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**Referral for a Safeguarding Practice Review**

**Criteria for a Safeguarding Practice Review**

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 their Coventry Safeguarding Children Partnership (CSCP) of any incident they think should be considered for a serious practice review, or other type of learning review, using this form.**

Professionals should discuss the case with their agency designated safeguarding lead/officer to help formulate the rationale. If you need advice completing this form please contact us: our phone and email address are included at the end 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:**

**Agency Referral**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency & Designation/Title** | **Contact details – Address, phone number and Email** |
|  |  |  |

**Please give the details of the designated safeguarding lead/officer with whom you have discussed the case.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency & Designation/Title** | **Contact details – Address, phone number and Email** |
|  |  |  |

**Section 1: Brief overview of child and family composition**

* 1. **Child’s Details**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of Birth** |  |
| **Home address** |  |
| **Gender** |  |
| **Ethnic Origin** |  |
| **Faith/Religion** |  |
| **Disability** |  |
| **Is the child/young person looked after?** |  |
| **Is the child/young person subject to a Child Protection Plan, or has previously been subject to a Child Protection Plan? (If so, when, for what and for how long?)** |  |
| **Is the child/young person open to Childrens Services or a Children & Families Practice? If so, who is the lead practitioner?** |  |
| **Date of death or serious incident (please specify which)** |  |
| **Address of location of the incident** |  |
| **Carer at the time of the 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 completing an Adult Referral Form? If so, who is the key contact?** |  |

**1.2 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 any siblings of the child who is the subject of this referral?** |
|  |

**1.3 Other agencies known to be involved**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Contact details: Address, Telephone and Email** | **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 Serious 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 use the chronology below to outline any events around the time of the incident.**

PLEASE NOTE: *This should only include the 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:** |
|  |

***NOTE: THE ABOVE SHOULD FOLLOW A DISCUSSION WITH A NOMINATED MANAGER OR SAFEGUARDING ADVISOR IN YOUR AGENCY****.*

**Section 3: Advice and Submission of this Form**

|  |
| --- |
| Insert here the contact details of those who can provide advice on the completion of this form and also the Email address to which this form should be submitted. |

***A multi-agency Rapid Review of your referral will be undertaken 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)