



Serious Case Management Review Referral Form

This form should be used to refer cases that may meet the criteria for a Serious Case Management Review (SCMR), to the Independent Chair of the Safeguarding Board (SB) for consideration of a SCMR in respect of an adult or child.

Before submitting this referral to the Chair of the Safeguarding Board, you can seek advice from your agency representative on the SCMRP. The referral must be discussed with your relevant senior manager and their approval sought prior to submission. The relevant senior manager in your agency is required to sign the form to say that they agree with the referral before it is submitted.

The aim of this form is to convey as much information as is available at the time of making the referral. If the information is not available, do not delay in sending it. Additional facts can be made available later.

(It is recognised that not all details may be available)

Criteria to undertake a Serious Case Management Review

In respect of an adult:

A review must be undertaken in any case where:

- (a) A vulnerable adult¹ has died and where abuse or neglect is known or suspected; or
- (b) A vulnerable adult has suffered serious harm²; **AND**
- (c) there is cause for concern about how the SB, any of the bodies³ listed or any other relevant body have worked together to safeguard the vulnerable adult

In respect of a child:

- (a) abuse or neglect of a child is known or suspected;
- (b) the child has died (from any cause, including suicide) or has suffered serious harm; **AND**
- (c) there is cause for concern as to the way in which the Safeguarding Board, any of the bodies³ listed or other relevant body have worked together to safeguard the child.

Cases which meet one of these criteria will **always** trigger an SCMR. In addition, even if one of these criteria are not met an SCMR **should always** be carried out when a child dies in custody, in the custody of an institution within the meaning of the Custody Act 1995, detained under the Mental Health Act 1998; or in the care of, or being looked after by Manx Care.

¹ A vulnerable adult is defined in S5 of the [Safeguarding Board Act 2018](#)

² (Serious harm referred to includes, but is not limited to -

- (a) the death of a child or vulnerable adult;
- (b) the suffering by a child or vulnerable adult of —
 - (i) a life-threatening injury; or
 - (ii) impairment to his or her physical or mental health or his or her physical, intellectual, emotional, social or behavioural development, where that impairment is serious or likely to be long-term.)

³ Bodies as referred to

- (a) the Department of Education, Sport and Culture;
- (b) the Department of Health and Social Care;
- (c) the Department of Home Affairs;
- (d) the former Departments of —
 - (i) Education,
 - (ii) Education and Children;
 - (iii) Health,
 - (iv) Health and Social Security;
 - (v) Social Care;

1. Name and Contact details of person making referral:

2. Is this referral in respect of an adult or a child?

Adult/child [please specify]

a. If an adult do they have capacity?

Yes/no [please specify]

3. In respect of the referral please complete the table below

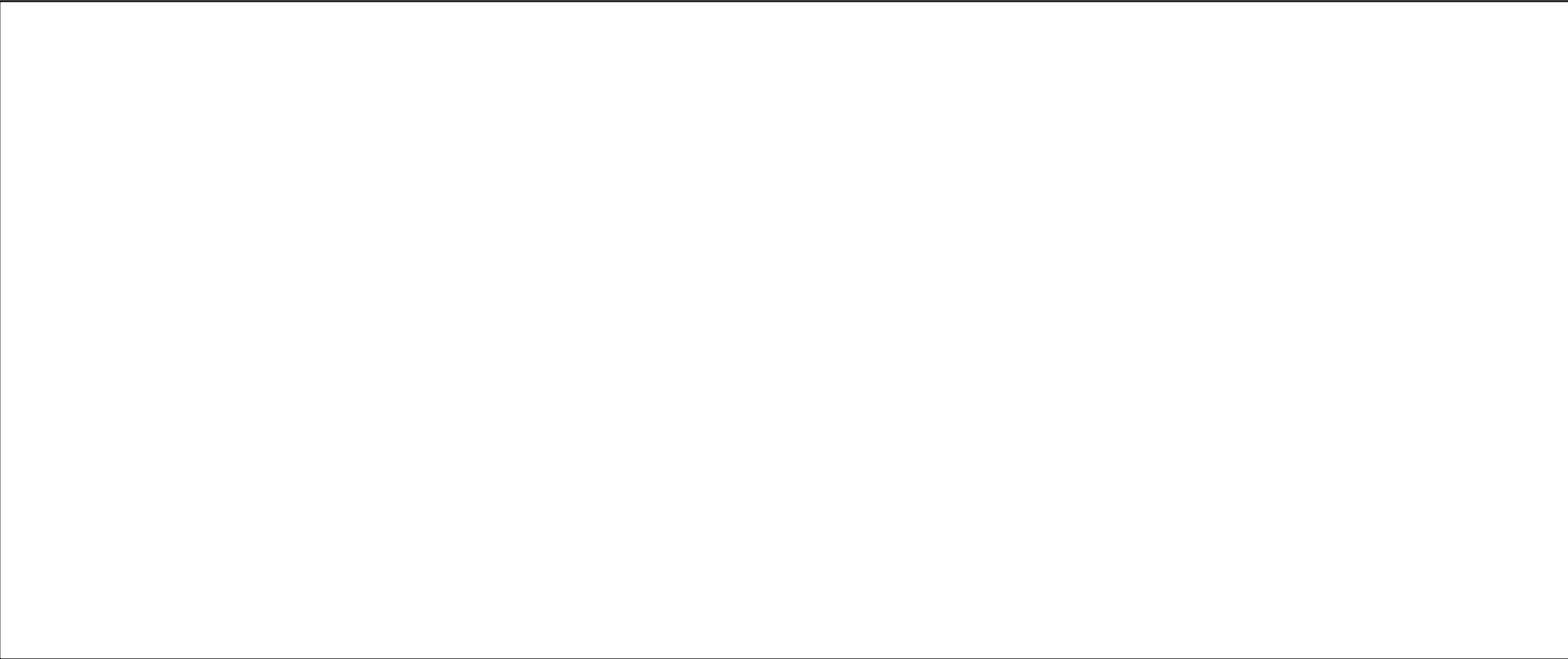
Name of the child/adult who has suffered serious harm	DOB/DOD (if applicable)	Known address	Is this child/adult known to services? If yes please list which ones	In the case of a child, is the child currently subject to a Child Protection Plan (CPP) or is a Looked after Child. If not have they ever been subject to a CPP or Looked After?

a. Please complete the information below for all relevant family details

Name	Relationship to child/adult	Address	Contact details (if known)	Any legal orders in place? [please specify]	Was this adult alleged to be involved in the maltreatment?

b. Any other relevant family details

4. Please outline the details relating to this referral.

A large, empty rectangular box with a thin black border, intended for the user to provide details about the referral. The box is currently blank.

5. Please explain how you believe that this referral meets the criteria as listed above and in particular outline why you believe it raises issues under Reg 17a about how agencies have worked together to safeguard the vulnerable child/adult. Please note referrals cannot be accepted unless this section is completed.

Signed:
Responsible Director/Superintendent/CEO

Date:

Signed:
Name and job title of submitting officer

Date:

NB please contact the Board Manager to alert them that you intend to submit the referral on (01624) 687365 and email the referral form to:
SafeguardingBoard.CO@gov.im