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| **Child Safeguarding Practice Review Referral Form and Rapid Review** |  |

**Criteria for Child Safeguarding Practice Reviews**

Serious child safeguarding cases 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[[1]](#footnote-1).

**Any individual or organisation working with children should inform the relevant Safeguarding Partners16 of any incident they think should be considered for a Child Safeguarding Practice Review, or other type of learning review, using this form.**

Professionals should discuss the case with their agency’s designated safeguarding lead/officer to help formulate the rationale. If you need advice completing this form please contact us: our phone and email address are included at the end of this form.

**A referral should be made as soon as** **possible after the serious incident occurs.**

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|  | **NOTIFIER DETAILS[[2]](#footnote-2)** | | | |
| **Notifier’s Name:** | |  | **Notifier’s Role:** |  |
| **Notifier’s Agency:** | |  | Tel Number: |  |
| **Date of Notification:** | |  | Child Initials: |  |
| **Has this case been notified to Ofsted?** | |  | Date of Ofsted Notification |  |
| **Ofsted Significant Number** | |  |  |  |

# Referral for a Child Safeguarding Practice Review To be completed by the referring officer

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| **1.1** | **CHILD DETAILS** | | | | | | | |
| **Child’s Last Name/s:** | | |  | | **Child’s Date of Birth:** | |  | |
| **Child’s Forename/s:** | | |  | | **Age:** [If DOB not known] | |  | |
| **Other Names Used:** | | |  | | **Date of Death** [if applicable] **or SI date** | |  | |
| **Child’s Home Address:** | | |  | | **Gender: [Please delete]** | | Male | Female |
| **Ethnicity / Faith / Disability:** | | | Please specify | | | | | |
| **Name of GP (if known)** | | | Please specify | | | | | |
| **Housing provider (if applicable/known)** | | | Please specify | | | | | |
| **School or Early Years Provider** | | | Please specify | | | | | |
| **Is the child/young person open to Children’s Social Care? (if so, who is the lead practitioner?)** | | | Please specify | | | | | |
| **Is the child currently on a CP Plan** | | | If yes, give details | | | | | |
| **Was the child previously on a CP plan** | | | If yes, give details | | | | | |
| **Is the child currently a Child in Need?** | | | If yes, give details | | | | | |
| **Was the child previously a Child in Need** | | | If yes, give details | | | | | |
| **Is the child currently on a CP Plan** | | | If yes, give details | | | | | |
| **Is the child/young person looked after?** | | | Please specify | | | | | |
| **Should the entire sibling group be considered in the scope of this review?** | | | Please provide detail here | | | | | |
| **Are there any Criminal / Parallel Proceedings?** | | | Please specify | | | | | |
| **Incident location and Carer at time** | | |  | | | | | |
| **Are there any Adult Safeguarding concerns and have these been shared via an Adult Safeguarding Referral** | | |  | | | | | |
| **1.2** | **Details of family members and any significant others** | | | | | | | |
| **Name** | | **Address (if different from above)** | | **Date of Birth** | | **Relationship to child / Legal Status** | | |
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| **1.3** | **Other agencies known to be involved** | | | | | | | |
| **Agency** | | **Contact details: Address, Telephone and Email** | | | | **Reason for involvement (include whether current or not)** | | |
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***Category of Abuse***

*The Categories listed below are used to support the National Panel collate data. Please select any that are relevant.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Abuse** | | | | | |
| Domestic Abuse |  | Physical |  | HSB: extra-familial |  |
| Alcohol |  | Physical: Self-Harm |  | HSB: intra-familial |  |
| Drugs/Solvents |  | Physical: FGM |  | Faith-Based |  |
| Neglect: Long standing |  | Sexual: inter-familial |  | Online |  |
| Neglect: Recent |  | Peer on Peer |  | Bullying |  |
| **Exploitation** | | | | | |
| Countylines |  | Trafficking |  | Sexual Exploitation |  |
| Modern Slavery |  | Extremism |  | Forced Marriage |  |
| **Criminal acts/Potentially Criminal** | | | | | |
| Filicide (parent kills child) |  | Risk-taking behaviour by child |  | Road traffic accident |  |
| Gang violence |  | Child perpetrator |  | Other (see below) |  |
| Knife crime |  |  |  |  |  |
| **Health/Medical Issues** | | | | | |
| Injury |  | Self-harm |  | Shaken baby syndrome |  |
| Life-limiting illness (natural causes) |  | Suicide |  | Sudden infant death syndrome |  |
| Learning Disabilities |  | Child Mental Health |  | Parental Mental Health |  |
| Serious illness |  | Fabricated illness |  | Teenage Pregnancy |  |
| Other (see below) |  |  |  |  |  |
| **Other:** if you have responded other to any areas above/if the issue is not categorised, provide details | | | | | |
|  | | | | | |

***Case Background***

*This information will be used to determine whether to trigger a multi-agency Rapid Review.* ***This is a significant step that commits substantial professional time and has capacity and resource implications and should have senior management sign off at submission****. Please ensure that the information you provide is accurate and does not omit significant details. If you are uncertain of details, please highlight this.*

|  |  |
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| **2.1** | **Please provide a brief outline of the child and family circumstances and the incident that triggered this referral. Please note this should be a brief narrative outline and not a copy of case notes or case chronologies. The narrative should focus on your agencies involvement with the family.** |
|  | |
| **2.2** | **Please outline why you are making this referral and how it meets the CSPR criteria:** |
|  | |
| **2.3** | **What action if any has been taken to safeguard the child or other children and adults affected? Do you have concerns about the current safety of this child or other family members?** |
|  | |
| **2.4** | **Have you taken any steps to escalate these concerns outside of the Safeguarding Practice Review Group? Have any other investigations into the incident been triggered? If so, please provide details and outcomes.** |
|  | |

**Please use the chronology table below to outline any key events around the time of the incident.**

*PLEASE NOTE: This should only include* ***key significant events*** *and* ***DOES NOT*** *need to be a detailed chronology at this stage.* ***Do not cut and paste case notes/ chronologies straight from records into the box.***

|  |  |  |
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| **2.5 Date and Time** | | **Event** |
|  | |  |
| **2.6** | **Please add any additional information you think may be relevant and may assist decision making, including any possible learning arising from the case:** | |
|  | | |

**Once completed please email the completed form to: safeguardingboards@cambridgeshire.gov.uk**

# Agency Information and Involvement

# to be completed by agencies other than the referring agency

*Guidance note before proceeding to* ***Analysis*** *below: we will use your analysis to report back to the National Panel on:*

* *decision-making in terms of whether the criteria for a CSPR has been met and on what grounds, and if not, why not. Clear reasons are required;*
* *a recommendation on whether or not a national review would be considered necessary, and if so, why. Clear reasons are required;*
* *if the decision is taken not to proceed with a CSPR, a summary of why it is thought there is no further learning to be gained;*

Provide a ***brief* analysis** of **your** agency’s involvement with children and adults listed above. The National Panel requires a concise summary of the facts, so far as they can be ascertained, about the serious incident and relevant context; this should give sufficient detail to underpin the analysis against the Working Together criteria, but does not require lengthy detailed **chronologies of agency involvement that can obscure the pertinent facts;**

***Do not cut and paste case records/ notes or chronologies***

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Agency |  | | |
| Summary and analysis of agencies involvement | | | |
|  | | | |
| **Based on your summary above , does your agency’s involvement in this case highlight any of the following areas?**  **Please provide further details below, or record N/A (not applicable).** *Where appropriate, cross reference Analysis to the key practice episodes noted in summary above* | | | |
| **The need for improvement in services to safeguard and promote the welfare of children in your own agency or sector? If yes, please give details** | | | |
|  | | | |
| **Concerns about the way in which two or more agencies have worked together to safeguard a child (including agencies working primarily with adults)** | | | |
|  | | | |
| **Gaps in service provision or the lack of involvement of an agency with safeguarding responsibilities** | | | |
|  | | | |
| **The safeguarding of children and young people by or in an institutional setting** | | | |
|  | | | |
| **Good practice identified?** | | | |
|  | | | |
| **Other areas not listed above** | | | |
|  | | | |
| **Views on learning to be gained?** | | | |
| **Please use space below to summarise your agency’s response to this case in terms of:**   * ***immediate safeguarding arrangements of any children involved;*** * ***any immediate learning already*** * ***plans for the dissemination of immediate learning;*** * ***potential for additional learning within your agency*** | | | |
|  | | | |
| **Name** |  | **Dated** |  |
| **Job Role** |  | **Contact Email/Number** |  |

**Once completed please email the completed form to: safeguardingboards@cambridgeshire.gov.uk**

# Rapid Review

# Decision making

**Purpose of the Rapid Review**

In line with *Working Together 2018*, the aim of this rapid review is to enable safeguarding partners to:

* gather the facts about the case, as far as can be readily established;
* discuss whether there is any immediate action needed to ensure children’s safety and share any learning appropriately;
* consider the potential for identifying improvements to safeguard and promote the welfare of children;
* decide what steps to take next, including whether or not to undertake a child safeguarding practice review.

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| **4.1** | **Agencies involved in Rapid Review** | | | | | | | | |
| **Children Social Care** | |  | | **Early Help** | |  | **Early Years** | |  |
| **Health Services** | |  | | **CAMHS** | |  | **Education** | |  |
| **Police** | |  | | **Youth Offending** | |  | **Probation** | |  |
| **NSPCC** | |  | | **CAFCASS** | |  | **Other** | |  |
| **4.2** | **Case Features – Child / Young Person** | | | | | | | | |
| **Domestic Abuse** | |  | | **Alcohol Abuse** | |  | **Substance Abuse** | |  |
| **Child’s Mental Health** | |  | | **Previously Looked After** | |  | **Teenage Pregnancy** | |  |
| **Sexual Abuse** | |  | | **Exploitation** | |  | **Non-Accidental Injury** | |  |
| **Neglect** | |  | | **Fabricated Illness** | |  | **Learning Disabilities** | |  |
| **Emotional Abuse** | |  | | **Suicide** | |  | **Self Harm** | |  |
| **Other** | |  | |  | |  |  | |  |
| **4.3** | **Case Features – Parent / Carer** | | | | | | | | |
| **Domestic Abuse** | |  | | **Alcohol Abuse** | |  | **Substance Abuse** | |  |
| **Mental Health** | |  | | **Previously Looked After** | |  | **Teenage Pregnancy** | |  |
| **Sexual Abuse** | |  | | **Exploitation** | |  | **Non-Accidental Injury** | |  |
| **Neglect** | |  | | **Fabricated Illness** | |  | **Learning Disabilities** | |  |
| **Emotional Abuse** | |  | | **More than one child abused** | |  | **Other** | |  |
| **4.4** | **Details of Rapid Review Panel** | | | | | | | | |
| Date of Rapid Review Panel | | |  | | Chair of Panel | | |  | |
| Members of Rapid Review Panel | | | | | | | | | |
| Name | | | | | Agency | | | | |
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Summary of Discussion

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| **4.5** | **a) Known facts about the case at time of discussion** | | | | |
| Brief History: | | | | | |
| **4.6** | **Is there any immediate action needed to ensure the child’s safety and share any immediate lessons?** | | | | |
| Has ALL appropriate immediate action been taken to ensure children’s safety and share any learning appropriately?  **Yes  No**  **Please give details of action taken.** | | | | | |
| **4.7** | **What is the potential for identifying improvement to safeguarding and promote the welfare of children?** | | | | |
|  | | | | | |
| **4.8** | **Decide the next steps including whether to undertake a Child Safeguarding Practice Review** | | | | |
|  | | | | | |
| **4.9** | | **Decision / recommendation** | | | |
| Was the recommendation unanimous? **Yes  No**  **Comments/reasons for dissent/who?** | | | | | |
| **After completing this Rapid Review, it has been agreed that this case:**  Meets the criteria for a national Child Safeguarding Practice Review;  Meets the criteria for a local Child Safeguarding Practice Review;  Does not meet the criteria but warrants an alternative Learning Review | | | | | |
| Reasons for Recommendation | | | | | |
| **Name** | | |  | **Dated** |  |

1. Child perpetrators may also be the subject of a review, if the definition of ‘serious child safeguarding case’ is met. [↑](#footnote-ref-1)
2. Please note that, as the referrer, you may be required to present the referral at the local Child Safeguarding Practice Review Group. [↑](#footnote-ref-2)