**CYSUR – MID & WEST WALES MULTI-AGENCY REPORT FORM**

***This form may be used for both reports of safeguarding concerns, and requests for a support service.***

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| **DETAILS OF PERSON MAKING REPORT:** | | | | | | | | | | | | | | | | | |  |
| **Name:** | | | | | | | **Agency:** | | | | | | | | **Date:** | | |  |
| **Telephone:** | | | | | | | | | **Email:** | | | | | | | | | |
| **SUBJECT OF REPORT:** *(Child, young person or unborn baby)* | | | | | | | | | | | | | | | | | | |
| **Surname:** | | | | **Forename(s):** | | | | | | | | | **Other names used:** | | | | | |
| **DOB/EDD:** | | **Age:** | **Sex:** | | | | | **Gender:** Choose an item. | | | **Ethnicity:** | | | | | **Preferred Language:** | | |
| **Looked After:**  Choose an item. | | | | | **Responsible Local Authority:** | | | | | | | | | | | | | |
| **Child Protection Register:** Choose an item. | | | | | **NHS Number:** | | | | | | | | | | | | | |
| **Permanent Address:** | | | | | | | | | | | | | | | | **Post code:** | | |
| **Address Currently Residing (if different):** | | | | | | | | | | | | | | | | **Post code:** | | |
| **If concerns relate to a person in a position of trust, please specify below:** | | | | | | | | | | | | | | | | | | |
| **Name** | **Address** | | | | | **Organisation (if applicable)** | | | | **Date of Birth** | | **Relationship to child** | | **Telephone** | | | **Any other relevant information** | |
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| **Please specify the reason why you are reporting a concern or requesting a service.** |
| *Please specify what has prompted you to submit the report, e.g. I have witnessed something that has concerned or worried me; someone has passed information on to me that has worried me; I feel the child/young person/family need some help now to stop the situation escalating to something more serious; the child/young person/family are asking for help and support etc. Please be clear about what the issue is you feel needs to be addressed e.g. Physical abuse, neglect, sexual abuse, emotional harm, domestic abuse, exploitation, parenting support needed, identified disability, behavioural difficulties etc. Where possible provide specific examples of your identified concerns/needs.* |
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| **What is working well? What are the family/child/young person’s strengths?** |
| *Consider family/peer networks/protective safe adults and relationships/support network/engagement with services/agencies.* |
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| **What outcome would you like to see from this report?** |
| *e.g. formal multi-agency enquiries to be undertaken due to perceived level of risk, formal assessment for care and support due to presenting need/escalating risk etc.* |
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| **ADDITIONAL INFORMATION ABOUT THE CHILD OR YOUNG PERSON** | | | | | |
| **Has the child/young person resided in another area?**  Choose an item. | | **If yes, why and where?** | | | |
| **Has the child/young person arrived from overseas?**  Choose an item. | | | | | **If yes, date of arrival:** |
| **Nationality:** | **Immigration Status:** | | | **Home Office Registration Number:** | |
| **Cultural Needs:** | **Communication Needs:** | | | **Interpreter / Intermediary / Advocate required?**  Choose an item. | |
| **Any Disabilities:** | | | **Any Mental Capacity issues:** | | |

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| **VIEWS SHOULD BE SOUGHT WHEREVER POSSIBLE** | |
| **Has the child been made aware of this report being made?**  Choose an item. | **Has the parent/carer been made aware of this report being made?**  Choose an item. |
| **Is the child in agreement with this report being made?**  Choose an item. | **Is the parent/carer in agreement with this report being made?**  Choose an item. |
| **Views of the child/young person about making this report:** | **Views of the parent(s) about making this report:**    **Name of parent/carer(s):** |

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|  | **Details of Household members:** *(please include anyone, including siblings, living at the property)* | | | | | | | |
| **Names of household members** | | **Relationship to child** | **Sex** | **Gender** | **Telephone No.** | **DoB/**  **EDD** | **Ethnicity / Religion** | **Any relevant risk factors** *(including Sub Misuse, Mental ill-health, Physical ill-health, Domestic Abuse, History of violent behaviour)* |
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|  | **Details of significant persons who are NOT members of the household:** *(please include any family members, including siblings)* | | | | | | | |
| **Name & Address of significant person** | | **Relationship to child** | **Sex** | **Gender** | **Telephone No.** | **DoB/**  **EDD** | **Ethnicity / Religion** | **Any relevant risk factors** *(including Sub Misuse, Mental ill-health, Physical ill-health, Domestic Abuse, History of violent behaviour)* |
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| **Key Agencies Involved:** *(Consider all areas below and include any key agencies known)* | | | | | | |
| **HEALTH**  (*GP, Health Visitor, Midwife, Community Paediatrician, CMHT, CAMHS, School Health Nurse)* | **EDUCATION**  (*School, FE College, School Nurse, Pupil Support Officer, Welfare/Inclusion Officer, Nursery, School Counsellor)* | | **OTHER STATUTORY SERVICES**  (*Children or Adults’ Social Services, Housing, Probation, Youth Service, Youth Justice/Offending)* | | | **PREVENTATIVE SERVICES**  (*TAF, Child in Need, Youth Service, Sub Misuse Service, Women’s Aid, Support worker)* |
| **Name & Role of Key Person** | | **Address** | | **Telephone No.** | **Email** | |
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