# 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 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 the relevant Safeguarding Partners[[2]](#footnote-2) 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’s 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[[3]](#footnote-3)

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency & Designation/Title** | **Contact Details**  ***Address, telephone number & email 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 & email address*** |
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## Section 1: Brief Overview of Child and Family Composition

### Child’s Details

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Date of Birth & Age** |  |
| **Home Address** |  |
| **Gender** |  |
| **Ethnic Origin** |  |
| **Faith/Religion** |  |
| **Disability** |  |
| **Is the child/young person looked after?** |  |
| **Is the child/young person currently subject to a child protection plan, or have they 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 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 subject of**  **this referral?** |
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**1.3 Other Agencies Known to be Involved**

|  |  |  |
| --- | --- | --- |
| **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.*

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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 (how does this meet the criteria for CSPR – as set out in Chapter 4, Working Together 2018) :** |
|  |

***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** |
|  |  |

|  |
| --- |
| **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 LEAD / OFFICER IN YOUR AGENCY****.*

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

For advice or support on completion of this form, please contact: CSCP Team: [CSCP@Cumbria.gov.uk](mailto:CSCP@Cumbria.gov.uk)

1. Child perpetrators may also be the subject of a review, if the definition of ‘serious child safeguarding case’ is met. [↑](#footnote-ref-1)
2. The formal Safeguarding Partners are the CCG, police and the local authority. Details of where to send this form are included at the end of the form. [↑](#footnote-ref-2)
3. Please note that, as the referrer, you may be required to present the referral at the local Child Safeguarding Practice Review Group.

   [↑](#footnote-ref-3)