

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.  Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable. |

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 who has quality assured the information given in this form.**

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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**

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| --- | --- |
| 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  Other  If 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  Other  If 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.*

|  |  |
| --- | --- |
| **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](mailto: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)