 

Referral for a Child Safeguarding Practice Review

Please send the completed form to the Children’s Safeguarding Lead Person in your agency.

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| --- | --- |
| *Please indicate which local Safeguarding Children Partnership (SCP) is responsible for considering this case* | |
| ***Leicester City*** | ***Leicestershire & Rutland*** |

After considering the referral, the Safeguarding Lead Person will forward any cases for consideration to either the:

**Leicester Safeguarding Boards Office**

Email: [lscpb@leicester.gov.uk](mailto:lcitylscb@leicester.gov.uk)

Or by post (To be signed for):

Leicester Safeguarding Boards Office

Room 2.31

Town Hall

Town Hall Square

Leicester

LE1 9BG

Or the:

**Leicestershire & Rutland Safeguarding Partnerships Business Office**

Email: [lrspbo@leics.gov.uk](mailto:lrspbo@leics.gov.uk)

Or by post (To be signed for):

Leicestershire & Rutland Safeguarding Partnerships Business Office

Room 100

County Hall

Glenfield

Leicester

LE3 8RF

**Criteria for Child Safeguarding Practice Reviews (CSPRs)**

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.[[1]](#footnote-1) **Any individual or organisation working with children should inform the relevant Safeguarding Children Partnership[[2]](#footnote-2) 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 the relevant office – the email addresses are included at the top 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:

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**Agency Referral**[[3]](#footnote-3)

|  |  |  |
| --- | --- | --- |
| **NAME** | **AGENCY & DESIGNATION / TITLE** | **CONTACT DETAILS**  **Address, telephone number and email 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 email address** |
|  |  |  |

**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 |  |
| NHS Number |  |
| GP Name and Practice (if known) |  |
| 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 Early Help? (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. **Details of Family Members and any Significant Others**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Relationship to Child** | **Date of Birth** | **Legal Status** | **Ethnic Origin** |
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| **What action has been undertaken to safeguard and protect the Child and any siblings of the child who is the subject of this referral?** |
|  |

* 1. **Other Agencies known to be involved**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Contact Details**  **Address, Telephone Number and Email Address** | **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 (please reference the criteria in 1.4 of the Framework and Practice Guidance for your reason for referring):** |
|  |

***You may 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** |
|  |  |

|  |
| --- |
| **Please add any additional information you think may be relevant and may assist decision making (Please consider section 4 of the Framework and Practice Guidance)** |
|  |

***NOTE: THE ABOVE SHOULD FOLLOW A DISCUSSION WITH A NOMINATED MANAGER OR SAFEGUARDING LEAD /OFFICER IN YOUR AGENCY***

***A multi-agency review of your referral will be undertaken by the relevant Case Review Group (CRG) and you will be informed of the outcome.***

1. Child perpetrators may also be the subject of a review, if the definition of ‘serious child safeguarding case’ is met. [↑](#footnote-ref-1)
2. The formal Safeguarding Partners are the CCG, Police and the Local Authority. Details of where to send this form are included at the start of the form. [↑](#footnote-ref-2)
3. Please note that, as the referrer, you may be required to present the referral at the local Child Safeguarding Partnership (SCP) Case Review Group (CRG). [↑](#footnote-ref-3)