# National Guidance for Child Protection Committees Undertaking Learning Reviews:

# Templates

**In the interests of consistency the use of these templates is strongly recommended in order to aid quality assurance of the review process**

Elements of corporate visual identity (e.g. specific logo, footer) can be added

## 

## Annex 1.1 – Learning Review Notification Template

[TO BE SPECIFIED] CHILD PROTECTION COMMITTEE

OFFICIAL – SENSITIVE- PERSONAL

**LEARNING REVIEW NOTIFICATION**

|  |  |
| --- | --- |
| **Request from:** |  |
| **Contact details:** |  |
| **Agency:** |  |
| **Date completed:** |  |

Any member of the Child Protection Committee, agency or practitioner can ask for a case to be considered by [to be specified]Child Protection Committee for a Learning Review if they consider it meets the following criteria:

|  |
| --- |
| Criteria:  When a child has died or has sustained significant harm or risk of significant harm as defined in the [National Guidance for Child Protection in Scotland 2021](https://www.gov.scot/isbn/9781802011609)  and there is additional learning to be gained from a review being held that may inform improvements in the protection of children and young people  and one or more of the following apply:   * abuse or neglect is known or suspected to be a factor in the child’s death or the sustaining of or risk of significant harm * the child is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR or was a care experienced child, or was receiving aftercare or continuing care from the local authority. This is regardless of whether or not abuse or neglect is known or suspected to be a factor in the child’s death or sustaining of significant harm, unless it is absolutely clear to the Child Protection Committee that the child having been on the CPR or looked after has no bearing on the case * the child’s death is by suicide, alleged murder, culpable homicide, reckless conduct, or act of violence and one or more from the above apply   and there is additional learning to be gained from a review being held that will lead to improvements in the protection of children and young people.  Learning Reviews may also be undertaken where effective working has taken place and outstanding positive can be gained to improve practice in promoting the protection of children and young people.  This criteria does not preclude a CPC reviewing the death of a child pre-birth. |

Where the referring agency or individual considers that a case meets the criteria above, they should complete and forward this Learning Review Notification form (Annex 1.1) to the Child Protection Committee at [insert email].

(The Referrer can discuss the referral with the Chair and/or the Learning Review nominated person within the CPC [insert contact details]).

The decision about whether a Learning Review will be undertaken will be made by the Child Protection Committee after information from services/agencies/individuals who are involved with the child has been submitted and considered using the Learning Review Request for Information form ([Annex 1.2](#_Annex_1.2_–_1)). The request for information to other services/agencies/individuals will be by e-mail. The referrer will receive a Notification Response form ([Annex 1.5](#_Annex_1.5_–_1)).

**Information For Consideration Of Learning Review**

|  |  |
| --- | --- |
| Child’s details | |
| Child’s name/identifier: |  |
| Child’s date of birth: |  |
| Child’s date of death (if applicable): |  |
| Child’s home address: |  |
| Child’s current residence: |  |
| Child’s gender: |  |
| Child’s current legal status: |  |
| Education establishment details: |  |
| Please include key additional factors such as disability, ethnicity, religion: |  |
| Parents’/carers’ details | |
| Names and DOB of child’s parents/carers: |  |
| Address if different to child’s: |  |
| Child Protection Register | |
| Is the child’s name currently on the Child Protection Register? |  |
| Are any siblings currently on the Child Protection Register? |  |
| Has the child’s name previously been on the Child Protection Register? If yes, provide details, including dates. |  |
| Have any siblings previously been on the Child Protection Register? If yes, provide details, including dates. |  |
| Looked After Child | |
| Has the child been looked after by, or received aftercare/continuing care from local authority? If yes, please give details, including dates. |  |
| Have any siblings been looked after by, or received aftercare or continuing care from the local authority? If yes, please give details, including dates. |  |

In case of more than one child for whom a Learning Review should be considered, please repeat or amend the relevant rows in the table above, making sure to present the information in a clear manner, with adequate differentiation (e.g. using ‘parents of Child 1’ if they differ from the ‘parents of Child 2’)

|  |  |
| --- | --- |
| Criteria for Learning Review | |
| What grounds within criteria do you consider to apply for a Learning Review? |  |
| Immediate and general concerns | |
| Are there any immediate concerns? If yes:   * What are the immediate concerns and have these been passed to the relevant agency for consideration/action? * What action has been taken? |  |
| Are there any general concerns identified during this process of notification? If yes:   * What are the general concerns and have these been passed to the relevant agency for consideration/action? * What action has been taken? |  |
| Parallel processes | |
| Are you aware of any parallel processes for any other type of review being undertaken for this case? If yes, please give details: |  |
| Are you aware of any criminal procedures being undertaken in connection with this case? If yes, please give details: |  |

|  |
| --- |
| Date of significant incident: |
|  |
| Summary of the case: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of service/agency/individuals involved with the child(ren) and/or family, including named person and lead professional | | | |
| Service: | Role with the child/ the family: | Practitioner name and title: | Contact details: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The recommendation is that this notification will be responded to within 28 to 42 days, with the outcome of the CPC’s consideration of whether or not to proceed with a Learning Review.

## 

## Annex 1.2 – Request for Information Template

[TO BE SPECIFIED] CHILD PROTECTION COMMITTEE

OFFICIAL – SENSITIVE- PERSONAL

**REQUEST FOR INFORMATION TO CONDUCT A LEARNING REVIEW**

|  |  |
| --- | --- |
| * You have been identified to participate in a Learning Review and are asked to complete this request for information * This requires to be completed within 14 calendar days and sent electronically to [insert email address] * This report is required to contain information outlining your agency/service contact/interaction with the child and/or family whose details are below. * Please include a brief account of agency involvement prior to the event which triggered the notification and some very initial reflection regarding practice and decision-making within that agency. If you have historical information please give a brief summary of the themes and issues you have identified in the background history section. | |
| Learning Review identifier: | [to be specified] |
| Date of the request for information: | [to be specified] |

|  |  |
| --- | --- |
| Child’s name and identifier number: | [to be specified]\* |
| Date of birth: | [to be specified]\* |
| Date of death (if applicable): | [to be specified]\* |
| Date of significant incident: | [to be specified]\* |
| Gender: | [to be specified]\* |

\*If more than one child for whom the Learning Review is considered, repeat the second column.

Please provide the following information

|  |  |
| --- | --- |
| Details | |
| Names of child’s parents/carers and dates of birth : |  |
| Names of siblings and dates of birth: |  |
| Child’s home address: |  |
| Child’s current address, if different from above: |  |
| Education establishment details: |  |

If more than one child for whom the Learning Review is considered, please amend or repeat the table above

|  |
| --- |
| Summary of involvement with the child(ren) and/or family: |
|  |
| Background history: |
|  |
| Key practice issues:  Please provide information on:   * recognition and assessment of risk and need in relation to the child(ren)/family * information sharing in this case * strategies and actions to minimise harm * timely and effective action taken * multi-agency responses * evidence of planning and reviewing * quality of record keeping * appropriate use of legal measures * evidence of child-centred practice * any good practice identified * any areas identified for practice improvement |
|  |

|  |  |
| --- | --- |
| Parallel processes | |
| Are you aware of any current or planned reviews being undertake for this case?  If yes, please give details: |  |
| Are you aware of any criminal proceedings associated with this case?  If yes, please give details: |  |

|  |  |
| --- | --- |
| Report completed by: | |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |
| Date |  |

## 

## Annex 1.3 – Learning Review Recommendation Template

[TO BE SPECIFIED] CHILD PROTECTION COMMITTEE

OFFICIAL – SENSITIVE- PERSONAL

**LEARNING REVIEW RECOMMENDATION**

|  |  |
| --- | --- |
| Child(ren)’s name(s) and date(s) of birth: |  |
| Learning Review identifier: |  |

|  |  |
| --- | --- |
| Notification from: | |
| Name: |  |
| Agency: |  |
| Date of notification: |  |

|  |
| --- |
| Basis for referral: |
|  |
| Agencies that provided information during the information gathering stage: |
|  |
| A brief outline of the case: |
|  |
| Current circumstances of the child and family (including actions taken): |
|  |
| Details about other formal (/parallel) processes: |
|  |

|  |  |
| --- | --- |
| Recommendation  After consideration of the notification and the information submitted from relevant agencies, the nominated person/sub-group within the CPC: | |
|  | **recommends a** **Learning Review to be undertaken**. |
|  | **does not recommend a Learning Review to be undertaken.** |

|  |
| --- |
| A brief rationale for the recommendation (overall views on the information gathered and the criteria): |
|  |

|  |  |
| --- | --- |
| Recommendation completed by: | |
| Name: |  |
| Title: |  |
| Email address: |  |
| Date : |  |

## 

## Annex 1.4 – Learning Review Decision Template

[TO BE SPECIFIED] CHILD PROTECTION COMMITTEE

OFFICIAL – SENSITIVE- PERSONAL

**LEARNING REVIEW DECISION**

|  |  |
| --- | --- |
| Child(ren)’s name and date(s) of birth: |  |
| Learning Review identifier: |  |

|  |  |
| --- | --- |
| Notification from | |
| Name: |  |
| Agency: |  |
| Date of notification: |  |

|  |  |
| --- | --- |
| Section 1: The Decision | |
|  | After consideration of the information submitted from relevant agencies, CPC have considered the request for undertaking a Learning Review and have **decided that this does reach the criteria for a Learning Review**. See Section 2A below. |
|  | After consideration of the information submitted from relevant agencies, CPC have considered the request for undertaking a Learning Review and have **decided that this does not reach the criteria for a Learning Review**. See Section 2B below. |
| A brief rationale for the decision (short comment on the recommendation made by the nominated person/sub-group within the CPC, the information considered and criteria): | |
|  | |

|  |  |
| --- | --- |
| Section 2: Next steps | |
| 2A: To be completed if the decision is to proceed with a Learning Review | Initial considerations regarding:   * Learning Review Team set up * terms of reference and the time-period under review * family liaison approach |
|  |
| 2B: To be completed if the decision is not to undertake a Learning Review | Reason for not proceeding with a Learning Review: |
|  |
| Initial considerations regarding an alternative approach for learning (e.g. facilitated multi-agency or single agency reflective sessions, file audits etc.): |
|  |

|  |
| --- |
| Section 3: Further considerations |
| Communication and media approach (where relevant): |
|  |
| Other (/parallel) reviews or processes (where relevant): |
|  |

|  |
| --- |
| Notification to Child Protection Committee (date and details): |
|  |
| Notification to Chief Officers Group (date and details): |
|  |

|  |  |
| --- | --- |
| Completed by: | |
| Name: |  |
| Title: |  |
| Email address: |  |
| Date : |  |

## 

## Annex 1.5 – Learning Review Notification Response Template

[TO BE SPECIFIED] CHILD PROTECTION COMMITTEE

OFFICIAL – SENSITIVE- PERSONAL

**LEARNING REVIEW NOTIFICATION RESPONSE**

|  |  |
| --- | --- |
| Request from: | [to be specified] |
| Contact details: | [to be specified] |
| Referring agency: | [to be specified] |
| Date of notification: | [to be specified] |
| Child’s name and date of birth: | [to be specified] |
| Learning Review identifier : | [to be specified] |

|  |  |
| --- | --- |
| Thank you for the notification for consideration of a Learning Review.  The CPC has considered the information submitted and have determined that: | |
|  | This reaches the criteria and the CPC decided to proceed with a Learning Review. |
|  | This does not reach the criteria for a Learning Review, however it may be that an alternative approach for learning may be undertaken. [include more details, if available] |

|  |  |
| --- | --- |
| Completed by: | |
| Name: |  |
| Title: |  |
| Date: |  |
| Email address: |  |

## 

## Annex 1.6 - Learning Review Draft Report Template

|  |
| --- |
| [TO BE SPECIFIED] CHILD PROTECTION COMMITTEE  **LEARNING REVIEW REPORT**  RE: [INSERT LEARNING REVIEW IDENTIFIER] |

|  |
| --- |
| **Introduction** |
| To include:   * age of the child * the precipitating incident * the criteria for a Learning Review |

|  |
| --- |
| **The Process of the Review** |
| To include:   * the constitution of the Review Team including the Chair and the Reviewer(s) * how many times the Team met * the length of the review process (and the initial notification date) * a summary of the terms of reference and the time-period under review * the Family Liaison Strategy: how were family members involved in the review? Which family members participated? When were they seen? How were they kept informed of the progress of the review? How were their views represented throughout the review? * when the practitioner/first line manager event was held; how many attended and from what agencies and the shape of the event? * when the strategic manager event was held; how many attended and the shape of the event? |

|  |
| --- |
| **The Circumstances that Led to the Learning Review** |
| To include:   * family composition * a brief account of the main events in the family history * what involvement the child/family had with professionals and services |

|  |
| --- |
| **Practice and Organisational Learning** |
| Identify and analyse each area of learning emerging from the review with supporting evidence from the relevant circumstances to substantiate that learning |

|  |
| --- |
| **Effective Practice** |
| List areas of effective practice identified by the review and explain what made them effective |

|  |
| --- |
| **Suggested Strategies for Improving Practice and Systems** |
| * any suggested strategies must be CLEAR i.e.   + set out the need for change and the likely consequences should no change occur   + be learning orientated   + be evidence based   + assign responsibility – who should do what   + be amenable to review * in some situations the review may conclude that practice and processes have not failed or been inappropriate and, therefore, at this point, no changes are required |

|  |  |
| --- | --- |
| Signed and dated by: | |
| Reviewer(s): |  |
| Review Team Chair: |  |
| Date: |  |

## Annex 2.1 – Learning Review Notification To Crown Office & Procurator Fiscal Service

Where a criminal case or death report has been submitted to COPFS and a Learning Review is to be conducted, the Chair of the Child Protection Committee or designated member should, in conjunction with the local policing Detective Superintendent or the Senior Investigating Officer, complete this Notification Form and submit it to the Single Point of Contact (SPOC) within the Crown Office and Procurator Fiscal Service (COPFS) copying in the local policing Detective Superintendent.

In circumstances where a case has not been reported to COPFS, the Chair of the Child Protection Committee or designated member should complete this Notification Form and send it to the local policing Detective Superintendent who will arrange for a report to be prepared for COPFS. Once prepared, this Notification Form along with the report should be submitted to the SPOC within COPFS.

\*This report should only be submitted once authority has been given by the Chair of the CPC after a LR has been agreed but before it has commenced.

\*\*All email communications must be made from a secure email address i.e. .Gov.Uk/NHS.net or PNN.Police.uk and sent to the agreed copfs.gov.uk address.

**Stage 1: Learning Review Notification**

|  |  |  |
| --- | --- | --- |
| 1. **DETAILS OF CASE UNDER REVIEW** | | |
| Child’s Name: | |  |
| Child’s Address: | |  |
| Names of those with parental responsibility and their relationship to the child. | |  |
| Date of Incident: | |  |
| Name and contact details of Reviewer: | |  |
| Police Scotland Crime Reference Number: | |  |
| Name and contact details of Senior Officer in charge of investigation: | |  |
| Crown Office Procurator Fiscal Reference Number | | (Where a case has been submitted to COPFS, this form should not be submitted without the PF reference number.) |
| Confirmation that the case has been reported to COPFS | | Y/N – If no, confirm that the Notification Form has been sent to the local policing Detective Superintendent and the report on the investigation prepared by Police Scotland is available. |
| 1. **SUMMARY OF CASE UNDER REVIEW** | | |
| (Provide information regarding the circumstances of the incident and information as to why a Learning Review is being conducted.) | | |
| 1. **FORMAT OF THE REVIEW PROCESS** | | |
| (As a minimum, this should include; the intended structure of the review i.e. paper/file read only, group discussions, one to one conversations or a mixture of both; the focus of the review; the witnesses who will be contacted and the purpose of the contact with those witnesses.) | | |
| 1. **DETAILS OF PERSONS WHO WILL BE SPOKEN TO DURING THE REVIEW PROCESS** | | |
| **NAME** | **EMPLOYED BY OR ADDRESS IF NOT EMPLOYEE** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| 1. **INTENDED TIMESCALES** | | |
| (Please specify the intended start date together with an estimated completion date. If there are any timescales for contacting proposed witnesses, please include this information.) | | |
| 1. **ANY OTHER RELEVANT INFORMATION/CONCERNS** | | |
|  | | |
| 1. **DETAILS OF CPC CHAIR OR OTHER AUTHORISED CONTACT** | | |
| Name: |  | |
| Telephone number: |  | |
| Email address: |  | |
| (All email communications must be made from a secure email address i.e. .Gov.Uk/NHS.net or PNN.Police.uk and sent to the agreed copfs.gov.uk address.) | | |
| Date signed: | Signature: | |

**(to be submitted to the Chair of the CPC)**

**Stage 2: COPFS response**

(The response should be intimated to the person submitting the request within 28 days).

|  |  |
| --- | --- |
| 1. **DETAILS OF ANY FURTHER INFORMATION REQUESTED FROM CPC** | |
|  | |
| 1. **COMMENTS ON PERSONS WHO WILL BE SPOKEN TO DURING THE REVIEW PROCESS** | |
| **NAME** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. **DECISION FOLLOWING NOTIFICATION OF LEARNING REVIEW** | |
| 1. No objections to LR proceeding. | Provide summary of reasons for decision. |
| 1. LR can proceed but additional conditions are set. | Provide summary of reasons for the decision and clearly set out any additional considerations/constraints. |
| 1. LR cannot proceed | Provide information about the decision. If the case is particularly sensitive and there are reasons why we are unable to explain our decision, advise the CPC accordingly. |
| Date signed: | Signature: |