

## Appendix A – Example Serious Incident Referral Form

# Serious Incident Referral

## For consideration by the *Insert Local SCP* 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 - *INSERT LOCAL CONTACT DETAILS*

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

*INSERT LOCAL EMAIL*

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.

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	<input type="checkbox"/>	A multi-agency partnership (e.g. CDOP) <input type="checkbox"/>
	Please state:		Please state:
Signed:			

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	<input type="checkbox"/>	Local authority care	<input type="checkbox"/>	With relatives	<input type="checkbox"/>	Other, please state	<input type="checkbox"/>
Child's educational establishment/status:								

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:	

4. DETAILS OF SIBLINGS				
Name of sibling:	Date of birth:	Gender:	Address (if different to key child):	Educational establishment:

5. REASON FOR REFERRAL (please tick all appropriate options)	
Considered to meet the criteria for a Child Safeguarding Practice Review (as set out in <a href="#">Working Together to Safeguard Children 2018</a> )	<input type="checkbox"/>
Child has died and abuse or neglect is known or suspected to be a factor	<input type="checkbox"/>
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	<input type="checkbox"/>
There are concerns about the way that agencies have worked together to safeguard the child	<input type="checkbox"/>
The case provides opportunities for learning lessons from multi-agency work	<input type="checkbox"/>
Child has completed suicide	<input type="checkbox"/>
Child has been a perpetrator of a serious crime	<input type="checkbox"/>
Additional considerations: <ul style="list-style-type: none"> <li>There is cause for concern about the actions of a single agency</li> <li>There has been no agency involvement, and this gives cause for concern</li> <li>Where more than one local authority, police area or NHS area is involved, including in cases where families have moved around</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<ul style="list-style-type: none"> <li>• Where the case may raise issues relating to safeguarding or promoting the welfare of children in institutional settings</li> <li>• 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</li> </ul>	<input type="checkbox"/>
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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:

### 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.

### 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.

### 8. ANY OTHER RELEVANT INFORMATION OR ISSUES

### 9. OTHER KNOWN AGENCY INVOLVEMENT

Agency:	Name and role of key worker (in relation to key child):	Contact details	Reason for involvement:

### 10. AUTHORISATION FOR REFERRAL

This form should be countersigned by the manager/professional with whom this referral was discussed.

<b>Name:</b>		<b>Role:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>Contact details:</b>			