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| **Reference (SSCP use):**  |

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| **CONFIDENTIAL WHEN COMPLETED** |  |

**PRACTICE REVIEW REFERRAL FORM**

This referral form is used to notify Salford Safeguarding Children Partnership that a practice review may be required. This could be a **Rapid Review** prior to consideration for a **National Child Safeguarding Practice Review** (CSPR, which meet the Working Together 2018 guidance for a review and must adhere to these processes, or the referral could be for a **local review of practice** where there is learning for partnership working.

The **Practice Review Policy** and **Thresholds and Definitions Quick Guide** provides more information about the criteria and processes for reviews.

Professionals should discuss the case with their agency designated safeguarding lead or member of the SSCP Practice Review Sub-group to help formulate the rationale. It is important that the referrer reads Appendix A and Chapter 7 of the Practice Review Policy which is information specifically about actions needed pre-referral, and how to make a referral using this template.

**This referral template consists of the following colour coded sections**

* Please complete only the green boxes in the section relevant to you.
* Please return the whole form with remaining sections blank
* Forms should be returned via email to: **sscp@salford.gov.uk**

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| **Section 1: Referral** | To be completed by the referring agency |
| **Section 2: Outcome and Recommendations** | To be completed by the Practice Review Virtual Panel  |
| **Appendix 1** | Top tips for referrers |

**SECTION 1: REFERRAL DETAILS**

* 1. **REFERER INFORMATION**

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| **Date of Referral to SSCP** |  |
| **Date of death or Serious incident prompting referral** |  |

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| --- | --- |
| **Referring agency** |  |
| **Name of referrer**  |  |
| **Job Title** |  |
| **Contact details**  | Tel:Email: |
| **Who has the referral been discussed with** | Name:Title:Contact Details: |

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| * 1. **Reason for notification**

*(please tick* ***all*** *boxes that apply and include a* ***brief synopsis*** *of trigger incident/reason for referral in section l)* |
| 1. A child has died (including cases of suspected suicide), and abuse or neglect is known or suspected
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| 1. A child has been seriously harmed and abuse or neglect is known or suspected
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| 1. A looked after child has died (including cases where abuse or neglect is not known or suspected)
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| 1. A child in a regulated setting\* or service has died (including cases where abuse or neglect is not known or suspected)

*(\* A regulated setting or service: childcare on domestic premises or non-domestic premises; home child carer; childminder; children’s homes; secure children’s homes; adoption support agencies; voluntary adoption agencies; independent fostering agencies; residential family centres and holiday schemes for disabled children)* |  |
| *All above meet requirement for LA to inform Ofsted and SSCP within 5 working days, and most likely meet CSPR criteria* |
| 1. A child has died in custody, in police custody, or remand or following sentencing, in a Young Offenders Institution, in a secure training centre or a secure children’s home
 |  |
| 1. A child has died who was detained under the Mental Health Act 1983 or where a child was the subject of a deprivation of liberty order under the Mental Capacity Act 2005
 |  |
| *All above meet CSPR criteria* |
| 1. There was clear evidence of a risk of significant harm to a child that was:
* not recognised by organisations or individuals in contact with the child or perpetrator or
* not shared with others or
* not acted on appropriately
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| 1. One or more agency or professional considers that its concerns were not taken sufficiently seriously, or acted on appropriately, by another
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| 1. The case indicates that there may be failings in one or more aspects of the local operation of formal safeguarding children procedures, which go beyond the handling of the specific case. For example, the case suggests that the Safeguarding Partnership may need to change its local protocols or procedures, or that protocols and procedures are not being adequately implemented, understood or acted on, or there are thematic concerns.
 |  |
| 1. The child concerned was the subject of a child protection plan, or had previously been the subject of a plan or on the child protection register
 |  |
| 1. There are indications that the circumstances of the case may have national implications for systems or processes or there are significant public interest or community issues.
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| 1. Other reason *(please specify trigger incident/reason for referral)*:
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**1.3 CHILD DETAILS**

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| **Child Name** |  |
| **Aliases** |  |
| **Address** |  |

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| --- | --- | --- | --- | --- |
| **Date of Birth****& Age** | **Gender** | **Ethnicity***(See Appendix A)* | **Religion***(if known)* | **Disability** |
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| **ABOUT THE CHILD***Please provide a short description of the child and their life to assist professionals in understanding the lived experience and impact of the event/reason for referral.*  |
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| Please state if the child is aware of the referral and if not, the rationale for not informing them. If they are aware, please state how they would like to be part of the potential case review:  |
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**1.4 RELATIONSHIPS AND AGENCY INVOLVEMENT**

*Please insert more rows if required***.**

**PERSONA**L (parents, siblings, other significant personal relationships) **NB** *please only include relevant/essential people involved in the case/incident that triggered the referral*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship to child** | **Name** | **DoB / DoD** | **Address** | **Informed of referral? Y/N** |
| Carer at time of Incident: |  |  |  |  |
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| If the parent / carer is not aware of the referral, please state the rationale for not informing them. If they are aware, please state how they would like to be part of the potential case review: |
|  |

**PROFESSIONAL INVOLVEMENT** (agencies known to be involved, including other local areas, schools, lead investigators, professionals providing support (including voluntary sector))

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Name of professional / key-worker | Contact Details (email and Tel) | Nature of involvement and/or intervention |
|  |  |  |  |
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| Types of professional involvement | Please state:a)Yes, b)No, c) Has been, or d)Don’t know | Any further detail / comments e.g. when, what for, how long, who is the key contact |
| Is the child subject of a Child Protection Plan? |  |  |
| Is the child subject of a Child in Need (CIN) Plan? |  |  |
| Is the child subject of a Team around the Family (TAF) plan? |  |  |
| Is the child currently looked after (LAC)? |  |  |
| If child is currently looked after, what is their care status?1. living in accommodation provided by the LA with the parents agreement
2. the subject of an interim care order
3. the subject of a full care order
4. the subject of an Emergency Protection Order or Police Protection
5. in a secure children’s home, secure training centre or young offender institution
6. unaccompanied asylum seeking child
 |  |  |
| Are any of the referred child’s siblings subject of a child protection plan? |  |  |
| Does the alleged incident involve the conduct of a member of staff? |  |  |
| Is this case known to be the subject of a Coroner’s Inquiry? |  |  |
| Have criminal proceedings been instigated? |  |  |
| Has there been a conviction? |  |  |
| Are there other safeguarding concerns and have referral’s been completed (e.g. Adult safeguarding, domestic homicide)? |  |  |
| Is the case subject to, or likely to be subject of media attention? |  |  |

**1.5 SUMMARY OF INCIDENT AND IMPACT ON THE CHILD**

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| **Characteristics of Case** ***(please tick any that apply)*** |
| Domestic abuse  |  | Alcohol abuse |  | Drug abuse |  |
| Parental mental health |  | Fabricated illness |  | Shaken baby syndrome |  |
| CSE / Sexual abuse |  | Parent in care / care leaver |  | Missing |  |
| Child of teenage parent |  | Guns and Gangs |  | Serious illness |  |
| Emotional abuse |  | Recent neglect |  | Long standing neglect |  |
| Physical abuse |  | Self Harm / Suicide |  | Accidental Injury |  |
| Other features (please specify) |  |

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| **ABOUT THE INCIDENT****Brief description of the incident triggering the referral, including key dates.** **Include details of any immediate action taken to ensure child/siblings safety:** |
|  |
| **CASE HISTORY****You should use the chronology tool (Document 9) and attach it to outline key events around the time of the incident – it does not need to be detailed at this stage.** |
|  |
| **WHY YOU ARE MAKING THIS REFERRAL: YOUR VIEWS** |
| Why you think this meets the criteria for a review and reason for concern, include reflection on how partners worked together:What worked well?What are you worried about?What you think are some of the key issues and what you think needs looking at in the review:Additional information you think may be relevant and assist decision making: |

**The referral is now complete. Please leave the remainder of the form blank and return the whole form via a secure method to sscp@salford.gov.uk**

**The next stage is for the Practice Review Virtual Panel to make a decision based on information provided. Please note that as the referrer, you may be asked to present the referral at a practice review meeting. You will be informed of the decision, and if a review is required, agencies will be asked to provide summary information prior to a case discussion.**

**SECTION 2: TO BE COMPLETED BY THE SSCP**

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| **2.1 Referral Decision of Practice Review Virtual Panel** |
| **Meets Threshold for a Rapid Review** | **Meets threshold for a case review, but not Rapid Review** | **Does not meet thresholds, consider alternative process** | **Queries back to referrer before decision can be made** |
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**Names and organisation of Panel Members making decision:**

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| --- | --- |
|  | **Local Authority**  |
|  | **GMP** |
|  | **CCG** |

**Agency Feedback**

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| **LA** |  |
| **GMP** |  |
| **CCG** |  |

**Overall Outcome:**

**LA to Notify National Panel?**

**2.2 Review Scope agreed**

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| **The issues for this review are:** |  |
| **Terms of reference should include:** |  |
| **The period under review is:** |  |
| **Agreed timescale for review:** |  |
| **Chair/lead reviewer:** |  |

Appendix A: TOP TIPS FOR REFERRERS

Documents that may help you:

* Practice Review Policy
* Children and Families in Practice Reviews – Guidance

Any agency can refer a case to the PRSG requesting that consideration be given to holding a practice review if they identify a case where they believe that the criteria for a review are met (see section 5). Cases can also be referred by the Rapid Response Team, Coroner, or Child Death Overview Panel.

1. **Single Agency agreement**: Where an agency has identified a possible practice review referral, the case should first be considered internally within the organisation at the appropriate level, but with due consideration to timescales. Using the guidance available (such as the Practice Review Policy and Thresholds and Definitions Quick Guide, consider the rationale for making a referral and be clear why you think it meets criteria. For some cases, such as child deaths, it will be obvious that a referral is required. Each organisation needs to decide how a referral will be verified internally before the referral is made to SSCP. This process should be clearly communicated and noted in the child record within that agency.
2. **Consult key workers:** There is an expectation that the referrer would have a conversation with any allocated social worker or other key worker to alert them to the intention to refer and gather their views. Be clear that the right way to progress is through referral, and not the [Escalation Policy](https://greatermanchesterscb.proceduresonline.com/chapters/p_resolv_prof_dis.html).
3. **Discuss with child /family as appropriate:** It is good practice to involve parents and children (subject to age and understanding) in a meaningful way, and reviews should where appropriate be informed by family members’ knowledge and experiences relevant to the period under review. Please provide your views on how children and their families should be involved, and who should be responsible for facilitating their involvement, recognising that not all information should be shared with the child or family.

The overarching principle should always be to act in the best interests of the child. If it is decided that such involvement is not in the best interests of the child then the reasons for the decision should be clearly stated in the referral.

1. **Completing the form:** Please complete section 1 only. Whilst we recognise the referrer may not know all the information, please provide as much information that is known at the time of the referral. If information is not available, please do not delay in sending notification, as this information can be submitted at a later stage.
2. **Ethnicity Codes**

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| **Ethnic origin categories:**  |
| (A) White | (B) Mixed | (C) Asian or Asian Britain |
| 1 | British | 7 | Asian and White | 12 | Indian |
| 2 | Irish | 8 | Black African and White | 13 | Pakistani |
| 3 | Any other White background | 9 | Black Caribbean and White | 14 | Bangladeshi |
|  | 10 | Any other mixed background | 15 | Chinese |
|  | 16 | Any other Asian background |
| (D) Black or Black British  | (E) Other Ethnic Group | (F) Not declared |
| 4 | Caribbean | 11 | Please specify | 17 | Not declared |
| 5 | African |  |  |
| 6 | Any other Black background |