**Graphical user interface, text

Description automatically generated**

**Rapid Review Template**

**Purpose of the Rapid Review**

In line with *Working Together 2023*, 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 & promote the welfare of children;
* decide what steps to take next, including whether or not to undertake a child safeguarding practice review.

**Decision about whether to conduct a Local Child Safeguarding Practice Review**

*Guidance: Norfolk Safeguarding Children Partnership (NSCP) is holding a Rapid Review of the circumstances surrounding a serious child safeguarding incident. The responsible officer is required to return a response in 15 days. The NSCP recognises the resource and capacity issues this involves, and this template is issued on the grounds that either (a) the case has met the criteria for the Local Authority to submit a Serious Incident Notification to Ofsted; or (b):a partner has submitted compelling evidence that the case meets the criteria for undertaking a local Rapid Review to establish the extent of harm and/or learning to be gained.*

*In this instance, Norfolk County Council has submitted a Serious Incident Notification.*

*The partnership is required to decide whether it will conduct a local safeguarding practice review or what other action to take and report its decision to the National Child Safeguarding Practice Review Panel by \*\*\*\*. The Rapid Review will be considered by the NSCP’s Safeguarding Practice Review Group (SPRG) on \*\*\*\*. The SPRG requires information from member agencies to inform decision-making. This document provides a summary of the information received to date, including details of the child, family and the incident.*

*The Rapid Review template must be submitted to the Head of NSCP Business Delivery,* [*abigail.mcgarry@norfolk.gov.uk*](mailto:abigail.mcgarry@norfolk.gov.uk) *by \*\*\*\* on \*\*\*\*. NB All boxes will expand. Delay in providing relevant information may seriously impair the ability of the partnership to reach the best decision. The NSCP Business Unit will collate all single agency Rapid Reviews into one coherent document for decision-making at SPRG*

**Details of the individual and agency completing this form**

|  |  |  |
| --- | --- | --- |
| **Name**  **Agency & Designation/Title** | **CONTACT DETAILS**  **including direct line, telephone number & email** | **Date Completed** |
|  |  |  |

**Background Information** *(This should be completed before this form is sent out)*

|  |
| --- |
| **For completion by NSCP Business Unit:**  **Reasons for completing the Rapid Review** |
|  |
| **For completion by NSCP Business Unit:**  **Time period to be covered by agency submission *(NB additional earlier background information should be submitted if it will inform the decision making)*** |
|  |

**Family details For completion by NSCP Business Unit:**

***NB All agencies are asked to check whether the details below match information held on their systems. Please note any significant anomalies.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Subject Child |  | Ethnicity | |  |
| Also Known as |  | NHS Number | |  |
| Date of Birth |  | Date of Death  (if applicable) | |  |
| Brief details of any confirmed disability |  | Gender | |  |
| Currently looked after child? |  | Formerly looked after child? | |  |
| If yes give details |  | | | |
| Currently CP plan? |  | Former CP plan? | |  |
| If yes, give details |  | | | |
| Currently child in need? |  | Formerly CIN? | |  |
| If yes, give details |  | | | |
| Name(s) of Siblings |  | Sibling’s(s’)’ dates of birth | |  |
| Should the entire sibling group be considered in the scope of this review? Please provide detail here | | |  | |
| Home address | | |  | |
| Housing provider (if applicable/known) | | |  | |
| School or Early Years Provider | | |  | |
| Location of serious incident if not the child’s usual home address | | |  | |
| Is the incident the subject of a criminal investigation and, if so, who is the Senior Investigating Officer? | | |  | |

**Category of Abuse**

The Categories listed below are used to support the National Panel collate data. Please select any that are relevant based on the information held by your agency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | | | | | |
| Gang violence |  | Filicide (parent kills child) |  | Road traffic accident |  |
| Knife crime |  | Child perpetrator |  | Other (see below) |  |
| **Health/Medical Issues** | | | | | |
| Injury |  | Self-harm |  | Shaken baby syndrome |  |
| Life-limiting illness  (natural causes) |  | Suicide |  | Sudden infant death syndrome |  |
| Serious illness |  | Fabricated illness |  | Other (see below) |  |
| **Other:** if you have responded other to any areas above/if the issue is not categorised, provide details | | | | | |
|  | | | | | |

**Details of Family Members and other significant adult or child (including carers at the time of the incident if known Please include a genogram if possible.**

|  |  |  |  |
| --- | --- | --- | --- |
| **For completion by NSCP Business Unit:**  ***NB if the Rapid Review Author has any additional information please add it here*** | | | |
| **Name and Address** | **Date of Birth** | **Relationship to Child** | **Any significant information known at this point** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Agency Information and Involvement**

|  |  |
| --- | --- |
| **SUMMARY: Provide a *brief* summary 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;**  *Give details of key events in chronological order including periods when your agency was involved and gaps in contact. NB if the involvement was extended over a period of time, use the date column to state start and end date.* | |
| **Date(s)** | **Details of involvement/Event/Key Practice Episode** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Analysis**

|  |  |
| --- | --- |
| **ANALYSIS: Does your agency’s involvement in this case highlight any of the following areas? These are relevant to the decision to conduct a local safeguarding practice review.**  **Please provide further details below, or record N/A (not applicable).** *Where appropriate, cross reference Analysis to the key practice episodes noted in agency involvement summarised above.* | |
| **Child’s Lived Experience & Voice**  *What was the child’s true lived experience and how can their voice be heard in the review?* |  |
| **Cultural Awareness & Competence**  *How was the race, culture, faith, and ethnicity of the child and/or family considered by practitioners and did cultural consideration impact on practice?* |  |
| **Impact of disability and/or physical or mental health issues**  *Intersectionality is the interconnected relationship of social categorisations such as race, gender, and sexual orientation together with individual vulnerability and adversities suffered by the individual. Were any recognised risk factors present or absent and did they play a significant part in the child’s lived experience?* |  |
| **Multi-Agency Working** |  |
| **Gaps in provision** |  |
| **Cross boundary working** |  |
| **Institutional settings** |  |
| **Need for Improvement**  *Can you identify clear agency and/or partnership actions to take forward*? |  |
| **Good practice identified**  *Does the review identify relevant good practice, and should this be disseminated across the system?* |  |

|  |
| --- |
| **IMMEDIATE LEARNING/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* |
|  |

|  |
| --- |
| **POTENTIAL KEY LINES OF ENQUIRY**:  Please use this section to **concisely** record your views on any key lines of enquiry in the event that we proceed to a local Child Safeguarding Practice Review |
|  |

**Advice on Submission of Rapid Reviews**

|  |
| --- |
| Contact details for advice on the completion of this form and where the completed form should be submitted to:  **Abigail McGarry - Tel: 01603 223335**  **NSCP Business Manager**  [**abigail.mcgarry@norfolk.gov.uk**](mailto:abigail.mcgarry@norfolk.gov.uk)  You may also wish to refer to You may also wish to refer to the [NSCP’s local guidance on SPRs](https://www.norfolklscb.org/wp-content/uploads/2023/03/CSPR-processes_REVIEWED-2023_FINAL-with-3SP-sign-off.pdf) and/or the [National Child Safeguarding Review Panel’s Practice Guidance](https://www.gov.uk/government/publications/child-safeguarding-practice-review-panel-practice-guidance) |