

HEREFORDSHIRE CHILD CONCERN MODEL –

A Professionals Guide

Final Draft October 2003



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1 Introduction

Vulnerable children and their families are the concern of all agencies within Herefordshire.

The Herefordshire Child Concern Model is the result of an initiative begun in Autumn 2002 by Herefordshire Area Child Protection Committee. The initiative was prompted by a number of factors of which five were especially significant.

- a) The need to develop a common language in which needs are understood.
- b) The need to develop more clearly prescribed processes of assessment and referral across services for vulnerable children.
- c) The need to improve the use of scarce resources without duplication of effort to benefit those children most in need in Herefordshire.
- d) The need to promote equitable and efficient access to an increasingly diverse range of resources for children, young people, their families and carers.
- e) The need to encourage the dissemination of single-agency expertise across the inter-agency network.

The model should be seen as the result of a review of inter-agency working two years after the implementation of the framework for the Assessment of Children in Need and their Families (Department of Health, 2000). We have wanted to take into account key issues arising from evaluation at a local level, best practice experiences from elsewhere as well as research findings from national studies. In particular we wish to acknowledge the advice and encouragement of Bolton Social Services, the development group of Herefordshire ACPC and colleagues within Adult Services provision of Herefordshire Council Social Services.

Fully implemented, the model will provide Herefordshire with an effective inter-agency response to key messages for us all highlighted by the Laming enquiry as well as recommendations arising from the 2002 Joint Review of Social Services in Herefordshire.

2 The Model

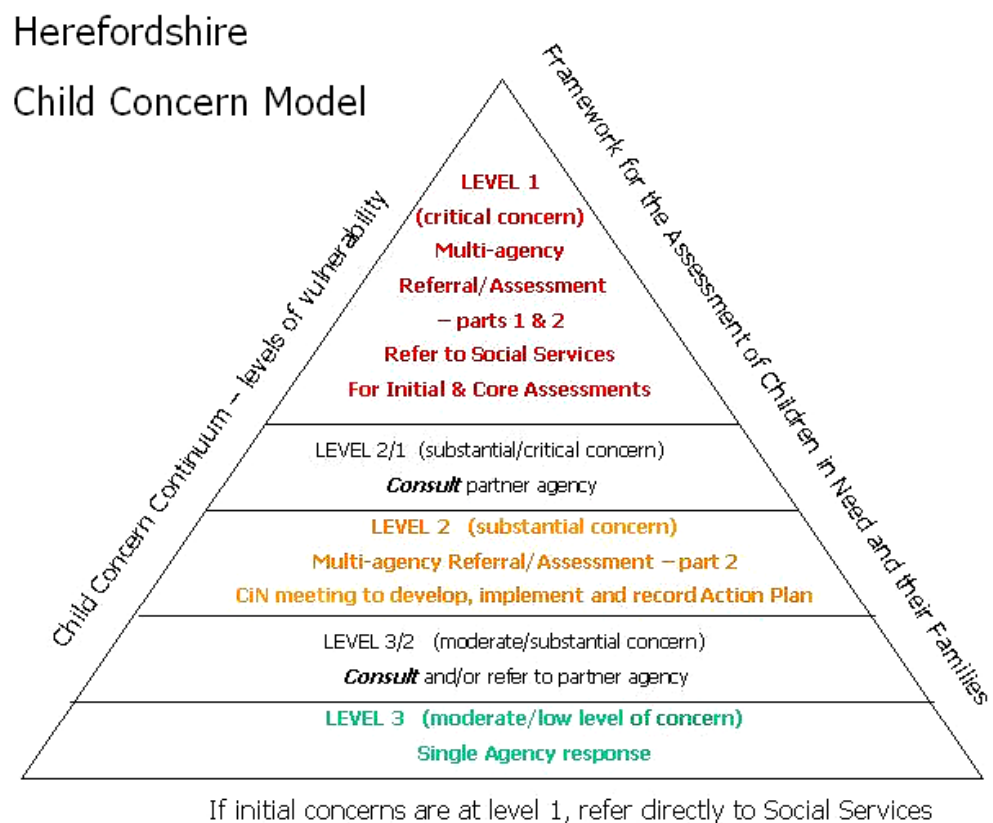
The model is intended to provide a conceptual centre and clarity of process to professionals working with vulnerable children within an inter-agency context. It has been designed for ease of understanding by practitioners and families alike. Experience from elsewhere suggests that the approach brings positive benefits to users of our services and that the model itself can be readily adapted to accommodate change in the light of review or additional requirements.

The model itself is comprised of three inter-dependent constituent parts

- Shared inter-agency definitions of needs and the prioritisation through a grouping of these needs into levels of vulnerability
- The provision of consultation particularly at the points of transition from one band to another
- A common framework to the assessment and referral of need within and across each level of the model

Each of these constituent parts is described in more detail within sections 3 – 5 below. The extent to which each of the three parts can be fully realised will clearly impact on the success of the model as a whole both for practitioners and families.

Taken together, the levels of vulnerability provide a continuum of concern. Children and their families may move across this continuum in either direction. The model focuses on the outcomes of action planning at each level based on a standard approach to assessing needs and vulnerabilities of children and their families. At any one stage in the model families and professionals alike will (i) be able to ask the question “what is the plan and is it working?” (ii) be clear about what will happen next depending on the answer to that question.



3 Vulnerable Children – Imminence and Consequence in the prioritisation of need and provision of services

- 3.1 Agreed inter-agency definitions of needs are attached as Appendix A. These have been grouped into three Levels of vulnerability from lower (Level 3) to higher (Level 1). Taken together with two transitional levels, these represent as a whole a continuum of concern. The descriptors are derived from DoH Fair Access to Care Services (2002) to allow for a commonality of approach to assessment and identification of need at the interface with providers of Adult Services.
- 3.2 The process a practitioner should follow will be determined by the level of identified need. Where there are a range of needs located at different levels, then the location of the greatest need should determine the process to be followed.
- 3.3 The identification of vulnerability will be by assessment at each stage of the process utilising the three domains of the Framework for Assessment. In determining vulnerability, the practitioners involved will need to take into account the following
- What is the imminence of the need or needs for the child
 - What are the likely consequences for the child of providing a service
 - What are the likely consequences for the child of not providing a service

A timeframe of around three months should be considered in determining both imminence of need and consequence of provision.

- 3.4 For children with disabilities and their families, the needs arising from Level 1 vulnerabilities will be considered as eligible needs in the provision of services (beyond assessment) by the Social Services department.
- 3.5 Certain specific circumstances, for example court directed assessment or provision, will be exempt from this process of determination.
- 3.6 The Five Levels of the Model

3.6.1 Level 3 (Moderate/Low) Single Agency Response

If your initial concerns are assessed at Level 3, arrange for provision of needs from within your own agency whenever possible. To access additional services from another agency use part one of the multi-agency referral and assessment form

Where needs remain unmet and/or your concerns persist ...



Level 3/2 (Moderate/Substantial)

Identify in conjunction with your line manager or named designated professional the agency best placed to provide consultation to you. If, following consultation or a plan arising from consultation

Needs remain unmet and/or your concerns persist ...



Level 2 (Substantial) Inter- agency Response

Complete part two of the multi-agency referral/assessment form and convene a Child in Need Meeting. This will develop, implement and record an action plan

If needs remain unmet and/or the concerns of the professional group persist ...



Level 2/1 (Substantial/Critical)

Identify in conjunction with your line manager or named designated professional the agency best placed to provide consultation to you. At this stage, if following consultation or a plan arising from consultation

Needs remain unmet and/or the concerns of the professional group persist ...



Level 1 (Critical) Social Services Assessment under Framework for Assessment

Complete parts one and two of the multi-agency assessment/referral form (and attach where appropriate the record of any Child in Need meeting/s) and refer to the Social Services Department who will co-ordinate an initial and/or core assessment of need.

The process described above is incremental and will be applicable to some but not all children and their families. **In circumstances where your initial concerns are located at Level 1 then you must refer directly to Social Services.** For guidance on the issues of consent and disclosure of information refer to section 6.0 below and Appendix E.

4 Consultation – making use of professional resources

- 4.1 **Consultation is a means whereby members of relevant statutory and voluntary agencies can have ready access to consistent information and advice from suitably qualified and experienced practitioners, in order to explore situations, obtain support and to decide together on appropriate actions.**
- 4.2 The model both encourages and relies on the development and use of inter-agency consultation to improve assessment and referral processes. It formalises existing informal or ad hoc arrangements by ensuring partnership and support for individual

practitioners across agencies. **The model should ensure that no-one who has concerns for the welfare of a child should be left alone with those concerns.**

- 4.3 Consultation will be available at any stage of the model but is likely to be most effective at or around the transition points between the stages i.e. when it appears needs continue to be unmet and professional concerns persist. It is likely although not inevitable that the agency providing consultation at Level 2/1 will be Social Services.
- 4.4 To access consultation, a practitioner in conjunction with their line manager or designated named professional should identify the most appropriate agency to offer consultation. The agency should then be contacted directly and a consultation arranged. For cases identified at level 3/2 the consultation will be provided within 10 working days of the request. For cases identified at level 2/1, the consultation will be provided within 2 working days of the request. A comprehensive list of agencies providing consultation is attached as Appendix C.
- 4.5 The agency providing consultation will complete and retain a pro-forma record (Appendix B), and provide a copy to the consultee.
- 4.6 The agency providing consultation does not assume supervisory or line management responsibilities through virtue of that provision.
- 4.7 The consultee is responsible for advising the family on the outcome of the consultation including the actions agreed.
- 4.8 **Consultation is not intended to be a vehicle for the transfer of problems to another agency.** It is intended to be a supportive and problem solving resource that identifies and agrees practical solutions and future actions. These might include referral to another agency. Where issues are not agreed these should be recorded on the pro-forma. Where there is disagreement (particularly on the actions required) and either the consultant or consultee judge that the welfare of a child will be prejudiced, then they should alert their manager or designated named professional without delay.
- 4.9 Where consultation recommends referral to another agency, a copy of the consultation record should be attached to the referral form.
- 4.10 Where the original meeting recommends further consultation, this should be noted on the pro-forma including prospective dates where known.
- 4.11 Each agency identified within Appendix C will make arrangements to maintain an organised record of consultations provided to enable inter-agency audit on the use, pattern and outcomes of this provision.

5 Child in Need Meeting – A common framework to assessing need

- 5.1 **Vulnerable children located in Level 2 will always require an inter-agency response.** That response is centred on the Child in Need meeting that will assess, plan and review provisions for identified need/s. The approach is structured to utilise the three domains of the Framework for Assessment in reaching decisions about the child and family.
- 5.2 The meeting should be convened by the agency who has raised concerns for the child or family. The meeting should include the family together with those professionals

who have **current** and **direct** involvement with them. If consultation is being provided to the convening agency then the agency providing consultation should, if appropriate, be invited to attend. The convening agency is responsible for the completion of Part Two of the Referral and Assessment record.

- 5.3 The meeting will be chaired by a representative of the convening agency. They will be responsible for the collation and dissemination of the assessment and action plan using the pro-forma (Appendix D).
- 5.4 The venue chosen for the meeting should be the most convenient and comfortable place to meet for a confidential meeting.
- 5.5 Where a further Child in Need meeting is agreed the group will need to consider and agree which agency should convene that review.
- 5.6 Where an agency is concerned that services agreed at a Child in Need Meeting have not in fact been provided, they should draw their concerns to the attention of the convening agency. The meeting should be reconvened if the lack of provision is judged to compromise the objectives of the existing plan.
- 5.7 Where the Child in Need meeting recommends referral to Social Services then the completed pro-forma (Appendix D) should be attached to the multi-agency referral and assessment form
- 5.8 Each agency will make arrangements to maintain an organised record of Child in Need meetings convened by them to enable inter-agency audit on the use, pattern and outcomes of this provision.

6 Consent – the full involvement of children and families

- 6.1 The full and active involvement of families is encouraged at all stages in the model in assessing need, determining vulnerabilities and agreeing future action. Consent to referral and consultation should be sought from parents, carers or young people where appropriate. This requirement does not apply when in the view of the professional the seeking of consent would be actively and significantly prejudicial to the welfare of a child. These considerations will be confined to specific circumstances located in Level 1.
- 6.2 The principles of consent outlined above apply equally to the disclosure of information. Most families, in the majority of circumstances, will consent to and indeed expect communication to take place across agencies on a “need to know” basis. In circumstances where a family expressly refuses consent to the disclosure of information then practitioners will need to determine whether the circumstances of a child justify disclosure, taking into account what is to be disclosed, for what purposes and to whom. The test is one of proportionality: “is the proposed disclosure a proportionate response to the need to protect the welfare of a child”
- 6.3 Where a family located in Level 2 **do not** consent either to a referral being made or consultation being sought, then the agency or inter-agency group will need to consider the impact of that refusal on the welfare of the child/children. **If, in the view of the individual professional or inter-agency group the refusal effectively progress concerns to Level 1 and the proportionality test is satisfied then a consultation or referral to Social Services must be arranged.** In circumstances

where the proportionality test cannot be satisfied, then a referral to or consultation with Social Services cannot be initiated.

7 Towards a culture of performance – how are we all doing?

The model disseminates the framework for the assessment of need across all levels of vulnerability. This allows for and actively promotes the potential for inter-agency review and audit of process and outcome for users and providers of services. Local targets and good practice indicators can then be identified, monitored and appraised in a routine and systematic way. This will provide information on where the model may or may not be working well but also indicate where future developments in identifying needs and the response to them might best be achieved.

The Framework to the evaluation and performance of the model, including performance indicators and targets is attached as Appendix H. The audit and evaluation group of Herefordshire ACPC will take lead responsibility for collating specified information and producing an annual performance report to all agencies.

8 Identification, Referral and Tracking (IRT)

This is part of an initiative from central government via the Children and Young People's Unit. It is intended to ensure that :

- Every child who is vulnerable or at risk is identified
- Children are referred to appropriate preventive services as required
- The progress of children within, between and outside of agencies is tracked to ensure that they do not “fall through the net”.

It is intended that the Child Concern Model definitions and protocols form the basis of IRT development in Herefordshire. This will underpin the requirement for a **Local Preventative Strategy**. IRT will, in time, provide a practical tool for monitoring and measuring the progress of the Child Concern Model in Herefordshire. Work undertaken at national level on data protection and human rights issues should ensure it is possible for all children assessed at Level 3 or above to be monitored through IRT. In doing so, it will support a culture of performance within organisations that encourages and enables us to ask how well we are serving children and their families.

9 Conclusion

Herefordshire's Child Concern Model is a significant inter-agency initiative to improve the use of and access to childcare resources and professional expertise. It includes, for the first time, an agreed framework to the definitions of vulnerabilities and the needs that may arise from them. It also recognises that the circumstances of children and their families are unique and that these will change over time. These changes though, can now be located within a common approach to the assessment of need, and the provision of services.

The model also acknowledges the need for support that all professionals require by providing commitment to consultation and the proper sharing of inter-agency concerns.

10 **Frequently Asked Questions**

Q Is the model replacing the Framework for Assessment?

A No. The Framework informs every stage of the model and will be fully used for all cases identified at Level 1.

Q I have a number of concerns which are located at different levels, which level should I use in terms of what I do next?

A You should always follow the actions required for your highest rated concerns (e.g. Level 1 is higher than Level 2).

Q I have identified my concerns but don't agree with the Level they are located in. What should I do?

A The contents of the three levels have been agreed by Herefordshire ACPC following extensive consultation with all agencies. The implementation group will review this content on an annual basis. You should pass your comments to your agency representative on this group.

Q I can't find a definition within any of the levels that describes the concerns that I have. What should I do?

A Discuss your concerns with a colleague and see if you agree which definition best approximates to your concerns. If this doesn't resolve the dilemma approach your line manager or named designated professional for a decision.

Q I agree with what the model is trying to do but I'm simply not going to have enough time to fill in the paperwork. What should I do?

A All agencies have agreed to cooperate with this approach. Completing the forms will provide us all with essential information as to how the model is working. Experience from elsewhere suggests that this task does become less onerous as we become familiar with a new way of working. Again, please forward constructive comments to your agency representative.

Q I am wanting to arrange a consultation but the parent won't agree to this. What should I do?

A Explore with the parent whether they would consent to another agency providing consultation. If they aren't prepared to agree to this and your concerns still fall outside Level 1 then you should note that in your own agency records for the child.

Q My request for a consultation has not been responded to. What should I do next?

A All agencies have agreed to provide consultation within an agreed timescale. If you are experiencing problems please communicate your concerns to both your agency representative as well as to the representative of the agency you are looking to consult with.

Q I don't agree with the actions recommended from a consultation. What should I do?

A In circumstances where either a consultant or consultee judge that the recommended actions would not adequately safeguard a child, then they should alert their line manager or named designated professional without delay.

Q Who can convene a Child in Need meeting?

A Any agency that has concerns located in Level 2 of the model can convene a Child in Need meeting.

Q How should we manage records of meetings and consultations within the model.

A All agencies should apply their existing policies and procedures on the retention, archiving and destruction of confidential records. Agencies will need to make arrangements for straightforward statistical returns to enable audit and evaluation of the model. Initial requirements will be made available from January 2004.

Q I am not sure if I need the consent of the family to make referral or to seek consultation. What should I do?

A The model encourages cooperation and partnership with families wherever possible and for so long as this is compatible with safeguarding a child's best interests. If you are unsure whether you can or should dispense with parental consent then seek advice of your line manager, named designated professional or legal advisor.

APPENDIX A

Herefordshire Child Concern Model
Levels of Vulnerability

LEVEL ONE

Critical – when:

Life is, or will be threatened; and/or

- *Threats to kill a child*
- *A child's behaviour puts their own life in immediate danger*
- *Children who are living in a dangerous environment*

Serious abuse or neglect has occurred or will occur; and/or

- *Unexplained physical injury*
- *Information that a child has been sexually or physically harmed*
- *Failure to protect from a potentially dangerous offender*
- *A child involved in sexual or other forms of exploitation*
- *A child is emotionally rejected by their parent or carer*
- *The supervision or physical care of the child is severely neglected*

Significant health problems have developed or will develop; and/or

- *Children with acute or chronic mental, physical or developmental needs that will have a serious impact upon themselves and their families*

Vital social support systems and relationships cannot or will not be sustained; and/or

- *Current arrangements for the care of a child are at significant risk of imminent breakdown*
- *A child who immediately needs to be cared for outside their own family*

There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or

- *A parent or carer is unable to recognise the needs of a child (whether for physical, intellectual, emotional or social reasons)*
- *The presence of recurrent and severe violence between parents or carers*
- *A child, who has caring responsibilities, which have a significant impact on their social, emotional and intellectual development.*
- *Chaotic substance use by a parent or carer*

There is, or will be, an inability to carry out vital personal care or domestic routines; and/or

- *Children with a high level of special needs or disability where constant care or supervision is needed*
- *The presence of severe mental or physical illness restricting a parent or carer ability to care for a child*

Vital involvement in work, education or learning cannot or will not be sustained; and/or

- *Children with complex needs that cannot be met by local provision*

Vital family and social roles and responsibilities cannot or will not be undertaken

- *Unaccompanied child asylum seekers*
- *A child who has been abandoned*
- *Children who disappear or who are missing from home regularly or for long periods*

LEVEL TWO

Substantial – when:

Abuse or neglect has occurred or will occur; and/or

- *Children who are in an unsafe environment*
- *A child who is involved in self harming behaviour*
- *A child who is not adequately protected or looked after by their parents or carers*
- *A child who has been previously looked after by Social Services or whose name has been on the Child Protection Register*

The majority of social support systems and relationships cannot or will not be sustained; and/or

- *Children who are experiencing multiple carers creating inconsistency and insecurity in their lives*
- *Children who may need to be looked after outside their own family*
- *Children with emotional and/or behavioural disorders which may promote rejection by their family or community*

There is, or will be, only partial choice and control over the immediate environment; and/or

- *A child who has caring responsibilities which may have a serious impact on their social, emotional and intellectual development*
- *Children in families where there has been one serious incident of domestic violence (or several lesser incidents)*

There is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or

- *Levels of alcohol or substance use by a parent or carer which occasionally affects their ability to care for a child*
- *A child or young person with substance dependency*
- *The parent/carers has an alcohol dependency or physical disability or history of mental health problems or a learning disability which may have an impact on their ability to care for a child*
- *The care of a child with complex needs is placing a significant strain upon their parents or carers*

Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or

- *Children who are excluded from or regularly absent from school*

The majority of the family and other social roles and responsibilities cannot or will not be undertaken

- *A child or young person who is homeless*

LEVEL THREE

Moderate/Low

There is, or will be, an inability to carry out one or more personal care or domestic routines; and/or

- *Substance use by parents or carers*
- *Children who may be vulnerable through experimentation with alcohol or substance use*
- *Parents who need practical advice to support them in their care of a child*
- *Children showing behaviour that might put them at future risk*
- *Families with a high number of children or more than 2 under 5 years of age*
- *Children in families where there is poor hygiene*
- *Children who present management problems to their parents*

Involvement in one or more aspects of work, education or learning cannot or will not be sustained; and/or

- *Children who have started to or are already having regular and unauthorised absence from school*
- *Children identified by schools as requiring additional educational support*

One or more Social Support Systems and relationships cannot or will not be undertaken; and/or

- *Parents are unable to secure some aspects of their child's health and development*
- *Children who have started involvement in anti social and criminal activities*

One or more family and other social roles and responsibilities cannot or will not be undertaken

- *The demands of caring for children are adversely affecting family relationships*
- *Children who experience inconsistent parenting which may impair their social, emotional and intellectual development*
- *Children who are involved in residence or contact disputes*
- *Children of parents with mental or physical health difficulties*
- *Parents do not ensure children's health appointments are met*

APPENDIX 1

- *Children whose parents through extreme poverty are unable to meet their basic needs.*
- *Children who are living with isolated and unsupported or unsupportive parents or carers, restricting reliable access to services.*

APPENDIX B **HEREFORDSHIRE CHILD CONCERN MODEL**

Consultation Form

Ref:

DATE OF THIS REQUEST FOR CONSULTATION:

FAMILY NAME / ADDRESS:

NAME OF PERSON REQUESTING CONSULTATION:

AGENCY:

ADDRESS:

CONTACT No/e-mail:

FIRST CONSULTATION? Y/N WITH FAMILY APPROVAL? Y/N

(if No, dates of previous consultations)

(if no give reason)

VULNERABILITY (please circle) 1 1-2 2 2-3 3

DESCRIPTOR/S

OUTLINE OF MAIN CONCERNS:

RECORD OF DISCUSSION AND AGREED ACTIONS

PLEASE NOTE ANY ISSUES/ACTIONS NOT AGREED

NAME OF PERSON GIVING CONSULTATION:

DATE OF CONSULTATION:

AGENCY:

ADDRESS:

CONTACT No/e-mail:

OUTCOME OF CONSULTATION: (please tick)

CHILD IN NEED MEETING

FURTHER CONSULTATION MEETING

REFERRAL TO SSD FOR INITIAL CORE ASSESSMENT

REFERRAL TO OTHER AGENCY (Specify)

OTHER (Specify)

APPENDIX D **HEREFORDSHIRE CHILD CONCERN MODEL**

Child in Need Meeting – Pro forma

Ref:

DATE AND VENUE OF MEETING

NAMES OF CHILD/FAMILY (include significant others if appropriate)

HOME ADDRESS

PRESENT AT MEETING – (to include apologies)

REASON FOR MEETING – Nature of current concerns and assessed level of vulnerability

AGENCIES CURRENTLY INVOLVED AND SERVICES BEING PROVIDED

SUMMARY OF DISCUSSION – include, update and attach where appropriate, current assessment (Part Two, Referral and Assessment record)

OBJECTIVE/S OF PLAN

DETAIL OF ACTION/S REQUIRED – who will do what and by when (including family members)

Action	Timescale	Responsible individual/agency
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DATE PLAN TO BE REVIEWED (within 6 months if required)

AGENCY RESPONSIBLE FOR CONVENING REVIEW (where appropriate)

SIGNED

Chairperson

APPENDIX E

Revised Multi-agency Protocol “Framework for the Assessment of Children in Need and their Families”

1.0 Introduction

“Local Authority Social Services Departments working with other Local Authority departments and health authorities have a duty to safeguard and promote the welfare of children in their area who are in need and to promote the upbringing of such children, wherever possible by their families, through providing an appropriate range of services. A critical task is to ascertain with the family whether a child is in need and how that child and family might best be helped. The effectiveness with which a child’s needs are assessed will be the key to the effectiveness of subsequent actions and services and ultimately the outcomes for the child”.

(Framework for the Assessment of Children in Need and their Families, paragraph viii.)

‘Voluntary and independent agencies are key providers of a number of different types of services for children and families. They may be undertaking, or contributing to, assessments for a range of purposes under the terms of a service agreement with a social services department, in partnership with other agencies, or in organisations or as part of the services they provided in response to direct referrals from children and families. Their staff’s knowledge and use of the Assessment Framework when undertaking an assessment will enable information to be organised within a common framework using a common language’.

(Framework for the Assessment of Children in Need and Their Families, paragraph 5.16.)

2.0 Children in Need

- 2.0.1 *He/she is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part of the Act;*
- 2.0.2 *His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or*
- 2.0.3 *He/she is disabled (which is defined as being blind, deaf, dumb or suffering from a mental illness, injury or congenital or other such disability as may be prescribed).*

(Section 17, Children Act, 1989)

- 2.1 The integration of the Assessment Framework with Herefordshire’s Child Concern Model provides an opportunity for a consistent approach for those working with children in need. The model identifies a clear point of vulnerability (level 1) for which social service departments will take lead responsibility, whilst also acknowledging that lower levels of need will require co-ordinated access to assessment and services from a range of agencies.
- 2.2 Children with disabilities who satisfy the definition in 2.0.2 above and/or the carer of a child with disabilities are entitled to a Social Services assessment under the Framework regardless of which level of vulnerability their needs are located within.
- 2.3 Social Services will determine their response within twenty-four hours on receipt of a referral. An Initial Assessment will be completed within seven working days of the referral being made and a Core Assessment within thirty-five working days of its being initiated. In the majority of cases an Initial Assessment will be undertaken first and this will then inform the decision whether or not to proceed to a Core

Assessment. The only exception to this process will be child protection referrals which require an immediate response under Section 47 of The Children Act 1989, when a Core Assessment will be initiated.

- 2.4 Social Services will not accept a referral where the referral **either** (i) does not indicate that consent has been obtained, **or** (ii) where consent has not been obtained, that the conditions for dispensing with it are not satisfied. In these circumstances it may be appropriate to access provisions for consultation as defined within the Child Concern Model.

3.0 Multi Agency Assessment and Referral

- 3.1 To enhance the commitment by all agencies to a consistent approach to child in need concerns and to avoid any unnecessary duplication, the multi-agency assessment and referral form has been developed. The form provides agencies with an assessment and referral tool that can be used across and within agencies. It helps agencies working with families build up information in accordance with the level of vulnerability identified for the child.

- 3.2 The form is based on the Assessment Framework and promotes a common language and approach to assessment. The form is in two parts, the first of which is designed to gather factual information.

Part one enables professionals to gather all the information that is required for referrals to preventative and support services at the lowest level of vulnerability.

Part two will assist agencies in identifying levels of vulnerability and the identification of appropriate services. It should, wherever possible, support referrals to social services departments of children (i.e. identified at level one vulnerability and/or who have a right to assessment arising from disability).

In this way knowledge of a child/family's needs can be collected and collated in layers appropriate to the level of vulnerability, avoiding unnecessary intrusion, bureaucracy and duplication. The form can therefore be used with agencies as a single agency assessment or as a significant tool in a more complex assessment, e.g. Social Services led initial or core assessments.

- 3.3 For cases of child protection identified under Level One, Herefordshire ACPC inter-agency guidelines for the management of Child Abuse determine agency responsibilities.

4.0 Issues of consent and the sharing of information

- 4.1 In accordance with Article 8 of the European Convention on Human Rights and in the spirit of the Children Act 1989, consent should be sought from families both to referral under the Framework and to the sharing of information between agencies. Where on the issue of consent there is a conflict of opinion between a parent and a young person, practitioners should seek advice as to how to proceed from their line management, designated named professionals or legal advisor.

- 4.2 The law recognises that the disclosure of confidential information without consent or where consent has been refused may be justified in the public interest to prevent harm to others.
The key factor in deciding whether or not to disclose confidentiality is *proportionality* i.e. is the proposed disclosure a proportionate response to the need to protect the welfare of the child.

In assessing whether or not another agency needs to be made aware of the information you hold, four questions need to be addressed

- What is the purpose of the disclosure?
- What is the nature and the extent of the information to be disclosed?
- To whom is the disclosure to be made (and is the recipient under a duty to treat the material as confidential)?
- Is the proposed disclosure a proportionate response to the need to protect the welfare of a child to whom the confidential information relates?

In circumstances where you are unclear as to your response to any or all of these questions consult your line manager, designated named professional or seek legal advice.

5.0 Keeping families informed of the assessment process and agency complaints procedures

Agencies who are undertaking assessment at any level of vulnerability have, wherever possible, a responsibility to share information with families, unless to do so would jeopardise the safety of a child. They have a duty to explain the process, the aim of assessments and any relevant information that they receive. Agencies have a responsibility to give children and their carers and/or family the opportunity to share their views and give them clear information regarding individual agency complaint procedures.

6.0 Health and safety

Staff using the multi-agency referral and assessment form have a responsibility to record risks (both to the child/family and staff) when these have been identified together with a suggested approach to the management of those risks.

7.0 Keeping the referrer informed of outcomes

Agencies accepting referrals should make a commitment to keeping referrers informed on the outcome of their referral. Lack of knowledge can result in misinterpretations and lead to complacency whilst also raising the possibility of children “getting lost in the system”. Some families may drop out of, or fail to take up, services offered. Informing the referrer also allows for the opportunity to consider reassessment.

8.0 Meeting the criteria

Prior to referral at any level of vulnerability, professionals should satisfy themselves that the child/family meet the criteria for the service to which they are referring. The use of consultation provides all agencies with an opportunity for assessing the appropriateness of prospective referrals.

9.0 Performance, Audit and Development

Full implementation and future development of the Framework for Assessment through Herefordshire’s Child Concern Model will require periodic audit and review. Commitment to improvement will involve all agencies both maintaining and making available essential information on the use and outcomes of key provisions within the model.

Review: This protocol will be reviewed by the implementation group in July 2006.

APPENDIX G

SAMPLE**HEREFORDSHIRE CHILD CONCERN MODEL**
Multi-agency Referral and Assessment Form**Ref:****PART 1 REFERRAL. For preventative services at lowest level of vulnerability 3**
For Levels 1 & 2 also complete Part 2

CHILD'S NAME			DOB	
ETHNIC ORIGIN	FIRST LANGUAGE	GENDER	SCHOOL/NURSERY	RELIGION
COMMUNICATION ISSUES WHERE ASSISTANCE IS REQUIRED				
HOME ADDRESS		ADDRESS OF MOTHER/FATHER IF DIFFERENT		
POSTCODE		POSTCODE		
TELEPHONE NO.		TELEPHONE NO.		
NAME(S) OF THOSE WITH PARENTAL RESPONSIBILITY				
FAMILY MEMBERS	DOB	OCCUPATION/ SCHOOL/NURSERY	GP	
Mother/Carer				
Father/Carer				
Siblings				
Significant Others				
LEVEL OF VULNERABILITY				
DO THE CHILDREN/PARENTS/CARERS HAVE ANY SPECIAL NEEDS? IF SO, PLEASE SPECIFY. This may include cultural identity or religious affiliation.				

PERSON MAKING REFERRAL	AGENCY	TELEPHONE NO.
REFERRERS CURRENT INVOLVEMENT WITH FAMILY		
OTHER AGENCIES INVOLVED WITH FAMILY. Please record contact name, designation and telephone number.		
REASONS FOR REFERRAL		
<p>DOES THE CHILD/FAMILY PRESENT ANY RISKS TO STAFF? ARE THERE ANY POTENTIAL HAZARDS TO THE CHILD/FAMILY FROM SERVICES THEY ARE BEING REFERRED TO?</p> <p>IF SO, HOW DO YOU SUGGEST THESE RISKS ARE MANAGED?</p>		
WHAT SERVICE IS REQUIRED?		
DESIRED OUTCOMES FROM SERVICE		
<p>PARENTS'/CHILD'S VIEW OF REFERREL</p> <p>Copy given to family members Signatures _____</p>		
DATE OF REFERRAL		
REFERRAL ACCEPTED – TIMESCALE FOR SERVICES		
REFERRAL NOT ACCEPTED – REASON WHY		

HEREFORDSHIRE CHILD CONCERN MODEL**SAMPLE****Multi-agency Referral and Assessment Form**

Ref:

PART 2. ASSESSMENT

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS Please include strengths as well as areas requiring development.
Health
Education
Emotional and behavioural development. Self-care skills
Identity and social relationships
Family relationships
PARENTS'/CARERS' CAPACITY TO RESPOND TO CHILD'S NEEDS. Please record strengths as well as difficulties.
Basic care
Ensuring safety
Emotional warmth
Stimulation
Guidance and boundaries
Stability
PLEASE SPECIFY ANY ISSUES AFFECTING PARENTS' CAPACITY TO MEET CHILD'S NEEDS

ADDITIONAL INFORMATION FOR THOSE VISITING THE FAMILY

FAMILY AND ENVIRONMENTAL FACTORS IMPACTING ON CHILD AND FAMILY

How family functions

Wider family and community resources

Housing

Income/employment

ANALYSIS AND CONCLUSIONS

NAME AND SIGNATURE OF PERSON COMPLETING ASSESSMENT

DATE

DATE COPY(IES) OF ASSESSMENT GIVEN TO FAMILY MEMBERS