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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? | | | | | | | |
|  | | | | | | | |
| 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:** |  |