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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 1RDThe 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 |  |