**Serious Incident Referral**

**For consideration by the BHSCP Case Review Group**

Serious Incident Referral form to be completed by the referring worker following a discussion with their line manager or designated safeguarding professional, and where appropriate, the Case Review Subgroup member from their agency.

For agencies without a Case Review Panel representative, cases can be discussed with the Head of Safeguarding for the Local Authority **–** [**Justin.Grantham@brighton-hove.gov.uk**](mailto:Justin.Grantham@brighton-hove.gov.uk)

This form should be countersigned by the authorising manager/professional and emailed to:

[**BHSCP.Admin@brighton-hove.gov.uk**](mailto:BHSCP.Admin@brighton-hove.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** |  | **A multi-agency partnership**  (e.g. CDOP) |  |
| Please state: | | 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:** | | |  | | |
| **Religion:** |  | | | **SEN and/or Disability:** | | |  | | |
| **Child’s home address:** |  | | | | | | | | |
| **Where does the child live?** (please tick) | Home |  | Local authority care |  | With relatives |  | | Other, please state |  |
| **Child’s educational establishment/status:** |  | | | | | | | | |

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| **3. PARENTS DETAILS**  (and other significant adults) | | | |
| **Mother’s name:** |  | **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): | **Educational establishment:** |
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| **5. REASON FOR REFERRAL**  (please tick all appropriate options) | |
| Considered to meet the criteria for a Child Safeguarding Practice Review (as set out in [Working Together to Safeguard Children 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)) |  |
| 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 completed suicide |  |
| Child has been a perpetrator of a serious crime |  |
| Additional considerations:   * There is cause for concern about the actions of a single agency * There has been no agency involvement, and this gives cause for concern * Where more than one local authority, police area or NHS area 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. |  |
| Please outline why the referrer believes this case meets the threshold for a referral to the Case Review Group?  Such as, please identify the key moments where different decisions could have been made, where there are gaps in service/support and what learning could potentially be gained from this case/incident: | |
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| **6. CASE OUTLINE** |
| Please give a brief summary of the events leading to the referral including any critical incidents, 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;  Any 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 KNOWN 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:** |  | | |