**Rapid Review Referral Form**

**Background**

Working Together 2023, Chapter 5 states that the Local Authority, on behalf of the safeguarding partners, is responsible for notifying both the National Panel and the PSCP of any Serious Incidents. Following notification, it is the responsibility of the Statutory Safeguarding Partners (through the PSCP) to undertake a Rapid Review.

Any individual or organisation working with children should inform the PSCP of any incident they think should be considered for a child safeguarding practice review (CSPR), or other type of learning review.

This referral form is the mechanism used for notifying the PSCP of a need for a Rapid Review or a request to consider any other type of learning review.

Anyone completing this form must first have agreed it with a senior safeguarding lead within their agency, this will usually be the person who attends full PSCP meetings.

Referrals should be made as soon as possible after the relevant serious incident, if this is following the Local Authority making a Serious Incident Notification then the referral should usually be received by the PSCP by the second working day following the incident.

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| **Basic information** |
| **Name of child** |  |
| **Date of referral** |  |
| **Date of serious incident** |  |

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| **Referrer details** |
| **Your name** |  |
| **Your agency** |  |
| **Your job role/title** |  |
| **Your telephone number** |  |
| **Your e-mail address** |  |
| **Your line manager contact details** |  |
| **Name of senior safeguarding lead that you discussed this referral with** |  |
| **Contact details for that senior safeguarding lead** |  |

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| **Child’s details** |
| **Date of birth** |  |
| **Home address** |  |
| **Gender** |  |
| **Ethnic origin** |  |
| **Faith/Religion** |  |
| **Disability** |  |
| **Are they currently or have they previously been open to Children’s Social Care?** *(if so, provide details of status, named social worker, manager, concerns etc)* |  |
| **Are they a child in care?** |  |
| **Address of the serious incident** |  |
| **Carer of the child at time of the serious incident** |  |
| **Are you aware of any ongoing criminal investigation linked to this serious incident?** *(if so, provide details)* |  |
| **Are there any adult safeguarding concerns?** *(if so, please confirm you’ve notified the relevant service for safeguarding adults)* |  |
| **What action has been taken to safeguard any siblings of this child?** |  |

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| **Family, carers & significant others** |
| **Name** | **Relationship to the child** | **Address** | **Date of Birth** | **Ethnic Origin** |
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| **Other agencies involved** *(currently or previously)* |
| **Agency** | **Lead professional** | **Telephone**  | **E-mail** | **Reason for involvement** |
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| **Background information** |
| **Has there been previous multi-agency challenge, escalation or use of the case resolution process for this child/family?** *(if so, provide details)* |  |
| **Outline the serious incident and why you are making this referral** |  |
| **Brief details of the background to the child and family circumstances**  |  |

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| **Brief outline chronology of events around the time of the incident** *(not a detailed chronology at this stage)* |
| **Date & time** | **Event** | **Significance** |
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| **Further information***(should be discussed in detail with your senior safeguarding lead)* |
| **What improvements/concerns regarding multi-agency practice could you identify in relation to this referral?** |  |
| **What strengths regarding multi-agency practice could you identify in relation to this referral?** |  |
| **Any additional information that might be relevant to assist decision making regarding this referral** |  |

Please submit this form to the Plymouth Safeguarding Children Partnership via the mailbox - pscp@plymouth.gov.uk. Please also follow up with a phone call, the same day, to ensure receipt of this referral.

If this referral is from the Local Authority, following a Serious Incident Notification, then this will trigger a Rapid Review that will conclude within 15 working days of the serious incident.

If this referral is for any other purpose, it will be considered by the Partnership Manager and the Chair of the CSPR sub-group at the earliest opportunity and a decision about how to best proceed will be made in consultation with you.