## **Case for Consideration**

**This form should be completed for cases that do not meet the definition of a ‘serious child safeguarding case’, but nevertheless raise issues of importance for the City of London and/or Hackney.** That might, for example, include where there has been good practice, poor practice or where there have been ‘near miss’ events. Safeguarding partners may choose to undertake a local child safeguarding practice review in these or other circumstances.

*Serious child safeguarding cases involve those where abuse or neglect of a child is known or suspected and the child has died or been seriously harmed. Serious child safeguarding cases will be notified to the Child Safeguarding Practice Review Panel and be subject to the CHSCP’s Rapid Review process (see* [*CHSCP Safeguarding Arrangements*](https://www.chscp.org.uk/the-partnership/)*).*

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| **1. Child’s Details** | | | | |
| **Child’s Last Name/s:** |  | **Child’s DOB:** | |  |
| **Child’s Forename/s:** |  | **Age:** [If DOB not known] | |  |
| **Also known as:** |  | **Gender:** | |  |
| **Ethnicity:** Please specify |  | **Disability:** | |  |
| **Child’s Home Address:** |  | | | |
| **Mother’s Name** |  | | | |
| **Mother’s DOB** |  | | | |
| **Mother’s Address** |  | | | |
| **Father’s Name** |  | | | |
| **Father’s DOB** |  | | | |
| **Father’s Address** |  | | | |
| **Sibling’s:** | Name / DOB / Gender: | | | |
| Name / DOB / Gender: | | | |
| Name / DOB / Gender: | | | |
| **Significant Others:** | Name / DOB / Gender / Relationship to Subject Child: | | | |
| Name / DOB / Gender / Relationship to Subject Child: | | | |

| **2. Case Outline:** Include any critical incident, status of child i.e. Subject of a Child Protection Plan, Looked After Child, disability, etc |
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| **3. Operational Status / Professional Disagreement:** Is there any current professional disagreement about this case between involved agencies? How is this being resolved or what are the plans to resolve this? Refer to the [CHSCP Escalation Policy](https://www.chscp.org.uk/practice-guidance/#1627129170645-4f93a0e2-dad1) as appropriate. |
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| **4.** **Agency Involvement:** Please list agencies known to this child / young person and their family (please include any out of borough and voluntary agencies): |
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| **5. Reasons for requesting a Child Safeguarding Practice Review:** Tick all appropriate options: |
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| □ The case raises potential issues of good multi-agency safeguarding practice.  □ The case raises potential issues of poor multi-agency safeguarding practice.  □ The case was a ‘near-miss’ event.  □ Other  [Please specify] |

| **6. Particular considerations:** Please specify any considerations for this case, for example; is there media interest? Are there criminal proceedings? Is the case linked to a complex abuse case? |
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