Information Sharing Proforma

As part of the Op-Encompass pilot a record of the conversation that has taken place is required. This information should include details covering what has been discussed, help and support offered, and any further actions required following that conversation.

Op-Encompass is a pilot being run in conjunction with the home office, children’s social care, early years, and health. We are monitoring outcomes to track and understand the benefits of sharing information across agencies to ensure support is offered at the earliest possible opportunity. This information is shared with or without consent to ensure positive outcomes for children and families. We kindly request any incidents are discussed with the non-abusive parent as soon as possible. For further support and training to aid you in these conversations training and guidance is available from the early help team.

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of birth |  |
| Details of adults involved (names/dob) |  |
| Nursery/Pre-school |  |
| Date of Op Enc meeting |  |
| Date and time of incident |  |
| Grading |  |
| Agreed Lead responder/setting |  |
| Name(s) of Involved Professionals/Service |  |
| Summary of info |  |

|  |
| --- |
| Has Early Help been discussed and would the family like any Early Help support?  No  Yes *(if* ***YES****, please complete the* ***Early Help Assessment****)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Responder Feedback/Actions taken.**  Please tick one of the 12 following options: | | | | | | |
|  | **No action** | |  | **Speak to non-abusive parent**  (only if safe) about DA |  | **Offer contacts for DA support to non-abusive parent** |
|  | **Visit the home**  (unscheduled visit) | |  | **Unable to contact**  (incorrect number) |  | **Unable to contact** (no answer) |
|  | **Visit the home**  (already scheduled visit) | |  | **Contact / refer to Early Help** |  | **Contact / refer to social care** |
|  | **Contact Police** | |  | **No further action** (NFA) |  | **Other** (please detail below) |
| **Additional comments**  (summary rationale for decision) | |  | | | | |