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**REFERRAL TO WEST SUSSEX SAFEGUARDING CHILDREN BOARD**

**OF A SERIOUS INCIDENT**

**FOR CONSIDERATION BY THE CASE REVIEW SUB-GROUP**

**Section 1**

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| **Section 1 to be completed by the referring officer following a discussion with their line manager/designated Child Protection professional where appropriate. This form should be countersigned by the authorising manager/professional and emailed to** [**LSCB@westsussex.gcsx.gov.uk**](mailto:LSCB@westsussex.gcsx.gov.uk)  **The objective of this form is to convey as much information that is readily available at the time of completion. If information is unavailable do not delay in making this referral.** |

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| **1. NOTIFIER DETAILS** | | | | |
| **Notifying professional:** |  | **Role** (in relation to child)**:** |  | |
| **Date of notification:** |  | **Contact details:** |  | |
| **Who are you submitting this referral on behalf of?** (please tick) | An agency  Please state: |  | A multi-agency partnership (e.g. CDOP)  Please state: |  |
| **Signed:** |  | | | |

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| **2. CHILD’S DETAILS** | | | | | | | | | | |
| **Child’s full name:** |  | | | **Other names used:** | | |  | | | |
| **Child’s date of birth:** |  | | | **Date of death/serious incident:** | | |  | | | |
| **Gender:** |  | | | **Ethnicity:** | | |  | | | |
| **Child’s home address:** |  | | | | | | | | | |
| **Where does the child live?** (please tick) | Home |  | Local authority care | |  | With relatives | |  | Other |  |
| **Child’s educational establishment:** |  | | | | | | | | | |

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| **3. PARENTS DETAILS (and other significant adults)** | | | |
| **Mother’s names:** |  | **Mother’s date of birth:** |  |
| **Mother’s address** (if different): |  | | |
| **Father’s name:** |  | **Father’s date of birth:** |  |
| **Father’s address** (if different): |  | | |
| **Details of any other significant adults and their relationship to the child:** |  | | |

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| **4. DETAILS OF SIBLINGS** | | | |
| **Name of sibling:** | **Date of birth:** | **Gender:** | **Address** (if different to key child): |
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| **5. REASON FOR REFERRAL** (please tick all appropriate options)  See guidance document for glossary of terms | |
| Fits Serious Case Review criteria (as set out in Working Together to Safeguard Children 2015) |  |
| Child has died and abuse or neglect is known or suspected to be a factor |  |
| Child has been seriously harmed (e.g. a potentially life threatening injury, serious sexual abuse) and abuse or neglect is known or suspected to be a factor |  |
| There are concerns about the way that agencies have worked together to safeguard the child |  |
| The case provides opportunities for learning lessons from multi-agency work |  |
| Child has committed suicide |  |
| Child has been a perpetrator of a serious crime |  |

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| **6. CASE OUTLINE** |
| Please give a brief summary of the events leading to the referral including any critical incident, key dates, status of child, details of any disability or communication issues and any other relevant information. |
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| **7. PARTICULAR CONSIDERATIONS** |
| Please specify any considerations for this case, for example media interest or criminal considerations or other linked cases.  If the case is known to be subject to a criminal investigation please state the lead investigator.  If the case is known to be the subject of a Coroner’s Enquiry please state key contact. |
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| **8. ANY OTHER RELEVANT INFORMATION OR ISSUES** |
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| **9. OTHER AGENCY INVOLVEMENT** | | | |
| **Agency:** | **Name and role of key worker** (in relation to key child)**:** | **Contact details** | **Reason for involvement:** |
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| **10. AUTHORISATION FOR REFERRAL** | | | |
| This form should be countersigned by the manager/professional with whom this referral was discussed. | | | |
| **Name:** |  | **Role:** |  |
| **Signature:** |  | **Date:** |  |
| **Contact details:** |  | | |

The Case Review sub-group meets bi-monthly in February, April, June, August, October and December. Once considered by the sub-group the referrer and authorising manager/professional will be notified of the outcome in writing within 15 working days of the meeting by the Case Review sub-group Chair.

**Section 2**

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| **Section 2 to be completed by the Case Review group sub-group.** |

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| **1. MEETING** | |
| Date of Meeting: | |
| Attendees: | Documents considered: |

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| **2. RECOMMENDATION** |
| Please state whether a review is/not recommended and, where applicable what type of review is being recommended (e.g. serious case review or other learning review, multi-agency partnership review or single agency review) |
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| Please state the reasons for the panel decision. |
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| **3. AUTHORISATION FOR RECOMMENDATION** | | | |
| This form should be signed by the Chair of the Case Review sub-group. | | | |
| **Name:** |  | **Role:** |  |
| **Signature:** |  | **Date:** |  |

If the case referred meets the criteria for a review, the sub-group Chair will make a recommendation to the Independent Chair of the LSCB who will decide whether the review should be undertaken.

**Section 3**

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| **Section 3 to be completed by the Independent Chair of the West Sussex Safeguarding Children Board.** |

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| **1. DECISION** |
| Please state the conclusion you have reached including the reasons for that decision. |
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| **2. ISSUES TO BE CONSIDERED** |
| Please state the issues that are of particular significance and should be considered in the Terms of Reference |
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| **3. SIGNED BY INDEPENDENT LSCB CHAIR** | | | |
| **Name:** |  | **Role:** |  |
| **Signature:** |  | **Date:** |  |

If the decision is made to conduct a Serious Case Review the Independent Chair will notify Ofsted and the national panel of independent experts.