

# Referral for a Child Safeguarding Practice Review

## Criteria for Child Safeguarding Practice Reviews

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 behavioural development. It should also cover impairment of physical health[[1]](#footnote-1). **Any individual or organisation working with children should inform the relevant Safeguarding Partners[[2]](#footnote-2) of any incident they think should be considered for a Child Safeguarding Practice Review, or other type of learning review, using this form.**

Professionals should discuss the case with their agency’s 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[[3]](#footnote-3)

|  |  |  |
| --- | --- | --- |
| **NAME**  | **AGENCY & DESIGNATION/TITLE**  | **CONTACT DETAILS – Address, telephone number and e-mail** **address**  |
|       |   |   |

 **Please give the details of the designated safeguarding lead/officer with whom you have discussed the case.**

|  |  |  |
| --- | --- | --- |
| **NAME**  | **AGENCY & DESIGNATION/TITLE**  | **CONTACT DETAILS – Address, telephone number and e-mail** **address**  |
|      |   |   |

## Section 1: Brief Overview of Child and Family Composition

### 1.1 Child’s Details

|  |  |
| --- | --- |
| Name of Child  |   |
| Date of Birth & Age  |   |
| Home Address  |   |
| Gender  |   |
| Ethnic Origin  |   |
| Faith/Religion  |   |
| Disability  |   |
| Is the child/young person looked after?  |   |
| Is the child/young person currently subject to a child protection plan, or have they been previously? (If so when, for what and for how long?)  |   |
| Is the child/young person open to Children’s Social Care or a Children & Families Practice (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 an Adult referral form? (If so, who is the key contact?)  |   |

### 1.2 Details of Family Members and any Significant Others

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address**  | **Relationship to Child**  | **Date of Birth**  | **Legal Status**  | **Ethnic Origin**  |
|    |   |   |   |   |
|    |   |   |   |   |
|    |   |   |   |   |

|  |
| --- |
| **What action has been undertaken to safeguard and protect any siblings of the child who subject of this referral?**  |
|       |

**1.3 Other Agencies Known to be Involved**

|  |  |  |
| --- | --- | --- |
| **Agency**  | **Contact Details: Address, Telephone and E-mail**  | **Reason for involvement (include whether current or not)**  |
|     |   |   |
|     |   |   |
|     |   |   |

**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 review.*

|  |
| --- |
| **Please provide a brief outline of the child and family circumstances and the incident that triggered this referral:**  |
|            |

|  |
| --- |
| **Please outline why you are making this referral:**  |
|            |

***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.*

|  |  |
| --- | --- |
| **Date and Time**  | **Event**  |
|             |      |

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

***NOTE: THE ABOVE SHOULD FOLLOW A DISCUSSION WITH A NOMINATED MANAGER OR SAFEGUARDING LEAD / OFFICER IN YOUR AGENCY****.*

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

 For advice or support on completion of this form, please contact: Sharon Mitchell, CSCP Child Death & Case Review Co-ordinator: Sharon.mitchell@cumbria.gov.uk

***A multi-agency Rapid Review of your referral will be undertaken and you will be informed of the outcome****.*

1. Child perpetrators may also be the subject of a review, if the definition of ‘serious child safeguarding case’ is met. [↑](#footnote-ref-1)
2. The formal Safeguarding Partners are the CCG, police and the local authority. Details of where to send this form are included at the end of the form. [↑](#footnote-ref-2)
3. Please note that, as the referrer, you may be required to present the referral at the local Child Safeguarding Practice Review Group.

 [↑](#footnote-ref-3)