**Rapid Review Referral Form**

Background

Working Together 2023, Chapter 5 states that the Local Authority, on behalf of the safeguarding partners, is responsible for notifying the National Panel of any Serious Incidents. Following notification, it is the responsibility of the Statutory Safeguarding Partners (through the WFSCP) to undertake a Rapid Review.

Serious child safeguarding cases are those in which:

• abuse or neglect of a child is known or suspected

• 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. This is not an exhaustive list. When making decisions, judgement should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred. Local authorities and safeguarding partners should refer to the panel’s guidance for further clarity on issues relating to the criteria for serious child safeguarding cases.

**Any individual or organisation working with children should inform the WFSCP of any incident they think should be considered for a child safeguarding practice review (CSPR), or other type of learning review.**

This referral form is the mechanism used for notifying the WFSCP of a need for a Rapid Review or a request to consider any other type of learning review.

Anyone completing this form must first have agreed it with a senior safeguarding lead within their agency, this will usually be the person who attends WFSCP Partnership meetings.

Referrals should be made as soon as possible after the relevant serious incident. Completed forms should be submitted to: [**WFSCP@cumbria.gov.uk**](mailto:WFSCP@cumbria.gov.uk)

## **Referral Information**

Date of Referral:

## **Agency Referral[[1]](#footnote-2)**

**Details of individual making the referral**

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

## **Section 1: Brief Overview of Child and Family Composition**

### 1.1 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** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **What action has been undertaken to safeguard and protect any siblings of the child who subject of this referral?** |
|  |

**1.3 Other Agencies Known to be Involved**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Contact Details: Address, Telephone and E-mail** | **Reason for involvement (include whether current or not)** |
|  |  |  |
|  |  |  |

**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.*

|  |
| --- |
| **Please provide a brief outline of the child and family circumstances and the incident that triggered this referral:** |
|  |

|  |
| --- |
| **Please outline why you are making this referral (how does this meet the criteria for CSPR – as set out in Chapter 5, Working Together 2023) :** |
|  |

***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:** |
|  |

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

For advice or support on completion of this form, please contact: The WFSCP Team: [wfscp@cumbria.gov.uk](mailto:wfscp@cumbria.gov.uk)

Completed forms to be submitted to: [WFSCP@cumbria.gov.uk](mailto:WFSCP@cumbria.gov.uk)

**Anyone completing and submitting this form must first have agreed it with a senior safeguarding lead within their agency.**

1. Please note that, as the referrer, you may be required to present the referral at the WFSCP Review Group.

   [↑](#footnote-ref-2)