### Havering Safeguarding Children Partnership

### Notification of a Serious Child Safeguarding Incident for Rapid Review

Under chapter 4 of Working Together to Safeguard Children (2018) a serious child safeguarding incident 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.

Children who have caused harm may also be the subject of a notification, if the definition of serious child safeguarding incident is met.

Any individual or organisation working with children should inform the Havering Safeguarding Children Partnership of any incident they believe meets the above criteria.

A referral should be made as soon as possible after the serious incident occurs. Professionals should discuss the case with a manager or designated safeguarding lead within their agency to help formulate the rationale.

This form should be completed as soon as possible all information available at the time of completion. If some information is unavailable, do not delay in completing the notification. Additional facts can be collated later.

A multi-agency Rapid Review of the serious incident will be undertaken, which will determine whether a formal Child Safeguarding Practice Review or other type of further learning review is required. You and your manager will be informed of the outcome.

If you need further advice on completing this form please contact:

Elisabeth Major

Partnership and Learning Manager

Havering Safeguarding Children Partnership

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Email. [Elisabeth.major@havering.gov.uk](mailto:Elisabeth.major@havering.gov.uk)

Completed notification forms should be sent to [safeguardingpartnerships@havering.gov.uk](mailto:safeguardingpartnerships@havering.gov.uk)

1. **Your details**

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

**FAMILY COMPOSITION & DETAILS OF INCIDENT**

1. **Child and Family**

|  |  |
| --- | --- |
| Name of Child: |  |
| Date of Birth: |  |
| NHS Number: |  |
| Date of death: (if applicable) |  |
| Date when incident occurred or timeframe of concerns: |  |
| Home address: |  |
| Ethnic origin: |  |
| Faith/Religion |  |
| Disability: |  |
| Subject to a child protection plan, child In need plan or previously subject a child protection process (include dates) | **Child protection plan: YES/NO**  **Child in need plan: YES/NO**  **Previous child protection process: YES/NO**  **Dates:** |
| Is the child Looked After? |  |
| Is the child/young person open to Children’s Social Care or Early Help (if so, who is the lead practitioner)? |  |
| Whereabouts at time of critical incident |  |
| Carer at time of critical incident |  |
| Are there any adult safeguarding concerns and have these been shared with adult social care? |  |

**Family Composition/Significant Others**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Relationship to child | DoB | NHS Number | Address | Legal Status/ Current criminal proceedings | Ethnic Origin |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**3. Other agencies Involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Contact Details | Reason for Involvement & dates. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Case Background**

*PLEASE NOTE: The information you provide will be used to help establish whether the case meets the criteria for a Child Safeguarding Practice Review or other type of learning review.*

|  |
| --- |
| Please outline events and circumstances which have triggered the notification |
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|  |  |
| --- | --- |
| Please use the chronology table below to outline any 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** |
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|  |  |
|  |  |
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| --- |
| Please add any additional information you think may be relevant and may assist decision-making |
|  |

Thank you