**CARDIFF & VALE SAFEGUARDING BOARDS**

**CARDIFF & VALE SAFEGUARDING BOARDS - PRACTICE REVIEW REFERRAL FORM**

An Adult or Child Practice Review will be considered by the Cardiff and Vale Safeguarding Boards in any of the following cases where abuse or neglect is known or suspected and the child or adult at risk has:

* died; or
* sustained potentially life threatening injury; or
* sustained serious and permanent impairment of health or development

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Referrer:** | |  | | **Agency:** |  |
| **Name of Child/Adult:** | |  | | | |
| **Address:** | |  | | | |
| **Date of Birth:** | |  | **Date of Death (if appropriate):** | |  |
| **Cause of Death (if known):** | | | | | |
|  | | | | | |
| **Detail of Event leading to Referral:** | | | | | |
| **Rationale for Referral:** | | | | | |
| **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 determined to take action to protect from abuse or neglect in the last 6 months?** Yes/No | | | | | |
| **Has the Child:**  **Been on the Child Protection Register in the last 6 months?** Yes/No  **Been a Looked After Child in the last 6 months?** Yes/No | | | | | |
| **BRIEF OVERVIEW OF AGENCY INVOLVEMENT** | | | | | |
| **Adult Services:** | | | | | |
| **Children Services:** | | | | | |
| **Education:** | | | | | |
| **CMHT/CAMHS:** | | | | | |
| **Health:** | | | | | |
| **Police:** | | | | | |
| **Probation:** | | | | | |
| **YOS:** | | | | | |
| **Other:** please specify | | | | | |
|  | | | | | |
| **TO BE COMPLETED BY THE CHAIR OF THE WBSB ADULT/CHILD REVIEW GROUP:** | | | | | |
| CRITERIA MET (YES/NO) |  | | | | |
| REASONS FOR DECISION |  | | | | |

This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg