 Safeguarding Children Partnership Child

Line of Sight Process Referral Form

**Introduction**

The line-of-sight process is a key element of the NEL Safeguarding Children Partnership (SCP) Quality Assurance Framework mechanisms (QAF) which provides challenge and scrutiny in enabling continual practice improvement and improvement of outcomes for children.

The purpose of the line-of-sight process is to

* Identify specific safeguarding themes and potential practice issues and good practice.
* Undertake single agency audit and partnership analysis of what worked well and areas that need further development.
* Agree key themes, identify required activity, and implement actions to improve practice across the safeguarding system.

The line-of-sight event provides essential interface between practitioners, supervisors and senior managers across SCP partner organisations and active support and challenge in identifying key issues impacting on interagency working and solutions to address these.

**Identification line sight themes and cases**

The SCP team and the SCP Triage Panel will work with partner agencies to identify cases for practice learning though the line-of-sight process, this will include through:

* Specific themes identified through SCP performance management and through the Quality Assurance Group
* Cases referred to the SCP by designated safeguarding agency lead where there are potential practice issues and interagency learning but where the serious harm criteria is not met (Using referral form)
* Specific themes identified though audit and practitioner engagement feedback.
* Case specific line of sight requested by the three safeguarding partners.

**Referral process for line-of-sight consideration**

Professionals wishing to refer a case for line of sight consideration should discuss the case and their reasons for referring it, with their agency designated safeguarding lead/officer and with the NEL SCP Business Manager. When considering referral professionals must ensure that other relevant processes have been followed where appropriate, e.g. the escalation process and other relevant review mechanisms. Where agreed a referral should be made to the NELSCP office. [NEL.SCPEnquiries@nelincs.gov.uk](mailto:NEL.SCPEnquiries@nelincs.gov.uk)

*NB: Please note there is a separate referral form for cases meeting the serious harm criteria where a child has died or has been seriously harmed as a result of abuse and neglect.*

Background Information

Name of child(ren): ………………………..

Date of referral to SCP for Line of Sight consideration: ………………………..

**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** |
|  |  |  |

Signed: ………………………………………………………

Date: …………………………………………………………

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

* 1. **Child’s Details**

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| --- | --- |
| **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 incident leading to concerns** |  |
| **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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**1.3 Other agencies known to be involved**

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

*PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a line-of-sight consideration. Please only use lower case, do not use capitals for whole words*

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| **2.1 Please provide a brief outline of the child and family circumstances**  *(Please include the child/children’s lived experience within the family and provide an analysis of what impact this has had)* |
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| **2.2 Please provide brief details of the concerns leading to a referral for line of sight consideration**  *(Please include analysis of how agencies worked in partnership and where there may have been missed opportunities to work in partnership and effectively safeguard. What was the impact of this was on the child? You may also want to include where the voice of the child was heard and acted upon or where the voice of the child was not considered)* |
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| **2.3 Please provide details of whether the safeguarding escalation procedure has been used by your organisation in respect of this case and the outcome**  *(Please include any challenges that were encountered by professionals in being able to use the escalation procedure effectively or when it was successful)* |
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**Section 3: Chronology**

***3.1 Please use the chronology below to outline any events around the time of the incident.***

*PLEASE NOTE: This should only include key events and analysis of key decision making and DOES NOT need to be a detailed chronology at this stage. Please include whether the child/children were CIN/subject to a CPP/CLA and dates when status changed.*

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| --- | --- |
| **Date and Time** | **Event** |
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**3.2 Additional Information**

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| **Please add any additional information you think may be relevant and may assist decision-making:**  *(You may want to provide further analysis and clarity around why you consider this is an appropriate referral for the Line of Sight process)* |
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**Section 4: Decision** *(FOR SCP COMPLETION ONLY)*

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| --- |
| ***Record the SCP decision and rational why that decision has been made:*** |

Signed:

***NB. THE LSCP WILL SEND CONFIRMATION TO THE REFERRER ADVISING OF THE OUTCOME OF THE CASE AND NEXT STEPS***