

Referral for consideration of a Domestic Homicide Review

The Shropshire Safeguarding Community Partnership (SSCP) will consider every referral on the basis of whether it meets the criteria outlined below. **Please ensure this form is typed and sent by secure email to the address at the end of this form.**

**Referral Criteria**

Agencies should inform the SSCP Business Unit of:

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| **Domestic Homicide Review Criteria** |
| A 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— 1. a person to whom he[[1]](#footnote-1) was related or with whom he was or had been in an intimate personal relationship, or

(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death. |

Professionals should discuss the case with their agency’s designated safeguarding lead/officer to help formulate the rationale. If you need advice completing this form please contact us: our phone and email address are included at the end of this form. **A referral should be made as soon as possible after the serious incident occurs.**

**Background Information**

Name of Person:

Date of Referral:

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| **Please account for any delay in the referral to SSCP for consideration of a Domestic Homicide Review:** |
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**Agency Referral**

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| --- | --- | --- |
| **NAME** | **AGENCY &** **DESIGNATION/TITLE** | **CONTACT DETAILS – Address, telephone number and e-mail address** |
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**Please give the details of the designated safeguarding lead/officer with whom you have discussed the case.**

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| **NAME** | **AGENCY & DESIGNATION/TITLE** | **CONTACT DETAILS – Address, telephone number and e-mail address** |
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**Section 1: Brief Overview of Person and Family Composition**

* 1. **Person’s Details**

|  |  |
| --- | --- |
| Name of  |  |
| Date of Birth & Age |  |
| Home Address |  |
| Gender |  |
| Ethnic Origin |  |
| Faith/Religion |   |
| Disability  |  |
| Other Protected Characteristics(as identified by the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)) |  |
| Care and support needs/significant medical information |  |
| Details of General Practitioner:  |  |
| If the person a child, please provide details of their education/childcare provision. |  |
| Date of Death or Serious Incident (please specify which) |  |
| Is the person subject of a statutory intervention, or have they been previously? | [ ]  Children Social Care (including Leaving Care)[ ]  Children’s Targeted Early Help Services[ ]  Adult Social Care[ ]  Mental Health[ ]  Criminal Justice[ ]  OtherIf you have checked a box, please specify the type of intervention and dates where known. |

* 1. **Alleged Perpetrator’s details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth & Age |  |
| Home Address |  |
| Gender |  |
| Ethnic Origin |  |
| Faith/Religion |   |
| Disability  |  |
| Other Protected Characteristics(as identified by the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)) |  |
| Care and support needs/significant medical information |  |
| Details of General Practitioner:  |  |
| If the person a child, please provide details of their education/childcare provision. |  |
| Relationship to the deceased |  |
| Is the person subject of a statutory intervention, or have they been previously? | [ ]  Children Social Care (including Leaving Care)[ ]  Children’s Targeted Early Help Services[ ]  Adult Social Care[ ]  Mental Health[ ]  Criminal Justice[ ]  OtherIf you have checked a box, please specify the type of intervention and dates where known. |

* 1. **Other agencies known to be involved with the person and any alleged perpetrators**

Please ensure you make agencies involved aware of this referral

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| --- | --- | --- |
| **Agency** | **Contact Details: Address, Telephone and E-mail** | **Reason for involvement****(include whether current or not)** |
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**1.3 Details of Family Members and any Significant Others**

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| --- | --- | --- | --- |
| **Name and Address** | **Relationship to Person** | **Date of Birth** | **Agencies known to be involved (where relevant)** |
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| Are there any other child or adult safeguarding concerns for family members or significant others and have appropriate safeguarding processes been followed? (If so, please explain) |  |
| Do you have any concerns about immediate family members being contacted if the case meets the criteria for a review? (If so, please explain) |  |

**1.4 Parallel Reviews/Investigations**

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| Is this case known to be the subject of a criminal investigation? (If so, who is the lead investigator?) |  |
| Is this case known to be the subject of a Coroner’s Inquiry? (If so, who is the key contact?) |  |
| Is this case known to be the subject of any other reviews? | [ ]  Domestic Homicide Review (DHR) [ ]  Multi Agency Public Protection Arrangements (MAPPA) review[ ]  Child Safeguarding Practice Review (CSPR)[ ]  Learning Disabilities Mortality LeDeR Review[ ]  Independent Investigation Report (mental health homicide review)[ ]  Serious Further Offence Review Process (Probation)[ ]  Safeguarding Adult Review (SAR)[ ]  Single Agency Review (please specify)[ ]  Other (please specify)Date review commenced:Date review completed:Please provide details including recommendations where known: |

**Section 2: Case Background**

*PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a Domestic Homicide Review or other type of learning review.*

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| **Please provide a brief outline of the person, their circumstances and details of any single or multi-agency involvement (including whether the resolution escalation policy has been followed) that is relevant to the incident that triggered this referral:** |
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***Please use the chronology table below to outline any key events around the time of the incident.***

*PLEASE NOTE: This should only include key events and DOES NOT need to be a detailed chronology at this stage.*

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| --- | --- |
| **Date and Time** | **Event** |
|  |  |

**Section 3: Factors suggesting criteria are met**

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| **Please outline the factors that suggest the relevant criteria are met:**Please refer to the front page of this referral form and include **in detail** how you feel the circumstances meet the criteria for consideration of a Domestic Homicide Review **responding fully to each separate criteria.** |

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| **Consideration for Domestic Homicide Review** |
| The death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by— 1. a person to whom he2 was related or with whom he was or had been in an intimate personal relationship. *Specify below*
 |
| **OR** |
| (b) a member of the same household as himself. *Specify below* |

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| **Please add any additional information you think may be relevant and may assist decision-making:** |
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***NOTE: THE ABOVE SHOULD FOLLOW A DISCUSSION WITH A NOMINATED MANAGER OR SAFEGUARDING LEAD / OFFICER IN YOUR AGENCY****.*

**Section 4: Advice and Submission of this Form**

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|  If you require advice on the completion of this form please contact the SSCP Business Unit on  01743 254259. Completed referral forms should be sent securely to SSCPbusinessunit@shropshire.gov.uk |

***Please refer to the Shropshire CSPR, SAR and DHR Process Flowchart for further information of the post referral process.***

1. Section 6 of the Interpretation Act 1978 - words importing the masculine gender includes the feminine [↑](#footnote-ref-1)