien | d | | | |
| Name | | | | DOB | | | |
| Relationship to subject | | | | Address | | | |
| Any other information that is relevant to the discussion | | | | | | | |
| Please add oth | ers as required | | | | | | |
| | | | | | | | |
| 4. 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 Subject: | | | | | | | |
| referral/contact with agency Others: | | | rs: | | | | |
| Status i.e., subject of a CP plan, looked after child, subject to adult at | | Subject: | | | | | |
| risk procedure, subject to deprivation of liberty safeguards (DoLS) etc. Others: | | | rs: | | | | |
| Summary of work/intervention and analysis that illustrates the case outline | | Subject: | | | | | |
| | | Others: | | | | | |
| What other agencies have been involved with the | | Subject: | | | | | |
| family? | | Other | rs: | | | | |
| How well, in yo the multi-agend worked togethe | | | | | | | |

| 5. Referrer details | | | | | |
|------------------------------|--|---------|-----------------|--|--|
| Name | | Agency | | | |
| Role | | Contact | Tel no. / email | | |
| Manager Name assuring the re | responsible for quality ferral | | | | |
| Is this referral s | subject to an internal/single | | | | |
| | If appropriate please describe the een learnt by your agency and any result. | | | | |
| | : For example, is there media interest? roceedings? Is the case linked to a e? | | | | |

| 6. One Panel Decision (to be completed by One Panel Secretariat following meeting) | | | | | |
|--|-----|-------------------|--|--|--|
| Meeting Date | 1 1 | OP recommendation | | | |
| Follow up action | | | | | |