

**Referral Form**

**INTRODUCTION**

The following information is for practitioners to consider when referring cases to be considered for Single Unified Safeguarding Reviews (SUSR). If you are making a referral, this form includes information about the legislative framework and guidance that informs the process. The expectation is that the referrer will discuss any referral with their Case Review Group member or Safeguarding Lead. **The referrer only needs to complete section A.**

The SUSR includes a range of review areas in line with [current statutory guidance](https://www.gov.wales/sites/default/files/publications/2024-12/single-unified-safeguarding-review-susr-statutory-guidance.pdf) and legislation including:

**Adult Practice Reviews;**

Abuse or neglect of an adult at risk is known or suspected within the area of the Safeguarding Board and that adult has:

* (i) died; or
* (ii) sustained potentially life-threatening injury; or
* (iii) sustained serious and permanent impairment of health

**Child Practice Reviews;**

Abuse or neglect of a child is known or suspected within the area of the Safeguarding Board, and the child has:

* (i) died; or
* (ii) sustained potentially life-threatening injury; or
* (iii) sustained serious and permanent impairment of health or development;

**Domestic Homicide Reviews;**

* The death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—
* (a) a person to whom s/he was related or with whom s/he was or had been in an intimate personal relationship, or
* (b) a member of the same household as her/himself,
* held with a view to identifying the lessons to be learnt from the death.
* [This includes where a victim took their own life (suicide) and the circumstances give rise to concern, for example they were suffering from domestic abuse].

**Mental Health Homicide Reviews;**

A homicide is committed, and the alleged perpetrator has been in contact with primary, secondary, or tertiary Mental Health services within the last year.

**Offensive Weapon Homicide Reviews**

(OWHR pilot closed – future criteria subject to findings of Pilot Evaluation)

**Multi-Agency Professional Forums (MAPFs)**

MAPFs can be used, if the criteria for a SUSR is not met.

MAPFs have two main purposes:

1. Case learning: facilitated discussion, consultation and reflection by practitioners, managers, or core groups, using a systems approach to examining and analysing individual current or no longer active cases. These may include complex cases where there have been good outcomes, current cases that have become stuck, or cases which cause professional concern or interest that do not meet the criteria for a SUSR.
2. Dissemination of new knowledge and findings: from multi-agency safeguarding audits and from SUSRs, inspections or other local or national sources, in order to ensure continuing local multi-professional learning and development.

Please refer to the relevant criteria above when completing the narrative section below. This will support the Case Review Group when making decisions. As the referrer you will be expected to attend the Case Review Group to present the referral, so an understanding of previous concerns and detail of the incident is provided. If there has been previous safeguarding concerns this information should be available either within the body of the referral or within your presentation. Members of the Case Review Group are expected to apply scrutiny to all referrals.

Any practitioner, agency or Board member can raise a concern about a case which may meet the criteria for a SUSR. Prior to making any referral, advice should be sought from the referrer’s Safeguarding Board representative. Assistance is available from the Safeguarding Board Business Unit about who to contact if required. The Case Review Group is the decision-making group which considers the reviews and determines whether cases meet the criteria. **Ultimately, decisions as to whether the case meets the below criteria rests with the Safeguarding Board Chair, as advised by the Case Review Group.**

**Part A –** to be completed by the **Referrer**

Please fill in all relevant fields with as much detail as possible:

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| --- | --- |
| **Date of Referral:** Click or tap to enter a date. | **Name of Referrer and Agency:** Click or tap here to enter text. |
| **Name of Adult/Child** (to include all alias’)**:** Click or tap here to enter text. | **Address:**Click or tap here to enter text.**Previous Addresses** (include any from the last 2 years):Click or tap here to enter text. |
| **Date of Birth:** Click or tap to enter a date. | **Date of Death/Incident:** Click or tap to enter a date. |

**Significant family members** (add as much detail as possible)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** (to include all alias’) | **Relationship to victim** | **Date of Birth** | **Address** |
| Click or tap here to enter name. | Choose an item.Other: Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |
| Click or tap here to enter name. | Choose an item.Other: Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |
| Click or tap here to enter name. | Choose an item.Other: Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |
| Click or tap here to enter name. | Choose an item.Other: Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |
| Click or tap here to enter name. | Choose an item.Other: Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |

**Details of any other significant person(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** (to include all alias’) | **Relationship to victim**(i.e. neighbour, friend etc) | **Date of Birth** | **Address** |
| Click or tap here to enter name. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |
| Click or tap here to enter name. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |
| Click or tap here to enter name. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter address. |

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| **Genogram** (if available)**:**  |
| **Brief outline of circumstances leading to referral:**To include information about the circumstances/incident which have led to the referral **and** relevant background/contextual information i.e.* The individual’s contact with the agency making the referral (summarised)
* incidents of concern (with a focus on the last 2 years)
* safeguarding interventions
* any other relevant information that could help inform CRG decision making
 |
| **Reason for your referral** (refer to criteria)**:**Please clearly identify how the circumstances meet one or more of the criteria as outlined in the introduction above. |

**Part B – To be completed by the CRG Member (or nominated individual)** This section must provide a brief overview of agency involvement.

**Brief overview of agency involvement:**

Tick the boxes that apply and provide a short summary of the agency involvement

[ ]  **Adult Services** (If yes, fill in the below summary section)

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| Please give a short summary of the agency involvement:  |

[ ]  **Child Services**

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| Please give a short summary of the agency involvement:  |

[ ]  **Education**

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| Please give a short summary of the agency involvement:  |

[ ]  **Health**

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| Please give a short summary of the agency involvement:  |

[ ]  **Housing**

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| Please give a short summary of the agency involvement:  |

[ ]  **VAWDASV Services**

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| Please give a short summary of the agency involvement:  |

[ ]  **Police**

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| Please give a short summary of the agency involvement:  |

[ ]  **National Probation Service**

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| Please give a short summary of the agency involvement:  |

[ ]  **Youth Justice Service**

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| Please give a short summary of the agency involvement:  |

[ ]  **Care Provider**

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| Please give a short summary of the agency involvement:  |

[ ]  **Third Sector**

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| Please give a short summary of the agency involvement:  |

[ ]  **Other, Please State:** Click or tap here to enter text.

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| Please give a short summary of the agency involvement:  |

**Part C - Decision Checklist –** to be completed by the Case Review Group

A key criterion for a SUSR is multi-agency learning, which is proportionate in its approach, and identifies clear recommendations that improve future service delivery and early intervention and prevention by the various partners/agencies involved. This is a key component when determining whether a SUSR is required.

Please only complete the relevant sections from the below decision checklists (Child/Adult/Mental Health/Domestic Homicide/Offensive Weapons).

Click on the arrows of relevant sections to expand and fill in:

**CHILD PRACTICE**

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| Abuse or neglect of a child is known or suspected within the area of the Safeguarding Board, and; |
| The child/young person has died [ ]   |
| OR the child/young person sustained a potentially life-threatening injury, **or;** [ ] sustained serious and permanent impairment of health or development [ ]   |
| *For Case Review Group – If the answer to the above questions are no please consider whether another process is more appropriate such as MAPF* |
| Was Abuse or Neglect potentially associated with the event detailed above? [ ]  |
| Was Abuse or Neglect suspected prior to the event detailed above? [ ]  |
| *For Case Review Group – If no, consider whether alternative types of review or learning process would be helpful for this case. If yes, a Single Unified Safeguarding Review should be considered.*  |
| Has the child/young person been on the Child Protection Register in the last 6 months? [ ]  |
| Has the child/young person been a Looked After Child in the last 6 months? [ ]  |
| Is there an indication that Abuse or Neglect was not recognised or shared with others? [ ]  |
| Is there an indication that Abuse or Neglect was not acted on appropriately? [ ]  |
| Was the child/young person abused in a regulated setting? [ ]  |
| If yes to above what (if any) action has the regulator taken? |
| Have you identified any learning relating to multiple organisations and/or is there a potential to identify and improve multi-agency practice and partnership working? [ ]  |

**ADULT PRACTICE**

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| Under section 126(1) Social Services and Well-being (Wales) Act 2014 defines an adult at risk for the purposes of this Part, is an adult who—(a) is experiencing or is at risk of abuse or neglect,(b) has needs for care and support (whether the authority is meeting any of those needs), and(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.Does the adult meet the above definition? [ ] **If you have answered NO to any of the above questions then this person is not an adult at risk and this referral cannot proceed any further.**  |
| Abuse or neglect of an adult at risk is known or suspected within the area of the Safeguarding Board and; |
| The person has died [ ]  |
| OR, the person sustained a potentially life-threatening injury, or; [ ]  sustained serious and permanent impairment of health [ ]  |
| *For Case Review Group – If the answer to the above questions are no, please consider whether another process is more appropriate such as MAPF* |
| Was Abuse or Neglect potentially associated with the event detailed above? [ ]  |
| Was Abuse or Neglect suspected prior to the event detailed above? [ ]  |
| *For Case Review Group – If no, consider whether alternative types of review or learning process would be helpful for this case. If yes, a Single Unified Safeguarding Review should be considered.* |
| Is there an indication that Abuse or Neglect was not recognised or shared with others? [ ]  |
| Is there an indication that Abuse or Neglect was not acted on appropriately? [ ]  |
| Has the Adult at Risk been a person in respect of whom a local authority has determined to take action to protect from abuse or neglect in the last 6 months? [ ]   |
| Was the person abused in a regulated setting? [ ]  |
| If yes to above what (if any) action has the regulator taken? |
| Has this case been subject to an Adult Protection Investigation? [ ] If yes, what was the outcome? |
| Have you identified any learning relating to multiple organisations and/or is there a potential to identify and improve multi-agency practice and partnership working? [ ]  |

**DOMESTIC HOMICIDE**

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| Under section 9(1) of the Domestic Violence, Crime and Victims Act 2004, domestic homicide review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—(a) a person to whom s/he was related or with whom s/he was or had been in an intimate personal relationship, or(b) a member of the same household as her/himself,held with a view to identifying the lessons to be learnt from the death.[This includes where a victim took their own life (suicide) and the circumstances give rise to concern, for example they were suffering from domestic abuse].Where the definition set out in this paragraph has been met, then a Domestic Homicide Review should be undertaken.Do the circumstances meet the above definition? [ ]  |
| Paragraph 21 of the Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews states: ‘Any professional or agency may refer such a homicide [to the Community Safety Partnership (CSP)] in writing if it is believed that there are important lessons for inter-agency working to be learned.’To note the SUSR process at this referral stage departs for the Domestic Homicide Review process and all referrals are made to the **Safeguarding Board, not the CSP.** See Appendix Two of the [SUSR Statutory Guidance](https://www.gov.wales/single-unified-safeguarding-review-guidance) October 2024. |
| Paragraph 5.4 of the [SUSR Statutory Guidance](https://www.gov.wales/single-unified-safeguarding-review-guidance) October 2024 also states:‘The Case Review Group should determine whether the case meets the criteria for a SUSR. This decision should be ratified by the Safeguarding Board Chair (and the Chair of the Community Safety Partnership if it involves a Domestic or Offensive Weapon Homicide). The Chair of the Safeguarding Board should notify Welsh Government and the Home Office if required, of the decision’. |

**MENTAL HEALTH HOMICIDE**

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| A homicide is committed, and the alleged perpetrator has been in contact with primary, secondary, or tertiary Mental Health services within the last year.In this criteria ‘contact’ may include an assessment or intervention. Specific consideration must also be given to the Mental Health (Wales) Measure 2010[[1]](#footnote-1) which defines the provision of mental health services to patients in specific situations. |

**OFFENSIVE WEAPONS HOMICIDE**

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| (OWHR pilot closed – future criteria subject to findings of Pilot Evaluation) |

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| **Has any other review been requested or undertaken?** Include information about single agency reviews or decision to carry out MAPF:  |
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**Part D –** to be completed by the **Chair of the Case Review Group**

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| **Recommendation of the Case Review group Chair** (including what needs to be included in review)**:** |
| **Reason for Decision:** |
| **Signature:** | **Date:** |
| **Confirmation of Community Safety Partnership Chair agreement to include domestic homicide within the SUSR:**[ ]  |
| **Signature:**  | **Date:**  |

**Decision of the Chair of Safeguarding Board (when a domestic homicide isn’t included)**

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| I agree with the recommendation [ ]  |
| I agree with the recommendation with the following amendments [ ] Click or tap here to enter text. |
| I disagree with the recommendation [ ] Reasons why and proposed action: Click or tap here to enter text. |

**Signature**: Click or tap here to enter text.

**Title**: Click or tap here to enter text.

**Date**: Click or tap to enter a date.

**Telephone number**: Click or tap here to enter text.

**Decision of the Chair of Safeguarding Board (when a domestic homicide is included – see 6.40 of the** [**SUSR Statutory Guidance**](https://www.gov.wales/single-unified-safeguarding-review-guidance)**)**

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| Chairs agree with the recommendation [ ]  |
| Chairs agree with the recommendation with the following amendments [ ] Click or tap here to enter text. |
| Chairs disagree with the recommendation [ ] Reasons why and proposed action: Click or tap here to enter text. |
| No consensus agreed by Chairs on the proposed way forward, therefore referral made to Home Office [ ]  |

**Signatures**: Click or tap here to enter text.

**Titles**: Click or tap here to enter text.

**Date**: Click or tap to enter a date.

**Telephone numbers**: Click or tap here to enter text.

**In discussion with Chair of Review Panel**

**Date information to be presented to the Safeguard Board**: Click or tap to enter a date.

**Date information sent to Welsh Government (SUSR Coordination Hub)**: Click or tap to enter a date.

**Coroner’s Office notified (in the case of a death)**: Click or tap to enter a date.

1. [Mental Health (Wales) Measure 2010](https://www.legislation.gov.uk/mwa/2010/7/contents) [↑](#footnote-ref-1)