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| **Reference (SSCP use):**  |

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| **CONFIDENTIAL WHEN COMPLETED** |  |

**RAPID REVIEW MEETING REPORT**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Date of Serious Incident/ Death** |  |
| **Date of Referral :** |  |
| **Date of LA** **Notification:** |  |

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| **Chair:** |  |
| **Date of Rapid** **Review Meeting:** |  |

*The objective of this report is to determine whether SSCP should consider undertaking a local child safeguarding practice review or other type of review, and what the remit of that review should be. The report will be completed by a member of the Business Unit in conjunction with the Chair who will lead the necessary discussions and approve the final report.*

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| 1. **Contributing Agencies and Family Structure**
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| --- | --- | --- | --- | --- | --- |
| **Name**  | **Agency/ Role** | **Known****(Y/N)** | **Report****(Y/N/NA)** | **Chronology****(Y/N/NA)** | **Attended****(Y/N)** |
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| **Name**  | **Date of Birth** | **Relationship to Child**  | **Address** |
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1. **The Report**
	1. **Facts about the case**
2. **From Case Referral**
3. **From Agency Summaries/Integrated Chronology**
	1. **Case Discussion**
4. **About the child/ their lived experience (Step 2[[1]](#footnote-1))**
5. **Views of parents/carers and wider family/community**
6. **Views of key front-line professionals**
7. **Immediate thoughts/ observations (Step 3)**
8. **Analysis Tree: Cause and Effect- factors that may have influenced the incident and individual or / and agency practice (Step 4)**
9. **What are we worried about? (Step 5)**
10. **What has worked well? (Step 6)**
11. **Missing information/representation (Step 7)**
12. **Learning to be shared and next steps (SMART actions) (Step 8)**

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| **Action** | **Outcome**  | **Lead Officer** | **Date** |
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* 1. **Agreement of any Immediate action needed to ensure children’s safety and share learning**
	2. **Improvements to safeguard and promote the welfare of children**
	3. **Summary of case learning, strengths and Next Steps**
1. **Decide if the case meets the threshold for a CSPR and rationale**

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| **Name**  | **Agency/ Role** | **Decision** **(y/n & rationale )** |
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1. **Panel and review recommendations**

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| **Recommendation** *(complete either (a) or (b) below)* |
| 1. The case meets the threshold criteria for a child safeguarding practice review
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| (b) It was agreed that the case does not meet the threshold criteria – No further review required |  |
| Was the recommendation unanimous? | Yes / No |
| If No, comments/reasons for dissent/agency? |  |

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| **Recommendations for review/audit –** If further review required |
| 1. Type and methodology
 |  |
| 1. Timescales
 |  |
| 1. Period under review
 |  |
| 1. Key lines of enquiry
 |  |
| 1. Involved agencies
 | Please list below  |
| **Agency** | **Service** | **Name or Designation** (if known) |
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1. **Rapid Review Outcome Notification**

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| **Notification to**  | **Responsible Lead** | **By Date**  |
| 1. Independent Advisor
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| 1. CSPR Panel
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| 1. Ofsted and DfE
 |  |  |
| 1. SSCP and PR Subgroup
 |  |  |
| 1. Family
 |  |  |
| Other? |  |  |

**3. SSCP Independent Advisor’s Decision**

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| **Independent Advisor** |
| **Comments:**  |
| **Name** | Simon Westwood |
| **Date** |  |
| **Signed** |  |

1. Steps 1-8 align to the case discussion tool v7 [↑](#footnote-ref-1)