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| **SIGNIFICANT EVENT/INCIDENT REPORT**  | **No:** **For Office Use Only** |

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| **Foster Parent/s Name:** |  |
| **Child/Young person**  |  | **Date of Birth:** |  |
| **Placing Authority:** |  |
| **LASW**  |  |
| **Date:** |  | **Time of Incident:** | Click here to enter text. |
| When adding information/further detail please sign and date |

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| **Schedule 6 Matters to be Monitored – tick box as appropriate** | **Schedule 7 Matters to be notified – tick box as appropriate**  |
| [ ]  | **Minor injury or illness taken to A&E that is non-serious**Not overnight hospital admission see Sch 7 | [ ]  | **Death of a child placed with Foster Parents**  |
| [ ]  |  **Use of any measures of control, restraint or discipline** | [ ]  | **Information is given to DBS under any sections 35,36,39,41 or 45 of the Safeguarding Vulnerable Groups Act 2006 in respect of an induvial working for a fostering service.**  |
| [ ]  | **Any medication, medical treatment or first aid administered** Foster parents record all medication given prescribed or not in H&M.  | [ ]  | **Serious illness or serious accident of a child placed with Foster Parents**  |
| [ ]  |  **Any incident of bullying by or against the child** | [ ]  | **Outbreak in the household of a foster placement of any infectious disease which in the opinion of a GP, attending the home, is serious enough to be notified.**  |
| [ ]  | **Complaints in relation to children/young people placed with foster parents and their outcomes** | [ ]  |  **Any allegation that a foster child has committed a serious offence.** **Not notifiable to Ofsted unless Police are called.** |
| [ ]  | **Any Allegations or suspicions of abuse or neglect in respect of children placed with foster parents and their outcomes of any investigations** | [ ]  | **Actual or Suspected involvement of a child placed with Foster Parents in child sexual exploitation/prostitution.** including any child missing or absent due to the suspicion of involvement in CSE.  |
| [ ]  | **Other** | [ ]  | **Serious incident relating to a child/young person placed with foster parents necessitating calling the Police to the foster home.**Including any child/Young person kept in custody or a child/young person placed with foster parents is missing or an allegation that a child/young person placed with foster parents has committee a serious offence |
| [ ]  |  | **☐** | **Children missing from placement without permission (consider Gang Affiliation)**Including children who are late home; outside of curfew; Foster parent maybe aware of where the child/young person is.**Not notifiable to Ofsted unless Police are called.** |
|  |  | [ ]  |  **Any serious Complaint about any Foster Parent approved by the fostering organisation** **DO NOT SEND TO THE FOSTER PARENT/S** |
|  |  | [ ]  |  **Instigation and outcome of any child protection enquiry involving a child/young person placed with Foster Parents. Section 45.**This may include outcomes that were not initially thought to meet a threshold defined by a LADO. |
|  | **For all the above Sch 6 and Sch 7 foster parents must inform a member of the SSW Team and the LASW.** |  | **All the above Sch 7 must also be reported by the manager within 24 hours to the appropriate regulatory professionals. (Unless otherwise stated)** |

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| **Description of the incident: Including dates, times and who was involved or contacted.**Use full names  |
| **What happened before?** |
| **Outcome of Incident**: who was involved? How was resolution achieved? What enabled de-escalation? |
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| Did the incident involve the use of physical intervention? | Yes | No |
| De-escalation Tools used (Mark with an X) |
| Verbal advice/support |  | Planned ignoring |  | Apologising |  |
| Giving space |  | Praise  |  | Empathy |  |
| Reassurance |  | Time out  |  | Removing audience |  |
| Help Scripts |  | Supportive Touch |  | Others (Specify) |  |
| Negotiation |  | Transfer adult |  | Re-directed away from each other  |  |
| Choices  |  | Success reminded |  |  |  |
| Humour  |  | Simple listening  |  |  |  |
| Consequences |  | Acknowledgement  |  |  |  |
| **Any updates** |
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| **Actions or recommendations to prevent re-occurrence of incident:** training or support needed? professional interventions? meetings?  |
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| **Has the Risk Assessment been reviewed and updated?** |
| **YES/NO (if No please give reason)**  | **DATE:**  |

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|  | **Persons already Notified/Sent to:**  | **Persons to Be Notified/Sent to:**  |
| **Responsible Individual**  |  |  |
| **Registered Manager/****Deputy Manager**  |  |  |
| **SSW** |  |  |
| **LASW/Placing Authority** |  |  |
| **Therapist** |  |  |
| **Foster Parent/s** |  |  |
| **Other** |  |  |

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| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |

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| **Reviewed by:** |
| **Signed:** |  |
| **Print Name:** |  | **Role:** |  |
| **Date:** |  |
| **Comment:** |  |

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| **Actions Completed? Yes? No?** |  |
| **Date Completed:** |  |