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| **Referral for Children’s Radar Group** |
| ***A case should be referred to the Children’s Radar Group where there is a concern regarding a particular residential unit/school and/or concerns as to how agencies have worked together to safeguard a child at the residential unit/school.***  The purpose of the Children’s Radar Group is to:-   * Respond to practice issues * Challenge agencies if they are not meeting their statutory obligations * Ensure agencies have used the escalation process where necessary     The aims of the Children’s Radar Group are to:-   * Improve standards of safeguarding and care of children in residential care provisions and leaving care provisions in Cumbria * Reduce the amount of crisis level cases needing services * Sharing intelligence when there are concerns about quality of care provision   ***This form to be returned to: sharon.mitchell@cumbria.gov.uk***  Address: Cumbria House, 117 Botchergate, Carlisle, CA1 1RD  The referring agency representative is to complete the sections for which their agency has information. |

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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 | |  | |
| Home address of child |  | | | | | |
| Address of residential care home/school |  | | | | | |
| Names of others resident at care home/school – if relevant |  | | | | | |
| 1. **Referral details** | | | | | | |
| Date of referral |  | | | | | |
| Name of referrer |  | | | | | |
| Agency |  | | | | | |
| Address |  | | | | | |
| Telephone No |  | | | | | |
| Email |  | | | | | |
| 1. **Agencies you know to be involved** | | | | | | |
| 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/residential home** |
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| 1. **Brief outline of the case and what the concerns are (also include if any other review is being undertaken as a result of this incident). Outline characteristics of the case:-**  * **Physical Abuse** * **Sexual Abuse** * **Neglect** * **Child Sexual Exploitation** * **Criminal Exploitation** * **Missing** * **Staff Issues** |
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| **6. Have you or your organisations made any immediate changes as a direct result of the incident?** |
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Have you broached the issue with the provider and/or local authority already?

Yes / No

***RESPONSE TO REFERRER***

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| **For completion by CSCP Office following Children’s Radar Group discussion** | |
| Date of meeting |  |
| Further information required from |  |
| Actions taken and why |  |