 Serious Child Safeguarding Incident

Notification to Safeguarding Partners

**Introduction**

Within North East Lincolnshire notification of a serious child safeguarding incident should be made to the safeguarding partners via the NEL SCP Team at [helen.willis@nelincs.gov.uk](mailto:helen.willis@nelincs.gov.uk) Note: all emails must be sent by secure email.

Serious child safeguarding incidents are those in which:

* 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[[1]](#footnote-1).

**Any organisation working with children should inform the safeguarding partners of any incident they think that should be considered for a child safeguarding practice review using this form.**

**A referral should be made as soon as possible after the child’s death or incident of serious harm.**

If you need advice completing this form please contact the NEL SCP Team using the contact details above.

**Guidance**

* All agencies are under a duty to co-operate with this process in accordance with **Section 10** of the **Children Act 2004** whichrequires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with **children** in the local authority's area as the authority considers appropriate.
* All agencies should have their own internal procedures to identify serious child safeguarding cases.
* Professionals should discuss the case with their agency’s designated safeguarding lead officer/senior manager prior to notification to the safeguarding partners.
* Designated safeguarding lead officers/senior managers should discuss the case with one of the safeguarding partner representatives prior to notification if possible. This, however, must not result in a delay in notification.

The safeguarding partner representatives are:

* Chief Superintendent (Humberside Police)
* Director of Nursing and Quality (NHS NEL Clinical Commissioning Group)
* Chief Operating Manager (Director of Children’s Services, North East Lincolnshire Council)

Background Information

Name of child(ren): ………………………..

Date of notification to the safeguarding partners: ………………………..

**Referrer:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency and designation/title** | **Contact details – address, telephone number and e-mail address** |
|  |  |  |

**Please give the details of your agency’s designated safeguarding lead officer/senior manager with whom you have discussed the case.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency and designation/title** | **Contact details – address, telephone number and e-mail address** |
|  |  |  |

**Section 1: Brief overview of child and family composition**

* 1. **Child’s Details**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of birth** |  |
| **Child’s NHS number** |  |
| **Home address** |  |
| **Placement address (if applicable)** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Disability** |  |
| **Is the child looked after?** |  |
| **Is the child subject to a child protection plan or has been previously? (If so, start and end dates?)** |  |
| **Is the child subject to a child in need plan?** |  |
| **Is the child subject to an early help plan?** |  |
| **Name of lead professional** |  |
| **Date of death (if applicable)** |  |
| **Date serious harm incident (if applicable)** |  |
| **Is there a criminal investigation in this case? (If so, who is the lead investigator?)** |  |
| **Is there a Coroner’s inquiry? (If so, who is the key contact?)** |  |

* 1. **Details of family members and significant others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, address and**  **NHS number** | **Relationship to child** | **Date of birth** | **Legal status** | **Ethnic origin** |
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* 1. **Details of any suspected perpetrator(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, address and**  **NHS number** | **Relationship to child** | **Date of birth** | **Legal status** | **Ethnic origin** |
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**1.4 Other agencies known to be involved**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Contact details: name, address, telephone and e-mail** | **Brief reason for involvement**  **(include whether current or not)** |
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**Section 2: Case background**

**2.1 Details of Child’s Death or incident of ‘serious harm’**

*PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a Child Safeguarding Practice Review*

|  |
| --- |
| **Please provide a brief outline of the child and family circumstances and the details of child’s death or incident of ‘serious harm’ and why abuse or neglect is known or suspected?** |
|  |

**2.2 Details of Actions undertaken to safeguard and protect the child(ren).**

|  |
| --- |
| **Please provide brief details of what action has been undertaken to safeguard and protect the child (if a serious harm incident) and any siblings of the child who is the subject of this referral?** |
|  |

**Section 3: Chronology**

***Please use the chronology below to outline any events around the time of the child’s death or serious harm incident.***

*PLEASE NOTE: This should only include key events and DOES NOT need to be a detailed chronology at this stage.*

|  |  |
| --- | --- |
| **Date and Time** | **Event** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**3.2 Additional Information**

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

1. Child perpetrators may also be the subject of a review, if the definition of ‘serious child safeguarding case’ is met. [↑](#footnote-ref-1)