

## Barking and Dagenham 'One Panel'

## **Referral Form**

This referral form is to be used when referring a case for consideration by the Barking and Dagenham '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: bdonepanel@lbbd.gov.uk

Click on the below for the full definition of each:

- Child Safeguarding Practice Review Chapter 5, Working Together 2023
  - 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			
Summary of reason for referral									
Date of incident	t/deat	:h			1	1			
2. Subject detail	ils								
First name	irst name		Last name	•				Other names used	
Date of birth	Date of birth		Age					Gender	
Ethnicity			Disability					NHS num	ber
GP	Post			tmortem result (if applicable)					
Home address			Housing tenure			Scho colle			
3. Other relevan	nt pei	rson(s) details							
a. Next of kin /	neare	est relative / nea	arest relevan	t pers	son				
Name	DC		DOB	3					
Relationship to subject			Add	ress	ess				
Any other information that is relevant to the discussion									
b. Other releval	nt pe	rson / family me	ember / friend	d					
Name				DOB	3				
Relationship to subject				Add	ress				
Any other information relevant to the									
c. Other releval	nt pe	rson / family me	ember / friend	d					
Name				DOE					

Relationship to subject			Address	
Any other infor relevant to the				
Please add oth	ers as required			

<b>4. Agency involvement with the</b> Please include the key points, an analysis stage.	<b>subject and relevant others</b> Brief summary of work/intervention undertaken. that summarises and gives the case outline. Do not include a full chronology at this
Details of Original Referrer/Referral	
Summary of case/circumstances	
Agencies involved with the Service User	
Summary of agency involvement, intervention, care and service provision including any safeguarding concerns raised, Section 42s, DoLs, Child Protection Plan, looked after child etc.	
Summary of potential themes/challenges/learning identified that support the referral.	
How well, in your opinion, has the multi-agency partnership worked together?	

5. Referrer details						
Name		Agency				
Role		Contact				
Manager Name response	onsible for quality assuring the					
Is this referral subject review?	ct to an internal/single agency					
	ropriate please describe the rnt by your agency and any changes					
	example, is there media interest? ings? Is the case linked to a complex					

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