### Referral form to Bradford Safeguarding Children Partnership (BDSCP) for Consideration of a Case Review

*This form should be completed as soon as possible and should convey as much information that is available at the time of completion. If information is unavailable do not delay in making this referral. Additional facts can be collated later.*

Incidents that **must** be notified to the BDSCP.

1. When a child dies (including death by suspected suicide) and abuse or neglect is known or suspected to be a factor in the death
2. When a child dies in police custody, on remand or following sentence, in a Young Offender Institution, a secure training centre or secure children’s home, or was detained under the Mental Capacity Act 2005
3. A child sustains a potentially life threatening injury or serious and permanent impairment of health or development through abuse or neglect
4. A child has been subjected to serious sexual abuse
5. A child has perpetrated a particularly serious offence, either against another child or an adult

Cases where all agencies should consider referring the case to the BDSCP depending on the gravity of the case or the significance of issues it raises.

1. There was clear evidence of a risk of significant harm to a child that was:

* Not recognized by organizations or individuals in contact with the child or perpetrator
* Not shared with others
* Not acted on appropriately

1. A child has been abused or neglected in an institutional setting (school, nursery, children’s centre, Youth Offending Institution, Secure Training Centre, children’s home or Armed Services training establishment)
2. A child was abused or neglected while being looked after by the local authority
3. A child died whilst absent from or run away from home or other care setting
4. One of more agency or professional considers its concerns were not taken sufficiently seriously, or acted on appropriately by another
5. The case indicates that there may be failings in one or more aspects of the local operation of the formal safeguarding children procedures which go beyond the handling of the case
6. The child concerned was the subject of a child protection plan, or had previously been the subject of a child protection plan
7. The case suggests that the TBP may need to change its local protocols or procedures or that protocols or procedures are not being adequately promulgated, understood or acted upon
8. There are indications that the circumstances of the case may have national implications for systems or processes or there are significant public interest or community issues.

*(For further information please refer to ‘Working Together to Safeguard Children – 2018)*

1. **Referrer**

|  |  |
| --- | --- |
| Name: |  |
| Agency & Designation |  |
| Email, address, phone number |  |

**FAMILY COMPOSITION & DETAILS OF INCIDENT LEADING TO REFERRAL**

1. **Child and Family**

|  |  |
| --- | --- |
| Name of Child: |  |
| Date of Birth: |  |
| Date of death (if applicable): |  |
| Date of critical incident: |  |
| Home address: |  |
| Ethnic origin: |  |
| Faith/Religion |  |
| Disability: |  |
| Subject to a CP Plan or previously subject to CP Process |  |
| Whereabouts at time of critical incident |  |
| Carer at time of critical incident |  |

**Family Composition/Significant Others**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship to child | DoB | Address | Legal Status and/or current criminal proceedings | Ethnic Origin |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3. Other agencies Involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Contact Details | Are they still involved? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4. Additional Information:

|  |
| --- |
| Please outline events and circumstances which has triggered the referral. This is to help establish if the case meets the criteria for a case review and does not need to be a detailed analysis of involvement at this stage. |

Return completed form to: [BDSCP@bradford.gov.uk](mailto:BDSCP@bradford.gov.uk)