

**VALE OF GLAMORGAN MULTI-AGENCY ASSESSMENT FRAMEWORK PROTOCOL -  
GUIDANCE NOTES FOR PROFESSIONALS WHO WISH TO REFER TO CHILDRENS  
SERVICES**

Professionals from a number of agencies, but particularly Police, Health and Education, are a key source of referrals to the Council's Children & Young People Services Department of children who are, or may be, in need.

This guidance has been drafted to help professionals decide whether a referral to the Council's Children & Young People Services is required and how to go about this.

When considering making a referral to the Council's Children & Young People Services, the referring agency should ensure that a Referral Consideration Record is completed.

This record has been designed to help colleagues in other agencies to make decisions as to whether or not their concerns are sufficient to refer a child/ren to Children & Young People Services as a child in need.

The Referral Considerations Record (RCR) considers the three domains of the Assessment Framework (child's developmental needs, parental capacity to meet those needs and family and environmental factors) and their related dimensions.

If on completion of the RCR it is felt that a referral to the Council's Children & Young People Services should be made, referring agencies must discuss the nature of their concerns with the parent/carer and the child, if appropriate, and obtain their consent to make the referral, using Form CS2 - Parent, Carer, Child Consent To Share Personal Information. The exemption to this is when the agency concerns are related to child protection and to do so would place the child/ren at increased risk of significant harm.

If there is any doubt about this, advice should be sought from the Duty Officer at Haydock House, Tel Number 01446 725202.

To make the referral to the Council's Children & Young People Services, the RCR together with the signed consent form and a completed multi-agency referral form should be forwarded to the Duty Officer, at Haydock House, 1 Holton Road, Barry, CF63 4HA, Fax No. 01446 725205, and for Disabled Children to the Child Health and Disability Team, Haydock House, 1 Holton Road, Barry, Vale of Glamorgan, CF63 4HA (Fax No. 01446 725205).

**(For referrals out of office hours, please telephone the Emergency Duty Team on 029 20788570).**

The Council's Children & Young People Services will make a decision about responding to the referral that your agency has made within 24 hours. This response may include no action.

When a referral is received the duty officer (or allocated Social Worker) will always make contact and end any discussion or dialogue with the referrer (whether a professional or a member of the public or family) with clear agreement on who will be taking what action, or that no further action will be taken. The decision must be recorded by the duty officer/allocated social worker and by the referrer if a professional in another service.

The Council's Children & Young People Services Team / Assistant Team Managers will always make a decision on what action, if any, is to be taken within 24 hours. The referrer

and all those involved will always be informed in writing of the outcome, rationale and/or progress by the Team/Assistant Team Manager within 10 working days of receipt of the referral.

## **APPENDIX 2 FORM CS2**

### **INFORMATION FOR PARENTS, CARERS, CHILDREN ON GIVING CONSENT TO SHARE PERSONAL INFORMATION**

#### **Purpose**

The disclosure of personal information is necessary to facilitate the delivery of effective assessments by the Local Authority Social Services Department. Disclosure of information to Local Authority Social Services Departments by all other relevant agencies is an essential requirement of the process, necessary to fully understand the child's needs and respond appropriately.

It may be necessary to gather information from a number of different agencies, which normally requires the informed consent of the parent or guardian in accordance with the Data Protection Act 1998.

The assessments provide the means to secure the safety and well being of children and their families through inter-agency collaboration. Local Authority Social Services Department's take the lead in these assessments.

#### **Uses**

Information disclosed by agencies under a Part 1 Consent will be used by Social Services Departments at the Initial Assessment stage to:

- Share detailed personal information about the Child and the minimum amount of relevant information about any family member.
- Determine whether a Child is in Need under Section 17 of the Children Act 1989.
- Assess the needs of the child and the family and where appropriate provide services to meet these unmet needs through a Child in Need Service Plan.
- Decide whether the presenting needs require specialist input through a core assessment.

Information disclosed by agencies under a Part 2 Consent will be used by Social Services Departments at the Core Assessment stage to:

- Share detailed personal information about any family member.
- Obtain a clear understanding of the developmental needs of the children, capacity of the parents/carers to respond appropriately to these needs and the wider family and environmental factors which have an impact on the family and the child.
- Assess the needs of the child and the family using the skills, knowledge and judgement of professionals across all relevant agencies and where appropriate provide services to meet these unmet needs through a Child in need plan.

**PLEASE NOTE:** The Data Protection Act 1998, permits disclosure without consent, if it is necessary to safeguard a child at risk or children in the public interest: e.g. child protection. Exemption from informed consent is on a case by case basis and needs to be clearly justified by professionals.

Vale of Glamorgan Multi - Agency Referral Form for Children and Families

**REFERRAL TYPE:**

INFORMATION ONLY

CHILD PROTECTION

CHILD IN NEED

**IS THIS REFERRAL FOR CHILD HEALTH & DISABILITY TEAM ?**

YES  NO

Please confirm that you have obtained verbal / written consent - Yes  No

If Yes is Consent WRITTEN  VERBAL

What relationship is this person to the child? \_\_\_\_\_

**Please gain consent from Parent / Carer for external checks with partner agencies to be made. Has this been gained ? -**

Yes

No

**CHILD/YOUNG PERSON'S NAME AND ADDRESS DETAILS**

SURNAME:  FORENAMES:

Date of Birth:  Age:

ADDRESS (including postcode):

**TELEPHONE NUMBER: (Please ensure this is provided):-**

**OTHER FAMILY MEMBERS OR SIGNIFICANT OTHER PEOPLE IN THE HOUSEHOLD - PLEASE ENSURE YOU INCLUDE PARENTS / CARERS:-**

Name:	Relationship to Child/Young Person:	Date of Birth	Parental Responsibility: Yes / No


## REFERRAL CONSIDERATIONS RECORD

### Child/Young Person's developmental needs

All children change and develop over time. Parents have a responsibility to respond appropriately to the child's needs. The purpose of this section is to identify areas of strength and areas of developmental need, in order to assist you to determine whether this child/young person requires services to achieve a reasonable standard of development or to prevent significant impairment of his/her health and development.

**Please give details including strengths and current needs**

**Health:**

**Education:**

**Emotional and Behavioural Development:**

**Identity:**

**Family and Social Relationships:**

**Social Presentation:**

**Self-care Skills:**

**Parents'/Carers' capacities to respond appropriately to the child/young person's need**

Please record strengths as well as difficulties/problems.

**Basic Care:**

**Ensuring Safety:**

**Emotional Warmth:**

**Stimulation:**

**Guidance and Boundaries:**

**Stability:**

It is important to be aware of the parent(s)/carer(s) strengths as well as any difficulties they are experiencing.

Research shows that the following are most likely to affect parenting capacity: physical illness, mental illness, learning disability, substance/alcohol misuse, domestic violence, childhood abuse, history of abusing children.

**Issues**

**Substance misuse**

**Alcohol misuse**

**Domestic Violence**

**Physical illness**

**Mental illness**

**Learning disability**

**Family and Environmental factors (which impact on the child and family)**

**Please give details of history and current situation**

**Family history and functioning:**

**Wider family:**

**Housing:**

**Employment:**

**Income (please include information regarding difficulties):**

**Family's Social Integration:**

**Community Resources:**

**INFORMATION ON STATUTORY STATUS**

Child/Young Person or other children/young persons in the family have been on a disability register Yes  No

Child/Young Person or other children/young persons in the family have been on a child protection register Yes  No

**REASON FOR THE REFERRAL OR REQUEST FOR SERVICES (STATED ISSUE)**  
*Please state what the concerns are you that you have for this child or what do you feel the family require and the actions that have been taken*

Key Agencies *(please tick if working with family)*

Education Welfare Officer	<input type="checkbox"/>	Tel:
School	<input type="checkbox"/>	Tel:
Police	<input type="checkbox"/>	Tel:
Y.O.T.	<input type="checkbox"/>	Tel:
Dentist	<input type="checkbox"/>	Tel:
Community/Mental Health	<input type="checkbox"/>	Tel:
Community Paediatrician	<input type="checkbox"/>	Tel:
School Nurse	<input type="checkbox"/>	Tel:
C.A.M.H.S.	<input type="checkbox"/>	Tel:
Other	<input type="checkbox"/>	Name:                      Tel:



Signed: \_\_\_\_\_

Designation: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address (including Post Code):

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**PLEASE FORWARD THIS COMPLETED FORM TO:-**

- **CHILDREN AND YOUNG PEOPLE SERVICES, HAYDOCK HOUSE, 1 HOLTON ROAD, BARRY, VALE OF GLAMORGAN, CF63 4HA**
- **FAX NUMBER: 01446-725205**
- **E-MAIL ADDRESS: [dutymarfs@valeofglamorgan.gov.uk](mailto:dutymarfs@valeofglamorgan.gov.uk)**

**ETHNICITY:** *This section must be completed.*

WHITE	<input type="checkbox"/>	CARIBBEAN	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>
WHITE AND BLACK CARIBBEAN	<input type="checkbox"/>	WHITE AND BLACK AFRICAN	<input type="checkbox"/>		
AFRICAN	<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>	WELSH	<input type="checkbox"/>
CHINESE	<input type="checkbox"/>	WHITE IRISH	<input type="checkbox"/>	BLACK - OTHER	<input type="checkbox"/>
BANGLADESHI	<input type="checkbox"/>	WHITE AND ASIAN	<input type="checkbox"/>	WHITE OTHER	<input type="checkbox"/>
OTHER ETHNIC GROUP	<input type="checkbox"/>	NOT GIVEN	<input type="checkbox"/>		

SPECIAL NEEDS:            Yes             No

1<sup>st</sup> Language:

Communication Problems?:    Yes             No

Is an interpreter/signer required?    Yes             No

Child/Young Person's Religion:

SCHOOL/PLAYGROUP:	
ADDRESS:	
TEL NUMBER:	
GP:	
ADDRESS:	
TEL NUMBER:	
HEALTH VISITOR:	
ADDRESS:	
TEL NUMBER:	

THE VALE OF GLAMORGAN MULTI-AGENCY ASSESSMENT FRAMEWORK  
PROTOCOL

PARENTS, CARERS AND CHILDREN/YOUNG PEOPLE'S CONSENT TO REFERRAL,  
EXTERNAL CHECKS AND AN INITIAL ASSESSMENT

**Purpose**

The gathering of information is necessary for an effective Initial Assessment by the Vale of Glamorgan Council, Children & Young People Services Department. This information is essential to understand your children's needs. To be able to do this we need your consent for a referral to the Council's Children & Young People Services Department, and for them to make enquiries of any of the agencies involved with you or your family. The outcome of the Initial Assessment will be shared with you and those agencies involved.

If your child is of an age and can understand what is being asked of them they may also sign this consent form.

I do/do not consent (delete as required) to the above actions being taken in respect  
of my Child ..... (D.O.B.) .....  
(Address) .....  
.....  
.....

Signed..... Parent with Parental Responsibility

Please print full name and d.o.b. ....

Date .....

Signed ..... Carer

Please print full name and d.o.b. ....

Date .....

Signed ..... Child/Young Person

Please print full name and d.o.b. ....

Date .....

School Attended.....