**CHILD PRACTICE REVIEW REFERRAL FORM**

The information provided in this referral will be used to decide whether a case should be the subject of a Child Practice Review or a Multi-agency professional forum.

Before submitting this referral, please ensure the following has been completed:

* Pages 12 and 21 from the ‘Social Services and Well-being (Wales) Act 2014 Working Together to Safeguard People: Volume 2 – Child Practice Reviews’ <https://socialcare.wales/cms_assets/hub-downloads/Working_Together_to_Safeguard_People-_Volume_2_____Child_Practice_Reviews.pdf> has been read and the referrer is satisfied that this case meets the criteria for a review
* The referrer has provided as much detail as possible on this case

The Child and Adult Practice Review (CPR/APR) Sub Group will consider this referral and forward recommendations to the Co-Chairs of the Cardiff and Vale Regional Safeguarding Children Board (C&V RSCB) who will ultimately make the final decision on what type (if any) review is convened.

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| --- |
| **DETAILS OF THE REFERRER** |
| **Name & Role of Referrer:** |  |
| **Agency:** |  | **Date of Referral:** |  |
| **Email Address:** |  | **Tel number:** |  |
| **DETAILS OF THE CHILD** |
| **Name of Child:** |  |
| **Address:** |   |
| **Previous Addresses of the Child** *(last two years)***:** |  |
| **Date of Birth:** |  | **Date of Death/Incident:** |  |
| **Name, Address and DOB of Parent(s):** |  |
| **Name, Address and DOB of Sibling(s):** |  |
| **RATIONALE****FOR****REFERRAL** *(please include details of the event that lead to the referral and why this case meets the criteria for a Child Practice Review)* |
|  |
| **PLEASE COMPLETE THE FOLLOWING CHECKLIST** |
| **Has the child died?** | **Yes** |  | **No** |  |
| If no, has the child sustained potentially life threating injury, or; has the child sustained serious and permanent impairment of health or development? | **Yes**  |  | **No** |  |
| If yes, please provide details and cause of death (if known): |
| **Was abuse or neglect potentially associated with the event detailed above?**  | **Yes** |  | **No** |  |
| **Was abuse or neglect suspected prior to the event detailed above?** | **Yes** |  | **No** |  |
| **Has the Child been on the Child Protection Register in the last 6 months?**  | **Yes** |  | **No** |  |
| **Has the Child been a Looked After Child in the last 6 months?** | **Yes** |  | **No** |  |
| **DETAILS OF ANY OTHER REVIEWS/INVESTIGATIONS REQUESTED OR UNDERTAKEN** *(please write N/A if this does not apply):* |
|  |
| **OTHER AGENCY INVOLVEMENT** |
| **Do you know of any involvement of other agencies?** | **Yes** |  | **No** |  |
| **AGENCY** | **PLEASE TICK IF INVOLVED** | **AGENCY** | **PLEASE TICK IF INVOLVED** |
| **Police** |  | **Children’s Services** |  |
| **Education** |  | **Public Health Wales** |  |
| **Local Health Board** |  | **CAFCASS Cymru** |  |
| **National Probation Service** |  | **Housing** |  |
| **Wales Community Rehabilitation Company** |  | **Fire Service** |  |
| **Youth Offending Service** |  | **Welsh Ambulance Service NHS Trust**  |  |
| **Other** |  | **Third Sector Agencies** *(please detail below)* |  |
| Please give details of any other agencies involved: |
| **OVERVIEW OF AGENCY INVOLVEMENT** *(completion of this is the responsibility of CPR/APR Sub Group members)* |
| **Children’s Services:**  |
| **Education:** |
| **CMHT/CAMHS:** |
| **Health:**  |
| **Police:** |
| **National Probation Service:** |
| **Wales Community Rehabilitation Company:** |
| **YOS:** |
| **Other** *please specify***:**  |
| **TO BE COMPLETED BY THE CHAIR OF THE C&V RSB CPR/APR SUB GROUP** |
| **Date of CPR/APR Sub Group** |  |
| **Criteria met for Extended CPR**  | **Yes** |  | **No** |  |
| **Criteria met for Concise CPR**  | **Yes** |  | **No** |  |
| **Other review considered** | **Yes** |  | **No** |  |
| **Recommended alternative review**  |  |
| **REASONS FOR DECISION** |
|  |
| **Signature of CPR/APR Sub Group Chair**  | **Date** |
|  |  |

The referrer should give as much detail as possible on this referral and will be invited to a CPR/APR Sub Group meeting to present their referral.

This referral should be submitted to the C&V RSB Business Unit on CardiffandValeRSB@cardiff.gov.uk

It is the responsibility of the C&V RSB CPR/APR Sub Group member, once they have received the referral from the C&V RSB Business Unit, to ensure their agency has given a detailed summary if involved in this case.

The C&V RSB Business Unit will notify the referrer of the final decision.