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| **Referral for Case Review Group** |
| ***A case should be referred to the Case Review Sub-Group where there is a concern regarding a particular practice area and/or concerns as to how agencies have worked together to safeguard a child***This form to be returned to: sharon.mitchell@cumbria.gov.ukAddress: Cumbria House, 117 Botchergate, Carlisle, CA1 1RDThe referring agency representative is to complete the sections for which their agency has information. ***Serious Case Review Criteria:******A serious case is one where:-***1. ***abuse or neglect of a child is known or suspected; and***
2. ***either – (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the Authority, their Board partners or other relevant person have worked together to safeguard the child.***

***Definition of Serious Harm:******Seriously harmed includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:-**** ***a potentially life-threatening injury;***
* ***serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.***

***This definition is not exhaustive. In addition, even if a child recovers, this does not mean that serious harm cannot have occurred. LSCBs should ensure that their considerations on whether serious harm has occurred are informed by available research evidence.*** |

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| 1. **Child's details**
 |
| Name |  | DOB |  |
| DOD (if applicable) |  | Date of incident |  |
| Gender |  | Age |  |
| Ethnicity |  | Religion |  |
| Mother's name and DOB |  | Father's name and DOB |  |
| Address of child |  |
| Names and DOB of siblings |  |
| Address of incident (or death)  |  |
| Names of others resident at child’s address |  |
| 1. **Referral details**
 |
| Date of referral |  |
| Name of referrer |  |
| Agency |  |
| Address |  |
| Telephone No |  |
| Email |  |
| 1. **Agencies you know to be involved**
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| Agency/Professional | Name, address & telephone number | Date of first contact | Date of most recent contact |
| Police |  |  |  |
| Children's social care |  |  |  |
| School/nursery, etc |  |  |  |
| Children's centres |  |  |  |
| Health visitor |  |  |  |
| GP |  |  |  |
| School nurse |  |  |  |
| Hospital/specialist health provision |  |  |  |
| Inspira |  |  |  |
| CAMHS |  |  |  |
| Probation |  |  |  |
| Other (please specify) |  |  |  |
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| **4. Brief outline of your agency involvement with the child/family** |
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| 1. **Brief outline of case (also include if any other review is being undertaken as a result of this incident). Outline characteristics of the case:-**
* **Domestic Violence**
* **Drug Abuse**
* **Sexual Abuse**
* **Neglect**
* **Physical Abuse**
* **Child Sexual Exploitation**
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| **6. Provide your rationale as to why the case/incident meets the SCR Criteria (see definitions)** |
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| **7. Have you or your organisations made any immediate changes as a direct result of the incident?** |
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***RESPONSE TO REFERRER***

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| **For completion by LSCB Office following Case Review Sub-Group discussion** |
| Date of meeting |  |
| Further information required from |  |
| Actions taken and why |  |