**Critical Case Briefing**

**Subject:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LCS** | **Child** | **DoB** | **Address** | **Status** |
|  |  |  |  |  |

**Significant Family Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DoB** | **Relationship** | **Address** |
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**Brief Background:** - CSC involvement

**Current Situation:** - Reason for completing CCB

**Multiagency Involvement:** - CSC, Police, Health, School, EH

**Assessment of Risk:** - Analysis of risks, multiagency actions taken (or plan) to manage risks

**Management Oversight:**

**Analysis of Practice:** - Identification of good practice, areas of improvement, action taken or plan to take to improve practice

**Actions:**

**Completed by:** D**ate:**