

Case Referral for a Child Safeguarding Practice Review

(This form is to be completed to notify statutory safeguarding partners of a case to be considered for a potential child safeguarding practice review)

#  Criteria for a Child Safeguarding Practice Review / other learning

Serious child safeguarding cases are those in which:

* abuse or neglect of a child is known or suspected and
* the child has died or been seriously harmed.

Serious harm includes (but is not limited to) serious and/or long-term impairment of a child’s mental health or intellectual, emotional, social or behavioral development. It should also cover impairment of physical health.

Any individual or organization working with children can refer a case they think should be considered for a Child Safeguarding Practice Review (or other type of learning) using this form.

Professionals should discuss the case with their agency 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 child** |  |
| **Date of referral** |  |

#  Agency referral

|  |  |  |
| --- | --- | --- |
| **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 which you have discussed the case.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency & Designation/Title** | **Contact details – address, telephone number and e-mail address** |
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#  Section 1: Brief overview of child and family composition

* 1. **Child’s Details**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Home address |  |
| Gender |  |
| Ethnic Origin |  |
| Faith/Religion |  |
| Disability |  |
| Is the child/young person looked after? |  |
| Is the child/young person subject to a child protection plan or has been previously? (If so when, for what and for how long?) |  |
| Is the child/young person open to Children’s Social Care (if so, who is the lead practitioner)? |  |
| Date of Death or Serious Incident (please specify which) |  |
| Address of location of incident |  |
| Carer at time of incident |  |
| 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?) |  |
| Are there any adult safeguarding concerns and have these been shared via completing an adult safeguarding referral? (If so, who is the key contact? |  |

* 1. **Details of Family Members and any Significant Others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address** | **Relationship to Child** | **Date of Birth** | **Legal Status** | **Ethnic Origin** |
|  |  |  |  |  |
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| **What action has been undertaken to safeguard and protect any siblings of the child who is the subject of this referral?** |
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* 1. **Other agencies known to be involved**

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| --- | --- | --- |
| **Agency** | **Contact details: address, telephone and e-mail** | **Reason for involvement (include whether current or not)** |
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 **Section 2: Case Background**

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

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| **Please provide a brief outline of the child and family circumstances and the incident that triggered this referral:** |
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| **Please outline why you are making this referral:** |
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***Ple*ase 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.*

|  |  |
| --- | --- |
| Date and time | Event |
| DD.MM.YY – HH:MM |  |
| DD.MM.YY – HH:MM |  |
| DD.MM.YY – HH:MM |  |
| DD.MM.YY – HH:MM |  |
| DD.MM.YY – HH:MM |  |
| DD.MM.YY – HH:MM |  |

**Section 3: Advice and Submission of this Form**

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| **Please add any additional information you think may be relevant and may assist decision making:** |
|  |

NOTE: This form should be submitted following a discussion with a nominated manager or safeguarding advisor in your agency.

The completed form should be sent to the RBWM Safeguarding Partnership at

Safeguarding.Partnership@rbwm.gov.uk