

Updated October 2024

Version 1.2



## 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](mailto: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                               | / / |
| What review process do you feel this meets (SAR, CSPR or DHR) |     |
| Summary of reason for referral                                |     |
| Date of incident/death  | / / |

| 2. Subject details |  |            |  |                  |  |
|--------------------|--|------------|--|------------------|--|
| First name         |  | Last name  |  | Other names used |  |
| Date of birth      |  | Age        |  | Gender           |  |
| Ethnicity          |  | Disability |  | NHS number       |  |
| First Language     |  |            |  |                  |  |

| 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 relevant person / family member / friend           |  |                                   |                  |
| Name  |  | DOB                               |                  |
| Relationship to subject                                     |  | Address                           |                  |
| Any other information that is relevant to the discussion    |  |                                   |                  |

**c. Other relevant person / family member / friend**

|             |  |            |  |
|-------------|--|------------|--|
| <b>Name</b> |  | <b>DOB</b> |  |
|-------------|--|------------|--|

|                                |  |                |  |
|--------------------------------|--|----------------|--|
| <b>Relationship to subject</b> |  | <b>Address</b> |  |
|--------------------------------|--|----------------|--|

|   |  |
|---|--|
| <b>Any other information that is relevant to the discussion</b> |  |
|---|--|

*Please add others 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.

|   |  |
|---|--|
| <p><b>Details of Original Referrer/Referral</b></p>   |  |
| <p><b>Summary of case/circumstances</b></p>   |  |
| <p><b>Agencies involved with the Service User</b></p>   |  |
| <p><b>Summary of agency involvement, intervention, care and service provision including any safeguarding concerns raised, Section 42s, DoLs, Child Protection Plan, looked after child etc.</b></p> |  |
| <p><b>Summary of potential themes/challenges/learning identified that support the referral.</b></p>   |  |
| <p><b>How well, in your opinion, has the multi-agency partnership worked together?</b></p>  |  |

| 5. Referrer details  |  |         |  |
|--|--|---------|--|
| Name   |  | Agency  |  |
| Role   |  | Contact |  |
| Manager Name responsible for quality assuring the referral   |  |         |  |
| Is this referral subject to an internal/single agency review?  |  |         |  |
| Lessons learnt: <i>If appropriate please describe the lessons that have been learnt by your agency and any changes made as a result.</i> |  |         |  |
| Considerations: <i>For example, is there media interest? Are there criminal proceedings? Is the case linked to a complex abuse case?</i> |  |         |  |

| 6. Summary/minutes of One Panel Discussions and Decision |
|--|
|  |

| 7. One Panel Decision <i>(to be completed by One Panel Secretariat following meeting)</i> |     |                   |  |
|---|-----|-------------------|--|
| Meeting Date  | / / | OP recommendation |  |
| Follow up action  |     |                   |  |