

**Safeguarding Practice Review Referral Form**

**Background Information**

**Name of Child:**

**Date of Referral:**

**Agency Referral**

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| **Name of senior officer / named or designated officer** | **AGENCY & DESIGNATION/TITLE** | **CONTACT DETAILS – Address, telephone number & e-mail** |
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**Child and family composition**

**Child’s Details**

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| Name of Child |  | Date of Birth |  |
| Ethnicity |  | Date of Death  (if applicable) |  |
| Brief details of any confirmed disability |  | Gender |  |
| Currently looked after child? |  | Formerly looked after child? |  |
| If yes give details |  | | |
| Currently CP plan? |  | Former CP plan? |  |
| If yes, give details |  | | |
| Currently child in need ? |  | Formerly CIN? |  |
| If yes, give details |  | | |
| Name(s) of Siblings |  | Sibling’s(s’)’ dates of birth |  |
| Should the entire sibling group be considered in the scope of this review? Please provide detail here |  | | |
| Home address |  | | |
| Housing provider (if applicable/known) |  | | |
| School or Early Years Provider |  | | |
| Date of serious Incident or incidents being reported |  | | |
| Location of serious incident if not the child’s usual home address |  | | |
| Is the incident the subject of a criminal investigation and, if so, who is the Senior Investigating Officer? |  | | |
| If there has been a Rapid Response meeting who was the coordinator? |  | | |

**Details of Parents/Carers, Significant Family Members and other significant adult or children linked to the case**

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| **Name and Address** | **Date of Birth** | **Relationship to Child** | **Any significant information known at this point** |
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**Other agencies known to be involved**

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| **Agency** | **Name of key individuals** | **Phone and email if known** |
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**Category of Abuse**

The Categories listed below are used to support the National Panel collate data. Please select any that are relevant.

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| **Abuse** | | | | | |
| Domestic Abuse |  | Physical |  | HSB: extra-familial |  |
| Alcohol |  | Physical: Self-Harm |  | HSB: intra-familial |  |
| Drugs/Solvents |  | Physical: FGM |  | Faith-Based |  |
| Neglect: Long standing |  | Sexual: inter-familial |  | Online |  |
| Neglect: Recent |  | Peer on Peer |  | Bullying |  |
| **Exploitation** | | | | | |
| Countylines |  | Trafficking |  | Sexual Exploitation |  |
| Modern Slavery |  | Extremism |  | Forced Marriage |  |
| **Criminal acts/Potentially Criminal** | | | | | |
| Filicide (parent kills child) |  | Risk-taking behaviour by child |  | Road traffic accident |  |
| Gang violence |  | Child perpetrator |  | Other (see below) |  |
| Knife crime |  |  |  |  |  |
| **Health/Medical Issues** | | | | | |
| Injury |  | Self-harm |  | Shaken baby syndrome |  |
| Life-limiting illness (natural causes) |  | Suicide |  | Sudden infant death syndrome |  |
| Serious illness |  | Fabricated illness |  | Other (see below) |  |
| **Other:** if you have responded other to any areas above/if the issue is not categorised, provide details | | | | | |
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**Case Background**

*This information will be used to determine whether to trigger a multi-agency Rapid Review.* ***This is a significant step that commits substantial professional time and has capacity and resource implications and should have senior management sign off at submission****. Please ensure that the information you provide is accurate and does not omit significant details. If you are uncertain of details, please highlight this.*

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| **Provide brief details of the child and the family background, including previous serious incidents and services provided** |
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| **Provide brief details of the incident that triggered this referral and why it constitutes a consideration by the Safeguarding Practice Review Group.** |
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***Use the chronology table below to highlight key events known to your agency leading up to and immediately following the incident.***

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| **Date** | **Time (if significant)** | **Event** |
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| **What action if any has been taken to safeguard the child or other children and adults affected? Do you have concerns about the current safety of this child or other family members?** |
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| **Have you taken any steps to escalate these concerns outside of the Safeguarding Practice Review Group? Have any other investigations into the incident been triggered? If so, please provide details and outcomes.** |
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**Advice and Submission of this Form**

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| To submit the form, or seek advice on its completion, contact:  **Abigail McGarry**  **Norfolk Safeguarding Children Partnership Business Manager**  [**abigail.mcgarry@norfolk.gov.uk**](mailto:abigail.mcgarry@norfolk.gov.uk)  **Tel: 01603 223335**  You may also wish to refer to the  [National Child Safeguarding Review Panel’s Practice Guidance](https://www.gov.uk/government/publications/child-safeguarding-practice-review-panel-practice-guidance) |

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| **For completion by NSCP Business Unit only**  Details of decision as to whether to convene a Rapid Review, including:   * date of the SPRG meeting * details of the discussion, including any disagreement noted * decision reached and reasons for decision. * actions agreed   Once completed the form should be returned to the referrer and shared with the NSCP. | | | |
| **Date of SPRG meeting** |  | **Name & Role of officer recording decision** |  |
| **Points to note:**   * debates * outcomes * decision & actions |  | | |