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**Information Gathering Tool for a Serious Incident**

This information gathering tool is to be completed by all agencies who are working with the child, parents/ carers or family subject to a serious incident notification. The information in these forms will assist the TBP Local Child Safeguarding Practice Review Panel in considering whether the case meets the criteria for a Local Child Safeguarding Practice Review

|  |  |
| --- | --- |
| **Details of Person completing this form** | |
| **Name** | **Organisation** |
|  |  |
| **Date form completed** | |

**Brief Information of Facts and Family Composition**

**Child Details:**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Home address |  |
| Ethnic Origin |  |
| Faith/Religion |  |
| Disability |  |
| Is the child/young person subject to a child protection plan or has been previously? |  |
| (If so when, for what and for how long?) |  |
| Is the child/ young person / parent /family open to your agency as a current case? Please provide details of in what capacity and the name of the lead practitioner. |  |
| Was the child/ young person / parent /family open to your agency as a previous case? Please provide details of in what capacity and the name of the lead practitioner. |  |
| Address of location of incident |  |
| Carer at time of incident |  |
| Is this case known to be the subject of a criminal investigation? (If so who is the lead investigator?) |  |
| Is this case known to be the subject of a Coroner’s Inquiry? (If so who is the key contact?) |  |
| Are there any adult safeguarding concerns and have these been shared via completing a SAR (Safeguarding Adult Referral form)?  If so who is the key contact? |  |
| **National Guidance requires that agencies raising a Serious Incident Notification should ensure that the parents/carers of the child or children concerned are aware this has been done and a review of the case may result. Please indicate what date parents/carers were made aware of this.** |  |

**Family Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to Child | Date of Birth | Legal Status | Ethnic Origin |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Agencies known to be involved:**

|  |  |  |
| --- | --- | --- |
| Agency | Contact Details: Address, Telephone and E-mail | Reason for involvement  (include whether current or not) |
|  |  |  |
|  |  |  |
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**Brief Synopsis of Case:**

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| --- |
| 1. ***Please provide a brief outline of the child and family circumstances.*** |
|  |
| 1. ***Provide a brief summary of your agency’s involvement with the subject child AND the individuals listed in the family composition.*** |
|  |
| 1. ***Are there any immediate action needed to ensure children’s safety?*** |
|  |
| 1. ***Provide a brief analysis of individual or / and agency practice.*** *(Please identify any outstanding practice or potential learning for identifying improvements to safeguard and promote the welfare of children).* |
|  |
| 1. ***Please identify any areas for concern as to the way in which partners have worked together to safeguard the subject child.*** |
|  |
| 1. ***Please include any further relevant information that you wish to bring to the attention of the Rapid Review meeting.*** |
|  |

***Please indicate what type of review you think this case should be at this stage***

**National Child Safeguarding Practice Review (Identifies issues to be dealt with at a national level)**

**Local Child Safeguarding Practice Review (Identifies issues to be dealt with at a local level)**

**Single Agency Review (Identifies issues only for one agency)**

**Single / Multi-Agency Audit *(please delete as appropriate)* (Identifies only one issue, either for one or multiple agencies)**

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

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

|  |  |
| --- | --- |
| Date & Time | Event |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Please return completed form to:** [**TBPsafeguardingchildren@bradford.gov.uk**](mailto:TBPsafeguardingchildren@bradford.gov.uk)