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**Safeguarding Practice Review Referral Form**

**for Non-Statutory Partners**

**Referral to the Norfolk Children’s Safeguarding Partnership as a possible**

**Serious Child Safeguarding Incident**

Guidance note – It is the responsibility of the Local Authority to submit a Serious Incident Notification (SIN) to Ofsted when:

* abuse or neglect of a child is known or suspected and
* the child has died or been seriously harmed

The decision to submit is shared with police and health (the ICB), who are equally responsible for identifying cases that meet the criteria above.

Non statutory partners – e.g. education, early years, health providers, etc. - may have legitimate concerns about a safeguarding incident and consider that there is learning for the multi-agency safeguarding partnership. If the senior manager or professional in a specialist safeguarding role believes that the circumstances of the child constitute a serious child safeguarding case she/he must refer the circumstances to the NSCP Business Unit using the Safeguarding Practice Review Referral Form.

The National Panel provides clear guidance on the responsibility to notify:

*Where an agency other than the local authority becomes aware of an incident that appears to meet the criteria for notification, they should discuss this with their local authority counterparts to reach an agreement on whether or not to notify.*

*There may be instances where safeguarding partners do not initially agree on whether there is a need to notify the Panel following a serious incident. For instance, it may be unclear whether an incident appears to have met the criteria for notification, although we hope this guidance provides further help. Discussion between safeguarding partners about cases and the decision to notify is crucial. Strong partnership working is predicated on collaboration and open dialogue. Where agreement cannot be reached through dialogue between the safeguarding partners alone, we encourage using the support of appointed independent scrutineers to help resolve differences.*

In order to support open dialogue and gather information about cases causing concern, where the Local Authority has not submitted a Serious Incident Notification, we have devised a referral form for partners to complete and submit to SPRG for discussion and consideration on whether Children’s Services need to submit an SIN to Ofsted on behalf of the partnership and/or to proceed to a local Rapid Review, which will be undertaken in 15 working days. NB It is good practice for agencies working with the child or family to jointly complete the referral to SPRG.

**Safeguarding Practice Review Referral Form**

**Background Information**

**Name of Child:**

**Date of Referral:**

**Agency Referral**

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

**Child and family composition**

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 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? |  | | |

**Details of Parents/Carers, Significant Family Members and other significant adult or children linked to the case. Please include a genogram if possible.**

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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** | | | | | |
| Gang violence |  | Filicide (parent kills child) |  | Road traffic accident |  |
| Knife crime |  | Child perpetrator |  | Other (see below) |  |
| **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 | | | | | |
|  | | | | | |

**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. Rows may be added.***

|  |  |
| --- | --- |
| **Date** | **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) |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  | | |