# Request for a Child Safeguarding Practice Review

Before submitting the referral please discuss with your agency representative on the CSPR sub-group or your agency Board member. The criteria for a CPSR can be found in [**Working Together 2018**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)**.** Once completed, please send this form to [kbsp@bristol.gov.uk](mailto:kbsp@bristol.gov.uk). Please ensure it is sent by secure email.

## Referrer

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Email: |  |
| Role: |  | Tel: |  |
| Agency: |  | Date submitted: |  |

## Details of child or young person

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child: |  | Date of birth: |  |
| Home address: |  | Date of death or serious incident: |  |
| Carer: |  | Location of incident: |  |

|  |  |  |
| --- | --- | --- |
| **Ethnic origin:** | | |
| 1. **White** | 1. **Mixed** | 1. **Asian or Asian British** |
| British  Irish  Any other White Background | Asian and White  Black African and White  Black Caribbean and White  Any other mixed background | Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background |
| **(D) Black or Black British** | **(E) Other Ethnic Groups** | **(F) Not Declared** |
| Caribbean  African  Any other Black background | Please specify | Not Declared |

|  |  |  |  |
| --- | --- | --- | --- |
| **Faith:** |  | **Disability:** |  |

|  |  |
| --- | --- |
| **Child protection plan:** | Yes  No  Has been  Not known |

## Composition of family and significant others

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to child** | **DoB** | **Address** | **Ethnic origin** |
|  |  |  |  |  |

## Child Safeguarding Practice criteria

Please demonstrate how you believe the criteria for Child Safeguarding Practice Review are met.

Is the child deceased? Yes  No

Has the child been seriously harmed? Yes  No

*Serious harm includes (but is not limited to) serious* ***and/or*** *long-term impairment of a child’s mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health.*

Is abuse or neglect known to be a cause of the death or harm to the child? Yes  No

Is abuse or neglect suspected to be a cause of the death or harm to the child? Yes  No

## Summary of events

Please provide a summary of the events leading to the death or harm caused to the child, making clear why you believe that these circumstances meet the criteria for CPSR.

|  |
| --- |
|  |

## Other information

If you are aware of any other agencies involved in the care of this child please list below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Contact details | Are they still involved? |
|  |  |  |  |

If you aware of any other processes that this case is currently subject to, ie. Coroner’s inquest, Child Death Overview Panel, criminal proceedings, etc. please list below:

|  |  |
| --- | --- |
| Process | Current status |
|  |  |
|  |  |