

**Hounslow Safeguarding Children Board**

**Case Review Referral**

**REFERRAL TO THE HOUNSLOW CASE REVIEW SUB-GROUP FOR DISCUSSION**

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| **Clarification of the below should be sought by contacting your agencies designated safeguarding lead and/or the LSCB business manager (details below)**  **Is this case being brought to the case sub-group for consideration as a SCR (as defined below)**  **Yes No**  **Is this case being brought to the case sub-group for the purpose of learning:**  **Yes No** |

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| **Criteria for a Serious Case Review**  Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB’s function in relation to serious case reviews, namely:  5(1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.  5(2) For the purposes of paragraph (1) (e) a serious case is one where:   * (a) abuse or neglect of a child is known or suspected**; and** * **(b) either —**    + (i) the child has died;   + **or**   + (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.   Cases which meet one of the criteria (i.e. regulation 5(2)(a) and (b)(i) or 5(2)(a) and (b)(ii)) **must always** trigger an SCR. Regulation 5(2)(b)(i) includes cases where a child died by suspected suicide. Where a case is being considered under regulation 5(2)(b)(ii), unless there is definitive evidence that there are no concerns about inter-agency working, the LSCB **must** commission an SCR.  In addition, even if one of the criteria is not met, an SCR **should always** be carried out when a child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children’s home. The same applies where a child dies who was detained under the Mental Health Act 1983 or where a child aged 16 or 17 was the subject of a deprivation of liberty order under the Mental Capacity Act 2005. |

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| **Guidance for Consideration for the Purpose of Learning**   * Discussion within your agency with appropriate senior representatives and / or safeguarding leads must take place. * Discussions with equivalent counterparts in all involved agencies must take place. * All individual agencies must be aware of a referral to the Case Review Sub-Group. * Referrals can / should be made if following interagency discussions the referrer is not satisfied with the outcome. * The referrer must consider the following: * How is this case different? * Is there identifiable learning? And if so what is it? * What is the learning the refer wishes the Case Review Sub-Group panel to consider? How could it improve practice and outcomes? * Must have clear interagency working issues for learning. * The notification to the Case Review Sub-Group should clearly set out the findings, issues, potential learnings and interagency discussions and their outcomes thus far.   **See Case Review Notification Flowchart.** |

**SECTION 1**

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| Section 1 to be completed by referring officer following agreement and with the authorisation of a senior officer and emailed to [melissa.neilson-rai@hounslow.gov.uk](mailto:melissa.neilson-rai@hounslow.gov.uk) or securely to [melissa.nrai-GCSX@hounslow.gcsx.gov.uk](mailto:melissa.nrai-GCSX@hounslow.gcsx.gov.uk)  The objective of this form is to convey as much information that is readily available at the time of completion. If information is unavailable do not delay in making this referral. |

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| **Details of Referrer** | |
| Name: | Position Held: |
| Agency: | Contact Tel: |
| Email address: | Line Manager: |
| Is your line manager aware of referral: Yes/No | |
| Work address: | |

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| **Child’s Details** | | |
| Name: | | Date of Birth: |
| Date of Death (if applicable): | | |
| Home Address: | | |
| Ethnicity: | | Religion: |
| Educational Establishment: | | |
| Does the Child have any Special Educational Needs? Yes/No  If yes, please specify | | |
| Does the child have any special needs or a disability? Yes/No  If yes, please specify: | | |
| Is the child in the care of the Local Authority? Yes/No  If yes, do you know the legal basis for this? E.g. care order, section 20 Children Act 1989 | | |
| Is the child subject to a child protection plan? Yes/No | | |
| **Parents Details** | | |
| **Mother** | | |
| Name: | Date of Birth: | |
| Address: | | |
| **Father** | | |
| Name: | Date of Birth: | |
| Address: | | |
| Does Father have parental responsibility? Yes/No | | |
| Does either parent have any special needs or disabilities? Yes/No  If yes please specify | | |

**Brief Incident Description:**

**Interagency Discussion:**

**Issues / Identified Learning:**