**Practice Standards Group Referral**

**Criteria for Practice Standards Group Appraisal**

The Practice Standards Group will conduct an Appraisal where:

A case or situation is recognised as giving **cause for concern in relation to the ways in which Partner Agencies work together to safeguard children**, but the criteria for a formal Practice Review are not met; or

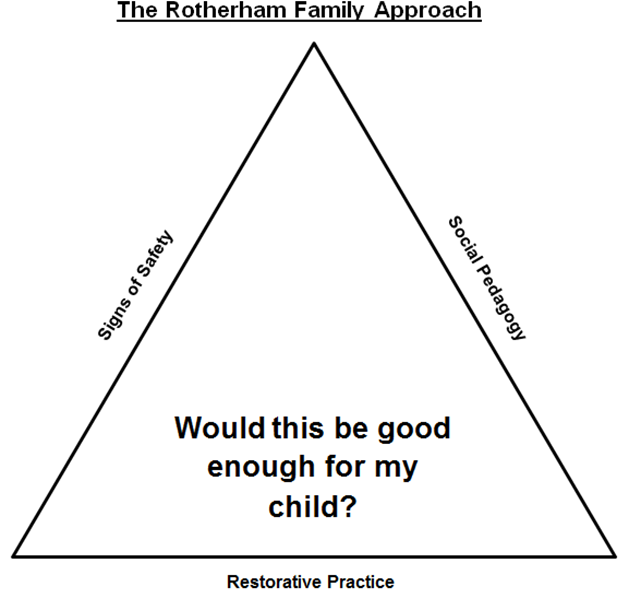
**A Child Protection Conference Chair has exercised their power of veto** regarding a majority decision at Case Conference; either maintaining a child on a Plan or discharging a Plan against the majority view; or

A Case or situation is recognised as **exemplary in relation to the ways in which Partner Agencies work together to safeguard children**.

A Practice Standards Group Appraisal is not for:

* Settling disputes that could be resolved more appropriately elsewhere; or
* Raising concerns about another agency, where it would be appropriate to use internal or cross agency escalation procedures for the [Practice Resolution Protocol: Resolving Professional Differences of Opinion](https://rotherhamscb.proceduresonline.com/chapters/p_practice_resolution.html?zoom_highlight=resolution); or
* Raising concerns about an individual’s practice. You should use your Agency’s procedures or refer to the relevant professional body.

**We adopt the Rotherham Family Approach:**



**PART 1: Background Information**

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| --- | --- |
| Is this a Veto by a Child Protection Conference Chair? | Yes/No |
| Has this case been subject to the [Practice Resolution Protocol](https://rotherhamscb.proceduresonline.com/chapters/p_practice_resolution.html?zoom_highlight=resolution), escalation, or challenge within or between organisations or services? | Yes/No |

|  |  |  |
| --- | --- | --- |
| **Child(ren)’s Name(s)** | | **DoB(s)** |
|  | |  |
| **Carer’s Name(s)** | **Parental**  **Responsibility?** | **DoB(s)** |
|  |  |  |
| **Address:** | | |

**Referrer**

|  |  |  |
| --- | --- | --- |
| **Name** | **Job Role & Agency** | **Contact Information** (Telephone, email, address) |
|  |  |  |

**Date of Referral:**

**Part 2: Veto by a Child Protection Conference Chair**

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| **Date of Conference** |
| **Initial Review *Insert X*** |
| **Reason for Conference** |
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| **Outcome and Rationale** |
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| **Reason for Veto** |
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**Part 3: A case or situation is recognised as giving cause for concern, or as exemplary**

**in relation to the ways in which Partner Agencies work together to safeguard children**

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| --- |
| **Cause for Concern Exemplary Practice *Insert X*** |
| **Description of circumstances or events giving rise to this Referral** |
|  |
| **What is your interpretation of the child’s view (voice of the child)?** |
|  |

**Agencies and Professionals Involved**

|  |  |  |
| --- | --- | --- |
| **Names** | **Job Roles & Agencies** | **Contact Information** |
|  |  |  |

**Purpose of Appraisal**

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| **What are the issues relating working together to safeguard children in this case?** |
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| **What are the potential areas of learning in this case?** |
|  |

**And Finally**

|  |
| --- |
| Please submit this Form to the Rotherham Safeguarding Children Partnership at:  [RSCP@rotherham.gov.uk](mailto:RSCP@rotherham.gov.uk) (this is a secure email address) |