Form 1

Referral for a Child Safeguarding Practice Review

**Criteria for Child Safeguarding Practice Reviews**

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 or physical health or intellectual, emotional, social or behavioural development.

Any individual or organisation working with children and young people in Lambeth should inform the Lambeth Safeguarding Children Partnership 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 designated safeguarding lead/officer to help formulate the rationale.

**Advice and submission**

Please email your referral to [saferchildren@lambeth.gov.uk](mailto:saferchildren@lambeth.gov.uk).

If you need advice completing this form please contact us:

E: [saferchildren@lambeth.gov.uk](mailto:saferchildren@lambeth.gov.uk)

M: 077 5331 8678

**A referral should be made as soon as possible after the serious incident occurs.**

**Response**

A multi-agency Rapid Review of your referral will be undertaken and you will be informed of the outcome.

**Agency Referral Details**

|  |  |  |
| --- | --- | --- |
| **Date of Referral:** |  | |
| **Referee’s name** | **AGENCY & DESIGNATION/TITLE** | **CONTACT DETAILS – Address, telephone number and e-mail 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 e-mail address** |
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**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 been previously? (If so when, for what and for how long?) |  |
| Is the child/young person open to Children’s Social Care 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 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 completing an Adult referral form? (If so, who is the key contact?) |  |

**1.2 Details of Family Members and any Significant Others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and 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?** |
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**1.3 Other agencies known to be involved**

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| --- | --- | --- |
| **Agency** | **Contact Details: Address, Telephone and E-mail** | **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:** |
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***Please 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** |
|  |  |

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| --- |
| **Please add any additional information you think may be relevant and may assist decision-making:** |
|  |

**PLEASE NOTE:**

The above should follow a discussion with a nominated manager or safeguarding advisor in your agency.