# Document 2 – Initial Scoping and Information Sharing Template

## Proforma for Rapid Review

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| 1. **CHILD AND FAMILY DETAILS**
 |
| **Name of child(ren):** |  | **Date of Birth:** |  |
| **Child’s ethnicity** |  | **Religion** |  |
| **Sex at birth (and gender identity if different)** |  | **Disability** |  |
| **Associated Addresses:** |  |
| **Family details:** | **Name** | **D.O.B** | **Address** |
| **Related Adults:** |  |  |  |
|  |  |  |
|  |  |  |
| **Related Children:** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Report prepared by:** | **Name** |  | **Role** |  |
| 1. **YOUR AGENCY INVOLVEMENT**
 |
| **Professional roles with child/family** |  |
| **Name of involved professional:** |  |
| **Date involvement started:** |  |
| **Reason for involvement (if applicable)** |  |
| **Summary of involvement.****What were the key events for your agency, and what was the impact for this child?** |  |
| **Please comment on the voice of the child(ren) in describing their lived experience** |  |
| 1. **INTERAGENCY WORKING**
 |
| **Which other agencies were you in direct contact with in working with this family, and was there information missing from these in your records that would have helped form a more robust assessment of need and risk?** |
| Agency | State if you were in contact with this agency about this family | State if your notes are missing information from this agency that would have helped form a more robust assessment of need and risk |
| GP |  |  |
| Midwifery |  |  |
| Health Visiting Service |  |  |
| School Nursing Service |  |  |
| Children & Young People Mental Health Service (CAMHS) |  |  |
| Perinatal Mental Health Community Service |  |  |
| Adult Mental Health Services |  |  |
| SWAST (ambulance) |  |  |
| A&E/Minor Injuries Unit |  |  |
| Domestic Abuse Services |  |  |
| Substance Misuse Services |  |  |
| Adult Social Care |  |  |
| Children’s Social Care |  |  |
| Early Help  |  |  |
| Youth Offending Service |  |  |
| LADO |  |  |
| Police |  |  |
| Fire & Rescue Service |  |  |
| Probation |  |  |
| CAFCASS |  |  |
| Education/Childcare provider  |  |  |
| Housing |  |  |
| Hospital Trust (please name) |  |  |
| Other Local Authority (please name) |  |  |
| Other agency e.g. voluntary (please name) |  |  |
| Please expand on any missing information here: |  |
| 1. **ANALYSIS OF INVOLVEMENT**
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| **What has worked well?** |  |
| **What are the learning points within your agency?** |  |
| **What are the learning points across agencies?** |  |

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| ***Please suggest single and multiagency actions. Actions should be SMART. The Rapid Review Panel will create a single action plan derived from all of the suggested actions. Not all suggested actions will be included.***  |
|  | **Action** | **Lead** | **Deadline** | **Progress** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |