

**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. **Any individual or organisation working with children should inform the relevant Safeguarding Partners 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**

|  |  |  |
| --- | --- | --- |
| **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** |
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**Section 1: Brief Overview of Child and Family Composition**

* 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** |
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| **What action has been undertaken to safeguard and protect any siblings of the child who is the subject of this referral?** |
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**1.3 Other Agencies known to be involved**

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

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| **Please provide a brief outline of the child and family circumstances and the incident that triggered this referral:** |
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| **Please outline why you are making this referral:** |
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***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** |
|  |  |

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

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| --- |
| **Email:** partnership.team@surreycc.gov.uk**Tel: 01372-833330** |

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