**Referral to West Sussex Local Safeguarding Children Partnership of a serious incident for rapid review consideration by the Case Review Group**

**Section 1**

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| **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.**  **Section 1: to be completed by the referring officer following a discussion with their line manager/designated Child Protection professional where appropriate. This should be completed for every notifiable serious incident. This form should be countersigned by the authorising manager/professional. Where possible the referrer and/or their manager should be invited to the rapid review meeting and present their referral to the Case Review Group.**  Working Together to Safeguard Children (2018) states:  The aim of this rapid review is to enable safeguarding partners to:  • gather the facts about the case, as far as they can be readily established at the time  • discuss whether there is any immediate action needed to ensure children’s safety and share any learning appropriately  • consider the potential for identifying improvements to safeguard and promote the welfare of children  • decide what steps they should take next, including whether or not to undertake a child safeguarding practice review. | | | | | | | | | | | | | |
| **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) | Please state: | | |  | | | | A multi-agency partnership  Please state (e.g. CDOP) | | | |  | |
| **Signed:** |  | | | | | | | | | | | | |
| **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:** |  | | | |
| **4. DETAILS OF SIBLINGS** | | | | |
| **Name of sibling:** | **Date of birth:** | **Gender:** | **Address** (if different to key child): | |
|  |  | **Male** |  | |
|  |  | **Female** |  | |
|  |  | **Male** |  | |
| **5. REASON FOR REFERRAL** (please tick all appropriate options)  See guidance document for glossary of terms | | | | |
| Fits Child Safeguarding Practice Review criteria (as set out in Working Together to Safeguard Children 2018). | | | |  |
| 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 | | | |  |
| Other serious incident | | | |  |
| Case is one which the Child Safeguarding Practice Review Panel (National Panel) have considered and concluded a local review may be more appropriate. | | | |  |
| Additional considerations:  • where the safeguarding partners have cause for concern about the actions of a single agency  • where there has been no agency involvement and this gives the safeguarding partners cause for concern  • where more than one local authority, police area or clinical commissioning group is involved, including in cases where families have moved around  • where the case may raise issues relating to safeguarding or promoting the welfare of children in institutional settings.  Some cases may not meet the definition of a ‘serious child safeguarding case’, but nevertheless raise issues of importance to the local area. That might, for example, include where there has been good practice, poor practice or where there have been ‘near miss’ events. Safeguarding partners may choose to undertake a local child safeguarding practice review in these or other circumstances. | | | |  |
| **The person referring this case should explain briefly the reasons for doing so, highlighting key concerns:** | | | |  |

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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 monthly. It may meet outside of this period in order to conduct a rapid review within the timescales stipulated by the [National Panel](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722309/Letter_from_Edward_Timpson-Child_Safeguarding_Practice_Review_Panel.pdf). Once considered by the sub-group the referrer and authorising manager/professional will be notified of the outcome in writing 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.** | | |
| **1. Rapid Review Meeting** | |
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| Attendees:  Apologies: | Documents considered:  Scoping documents/responses (including nil returns) submitted by: |
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| **2. RECOMMENDATION** | |
| **Review recommended?**  Please state whether a review is/not recommended and, where applicable what type of review is being recommended (e.g. Child Safeguarding Practice Review – CSPR - or other learning review, multi-agency partnership review or single agency review).  Explain whether serious harm threshold was met and if so whether an appropriate way to capture learn was identified. | |
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| **Reasons for CRG reaching this decision**  Please state the reasons for the CRG group’s decision. This should include consideration of whether the case may raise issues which are complex or of national importance such that a national review may be appropriate. If during any type of local review (CSPR/Multi-agency partnership or single agency review), new information comes to light which changes the CRG’s judgment and suggests a national review may be appropriate, this should be raised with the National Panel at the earliest opportunity.  Please identify potential concerns about how agencies worked together, potential improvements and where no agency was involved but the group considered there should have been. The group should also look at where early indications indicate good practice. | |
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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 child safeguarding practice review, the sub-group Chair will make a recommendation to the Independent Chair of the WSSCP who will scrutinise 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 Partnership.** |

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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 the independent Chair, West Sussex Safeguarding Children Partnership** | | | |
| **Name:** |  | **Role:** |  |
| **Signature:** |  | **Date:** |  |

If the decision is made to conduct a child safeguarding practice review the Independent Chair will notify the National Child Safeguarding Practice Review Panel (National Review Panel).