**Croydon Safeguarding Children Partnership**

Case of Concern Review

**Any agency can ask for a ‘case of concern’ (COC) to be reviewed.**

A COC is a case (or series of cases) where a child has experienced a near miss safeguarding event AND there is multi-agency learning which if applied, would reduce the likelihood of future events. It relates to serious practice issues.

This form should NOT be used to escalate a case as this is not a time critical process. To escalate a case **(where agencies or professionals have differing opinions on safeguarding decisions or actions)** follow [The Escalation and Resolution Policy](https://www.croydonlcsb.org.uk/cscp-escalation-and-resolution-policy) which provides a structured process to follow, ensuring that any conflicts are addressed effectively and in the best interest of the child.

It is the responsibility of each agency to review and take relevant action for any case which needs escalation or where there has been insufficient action which requires addressing.

If you know of a COC which you think merits single or multi-agency learning, please use this form to provide brief information. This will be discussed for decision at the next SPRG.

**Please return your form to: CSCP@croydon.gov.uk**

|  |  |
| --- | --- |
| **Referrer Details** | |
| **Your Name** | **Your Role** |
|  |  |
| **Your Agency** | **Email** |
|  |  |
| **Date of referral** | Click or tap to enter a date. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details Of Child/ Young Person** | | | | | | |
| **Full Name** |  | | | | | |
| **Date of Birth** | Click or tap to enter a date. | | Date of Death (if applicable) | | | Click or tap to enter a date. |
| **Home address** |  | | | | | |
| **Ethnicity** | Choose an item. | | Gender at birth | | Choose an item. | |
| **SEND** | Choose an item. | | Is the gender they identify with the same sex registered at birth? | | Choose an item. | |
| **NHS Number** (Health only) | | **CRS Number** (Social Care only) | | **PNC Number** (Police only) | | |
|  | |  | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family/Significant Others and Household Details** | | | |
| **Name** | **Relationship to child** | **Gender** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Address**: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Brief details of incident or history supporting the request for a ‘case for concern’ review:** | | | |
|  | | | |
| **What is the anticipated learning and how best would this be achieved?** *i.e. suggest a list of questions that could be asked to elicit the learning?* | | | |
|  | | | |
| **Do any of the following apply to this case? If so, please select all that apply.** | | | |
| ACEs | Emotional Abuse | Missing episodes | School absence |
| Co-sleeping | Exploitation | Mental health | Suicide / suicide ideation |
| County lines | Gender identity | Neglect | Substance misuse |
| Contextual safeguarding | Intra-familial CSA | Non-accidental injury | ☐ EHE (Elective home education)  Physical Abuse |
| CSA | Housing | NRM |  |
| Domestic violence | Hospitalisation | Self-harm |  |

**Please state below which of the following was agreed by SPRG as an outcome for this referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Y/N** | **Which Agency(s)** | **Grounds for decision:** |
| Decision made to conduct a single agency Learning Inquiry | Choose an item. |  |  |
| Decision made to conduct a multi-agency Learning Inquiry | Choose an item. |  |  |
| Methodology  (including whether parents/child involved) |  | | |
| Date for final report at SPRG |  | | |
| Any other actions (with name/date) |  | | |

Date of SPRG Meeting: ………………………………………………………………

Chair of SPRG Meeting: ……………………………………………………………..