

**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?*
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| 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?*
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| 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?*
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| 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** **at least 5 working days prior to all ROTH meetings.**