



CDOP Identifier (Unique identifying number)

Form B - Agency Report Form

This form to be returned to CDOP Manager at: email

Address: Fax:

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 CDOP manager 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 CDOP manager.

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

The first page of this form may be removed for the purposes of anonymisation prior to discussion at the CDOP

A Identifying and Reporting Details

Name	<input type="text"/>	DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
NHS No.	<input type="text"/>	Date of Death	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="text"/> Male / Female		
Address	<input type="text"/>		

Agency Report provided by:

Agency	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>		
Tel No	<input type="text"/>	E-Mail address	<input type="text"/>

B Summary of Case and Circumstances leading to the death

What was the mode of death?	<input type="checkbox"/> Expected death: planned palliative care <input type="checkbox"/> Found dead/collapsed <input type="checkbox"/> Witnessed event <input type="checkbox"/> Active withdrawal of treatment <input type="checkbox"/> Brain stem death	
Was there any attempted resuscitation?	Yes / No / Not known	
Where is the child believed to have died?	<input type="checkbox"/> Acute hospital	<input type="checkbox"/> Emergency Department <input type="checkbox"/> Paediatric Ward <input type="checkbox"/> Neonatal Unit <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Other
	<input type="checkbox"/> Home of normal residence <input type="checkbox"/> Other private residence <input type="checkbox"/> Residential Care <input type="checkbox"/> Public place <input type="checkbox"/> School <input type="checkbox"/> Hospice <input type="checkbox"/> Mental health inpatient unit <input type="checkbox"/> Abroad <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Not known	

Were any of the following events known to have occurred?	
Road traffic accident	Complete B-2
Drowning	Complete B-3
Fire / burns	Complete B-4
Poisoning	Complete B-5
Other accident	Complete B-6
Substance misuse	Complete B-7
Apparent homicide	Complete B-8
Apparent suicide	Complete B-9
Sudden unexpected death in infancy	Complete B-10
Was a post-mortem examination carried out?	
Yes / No	If yes, complete B-11

* place where the child is believed to have died, or where the event directly leading to death occurred. For example, if a child is involved in a road traffic accident, and is resuscitated but subsequently dies, the location of death should be recorded as the site of the collision, rather than the hospital where the child's death was confirmed

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 the death
- Early family history
- Pregnancy and birth
- Infancy
- Pre-school
- School years
- Adolescence

C The Child

Birth weight (lb oz or kg)		Gestational age at birth (completed weeks):	
Any known medical conditions at the time of death	Yes / No	If yes, provide details	
Any known developmental impairment or disability at the time of death	Yes / No	If yes, provide details	
Any medication at the time of death	Yes / No	If yes, provide details	
Education/Occupation	<input type="checkbox"/> Nursery <input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Not in education <input type="checkbox"/> Left education		
	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		

Factors in the child:

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

D Parenting Capacity

<i>At the time of death was the child living with</i>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step parent <input type="checkbox"/> Other relatives	<input type="checkbox"/> Foster carers <input type="checkbox"/> Private fostering <input type="checkbox"/> Residential unit <input type="checkbox"/> Other
<i>Was the child subject to a child protection plan?</i>	<input type="checkbox"/> At time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all	Category <input type="checkbox"/> Physical abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Not known
<i>Was the child subject to any statutory orders?</i>	<input type="checkbox"/> At time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all	
	Category of most recent order <input type="checkbox"/> Police Powers of Protection <input type="checkbox"/> Residence Order <input type="checkbox"/> Emergency Protection Order <input type="checkbox"/> Section 20 (Children Act 1989) <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Antisocial behaviour order <input type="checkbox"/> Care Order <input type="checkbox"/> Other court order <input type="checkbox"/> Supervision Order <input type="checkbox"/> Please specify	
<i>Had the child been assessed as a child in need under section 17 of the Children Act?</i>	<input type="checkbox"/> At time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all	
<i>Were any siblings subject to a child protection plan?</i>	<input type="checkbox"/> At time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all	
<i>Were any siblings subject to any statutory orders?</i>	<input type="checkbox"/> At time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all	

Factors 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 deficits.

E Family and Environment

Mother		
Age		Occupation:
Smoker	Yes / No	
Any known: disability, including learning disability mental health issues substance misuse alcohol misuse	Yes / No Yes / No Yes / No Yes / No	If yes, provide details
Known to police	Yes / No	If yes, provide details

Father		
Age		Occupation:
Smoker	Yes / No	
Any known: disability, including learning disability mental health issues substance misuse alcohol misuse	Yes / No Yes / No Yes / No Yes / No	If yes, provide details
Known to police	Yes / No	If yes, provide details

Other significant adult (e.g. Mother's partner; significant carer. Add as many as required) Complete details as above for each.	Relationship to child	Details

E Family and Environment (cont.)

<i>Any known domestic violence in the household?</i>	Yes / No	Details
<i>Was the child an asylum seeker?</i>	Yes / No	

Factors 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.

F Service Provision and need

Details of agency involvement

Include dates 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 provided
Health	/ /	/ /	
Hospital in-patient	/ /	/ /	
Hospital out-patient	/ /	/ /	
Emergency Department	/ /	/ /	
General Practitioner	/ /	/ /	
Health Visitor	/ /	/ /	
School Nurse	/ /	/ /	
CAMHS	/ /	/ /	
Other (please specify):	/ /	/ /	
Police	/ /	/ /	
Children's Services	/ /	/ /	
Education	/ /	/ /	
Connexions	/ /	/ /	
Probation	/ /	/ /	
Other (please specify):	/ /	/ /	

Factors in relation to service provision and need:

Include any identified service needs; any gaps between needs and 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 multiagency discussion