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**FORM A:**

**Referral Form for a Child Safeguarding Practice Review/**

**Notification of Death of Care Leaver/**

**Request for consideration of other case learning**

This form should be used to make the Safeguarding Partners[[1]](#footnote-1) for Newcastle and Gateshead aware of a Serious Child Safeguarding Case. [Working Together (2023)](https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf) provides clear direction and criteria about when child safeguarding practice reviews should be conducted.

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| **Criteria for Serious Child Safeguarding Incident Notification:** | **Death of a Care Leaver:** | **Death of a Child in Care**  | **Request for consideration of other case learning:** |
| **Serious Child****Safeguarding Incident Notifications are made when:*** 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[[2]](#footnote-2). **PLEASE TICK RELEVANT BOX BELOW** | LAs should notify the Secretary of State for Education and Ofsted if a care leaver dies.A care leaver is anyone aged up to their 25th birthday that meets both of the following criteria: * is no longer looked-after
* has been looked after for at least 13 weeks which began after they reached the age of 14 and ended after they reached the age of 16.

Working Together 2023**PLEASE TICK RELEVANT BOX BELOW** | LAs are required to notify the Secretary of State for Education and Ofsted if any child in care dies. Unless abuse or neglect is known or suspected to have contributed **directly** to the death, these cases do not need a rapid review. Working Together 2023**PLEASE TICK RELEVANT BOX BELOW** | For cases that are below the level for notification to the Panel as a serious incident, practitioners can submit referrals to the relevant Business Manager using this form following agreement with their Designated Safeguarding Lead (DSL) / Manager. This can include the death of a child in care or care leaver in circumstances where the criteria for a SIN does not apply, but where they may be learning.Practitioners and Managers can discuss cases with a LCRG member prior to doing so if they are uncertain whether it is appropriate to submit the referral.**PLEASE TICK RELEVANT BOX BELOW** |

**Are you submitting this referral in relation to a referral for consideration of a Serious Child Safeguarding Incident Notification? Yes / No**

*If* ***yes****, this form needs to made* ***within 2 working days*** *after the serious incident occurs but only following a discussion with a nominated manager or safeguarding advisor in your agency.*

**Are you submitting this referral to notify the death of a Child in Care or a Care Leaver? Yes/No**

*The form should be submitted at the earliest opportunity.*

**Are you submitting this referral for consideration of other case learning? Yes/No**

*The form should be submitted at the earliest opportunity following a discussion with a nominated manager or safeguarding advisor in your agency.*

**REFERRER:**

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| **Name** | **Agency and Designation/ Title** | **Contact Details (address, telephone number and email address)** |
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**Designated Safeguarding Lead (DSL) / Manager with whom you have discussed the case and who has agreed to making this referral.**

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| **Name** | **Agency and Designation/ Title** | **Contact Details (address, telephone number and email address)** |
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| **Date of Referral to Safeguarding Children Partnership**  |  |

**Section 1: The Child and Family**

**1.1 Child’s Details**

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| --- | --- |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Home Address:** |  |
| **Gender:** |  |
| **Ethnic Origin:** |  |
| **Faith/Religion:** |  |
| **Disability – please specify any diagnosis or what additional needs the child has**  |  |
| **Does the child have any special educational needs (SEND) and/or a Education, Health, Care Plan? If yes please state what the additional educational needs are?** |  |
| **Is the child in Education, Employment or Training – please state which one or state not in education, employment, or training?** |  |
| **What education or early years provision was the child attending at the time of the incident?****Address if possible:** |  |
| **First Language:** |  |
| **Is the child/young person a child in care?** |  |
| **Is the child/young person subject to a Child Protection Plan or has been previously?** **Is the child/young person on a pre-birth plan at the time of the incident or previously?****Is the child/young person on a child in need plan at the time of the incident or previously?****If yes, who is the Lead Practitioner?** |  |
| **Legal Status of child:** |  |
| **Is this an unaccompanied asylum-seeking child?** |  |
| **Reason for referral – please choose one:** | Death Serious Harm: * Abuse
* Neglect
* Other

Enter details for ‘Other’: |
| **Date of Serious Incident (if applicable):**(If there is no one date, this should be date of the event that triggered the notification) |  |
| **Date of Death (if applicable):** |  |
| **Address/Location of Incident:** |  |
| **Where was the child staying at the time of the incident?****Address at time of incident if possible:** |  |
| **Provide the name(s) of the parent(s)/guardian(s) who had the main parental responsibility for the child at the time of incident and their relationship to child:** |  |
| **Is this case known to be the subject of a Criminal Investigation?****If yes, who is the Lead Investigator?** |  |
| **Is this case known to be the subject of a Coroner’s Inquiry?****If yes, who is the key contact?** |  |

**1.2 Details of Family Members and any Significant Others**

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| --- | --- | --- | --- | --- |
| **Name and Address** | **Relationship to Child** | **Date of Birth** | **Legal Status** | **Ethnic Origin/First Language** |
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| **Disability – please specify any diagnosis or what additional needs that any family member has. This would include any special educational needs (SEND) and/or an Education, Health and Care Plan and the reasons for this.** |
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| **What action has been undertaken to safeguard and protect the child subject of this referral and any other children/young people?** |
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**1.3 Other agencies known to be involved with the child and family**

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| --- | --- | --- | --- |
| **Agency** | **Contact Details (address, telephone number and email address)** | **Reason for Involvement**  | **Current (Yes/No)** |
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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, or other type of learning review.*

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| **Please provide a brief outline of the child and family circumstances and the incident that triggered this referral.**Include details of:* when and where the incident took place
* the event leading up to the incident
* the names of the people involved, including any staff members
* why the incident happened
* any other details that you think are important
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| **Please outline why you are making this referral.** |
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**Please use the chronology table below to outline any events leading up to the incident – (*Note: THIS SHOULD BE KEY EVENTS AND NOT A DETAILED CHRONOLOGY*)**

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| **Date** | **Time** | **Event** |
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| **Please add any additional information you think may be relevant and may assist decision-making.** |
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| **Please send your completed form to:**safeguardingboards@newcastle.gov.uk / [SafeguardingBoardsBusinessUnit@Gateshead.Gov.UK](file:///%5C%5C%5C%5Cad%5C%5Cdfs%5C%5Chome%5C%5Chome2%5C%5C84430%5C%5CMy%20Documents%5C%5CNSCP%5C%5Csafeguardingboards%40newcastle.gov.uk) |

1. The Safeguarding Partners are Gateshead Council / Newcastle City Council, Northumbria Police and Newcastle Gateshead Integrated Care Board. [↑](#footnote-ref-1)
2. Child perpetrators may also be the subject of a review, if the definition of ‘serious child safeguarding case’ is met [↑](#footnote-ref-2)