

AGENCY REPORT FORM

Please return to Deborah Passant, CDOP Administrator at 30 West Road, Wellington, Telford, Shropshire, TF1 2BB or via encrypted e-mail.

The security of any system for transferring the information on these forms must be clarified and agreed with the Caldicott Guardian.

Each agency representative to complete this form to summarise information available within their agency. Each representative should complete only those sections for which they have information. The SUDIC Paediatrician will collate the information from the different agency reports to provide an overall case record. This collation will be agreed at the local case review or by the individual agency representatives in consultation with the SUDIC Paediatrician.

The form consists of six domains, A to F, along with supplementary forms B2 – B11 to be completed according to the type of death.

Agencies to complete from Section B onwards (page 3). If you require help or advice in completing this form, please contact Dr Deborah Bell on 07976 064713.

A. Identifying and Reporting Details			
Name:		Date of Birth:	
NHS No.		Date of Death:	

Agency Report Provided by:

Agency:			
Name:			
Address:			
Postcode:			
Tel No.		E-mail:	

B. Summary of Case and Circumstances leading to the Death

What was the mode of death?

- Expected death: planned palliative care
- Found dead/collapsed
- Witnessed event
- Active withdrawal of treatment
- Brain stem death
- Not known

Was there any attempted Resuscitation?

- Yes
- No
- Not known

Where is the child believed to have died?

- Acute Hospital (BCH)
 - Emergency Dept
 - Paediatric Ward
 - Neonatal Unit
 - Intensive Care Unit
 - Other
- Home of normal residence
- Other private residence
- Foster Home
- Residential Care
- Public Place
- School
- Hospice
- Mental Health Inpatient Unit
- Abroad
- Not known
- Other (Specify)

Were any of the following events known to have occurred?

- Road Traffic Accident Complete B2
- Drowning Complete B3
- Fire/Burns Complete B4
- Poisoning Complete B5
- Other accident Complete B6
- Substance Misuse Complete B7
- Apparent Homicide Complete B8
- Apparent Suicide Complete B9
- Sudden unexpected death in infancy Complete B10

Was a post mortem examination carried out? Yes Complete B11
 No
 Not Known

PLEASE COMPLETE FROM THIS POINT ONWARDS

Provide a narrative account of the circumstances leading to the death. This should include a chronology of significant events (e.g. contact with service; changes in family circumstances) in the background history, and details of any important issues identified.

Consider:	Events leading to death	Pre-School
	Early Family history	School Years
	Pregnancy and birth	Adolescence
	Infancy	

C. The Child

Gender Male Age at Death (yr/mm/dd) / /
 Female Indicate if estimated Age confirmed
 Age estimated

Birth weight (lb oz or kg) lbs oz
 kgs **Gestation age at birth** (completed weeks)

Ethnic Group White Black or Black British
 Mixed Asian or Asian British
 Chinese or other Not Known

Any known medical condition at the time of death? Yes No

If yes, please provide details:

Any known developmental impairment or disability at the time of death? Yes No
 Not known

If yes, please provide details:

Any medication at the time of death? Yes No
 Not known

If yes, please provide details:

Education/Occupation Nursery Employed
 School Unemployed
 College
 Not in Education
 Left education

Factors in the child's life:

Provide a narrative description of any relevant factors within the child's life. Include any known health needs; factors influencing health; development/educational issues; behavioral issues; social relationships; identify and independence; any identified factors in the child that may have contributed to the death.

D. Parenting Capacity

At the time of death was the child living with:

- Mother
- Father
- Step Parent
- Other relative
- Foster Carers
- Private Fostering
- Residential Unit
- Other, please identify

Was the child subject to a child protection plan?

- At the time of death
- Previously
- Not at all

Category entered on the most recent Child Protection Plan:

- Physical abuse
- Neglect
- Emotional abuse
- Sexual abuse
- Not known

Was the child subject to any Statutory Orders?

- At time of death
- Previously
- Not at all

Category of most recent Statutory Order:

- Police Powers of Protection
- Emergency Protection Order
- Interim Care Order
- Care Order
- Supervision Order
- Residence Order
- Section 20 (Children Act 1989)
- Antisocial behaviour order
- Other Court order, (please specify)

Had the child been assessed as a child in need under Section 17 of the Children Act?

- At the time of death
- Previously
- Not at all

Has the child been subject to a CAF?

- At the time of death
- Previously
- Not at all

Were any siblings been subject to a CP Plan?

- At the time of death
- Previously
- Not at all

Have any siblings been subject to a Statutory Order?

- At the time of death
- Previously
- Not at all

Have any siblings been subject of a CAF?

- At the time of death
- Previously
- Not at all

Factor in the parenting capacity:

Provide a narrative description of the parenting capacity. Include issues around provision of basic care; health care (including antenatal care where relevant); safety; emotional warmth; stimulation; guidance and boundaries; stability. Include strengths as well as difficulties.

E. Family and Environment

MOTHER:

Age: Occupation:

Smoker: Yes No

Any Known:

Disability including learning disability? Yes No Unknown

If yes, please provide details:

Mental Health issues? Yes No Unknown

If yes, please provide details:

Substance Misuse? Yes No Unknown

If yes, please provide details:

Alcohol Misuse? Yes No Unknown

If yes, please provide details:

Known to Police? Yes No Unknown

If yes, please provide details:

FATHER:

Age: Occupation:

Smoker: Yes No

Any Known:

Disability including learning disability? Yes No Unknown

If yes, please provide details:

Mental Health issues? Yes No Unknown

If yes, please provide details:

Substance Misuse? Yes No Unknown

If yes, please provide details:

Alcohol Misuse? Yes No Unknown

If yes, please provide details:

Known to Police? Yes No Unknown

If yes, please provide details:

Other significant adults (e.g. mother's partner; significant Carer). Add as many as required; please complete details as above for each.

NAME:

Relationship to Child:

Age: Occupation:

Smoker: Yes No

Any Known:

Disability including learning disability? Yes No Unknown

If yes, please provide details:

Mental Health issues? Yes No Unknown

If yes, please provide details:

Substance Misuse? Yes No Unknown

If yes, please provide details:

Alcohol Misuse? Yes No Unknown

If yes, please provide details:

Known to Police? Yes No Unknown

If yes, please provide details:

NAME:

Relationship to Child:

Age: Occupation:

Smoker: Yes No

Any Known:

Disability including learning disability? Yes No Unknown

If yes, please provide details:

Mental Health issues? Yes No Unknown

If yes, please provide details:

Substance Misuse? Yes No Unknown

If yes, please provide details:

Alcohol Misuse? Yes No Unknown

If yes, please provide details:

Known to Police? Yes No Unknown

If yes, please provide details:

Any known domestic abuse in the household?

Yes

No

Not known

Details:

Were the Family considered at MARAC?

Yes

No

Not known

Details:

Was the child an asylum seeker?

Yes

No

Not known

Details:

Factor in the family and environment:

Include family structure and functioning; wider family relationships; housing; employment and income; social integration and support; community resources; include strengths and difficulties.

A large, empty rectangular box with a thin black border, intended for handwritten notes or additional information related to the 'Factor in the family and environment' section.

F. Service Provision

Details of agency involvement.

Include details of first and most recent contact with family; services offered/provided.

Agency/Professional	Date of First Contact	Date of Most Recent Contact	Details of Services offered/provided
Health:			
Hospital In-patient:			
Hospital Out-patient:			
Emergency Dept:			
GP:			
Health Visitor:			
School Nurse:			
CAMHS:			

Agency/Professional	Date of First Contact	Date of Most Recent Contact	Details of Services offered/provided
Other Health: (please Specify)			
Other Health: (please Specify)			
Other Health: (please specify)			
Police:			
Children's Social Care:			
School/Nurse/Children's Centre etc:			
Integrated Disabled Services:			
Special Educational Needs Service:			

Agency/Professional	Date of First Contact	Date of Most Recent Contact	Details of Services offered/provided
Other Educational Services: (Specify)			
Connexions:			
Probation:			
YOS:			
Any other Cluster Base/MAT service not listed above:			
NSPCC:			
Other: (please Specify)			
Other: (please Specify)			

Factors in the relation to service provision:

Include any identified services both required and provided; any gaps between child's or family member's needs and service provision; any issues in relation to service provision or uptake.

Issues for discussion:

Include any action or learning to be taken as a result of the child's death; issues that require broader multi-agency discussion.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the 'Issues for discussion' prompt.

The Framework for the Assessment of Children in Need and their Families



'Assessment is the foundation for all subsequent planning and decision making for children in need and their families'