**Children’s Social Care Serious Incident Report and Case for Consideration Guidance/Form**

**Purpose:**

Form to be completed when a professional becomes aware of a serious incident involving a child who is usually resident in somerset and there is scope for learning. The information provided will inform whether a serious incident notification is required and/or consider the way the children’s safeguarding system has worked in relation to this case and whether there is any wider system learning.

*Sometimes a child suffers a serious injury or death as a result of child abuse or neglect. Understanding not only what happened but also why things happened as they did can help to improve our response in the future. Understanding the impact that the actions of different organisations and agencies had on the child’s life, and on the lives of his or her family, and whether or not different approaches or actions may have resulted in a different outcome, is essential to improve our collective knowledge. It is in this way that we can make good judgments about what might need to change at a local or national level.*

(Working together to safeguard children 2018, p84).

A case for consideration form should also be completed if a child has experienced significant impact of neglect which is life limiting or impacts on their long term functioning.

|  |
| --- |
| **Duty on local authorities to notify incidents to the Child Safeguarding Practice Review Panel 16C(1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) states:** *Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if – (a) the child dies or is seriously harmed in the local authority’s area, or (b) while normally resident in the local authority’s area, the child dies or is seriously harmed outside England.* (Working together to safeguard children, 2018, P86) |

**Deciding whether to conduct an LCSPR or a partnership learning review:**

It is for safeguarding partners to determine whether an LCSPR is appropriate, considering that the overall purpose of a review is to identify improvements to local practice and wider systems. Just because an incident meets the criteria for notification in Working Together 2018 does not mean there is an automatic expectation to carry out an LCSPR.

**See** [**Appendix A and B Flowchart**](https://somersetcc.sharepoint.com/:b:/s/CSCServiceImprovement/EUEjDAIwirlEpaY5voCotPYBzlB7iIROX7keYt7KAGiOCg?e=9Efw19) **for process and timescale.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Person completing the form *(Operations Manager/ HoS to determine who completes this part depending upon the type of incident)*** | | | | | | | | |
| **Name:** |  | | **Role:** |  | | **Service area:** | |  |
| **Telephone:** | |  | | | **E-mail:** | |  | |
| **Local Authority where incident took place:** | |  | | | | | | |
| **Date case for consideration form submitted** | |  | | | | | | |
| **Signed off by:**  **(Name of Head of Service)** | |  | | | | | | |

|  |  |
| --- | --- |
| **2. Reason for notification or request for case for consideration** | |
| **Reasons:**  **Describe what happened to the child.**  **For example, Physical injuries, Sexual abuse, Neglect.** |  |

|  |  |
| --- | --- |
| **3. About the incident** | |
| **Date of incident:** |  |
| **How many children were seriously injured or died:** |  |
| **Death involved:** |  |

|  |
| --- |
| **4. Characteristic of the case**  **(Describe the characteristic, for example, knife crime, non-accidental injury, physical abuse)** |
|  |

|  |
| --- |
| **5. Incident outline**  **(Include details of when and where the incident place, events leading up to the incident, names of people involved including practitioners, how the incident happened and any other important details)** |
|  |

|  |
| --- |
| **6. Actions that have been taken to safeguard and/or support the child/family:** |
|  |

|  |
| --- |
| **7. Please outline how the events and learning relate to partnership working:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. Child/young person’s details** | | | | |
| **LCS/EHM Number:** | |  | | |
| **Name:** |  | | **Date of Birth:** |  |
| **Does the child have a disability?** |  | | **Gender:** |  |
| **Ethnicity:** |  | | **Nationality:** |  |
| **Current case status:** |  | | **Legal status:** |  |
| **Is the child a looked after child?**  **If so:**  **Start date:** |  | | **Is the child an unaccompanied asylum seeking child?**  **If so:**  **Start date:** |  |
| **Did the child have a child protection plan at time of incident?**  **If so:**  **Start date:** |  | | **Did the child have a child protection plan at any time prior to incident?**  **If so:**  **Start date:**  **Finish date:** |  |
| **Did the child have a pre­birth plan at the time of the incident?**  **If so:**  **Start date:** |  | | **Did the child have a prebirth plan at any time prior to incident?**  **If so:**  **Start date:**  **Finish date:** |  |
| **Did the child have a child in need plan at the time of the incident?**  **If so:**  **Start date:** |  | | **Did the child have a child in need plan at any time prior to the incident?**  **If so:**  **Start date:**  **Finish date:** |  |
| **Child/young person’s home address:** |  | | | |
| **Address where the child/young person was staying at time of incident:** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **9. Details of parents and adult carers** | | | |
| **Name** | **Date of birth** | **Relationship to child** | **Address if different** |
|  |  |  |  |
|  |  |  |  |
| **10. Details of siblings** | | | |
| **Name** | **Date of birth** | **Relationship to child** | **Address if different** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **11. Education or Early Years provision that the child was attending:** | |
| **Name and address of provision:** |  |
| **12. Was the child known to any other agencies?**  **(If so, please provide full details)** |  |

**Please return completed form to your Head of Service for sign off**

**Head of Service to notify Service Director Children and Families as soon as incident is known**

**Head of Service for service area: to send Serious incident form to Service Director Children and Families and to the QA mailbox within 2 days of serious incident:** [**Qualityassurancemailbox@somerset.gov.uk**](mailto:Qualityassurancemailbox@somerset.gov.uk)

**To be completed by Service Improvement Team:**

|  |  |
| --- | --- |
| **13. Outcome of case for consideration:** | |
| **What action has been taken in response to this notification?** |  |
| **What action is still to be taken and who and by when?** |  |
| **Person completing section 13 and date of completion** |  |