

**Swindon Safeguarding Partnership**

Multi-Agency Risk Outside The Home Report

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| 1. **Child(ren)’s Details** | | | | | | | |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or**  **Special Need** | **School/Education Provision** | |
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| 1. **Details of Parents, Carers or Significant Family or Household Members** | | | | | | | |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or**  **Special Need** | **Relationship To Child** | **Parental Responsibility?** |
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| **Agency’s Name** |  | **Professional’s Role / Job Title** |  |
| **Professional’s Name** |  | **Professional’s e-mail address** |  |
| **Professional’s Address** |  | **Professional’s Contact Number** |  |
| **Date of Conference** |  |  |  |

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| 1. **Overview of your agency’s involvement with child/family**  * *If known, when was the original referral received and who made this?* * *The type of service you provide and who you are working with* * *How well is your service used?* * *Progress* * *Challenges / barriers to progress being made* * *Information about previous concerns or factors.* * *Have there been any other children in the family with the same concerns?* |  |
| 1. **What are the push/pull factors for this child, including the strengths of the family?**  * *What factors do you consider to increase the concerns to the child/children?* * *What factors do you consider to reduce the concerns to the child?* * *What factors do you consider to increase the concerns to the child/children?* * *Strengths which you believe help to ensure safety.* * *What extended family/ friends/community/sports support is there?* * *Who does the child see as a safe person/location and who do they got to for support?* * *What are the resilient factors?* |  |
| 1. **What is the Impact on the Child?**  * *What is the lived experience of the child?* * *What is the impact of this situation on their safety, health and well-being?* |  |
| 1. **How will you/your agency contribute to supporting this child and family?**   *Think specifically about your agencies field of expertise in supporting this child/family.* |  |
| 1. **There is an expectation that you have spoken to the child and family about the contents of this report before the meeting** | This report will then be shared in the ROTH meeting by the Chair and included in a multi agency ‘What’s happening’ format. |

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| **Author’s Name** |  | | | **Designation** |  | | |
| **Signature** |  | | | **Date** |  | | |
| **Manager’s Name** |  | | | **Designation** |  | | |
| **Signature if appropriate** |  | | | **Date** |  | | |
| **Has this report been shared with parents/carers?** | | **Y** | **N** | **Has this report been shared with the child(ren)/young person?** | | **Y** | **N** |
| **If yes, date:** |  | | | **If yes, date:** |  | | |
| **If not, state reason why** |  | | | **If not, state reason why** |  | | |

**The ROTH report must be at least discussed / shared with child and parents at least 5 working days before all ROTH meetings.**

**This report must be sent to;** [**sqateam@swindon.gov.uk**](mailto:sqateam@swindon.gov.uk) **at least 5 working days prior to all ROTH meetings.**