# Request for a Child Safeguarding Practice Review

Before submitting the referral, please discuss with this your agency representative on the CSPR sub-group or your Keeping Children Safe Board member. The criteria for a CSPR can be found in [**Working Together 2023**](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)**.** Once completed, please send this form to KBSP.statutoryreviews@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 CSPR.

|  |
| --- |
|  |

## 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 |
|  |  |
|  |  |