Serious Child Safeguarding Incidents Referral Form

The criteria for when the local authority or one of its safeguarding partners should notify the Safeguarding Children Partnership (SCP) of a serious child safeguarding incident are set out in [Working Together 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778224/Working_Together_to_Safeguard_Children_2018.pdf). This form should, therefore, be completed to notify the SCP when the local authority or a safeguarding partner becomes aware of a notifiable [serious child safeguarding incident.](https://www.gov.uk/guidance/report-a-serious-child-safeguarding-incident)

In conducting a rapid review, as well as seeking to establish whether the criteria for a Child Safeguarding Practice Review is met, the SCP must also consider whether there are any identified issues which are complex or of national importance such that a national review may be appropriate.

Each agency should ensure that serious child safeguarding incidents are brought to the attention of the Leicester City or Leicestershire & Rutland SCP using this form. Please ensure that a robust assessment of the criteria is included and whether an alternative learning review or audit could yield useful learning. All cases that are being considered for notification should be notified to your agency’s Safeguarding Lead as soon as possible so that it can be ensured that the relevant information known to the agency is made available and shared appropriately with the relevant SCP Case Review Group (CRG).

 **Please send the completed form to the Children’s Safeguarding Lead Person in your agency.**

After considering the referral, the Safeguarding Lead Person will forward any cases for consideration to either:

**Leicester City Safeguarding Children Partnership Board Business Office**

Email: LSCPB@leicester.gov.uk

Or by post: Leicester Safeguarding Children Partnership Board,

 Town Hall,

 Town Hall Square

 Leicester

 LE1 9BG

**Leicestershire and Rutland Safeguarding** **Partnerships Business Office**

Email: lrspbo@leics.gov.uk

Or by post: Leicestershire & Rutland Safeguarding Partnerships Business Office

Room 100,

County Hall,

Glenfield,

Leicester,

LE3 8RF

**REFERRER’S DETAILS**

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| --- | --- | --- |
| **NAME** | **AGENCY / ORGANISATION & ROLE** | **CONTACT DETAILS – Address, telephone number and email address** |
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**Date of referral to Safeguarding Lead:**

**Signed:**

**SAFEGUARDING LEAD’S DETAILS**

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| **NAME** | **AGENCY / ORGANISATION & DESIGNATION** | **CONTACT DETAILS – Address, telephone number and email address** |
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**Date of referral to SCP:**

**Signed:**

*Please note that as the Safeguarding Lead for your agency / organisation you may be required to present the referral at the Case Review Group which currently meets monthly*.***SECTION 1***

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| *Please indicate which Safeguarding Children Partnership is responsible for considering this case.* |
|  ***Leicester City***  |  |  ***Leicestershire & Rutland***  |  |

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| *Have you previously notified the Safeguarding Lead or the relevant SCP Business Office of this case* ***YES/NO*** |
| **Where it is identified that the case meets the criteria for a rapid review this form should be completed and sent to the relevant SCP Business Office within 48 hours. The criteria for rapid reviews can be found here:** [serious child safeguarding incident.](https://www.gov.uk/guidance/report-a-serious-child-safeguarding-incident)*NB: Where it is not clear whether the case meets the criteria for a rapid review the referrer should consult with the relevant SCP Business Office and complete the form* ***within 5 working days,*** *answering* ***all*** *questions within section 1.4.* |

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| **Have you already notified the local authority of this serious child safeguarding incident? YES/NO****Has a** [**serious child safeguarding incident notification**](https://www.gov.uk/guidance/report-a-serious-child-safeguarding-incident) **been made by the local authority or another agency to the CSPR National Panel as required (within 5 working days). YES/NO*****NB: The SCP should be notified at the same time as any such incident is notified to the CSPR National Panel.*** |

**1.1 BRIEF INFORMATION OF FACTS AND FAMILY COMPOSITION**

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Date of Death or Serious Incident |  |
| Home address |  |
| Ethnic Origin |  |
| Faith/Religion (if known) |  |
| Does the child have a known disability? |  |
| Is the child/young person subject to a child protection plan or has been previously?(If so when, for what and for how long?) |  |
| Address of location of incident(s) |  |
| Who was responsible for their care at time of incident? |  |
| Is this case known to be the subject of a criminal investigation? (If so who is the lead investigator?) |  |
| Are there any linked cases? If so, could this case form part of an investigation involving multiple victims or offenders?  |  |
| Is this case known to be the subject of a Coroner’s Inquiry? (If so who is the key contact?) |  |
| Are there any other parallel process taking place? E.g. family court proceedings, domestic homicide, further serious incident review |  |
| Are there any adult safeguarding concerns and have these been shared with the local authority Adult Social Care? (If so who is the key contact?) |  |

**1.2 FAMILY DETAILS**

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| --- | --- | --- | --- | --- | --- |
| Name | Relationship to Child | Date of Birth | Legal Status | Ethnic Origin | Child Protection Status[[1]](#footnote-1) |
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**Are there any other family members who live elsewhere or relevant carers/household linked with the case?**

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| Name | Relationship to Child | Date of Birth | Legal Status | Ethnic Origin | Address |
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**1.3 OTHER AGENCIES / ORGANISATIONS KNOWN INVOLVEMENT**

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| Agency | Name, Role, Contact Details(Email, Address and Telephone) | Reason for involvement |
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| **1.4 BRIEF synopsis of case*****Please outline the events and circumstances that triggered the notification of the serious child safeguarding incident to the SCP.*** *PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a Rapid review or Case Review.* |
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| The criteria (*Please tick all that apply)*The SCP should undertake a rapid review and consider whether the criteria for a Child Safeguarding Practice Review is met: [ ]  Abuse or neglect of a child is known or suspected; andEither; [ ]  The child has diedOr [ ]  The child has been seriously harmed and  [ ]  There is cause for concern as to the way in which the authority, their partners or other relevant persons have worked together to safeguard the child. |

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| **Are there any concerns about the inter-agency response?** |
| *Highlight within the information anything that may particularly indicate:* * *improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified*
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| **Are there any identified issues which are complex or of national importance such that a national review may be appropriate?** |
| *Highlight within the information anything that may indicate:* * *issues requiring legislative change or changes to guidance issued under (or further to) any enactment*
* *recurrent themes in the safeguarding and promotion of the welfare of children*
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| **The analysis (*in line with the above criteria)*** |
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| **What is your expected outcome from this notification of the serious child safeguarding incident to the SCP?** |
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***Please use the chronology table below to outline any 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 |
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***SECTION 2 – REPORT ON RAPID REVIEW TRAWL INFOMATION***

**AGENCY TRAWL RESPONSE AND SUMMARY INFORMATION FOR RAPID REVIEW**

| **Agency Details** | **Date Of Return** | **Known To Agency?** | **Period**  | **Summary Information** |
| --- | --- | --- | --- | --- |
| **Y** | **N** | **From****mm/yy** | **To****mm/yy** |
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| **SUMMARY/ANALYSIS – based on the Trawl outcome and threshold criteria for Child Safeguarding Practice Review** |
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| **Completed by:**  |  |
| **Date:** |  |

**SECTION 3 – OUTCOME OF RAPID REVIEW –** *TO BE COMPLETED BY RAPID REVIEW GROUP*

**After reviewing the information from the Rapid Review, it is agreed that this case:**

1. **Meets** the threshold for a Child Safeguarding Practice Review [ ]

**OR**

1. **Does not meet** the threshold for a Child Safeguarding Practice Review [ ]

**and this case is recommended for one of the following** **approaches**[[2]](#footnote-2):

* Significant Incident Learning Process (SILP) [ ]
* Multi-Agency Case Review [ ]
* Multi-Agency Case File Audit (MACFA) [ ]
* Single Agency Practice Review [ ]
* Single Agency Audit [ ]
* Peer Review [ ]
* Alternative Reflective Review [ ]
* Remain with CDOP [ ]
* Other (please specify) [ ]

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| **This outcome is recommended to the Independent Advisor for the following reasons:***(Please ensure you detail how the criteria for a CSPR was met or was not met and any opposing views)* |
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| **Are there any** **identified issues which are complex or of national importance such that a national review may be appropriate?** *Highlight within the information anything that may indicate:* * *issues requiring legislative change or changes to guidance issued under (or further to) any enactment*
* *recurrent themes in the safeguarding and promotion of the welfare of children*
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| **Are there any areas of immediate learning or further exploration identified? Is there any immediate action required to safeguard this child or any other child/ren?** |
| * *Please highlight within the information anything that may indicate:*
* *Any immediate learning already established from the R.R. and plans for their dissemination;*
* *Any further learning that may result from a review process*
 |
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**Members of the Rapid Review Group who took part in this decision,** *please record any dissent***:**

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| Name  | Role | Agency | Dissent? |
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| **Has Legal advice been sought?** *Please give details and on what basis.* |
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**Signed *(Rapid Review Group Chair)*:**

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| **Name:** |  |
| **Title/Role:** |  |
| **Agency/Organisation:** |  |
| **Date:** |  |

***SECTION 4 –*** *TO BE COMPLETED BY THE SCP INDEPENDENT ADVISOR*

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| **My decision is that a Child Safeguarding Practice Review should / should not take place for the following reasons:** |
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| **The following issues are complex or of national importance such that a national review may be appropriate.** |
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| **Where a local review appears appropriate the following methodology is recommended, and the following issues should be considered in the Terms of Reference:** |
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| **Signed:** |  |
| **SCP IA:** |  |
| **Date:** |  |

1. Are they subject to a child protection plan (or have they been previously), is there any legal order in place? (If so when, for what and for how long?). [↑](#footnote-ref-1)
2. **Definition of terms**

**Review**: Is an evaluation designed to identify potential service delivery and procedural improvements.

**Audit**: The process of systematic examination carried out to assess how successfully processes have been implemented. [↑](#footnote-ref-2)