**Template 1. Recommendation to Chair of SCB from Review Subgroup**

**From:** Chair of the CPR Subgroup – Name and Designation

**To:** Chair of the SCB – Name and Designation

**Re:** Insert numerical case identifier **(to be used in all future correspondence-** *These are based on the year a CPR began. So, for example, the first CPR undertaken by Cardiff and Vale SCB next year will be (C&Vf 1/ 2016)***)**

**Date of Recommendation:**

|  |
| --- |
| **Brief outline of Case/incident**Please include the legal status of child/children prior to incident and any immediate remedial safeguarding action taken by relevant agencies. |
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| **Recommendation**The CPR Subgroup has considered this case and recommends that it meets the criteria for a: |
| **Concise review** | [ ]  |
| **Extended review** | [ ]  |
| If the criteria are not met for the above reviews, what alternative review process will be undertaken: |
| **Referred to multi-agency professional forum** | [ ]  |
| **No review** | [ ]  |
| **Alternative review process**  | [ ]  |
| *Please specify or detail alternative review process, e.g. Homicide Review***:**……………………………………………………………………………………………………………………………………………………………………………………………… |
| **Decision** |
| Unanimous | [ ]  |
| Majority | [ ]  |

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| --- |
| **Rationale for Decision/Recommendation**This should include:-* Guidance Criteria.
* Range of reviews considered.
* Alternative types of review considered to meet the case needs.
* How the needs of any other review will be incorporated into the terms of reference.
* If majority decision – explanation and outcome.
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**Proposed Initial Outline of Review**

(This is an initial outline which will need to be updated as the review proceeds.)

**Time period to be covered by the review in line with guidance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0-6 months | [ ]  | 6-12 months | [ ]  |  |  |

***Rationale for time period*:**

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| --- | --- |
| **More than 12 months** | [ ]  |
| If more than 12 months - As this is outside timeframe recommended in guidance please specify rationale |
|  |

**Agencies involved in the case being reviewed**

*Include name and designation if known*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Police | [ ]  |  | NHS Trust | [ ]  |  |
| Education | [ ]  |  | Social Services | [ ]  |  |
| Probation | [ ]  |  | Public Health Wales | [ ]  |  |
| Youth Offending | [ ]  |  | CAFCASS Cymru | [ ]  |  |
| Local Health Board | [ ]  |  | Other SCB | [ ]  |  |
| Other (please specify if known or yet to be identified): | [ ]  |  |

**Agency identified to Chair Review Panel**

*Include name and designation if known*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Police | [ ]  |  | NHS Trust | [ ]  |  |
| Education | [ ]  |  | Social Services | [ ]  |  |
| Probation | [ ]  |  | Public Health Wales | [ ]  |  |
| Youth Offending | [ ]  |  | CAFCASS Cymru | [ ]  |  |
| Local Health Board | [ ]  |  | Other SCB | [ ]  |  |
| Other (please specify if known or yet to be identified): | [ ]  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the Chair independent in that they have had no involvement/oversight of the case?** | Yes | [ ]  | No | [ ]  |
| *State* ***rationale for choice*** *of Chair:* |
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| **Core Issues to be addressed in the terms of reference of the review will include:**1. To examine inter-agency working and service provision for Child or Children X through defined terms of reference.
2. To seek contributions to the review from the child/children and appropriate family members and keep them informed of key aspects of progress.

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(*List issues relevant to particular case.*)1. To produce a report for publication and an action plan.
 |
| 1. The SCB Co-ordinator will be responsible for maintaining links with all relevant agencies, families and other interests.
2. The Panel Chair will inform the Chair of the SCB and the SCB subgroup of significant changes in the scope of the review and the TOR will be updated accordingly
3. The Chair of SCB will be responsible for making all public comment, and responses to media interest concerning the review until the process is completed. It is anticipated that there will be no public disclosure of information other than the Final SCB Report.
4. The SCB and Panel will seek legal advice on all matters relating to the review. In particular this will include advice on:
* Terms of reference;
* Disclosure of information;
* Guidance to the panel on issues relating to interviewing individual members of staff.
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**Appointment of Reviewer Independent of the Case Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is an independent reviewer to be appointed?** | Yes | [ ]  | No | [ ]  |
| **Is the name and designation of independent reviewer known?** | Yes | [ ]  | No | [ ]  |
| *If* ***yes*** *please state nominated designation of Independent Reviewer plus any additional information):* |

**Review Independent of the Case Management – Extended Review**

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| In the case of an extended review the following core questions will be addressed as per the guidance by the reviewers in the Terms of Reference of the Review.* + - whether previous relevant information or history about the child and/or family members was known and taken into account in professionals' assessment, planning and decision-making in respect of the child, the family and their circumstances. How that knowledge contributed to the outcome for the child.
* whether the child protection plan (and/or the looked after child plan or pathway plan) was robust, and appropriate for that child, the family and their circumstances.
* whether the plan was effectively implemented, monitored and reviewed and whether all agencies contributed appropriately to the development and delivery of the multi-agency plan.
* the aspects of the plan that worked well and those that did not work well and why. The degree to which agencies challenged each other regarding the effectiveness of the plan, including progress against agreed **outcomes for the child**. Whether the protocol for professional disagreement was invoked.
* whether the respective statutory duties of agencies working with the child and family were fulfilled.
* whether there were obstacles or difficulties in this case that prevented agencies from fulfilling their duties (this should include consideration of both organisational issues and other contextual issues).

Further relevant issues in relation to the circumstances of the case may also be identified by the *Review Panel* and/or the reviewers.*Any additional specific questions which are appropriate to be raised at this stage?* |

|  |  |
| --- | --- |
| **Approximate cost (if known) of independent reviewer and how this will be met** | £ ……………………. |
|  |
| **Additional costs identified (if known).**Please specify: | £ ……………………. (total) |
|  |
| **Date of First Panel meeting** (mm/mm/yyyy) | …………………………………………… |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Will the report be completed within Guidance timeframe?***i.e. 6 months from date of referral* | Yes | [ ]  | No | [ ]  |
| **Please identify any Issues that may impact on the timeframe and how these will be managed:-***Include issues such as:- Criminal prosecution* *Coroners decision* |
|  |

|  |  |
| --- | --- |
| **Anticipated completed report date** (mm/yyyy) | ………………………………………….. |

To be completed by Sub group Chair

Signature ………………………………………….

Title ………………………………………….

Date ………………………………………….

Telephone number ………………………………………….

**Decision of the Chair of SCB**

|  |  |
| --- | --- |
| **I agree** with the recommendation | [ ]  |
| **I agree** with the recommendation **with the following** **amendments**:- | [ ]  |
|  |
| **I disagree** with the recommendation | [ ]  |
| *If disagree, reasons why and proposed action*:- |
|  |

Signature ………………………………………….

Title ………………………………………….

Date ………………………………………….

Telephone number ………………………………………….

**In discussion with Chair of Sub group**

Date information to be presented to SCB ………………………

Date information sent to Welsh Government ………………………

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **For Welsh Government use only**Date information received ……... ………………….………………..…….………..Date acknowledgment letter sent to SCB Chair ……………………….………….Date circulated to relevant inspectorates/Policy Leads …………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| **Agencies** | **Yes** | **No** | **Reason** |
| CSSIW | [ ]  | [ ]  |  |
| Estyn | [ ]  | [ ]  |  |
| HIW | [ ]  | [ ]  |  |
| HMI Constabulary | [ ]  | [ ]  |  |
| HMI Probation | [ ]  | [ ]  |  |

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