**ADULT PRACTICE REVIEW REFERRAL FORM**

The information provided in this referral will be used to decide whether a case should be the subject of an Adult Practice Review or a Multi-agency Professional Forum.

Before submitting this referral, please ensure the following has been completed:

* Pages 12 and 21 from the ‘Social Services and Well-being (Wales) Act 2014 Working Together to Safeguard People: Volume 3 – Adult Practice Reviews’ [file:///C:/Users/C771279/AppData/Local/Microsoft/Windows/INetCache/IE/XNZ07D2Q/Working-Together-to-Safeguard-People-Volume-3-Adult-Practice-Reviews.pdf](file:///C%3A/Users/C771279/AppData/Local/Microsoft/Windows/INetCache/IE/XNZ07D2Q/Working-Together-to-Safeguard-People-Volume-3-Adult-Practice-Reviews.pdf) has been read and the referrer is satisfied that this case meets the criteria for a review
* The referrer has provided as much detail as possible on this case

The Child and Adult Practice Review (CPR/APR) Sub Group will consider this referral and forward recommendations to the Co-Chairs of the Cardiff and Vale Regional Safeguarding Adults Board (C&V RSAB) who will ultimately make the final decision on what type (if any) review is convened.

|  |
| --- |
| **DETAILS OF THE REFERRER** |
| **Name & Role of Referrer:** |  |
| **Agency:** |  | **Date of Referral:** |  |
| **Email Address:** |  | **Tel number:** |  |
| **DETAILS OF THE ADULT AT RISK** |
| **Name of Adult at risk:** |  |
| **Address:** |   |
| **Previous Addresses of the Adult at risk (***last two years)***:** |  |
| **Date of Birth:** |  | **Date of Death/Incident:** |  |
| **Name, Address and DOB of relevant family members:** |  |
| **RATIONALE****FOR****REFERRAL** *(please include details of the event that lead to the referral and why this case meets the criteria for a Adult Practice Review)* |
|  |
| **PLEASE COMPLETE THE FOLLOWING CHECKLIST** |
| **Has the adult at risk died?** | **Yes** |  | **No** |  |
| If no, has the adult at risk sustained potentially life threating injury, or; has the adult at risk sustained serious and permanent impairment of health or development? | **Yes**  |  | **No** |  |
| If yes, please provide details and cause of death (if known): |
| **Was abuse or neglect potentially associated with the event detailed above?**  | **Yes** |  | **No** |  |
| **Was abuse or neglect suspected prior to the event detailed above?** | **Yes** |  | **No** |  |
| **Has the adult at risk been a person in respect of whom a local authority has detemined to take action to protect them from abuse or neglect following an enquiry by a local authority?**  | **Yes** |  | **No** |  |
| **DETAILS OF ANY OTHER REVIEWS/INVESTIGATIONS REQUESTED OR UNDERTAKEN** *(please write N/A if this does not apply):* |
|  |
| **OTHER AGENCY INVOLVEMENT** |
| **Do you know of any involvement of other agencies?** | **Yes** |  | **No** |  |
| **AGENCY** | **PLEASE TICK IF INVOLVED** | **AGENCY** | **PLEASE TICK IF INVOLVED** |
| **Police** |  | **Adult Services** |  |
| **Education** |  | **Public Health Wales** |  |
| **Local Health Board** |  | **CAFCASS Cymru** |  |
| **National Probation Service** |  | **Housing** |  |
| **Wales Community Rehabilitation Company** |  | **Fire Service** |  |
| **Youth Offending Service** |  | **Welsh Ambulance Service NHS Trust**  |  |
| **Other** |  | **Third Sector Agencies** *(please detail below)* |  |
| Please give details of any other agencies involved: |
| **OVERVIEW OF AGENCY INVOLVEMENT** *(completion of this is the responsibility of CPR/APR Sub Group members)* |
| **Adult Services:**  |
| **Education:** |
| **CMHT/CAMHS:** |
| **Health:**  |
| **Police:** |
| **National Probation Service:** |
| **Wales Community Rehabilitation Company:** |
| **YOS:** |
| **Other** *please specify***:**  |
| **TO BE COMPLETED BY THE CHAIR OF THE C&V RSB CPR/APR SUB GROUP** |
| **Date of CPR/APR Sub Group** |  |
| **Criteria met for Extended APR**  | **Yes** |  | **No** |  |
| **Criteria met for Concise APR**  | **Yes** |  | **No** |  |
| **Other review considered** | **Yes** |  | **No** |  |
| **Recommended alternative review**  |  |
| **REASONS FOR DECISION** |
|  |
| **Signature of CPR/APR Sub Group Chair**  | **Date** |
|  |  |

The referrer should give as much detail as possible on this referral and will be invited to a CPR/APR Sub Group meeting to present their referral.

This referral should be submitted to the C&V RSB Business Unit on CardiffandValeRSB@cardiff.gov.uk

It is the responsibility of the C&V RSB CPR/APR Sub Group member, once they have received the referral from the C&V RSB Business Unit, to ensure their agency has given a detailed summary if involved in this case.

The C&V RSB Business Unit will notify the referrer of the final decision.