



Referral of Serious Incidents for Consideration by Serious Case Review Sub-Group

Working Together 2015 provides clear criteria in Chapter 4 about when the Buckinghamshire Safeguarding Children Board (BSCB) should conduct a Serious Case Review (SCR).

BSCB partner agencies should ensure that Serious Incidents which may meet the criteria for an SCR are also brought to the attention of the BSCB SCR Sub Group using this form. For cases that do not meet the criteria for an SCR, the Sub Group will consider where another form of partnership or learning review may be appropriate to ensure lessons are learned.

Where partners feel a serious incident does not meet the definition for a SCR, but cannot be dealt with internally by the referring agency alone, then the Sub Group can consider making a recommendation on whether there should be a wider review involving more than one agency. This form should also be used for referring such cases.

Anyone wishing to refer a case to the SCR Sub Group should discuss the case, and their reasons for referring it, with their agency's Designated Safeguarding Lead/Officer before making the referral. They should then notify the BSCB as soon as possible.

Please send the completed form to: secure-bscb@buckscc.gcsx.gov.uk

Criteria for a Serious Case Review – Working Together 2015

Serious Case Reviews must be undertaken by Local Safeguarding Children Boards (LCSBs) 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.

In addition, 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 secure children's home. The same applies where the child was detained under the Mental Health Act 1983 or where a child age 16 or 17 was the subject of a deprivation of liberty under the Mental Health Act 2005.

SECTION 1

Section 1: To be completed by referring officer following discussion with line manager/designated safeguarding lead. The objective of this form is to convey as much information as is readily available at the time of completion. **If information is unavailable do not delay making the referral.** If you have minutes from a Rapid Response and / or strategy meeting which provide the relevant detail, you can choose to append these rather than repeating information.

Details of Referrer	
Name:	Position Held:
Agency:	Telephone number:
Email address:	Line Manager:
Work address:	
Details of Safeguarding lead / officer with whom you have discussed the case	
Name:	Position Held:
Email address:	Telephone number:

Child's Details	
Name (please also include other names the child may be known by):	Date of Birth:
Date of Death (if applicable):	
Home Address:	
Ethnicity:	Religion:
Educational Establishment (please also state whether this is a special school):	
Does the Child have any special needs or a disability? (If yes, please specify)	Yes / No
Does the child have an Education, Health and Care Plan (EHCP) or a Statement of Special Educational Needs? (If yes, please specify)	Yes / No
Is the child in the care of the Local Authority? (If yes, do you know the legal basis for this? E.g. care order, section 20 Children Act 1989)	Yes / No
Is the child subject to a child protection plan, or has been previously? (If yes, for what reason and for how long?)	Yes / No
Is the child open to Children's Social Care? (If yes, please provide any details you have including social worker)	Yes / No

Parents	
Mother	
Name (please also include other names the mother may be known by):	Date of Birth:
Address:	
Father	
Name (please also include other names the father may be known by):	Date of Birth:
Address:	
Does Father have parental responsibility?	Yes/No
Does either parent have any special needs or disabilities? (If yes please specify)	Yes / No

Siblings	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Do any of the siblings have any special needs or disabilities? (If yes, please specify)	Yes/No
Are any of the children in the care of the Local Authority? (If yes, please specify which children and if known the legal basis for placement)	Yes/No
Are any of the children subject to a child protection plan now or in the past? (If yes, for what reason and how long)	Yes/No

Other Significant Adults			
Name	Address	Date of Birth	Relationship to child

Other Agency Involvement			
Agency	Name & position of key worker	Contact details (Address, Tel, email)	Reason for involvement
Is the case known to be the subject of a criminal investigation? (If Yes, who is the lead investigator?)			Yes/No
Is the case known to be the subject of a Coroner's Enquiry? (If yes, who is the key contact?)			Yes/No

Please provide a brief outline of the child and family circumstances

Please provide details of the incident which triggered this referral

Please outline why you are making this referral for SCR Sub Group consideration

Signed:

Date:

SECTION 2

Section 2: To be completed by the SCR Sub Group.

Meeting	
Date of Meeting:	
Attendees:	Documents considered:

Recommendation
A Serious Case Review is Recommended/ Not Recommended
Please state the reasons for the panel decision:

Other Review Options
When a case does not meet the criteria for a Serious Case Review the Sub Group should consider whether the case would be appropriate for another form of learning review for example a Multi-Agency Partnership Review or Single Agency Review. Please give details of the options discussed and the recommendation.

Signed: (SCR Sub Group
Chair)

Name:

Title:

Organisation:

Date:

SECTION 3

Section 3: To be completed by the Chair of the Buckinghamshire Safeguarding Children Board.

Decision

My decision is that a Serious Case Review should/should not take place for the following reasons:

Issues

If the decision is the case meets the criteria for a Serious Case Review, the following issues are of particular significance and should be considered in the Terms of Reference:

Other Review Options

If the decision is that the case does not meet the criteria for a Serious Case Review, I would recommend that the following review take place/I do not recommend any other form of review for the following reasons:

Signed: (BSCB Chair)

Name:

Date: