###

### Referral to Local Safeguarding Children Partnership (SCP) for Consideration of a Case Review

*This form should be completed as soon as possible and should convey as much information that is available at the time of completion. If information is unavailable do not delay in making this referral. Additional facts can be collated later.*

1. **Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Role:** |  |
| **Agency:** |  | **Date of Referral:** |  / / |
| **Email:** |  @ | **Tel. No.:** |  |

**FAMILY COMPOSITION & DETAILS OF INCIDENT LEADING TO REFERRAL**

1. **Child and Family**

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **Date of Birth:** |  **/ /** | **Age:** |  |
| **Date of death (if applicable) or serious incident:** |  |
| **Home address:** |  |
| **Postcode:** |  |
| **Ethnic origin:** |  |
| **Faith/Religion:** |  |
| **Disability:** |  |
| **Subject to a Plan e.g. CiN/CP** | **YES/NO If ‘yes’, please provide dates and details** |
| **Is the child Looked After?** |  |
| **Is the child/young person open to Children’s Social Care or Early Help (if so, who is the lead practitioner)?**  |  |
| **Whereabouts at time of critical incident** |  |
| **Carer at time of critical incident** |  |
| **Are there any adult safeguarding concerns and have these been shared with Adult Social Care?** |  |

**Family Composition/Significant Others**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to child** | **DoB** | **Address** | **Legal Status and/or current criminal proceedings** | **Ethnic Origin** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3. Other agencies Involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Contact Details** | **Reason for Involvement & dates.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 or other type of learning review.*

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| Please outline events and circumstances which has triggered the referral. |
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| **Please use the chronology table below to outline any events around the time of the incident. NB: This should only include key events and DOES NOT need to be a detailed chronology at this stage.** |
| **Date/Time** | **Event** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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| --- |
| **Please add any additional information you think may be relevant and may assist decision-making:**  |
|  |

Please submit completed form the appropriate local Safeguarding Children Partnership:

Barking & Dagenham Safeguarding Children Partnership: BDsafeguarding@lbbd.gov.uk

Havering Safeguarding Children Partnership:

 Martin.Wallace@havering.gov.uk

Redbridge Safeguarding Children Partnership:

RedbridgeSCP@redbridge.gov.uk