

## Template 2. Child Practice Review Report

### Child Practice Review Report

*(insert name)* **Safeguarding Children Board**

**Concise/ Extended** *(delete as appropriate)* **Child Practice Review**

**Re: insert numerical case identifier<sup>17</sup> xx BOARD 1/17**

### Brief outline of circumstances resulting in the Review

To include here: -

- *Legal context from guidance in relation to which review is being undertaken*
- *Circumstances resulting in the review*
- *Time period reviewed and why*
- *Summary timeline of significant events to be added as an annex*

An .... review was commissioned by ..... Board on the recommendation of the Child Practice Review Sub-Group in accordance with the Guidance for Multi Agency Child Practice Reviews. The criteria for this review are met under x:

(a succinct anonymised account of the circumstances which required a review to be held by the Board)

### Practice and organisational learning

*Identify each individual learning point arising in this case (including highlighting effective practice) accompanied by a brief outline of the relevant circumstances*

(Relevant circumstances supporting each learning point may be informed by what was learned from the family's contact with different services, the perspective of practitioners and their assessments and action taken, family members' perspectives, evidence about practice and its impact, contextual factors and challenges)

<sup>17</sup> These are based on the year an CPR began. So, for example, the first CPR undertaken by CYSUR Safeguarding Board will be (CYSUR 1/ 2017)

## Improving Systems and Practice

*In order to promote the learning from this case the review identified the following actions for the Board and its member agencies and anticipated improvement outcomes:-*

(what needs to be done differently in the future and how this will improve future practice and systems to support practice)

### Statement by Reviewer(s)

<b>REVIEWER 1</b>		<b>REVIEWER 2</b> <i>(as appropriate)</i>	
<b>Statement of independence from the case</b> <i>Quality Assurance statement of qualification</i>		<b>Statement of independence from the case</b> <i>Quality Assurance statement of qualification</i>	
<p>I make the following statement that prior to my involvement with this learning review:-</p> <ul style="list-style-type: none"> <li>• I have not been directly concerned with the child or family, or have given professional advice on the case.</li> <li>• I have had no immediate line management of the practitioner(s) involved.</li> <li>• I have the appropriate recognised qualifications, knowledge and experience and training to undertake the review.</li> <li>• The review was conducted appropriately and was rigorous in its analysis and evaluation of the issues as set out in the Terms of Reference.</li> </ul>		<p>I make the following statement that prior to my involvement with this learning review:-</p> <ul style="list-style-type: none"> <li>• I have not been directly concerned with the child or family, or have given professional advice on the case.</li> <li>• I have had no immediate line management of the practitioner(s) involved.</li> <li>• I have the appropriate recognised qualifications, knowledge and experience and training to undertake the review.</li> <li>• The review was conducted appropriately and was rigorous in its analysis and evaluation of the issues as set out in the Terms of Reference.</li> </ul>	
<b>Reviewer 1</b> <i>(Signature)</i>	.....	<b>Reviewer 2</b> <i>(Signature)</i>	.....
<b>Name</b> <i>(Print)</i>	.....	<b>Name</b> <i>(Print)</i>	.....
<b>Date</b>	.....	<b>Date</b>	.....

**Chair of Review Panel**

(Signature) .....

**Name**

(Print) .....

**Date** .....**Appendix 1:** Terms of reference**Appendix 2:** Summary timeline**Child Practice Review process***To include here in brief:*

- *The process followed by the Board and the services represented on the Review Panel*
- *A learning event was held and the services that attended*
- *Family members had been informed, their views sought and represented throughout the learning event and feedback had been provided to them.*

 Family declined involvement**For Welsh Government use only**

Date information received .....

Date acknowledgment letter sent to Board Chair .....

Date circulated to relevant inspectorates/Policy Leads .....

<b>Agencies</b>	<b>Yes</b>	<b>No</b>	<b>Reason</b>
CSSIW	<input type="checkbox"/>	<input type="checkbox"/>	
Estyn	<input type="checkbox"/>	<input type="checkbox"/>	
HIW	<input type="checkbox"/>	<input type="checkbox"/>	
HMI Constabulary	<input type="checkbox"/>	<input type="checkbox"/>	
HMI Probation	<input type="checkbox"/>	<input type="checkbox"/>	