

**Rapid Review Report**

Case Identification:

Date:

1. **Child and family details**

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| --- | --- |
| **SUBJECT CHILD** |  |
| **Date of birth** |  |
| **Date of death (if applicable)** |  |
| **Home Address** |  |
| **Gender** |  |
| **Ethnic Origin** |  |
| **Faith/Religion** |  |
| **Disability** |  |
| **Is the young person looked after?** |  |

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| **Relationship to Child** | **Name** | **Address** | **Date of Birth** | **Ethnic Origin** |
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1. **Summary of information**
	1. **Circumstances of incident**
	2. **Background information**
	3. **Details of incident**
2. **Immediate safeguarding arrangements**
3. **Immediate learning and plans for dissemination**
4. **To what extent has the current COVID-19 crisis impacted either on the circumstances of the child or family or on the capacity of the services to respond to their needs?**
5. **Recommendation regarding national review and local child safeguarding practice review**
6. **Agencies who provided information for the rapid review**
7. **Rapid Review Panel**
8. **Decision made by**

A draft report was produced, and this final version has been approved by the agency decision makers:

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| --- | --- | --- |
| Recommendation | Action | Who/by when |
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