



DSCB SERIOUS CASE REVIEW REFERRAL FORM

Working Together 2015 provides clear criteria in Chapter 4 about when the DSCB should conduct a Serious Case Review (SCR). DSCB partner agencies should ensure that serious incidents which may meet the criteria for a SCR, or other types of learning reviews, are brought to the attention of Dudley Safeguarding Children Board (DSCB) SCR subgroup using this form.

Anyone wishing to have a case considered by the SCR subgroup should notify the DSCB Business Unit as soon as possible.

Anyone wishing to refer a case to the SCR subgroup **MUST** discuss the case, and the reasons for referring with their agencies DSCB representative. The signature of the DSCB representative will be required to acknowledge and accept the referral.

To be completed when a *“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”*.

Please send the completed form to: Donna Thorneycroft
Email: donna.thorneycroft@dudley.gcsx.gov.uk

REFERRER	
Date of referral	/ /
Name of referrer	
Agency	
Address	
Tel Number	
Email	
Authorised by	
Position	
Date Approved	

Details of Agency Contacts

Agency	Name, Address & Tel No.	Agency Report	
		Requested (date)	Received (date)
GP		/ /	/ /
Midwife/ Health Visitor/ School nurse		/ /	/ /
Paediatrician		/ /	/ /
Police		/ /	/ /
Children's Social Care		/ /	/ /
School/ nursery etc		/ /	/ /
Others (list all agencies known to be involved)		/ / / / / /	/ / / / / /

Child's Details

Full Name of Child		
Any aliases		
DOB	/ /	NHS No.
Address		
Postcode		
School/nursery etc		
Nature of critical incident:		
Date of critical incident:		
Location of incident:		
Name of GP (if known)		
Carer at time incident:		
Date & time of death	/ /	Time

Child's Details

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Age (yy/mm/dd)	/ /	Indicate if estimated	<input type="checkbox"/> Estimated <input type="checkbox"/> Confirmed
Ethnic group	<input type="checkbox"/> White	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	British Irish Any Other White background Traveller of Irish Heritage Gypsy/Roma
	<input type="checkbox"/> Mixed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White & Black Caribbean White & Black African White & Asian Any other mixed
	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Indian Pakistani Bangladeshi Any other Asian
	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Caribbean African Any other black background
	<input type="checkbox"/> Chinese or other ethnic group	<input type="checkbox"/> <input type="checkbox"/>	Chinese Any other, specify
	<input type="checkbox"/> Not known/ not stated		
Immigration Status	<input type="checkbox"/> Asylum seeker <input type="checkbox"/> Refugee status <input type="checkbox"/> Exceptional leave to remain		

Family & Household Members

Full Name	DOB	Relationship	Full Address
	/ /		
	/ /		
	/ /		
	/ /		

Significant Others (Family and Friends)

Full Name	DOB	Relationship	Full Address
	/ /		
	/ /		
	/ /		
	/ /		

Notification Details:

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this Significant Childcare Incident. This should be anonymised and include the facts without opinion.

Chronology of key dates

Please use the chronology for outlining key events which will help to establish whether the case meets the serious case review criteria. This should include key events but **DOES NOT** need to be a detailed chronology at this stage.

Date of event DD/M M/YYYY	Time of event (where appropriate)	Description of event

Is the case being referred for consideration of an SCR

YES

NO

NB Agencies are reminded of the need to secure their files as soon as they become aware that a serious case review might take place.

The completed form should be sent to Gillian Ming, DSCB Business Manager via GSCX Secure Email to:

donna.thorneycroft@dudley.gcsx.gov.uk

You should also contact the DSCB SCR Administrator Donna Thorneycroft by telephone/email to confirm receipt of the Notification on 01384 813067/donna.thorneycroft@dudley.gov.uk.

Section 2: To be completed by SCR sub Subgroup

For SCR Sub-group Use Only

The objective of this section of the form is to determine whether DSCB should consider undertaking a serious case review.

Panel			
Date of Subgroup:		Chair of panel:	
Members present:			
Case : details of case discussion at panel meeting			
EVIDENCE OF THE CHILD'S VOICE			

Decision / recommendation

Was the SCR Meeting **Yes** **No**
quorate? **Comments**

Was the recommendation **Yes** **No**
unanimous? Comments/reasons **Yes** **No**
for dissent/who?

Have the national panel been

Is the case being referred for consideration of an SCR? YES **NO**

Was the criteria met? *(Please tick all that apply)* **YES** **NO**

- abuse or neglect of a child is known or suspected; **and** either;
- the child has died 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
- 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

Was the incident notified to Ofsted?

Yes

No

Date notified:

Decision fed back to referral agency?

Yes

No

by whom

Date

1) It was agreed that this case;

a) Meets the threshold for a Serious Case Review

b) Does not meet the threshold for a Serious Case Review

2) It was agreed that an alternative form of review should be recommended

c) Significant Incident Learning Process

d) Multi Agency Management Review

e) Single Agency Individual Management Review

f) Multi Agency Review

g) Other please state: i.e. case audit

3) Any further action required?

Level of Review proposed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Notification only Single Agency Review SILP Review Serious Case Review Other
Date of case discussion with Agencies DSCB Representative	/ /	
Date discussed at Serious Case Review Sub-Sub-group	/ /	

My decision is that a serious case review:

Should/ should not
take place for the
following reasons:

Section 3: To be completed by DSCB Chair

Name		Dated	
Signed DSCB chair		Organisation	

SCR INTERNAL MONITORING PROCESS			
Date Referral received in BU			Date Referral sent to SCR SG Chair
Date QA			Date returned Amendments required: Y N Date resubmitted for SCR SG Chair approval
Date scoping Information requested			Date Referral Form sent to IC
Submission deadline			Date decision returned to BU
Quantity outstanding			National Panel Informed: N Date of notification
Date considered by SCR Panel			