



Warwickshire  
Safeguarding

## Initial Scoping and Information Sharing

### Potential Child Safeguarding Practice Review

Chapter 4 of *Working Together 2018* provides clear criteria about when Child Safeguarding Practice Reviews should be conducted. We have received notification of a serious incident which may meet the criteria for a Child Safeguarding Practice Review and will, therefore, be holding a Rapid Review to consider the case.

To inform the Rapid Review meeting, we need to gather the basic facts about the case and determine the extent of agency involvement with the child and family. This will help the Safeguarding Partners decide whether to progress a formal Child Safeguarding Practice Review and to determine the most appropriate method to identify and cascade learning from this case.

We are required to hold the Rapid Review meeting and agree the way forward within timescales outlined in national guidance (currently within 15 working days). This initial scoping and information sharing form should, therefore, be returned to us **by xxxxx (within 5 working days)**

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### Contact Details of Individual / Agency Completing this Form

NAME	AGENCY & DESIGNATION/TITLE	CONTACT DETAILS – Address, telephone number and e-mail address

Date Completed:

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### Background Information *(This should be completed before this form is sent out)*

Summary of Case:

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**Indicative time period to be looked at:** *(Good practice suggests that the time period examined should be limited. However, please include information from outside this time period if you feel it is relevant to the case.)*

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## **Section 1: Composition of the Child's Family**

*This should be completed BEFORE the form is sent out.*

*All agencies are asked to check whether the details below match information held on their systems. Please advise of any anomalies.*

<b>SUBJECT CHILD:</b>	
<b>Also known as:</b>	
<b>National Health Number:</b>	
<b>D.O.B:</b>	
<b>D.O.D:</b>	
<b>Home Address:</b>	
<b>Previous Address:</b>	

<b>MOTHER</b>	
<b>Also known as:</b>	
<b>D.O.B:</b>	
<b>Home Address:</b>	
<b>Previous Address:</b>	

<b>FATHER</b>	
<b>Also known as:</b>	
<b>D.O.B:</b>	
<b>Home Address:</b>	
<b>Previous Address:</b>	

<b>SIBLING</b>	
<b>Also known as:</b>	
<b>D.O.B:</b>	

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<b>Home Address:</b>	
<b>Previous Address:</b>	

<b>SIBLING</b>	
<b>Also known as:</b>	
<b>D.O.B:</b>	
<b>Home Address:</b>	
<b>Previous Address:</b>	

<b>SIGNIFICANT ADULT/OTHER</b>	
<b>Also known as:</b>	
<b>D.O.B:</b>	
<b>Home Address:</b>	
<b>Previous Address:</b>	

<b>SIGNIFICANT ADULT/OTHER</b>	
<b>Also known as:</b>	
<b>D.O.B:</b>	
<b>Home Address:</b>	
<b>Previous Address:</b>	

## Section 2: Agency Information and Involvement

**Provide a brief summary of your agency's involvement with the subject child AND the individuals listed in the family composition.** *(Please focus on the key significant events in chronological order and, where appropriate, include the date of commencement and completion of service).*

**Brief analysis of individual or / and agency practice.** *(Please identify any outstanding practice or potential learning).*

**Please identify any areas for concern as to the way in which partners have worked together to safeguard the subject child.**

**Are you aware of the involvement of any other agencies? If yes, please give details.**

**Please include any further relevant information that you wish to bring to the attention of the Rapid Review meeting.**

## Section 3: Advice and Submission of this Form

Please return your completed form securely to

[wscb@warwickshire.gov.uk](mailto:wscb@warwickshire.gov.uk)

If you need advice or guidance to complete this form, please contact the Warwickshire Safeguarding Business Team via the above email address

***A multi-agency Rapid Review will be undertaken and you will be informed of the outcome.***

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