**Appendix 1**

**Notifiable (Serious) Incident Referral Form**

**Strictly Confidential**

Local Child Safeguarding Practice Reviews are a statutory requirement for Safeguarding Partnerships as outlined in Children and Social Work Act 2017 (S17) and Working Together to Safeguard Children Statutory Guidance 2018 (Chapter 4).

This form is to be used for circumstances and/or events which either meet the criteria for notification to the Statutory Safeguarding Partners **OR** for reporting cases that do not meet the criteria for Serious Incident Notification, however highlight learning to be explored, which will be shared with the Learning & Development Group for consideration.

A notification will only by considered by the Statutory Safeguarding Partners if Section 1 or 2 are met.

For any case where you determine does not meet the criteria for notification, i.e. section 1 or 2 are not met yet but you believe there is learning to be explored such as the potential for a single or multi-agency review or audit or a practice issue has been highlighted then click 3 below.

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| 1. | You believe it is known or suspected that a child has been abused or neglected, which meet the following criteria: | ☐ |
| 2. | * The child dies or is seriously harmed\* in the local authority area * While normally resident in the local authority area, the child dies or is seriously harmed outside England | ☐ |
| 3. | Does not meet criteria for Notification but there is learning to be explored (to be referred to the Learning and Development Group). | ☐ |

\*‘Serious harm’ is defined in Working Together to Safeguard Children 2018 as including (but not limited to), serious and/or long-term impairment of a child’s mental health or intellectual, emotional, social, or behavioural development. It also covers impairment of physical health. This is not an exhaustive list and 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.

The information on this form is confidential and will only be shared in accordance with the [DSP Information Sharing Protoco](https://www.darlington-safeguarding-partnership.co.uk/media/1895/information-sharing-protocol-revised-july-2019-dsp-13.pdf)l and in the best interests of the child and family.

Darlington Safeguarding Partnership needs as much information as possible to enable Statutory Safeguarding Partners (SSP) to make a proportionate decision as to how to respond to a serious incident notification/ Local Child Safeguarding Practice Review (LCSPR), therefore it is essential that you complete as much information on this form as possible. Pease refer to the [Child Safeguarding Practice Review Significant Procedure Guidance](https://www.darlington-safeguarding-partnership.co.uk/media/2038/child-safeguarding-practice-review-significant-incident-procedure-v14-may-21-final.pdf) for further guidance.

If you have any questions or wish to discuss the referral, please do not hesitate to contact the DSP Business Unit via email: [DSP@darlington.gov.uk](mailto:DSP@darlington.gov.uk)

DSP Serious Incident Notification Referral Form – Revised July 2023 v3

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| **SECTION 1: ABOUT THE PERSON COMPLETING THE FORM (REFERRING AGENCY)** | | | |
| FULL NAME |  | | |
| JOB TITLE |  | | |
| ORGANISATION |  | | |
| EMAIL |  | TELEPHONE NUMBER |  |
| DATE SUBMITTED |  | | |
| AUTHORISING OFFICER WITHIN AGENCY |  | JOB TITLE |  |
| ORGANISATION AGREEMENT DATE: | | | |

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| **YOU DETERMINE THE CASE MEETS THE CRITERIA FOR NOTIFICATION** (to be referred to Statutory Safeguarding Partners) | YES  ☐ | NO  ☐ | **YOU DETERMINE THE CASE DOES NOT MEET THE CRITERIA FOR NOTIFICATION, HOWEVER THERE IS LEARNING TO BE EXPLORED** (to be referred to the Learning & Development Group (See Section 10 of LCSPR Protocol for further guidance) | YES  ☐ | NO  ☐ |
| **ONCE COMPLETED PLEASE SEND SECURELY TO** | | | [**DSP@darlington.gov.uk**](mailto:DSP@darlington.gov.uk) | | |

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| **SECTION 2: ABOUT THE CHILD(REN)** | | | | | | | | | |
| FULL NAME |  | | | | | | | | |
| DATE OF BIRTH  AGE AT TIME OF INCIDENT |  | GENDER | | Choose an item. | | ETHNICITY  (if known)  NATIONALITY | | |  |
| ADDRESS |  | | | | | POSTCODE | | |  |
| DATE OF SERIOUS INCIDENT |  | | DOES INCIDENT RELATE TO DEATH OF CHILD? | | | | YES ☐ NO ☐ | | |
| DATE OF DEATH |  | | DOES ALLEGED INCIDENT INVOLVE THE CONDUCT OF A STAFF MEMBER? | | | | YES ☐ NO ☐ | | |
| CAUSE OF DEATH (if applicable) | | |  | | | | | | |
| IS A CORONER INVOLVED? | | | YES ☐ | | NO ☐ | | | UNSURE ☐ | |
| IF YES, RECORD DETAILS OF THE CORONER AND LOCAL AUTHORITY AREA | | |  | | | | | | |

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| **SECTION 3: PARENTS/GUARDIANS** | | | |
| **Parent’s last name:** | **Parent’s first name:** | **Date of birth:** | **Relationship to child:** |
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| **SECTION 4: SIBLINGS** | | | | | | | |
| **Sibling’s last name:** | **Sibling’s first name:** | **Date of birth:** | **Relationship to child:** | **Gender:** | **Ethnicity:** | **Other Ethnicity:** | **Nationality:**  **(if known)** |
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| **SECTION 5: CASE DETAILS** | | | | |
| **What is the main cause of incident:** | | | | |
| Accidental Death | Accidental Injury | Drug/Solvent misuse | Natural Causes | Neglect |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| Non-Accidental Death | Non-Accidental Injury | Road Traffic Accident | Self Harm | Sudden Infant Death Syndrome |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| Suicide | Not Yet Known | Other | If other, please state: | |
| ☐ | ☐ | ☐ |
| **What are the characteristics of the case (tick all that apply):** | | | | |
| Alcohol abuse | Drug Abuse | Emotional Abuse | Physical Abuse | Sexual Abuse |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| Domestic Violence | Shaken Baby Syndrome | Recent Neglect | Long Standing Neglect | Fabricated Illness |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| More than one child abused | Parental Mental Health | Parent is in Care | Parent is Care Leaver | Child of Teenage Pregnancy |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| Serious Illness | Not Yet Known | Other | If other, please state: | |
| ☐ | ☐ | ☐ |

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| **SECTION 6: CHILD PROTECTION** | | | |
| **Was the child known to Social Care prior to the incident?** YES ☐ NO ☐ | | | |
| **Was the child on a Child Protection Plan (CPP) at the time or prior to the incident?** YES ☐ NO ☐ | | | |
| **Date Child Protection Plan commenced:** | | **Date Child Protection Plan ended:** | |
| **Were any siblings on a Child Protection Plan at the time or prior to the incident?** YES ☐ NO ☐ | | | |
| **Name of Sibling:** | **Date CPP commenced:** | | **Date CPP ended:** |
| **Was the child on a Child In Need (CiN) Plan at the time or prior to the incident?** YES ☐ NO ☐ | | | |
| **Date Child In Need Plan commenced:** | | **Date Child In Need Plan ended:** | |
| **Were any siblings on a Child In Need Plan at the time or prior to the incident?** YES ☐ NO ☐ | | | |
| **Name of Sibling:** | **Date CiN commenced:** | | **Date CiN ended:** |
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| **SECTION 7: OTHER AGENCIES INVOLVED\*** (please indicate all agencies that you know are involved with this child/family as this detail will be used to contact the organisations involved for further information | | | | |
| **Please provide agency names & details:** | | | | |
| FULL NAME | ORGANISATION | START DATE | END DATE | |
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\*Please add more rows if necessary

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| ***SECTION 8: DETAILS OF THE CASE/INCIDENT*** |
| This should include a clear factual outline of the serious incident with details of times, dates and where the incident took place, events leading up to the incident, people and places where possible, why the incident happened and any other details you think are important.  It will also be helpful to provide a little history of the case to support and enable the Statutory Safeguarding Partners to make an informed decision on whether this meets the criteria for notification.  Please also outline any action taken after the incident to safeguard the child/sibling |
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| **SECTION 9: WHY YOU BELIEVE THIS CASE MEETS THE CRITERIA FOR NOTIFICATION?** |
| Please outline why you feel this case meets the criteria for notification.  A brief overview/narrative and professional judgement is required (if not relevant, i.e. it is a learning request - insert not applicable and complete section 10 below). |
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| **SECTION 10: WHY YOU BELIEVE CASE DOES NOT MEET THE CRITERIA FOR NOTIFICTION HOWEVER THERE IS LEARNING TO BE EXPLORED?** |
| Please outline why you feel this case meets the criteria for a Learning Request and referral into the Learning and Development Group |
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| **SECTION 11: AGENCY AUTHORISING OFFICER COMMENT & RECOMMENDATION** |
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| **SECTION 12: ANY OTHER REIVEW PENDING OR COMPLETE?** |
| e.g. Internal Agency Review, Disciplinary Processes, Professional Body Process, Criminal Investigation, MAPPA, MARAC, Domestic Homicide, Safeguarding Adult Review, LeDeR Review, Regulatory Bodies or Other (please provide details).  Please provide details of any early learning or changes to practice that you may have implemented to improve or safeguard individuals going forward with your knowledge from this case.  Please indicate if you are unaware of any other reviews ongoing (do not leave blank). |
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| **SECTION 13: BUSINESS UNIT USE ONLY** | | | | | | | | |
| DATE REFERRAL RECEIVED BY BUSINESS UNIT | |  | | DATE ACKNOWLEDGED | | |  | |
| IF SAR REFERRAL - DATE STATUTORY SAFEGUARIDNG PARTNERS NOTIFIED | |  | | IF LEARNING REQUEST - DATE REFERRED TO LEARNING & DEVELOPMENT GROUP | | |  | |
| STATUTORY SAFEGUARDING PARTNERS DECISION AS TO WHETHER MEETS CRITERIA FOR NOTIFICATION | | | | | | | | |
| DOES MEET CRITERIA | | | YES ☐ | | | NO ☐ | | |
| DATE AGREED | | |  | | | | | |
| SUMMARY OF STATUTORY SAFEGUARDING PARTNERS DECISION | | | | | | | | |
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| IF IT DOES NOT MEET CRITERIA FOR NOTIFICATION – DO STATUTORY SAFEGUARDING PARTNERS RECOGNISE THERE MAY BE LEARNING FROM THE CASE?    *If yes, refer to chair or Learning and Development Group for consideration of next steps.*  *If no, there should be no further action taken and the decision to be shared with the Chair of the Learning and Development Group for information.* | | | | | | | | |
| REFERRAL TO LEARNING AND DEVELOPMENT GROUP | | | YES ☐ | | | NO ☐ | | |
| FEEDBACK AND OUTCOME OF REFERRAL TO REPORTING AGENCY | | | | | | | | |
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| DATE |  | | | | WHO NOTIFIED | | |  |