**Brighton and Hove Safeguarding Children Partnership**

**Rapid Review Information Request**

Under arrangements set out in [Working Together 2023](https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf), when a serious child safeguarding incident occurs, the Local Safeguarding Children Partnership is required to undertake a ‘**rapid review’[[1]](#footnote-1)**. The findings of the review will be submitted to the National Child Safeguarding Practice Review Panel[[2]](#footnote-2).

**The aim of this rapid review is to enable safeguarding partners to:**

* gather the facts about the case, as far as they can be readily established at the time
* 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 they should take next, including whether to undertake a child safeguarding practice review
* share identified learning appropriately.

**Your agency has been identified as being involved with the child/family shown below. For the purposes of the rapid review, it is important that agencies reflect on their involvement when completing this form.**

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| **Please return the completed form by XX/XX/XXX**  **Forms should be emailed (securely) to: bhscpcasereviews@brighton-hove.gov.uk** |

**The information submitted here is confidential and is not for onward circulation.**

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| **SECTION 1 – YOUR DETAILS** | |
| **Your Name and Role** |  |
| **Your Agency** |  |
| **Contact (email and telephone)** |  |

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| **SECTION 2 - CHILD’S DETAILS** | | | | | | | | | | |
| **Child’s full name:** |  | | | **Other names used:** | | |  | | | |
| **Child’s date of birth:** |  | | | **Date of death/ serious incident:** | | |  | | | |
| **Gender:** |  | | | **Ethnicity:** | | |  | | | |
| **Religion:** |  | | | **SEN and/or Disability:** | | |  | | | |
| **NHS Number** |  | | | **GP** | | |  | | | |
| **Child’s home address:** | ([IMD decile](https://www.fscbiodiversity.uk/imd/index.php?p=PO20+2DL&d=#data): insert decile number here – from 1-10) | | | | | | | | | |
| **Where does the child live?** | Home |  | Local authority care | |  | With relatives | |  | Other, please state |  |
| **Child’s educational establishment/status:** |  | | | | | | | | | |
| **Period of Interest for the Rapid Review** | **XXXX to XXXX,** but if there is relevant info in advance of this please include, also please include as a summary any relevant info regarding sibling and/or parents. | | | | | | | | | |

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| **SECTION 3 – Summary of incident as known** |
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| **SECTION 4 - Parent/Carer / Family / Significant Others and Household Details** | | | | | | | | | |
| **Mother’s name:** | |  | | | **Mother’s date of birth:** | |  | | |
| **Mother’s NHS Number:** | |  | | | **Mother’s GP:** | |  | | |
| **Mother’s address (if different):** | |  | | | | | | | |
| **Father’s name:** | |  | | | **Father’s date of birth:** | |  | | |
| **Father’s NHS Number:** | |  | | | **Father’s GP:** | |  | | |
| **Father’s address (if different):** | |  | | | | | | | |
| **Details of any other significant adults and their relationship to the child:** | |  | | | | | | | |
| **DETAILS OF SIBLINGS** | | | | | | | | | |
| **Name of sibling:** | **Date of birth:** | | **Gender:** | **Address (if different to key child):** | | **Educational establishment:** | | **NHS Number:** | **GP details:** |
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**If your agency holds information different to the above or information on any other family/significant others please provide details here:**

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| **Agency details on any significant others** (not included above) | | | | |
| **Name** | **Relationship to child** | **Gender** | **Date of Birth** | **Last known address** |
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| **SECTION 5 – SAFEGUARDING OTHER CHILDREN** |
| Is there any other child (ren) for which immediate action is needed/taken to ensure their safeguarding needs are met? |
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| **SECTION 6 – KEY EVENT SUMMARY OF AGENCY INVOLVEMENT** | | |
| **Provide a SUMMARY of agency/service involvement - this should include:**   * your agency reference number for the child / children / adults (such as NHS number, PNC number, Social Care case number, etc.) * any concerns about the child / children or parents / family members and actions taken by your agency to ensure safeguarding needs have been met   **Chronology/significant events should be noted in the next section** | | |
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| **Provide a SUMMARY of significant events / interventions (e.g. changes in family, coming to the attention of the Police, Attendance at A&E, referral to other agency)**  Please try and restrict submission to two pages – this is a summary of the information you hold on contact with this child. Add more rows as required. | | |
| **Date / Period / Length of involvement** (Chronological Order) | **Type of Involvement / Significant Event** | **Outcome** |
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| **Frontline staff involvement during time known to your services within the period of interest specified above**  *\*\* It is the responsibility of each organisation to ensure that staff involved with the case are supported and updated about details of the incident and this review \*\** | | |
| **Name** | **Job Title** | **Dates of involvement** |
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| **Other agencies / practitioners known to be involved from your records** | | |
| **Name** | **Job Title** | **Dates of involvement** |
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| **SECTION 7 – AGENCY REFLECTIONS & LEARNING** |
| **Based on the events and interventions above consider:**   1. **Were the needs of the child understood and responded to by the intervention/service provided?**   If so, what helped achieve this (e.g., input from child/family, timeliness, relationships, procedure compliance)?  If this wasn’t achieved, what stopped or limited this? |
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| **Based on the events and interventions above consider:**   1. **Did your agency/service work with others?**   If so what worked well (e.g. shared plans and analysis, good challenge etc)  What improvements could be made? |
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| **Based on the events and interventions above consider:**   1. **Identity and Intersectionality**   How was the child’s/or family’s race, culture, faith, and ethnicity considered by practitioners and did cultural considerations impact on practice?  How did any disability, physical or mental health issues, and any identity factors for the child and/or family impact on the child’s lived experience and on practice?  How were the child’s intersecting needs identified and understood? |
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| **Based on the events and interventions above consider:**   1. **What key moments, if any, can be identified where different decisions could have been made?**   What would the potential impact of this have been? |
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| **Based on the events and interventions above consider:**   1. **What is the immediate learning identified by your agency and how will this be shared?** |
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**Thank you for completing the Rapid Review.**

1. [**Rapid Reviews**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/793253/Practice_guidance_v_2.1.pdf) are additional and separate to the Child Death Review/ Joint Agency Review process. The BHSCP is required to submit its findings to the Panel within 15 days of the critical incident. [↑](#footnote-ref-1)
2. [**National Child Safeguarding Practice Review Panel**](https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel/about) – is responsible at a national level for identifying and overseeing the review of serious child safeguarding cases which it considers are of national importance, with local safeguarding practice reviews being the responsibility of the Brighton & Hove Safeguarding Children Partnership. [↑](#footnote-ref-2)