

**Serious Incident Notification Referral Form**

Working Together 2018 provides clear criteria in Chapter 4 about when the KSCB should conduct a Local Child Safeguarding Practice Review. KSCB partner agencies should ensure that Serious Incident notifications which may meet the criteria for a Local Child Safeguarding Practice Review Panel, or other type of learning/review, are brought to the attention of the Kirklees Safeguarding Children Board.

Professionals wishing to notify a case to the KSCB should submit the notification as soon as possible (ideally on the day, or day after the incident).

Anyone wishing to refer a case to the KSCB should discuss the case with their agency designated safeguarding lead/officer and/or the KSCB office.

Please send the completed form to:

Email: [kscb.admin@kirklees.gov.uk](mailto:kscb.admin@kirklees.gov.uk), [sheila.lock@kirklees.gov.uk](mailto:sheila.lock@kirklees.gov.uk), [christina.fairhead@nhs.net](mailto:christina.fairhead@nhs.net)

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**Referrer:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency & Designation/Title** | **Contact Details** – Address, telephone Number and 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 and email address |
|  |  |  |

**Signed: Date:**

**SECTION 1**

**1.1 BRIEF INFORMATION OF FACTS AND FAMILY COMPOSITION**

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Home address |  |
| Ethnic Origin |  |
| Faith/Religion |  |
| Disability |  |
| 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 Child Safeguarding Case Notifications |  |
| 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 a SAR (Safeguarding Adult Referral form)?  If so who is the key contact? |  |

**1.2 FAMILY DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to Child | Date of Birth | Legal Status | Ethnic Origin |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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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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**1.4 BRIEF synopsis of case**

*PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a Local 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:*** |
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| ***Please provide details of the incident which triggered this referral:*** |
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| ***Please outline why you are making this referral for Local Child Safeguarding Practice Review Panel consideration:*** |
|  |

***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 & Time** | **Event** |
|  |  |