

CHILDREN AND YOUNG PEOPLE INTER-AGENCY REFERRAL FORM

Dorset children and young people's
strategic partnership

GUIDANCE NOTES

1. Introduction

When children young people and their families require support from helping agencies, it is unlikely that one agency can offer all the help required on its own. Where children and families need to be referred from one agency to another experience shows that one common format for the sharing of information helps. The advantages are that:

- It reduces the amount of repeat information gathering by different agencies
- It raises the standard of referral information and timely service response
- It promotes common understanding and effective joint working by agencies

These guidance notes are intended primarily for agency staff making referrals. They may also be shared with families, and have attached a data protection information sheet and consent form for service users.

2. Assessment Framework

The structure of the form is based upon the 'Framework for the Assessment of Children in Need and their Families,' (Department of Health, DfES and Home Office 2000). The principal needs of children are described within the following triangular diagram.



The intention of using this common framework is to assist any professional coming into contact with a child to begin to identify the child's needs rather than refer vague concerns or partial information to other agencies. Making an inter agency referral is effectively one stage of a common assessment process. Referrers are asked to consider the child's overall situation, not simply to consider information relevant to a particular professional approach or area of responsibility.

3. Using the form

The form is intended for use across a wide range of types and levels of need. It is aimed both for early help from preventative services, and for complex, targeted services where there may be high levels of need and risk.

Please complete the form as fully as possible. Some sections may not apply to you e.g. if you are outside the Education system, you will not be expected to complete the section on Code of Practice. It

is very important that full details of names, dates of birth, addresses and ethnicity are completed. Please indicate who has parental responsibility under the Children Act 1989.

To avoid delay if the agency receiving the referral needs to contact you, please be specific about your contact details, especially if you work part-time or work from different locations at different times.

Agencies may also use the form as the basis for receiving advice or consultation with a partner agency about further services.

4. Data Protection

Wherever possible, the permission of parents/carers/children/young people (as appropriate to age and understanding) should have been sought before the person receiving the referral can discuss the situation with any other agency.

Persons completing the form with families should be specific about the purpose to which the form is intended, and personal information should not be divulged outside those limits without specific authority. A consent form and information leaflet is provided here as part of the process.

Where consent to information sharing is refused referrers will need to decide if the circumstances justify disclosure. In many cases it is only when information from a range of sources is put together can a vulnerable child be seen to be in need or at risk of harm.

5. Children in Need and Child Protection

Bournemouth, Poole and Dorset Area Child Protection Committees (ACPC) have adopted the Information Sharing Guidance within the Department of Health document '*What to Do if you are Worried A Child is Being Abused*'(2003). Appendix 3 provides guidance on issues relevant to disclosure of information.

Data protection principles apply to referrals to the Social Care and Health Directorate, and permission should be sought from relevant family members before making the referral. However, "this should only be done where such **discussion and agreement seeking will not place a child at further risk of significant harm or prejudice enquiries under Section 47 of the Children Act 1989, or a police investigation**". Where possible you may wish to fill in the form with the family and obtain their signatures.

If parental permission is refused and you consider the child maybe at risk of significant harm, the interests of the child must come first and therefore the referral must go ahead. Please ensure that you document the reasons for your actions. If you are making the referral without the knowledge of the family, Social Care and Health Directorate will need to discuss the situation with you before taking any further action (please refer to Chapter 5: Inter-Agency Child Protection Procedures, Bournemouth, Dorset and Poole).

Where referrals are urgent they should be made by telephone and this form used as the written confirmation as soon as possible.

6. Next actions

By completing this referral form as comprehensively as possible, you will be helping receiving agencies to make their decision on further services. You will also help determine the child's priority level within that agencies eligibility criteria, where applicable. In particular, details of any work you have already done with the family, when you last saw them, and the child or young person, and specific information about what might need to change to help the child's development are essential.

7. Please complete Part A of the Inter Agency Referral 'response' before forwarding the document. If you are making a referral because of child protection concerns, you will need to telephone Social Services Directorate, following up with this referral form, as soon as possible, but within 24 hours.
8. On receipt of your referral, agencies should complete Part B, returning a copy to you..

9. Postal addresses and e-mail addresses of key partner agencies are provided here. (**Only e-mail** if you have the relevant security such as encryption software installed on your computer to comply with the Data Protection Act)

PROTECTING YOUR PERSONAL INFORMATION

INFORMATION SHEET

Why do we keep Personal Information?

So we can provide you with the services you require.
In making an assessment and planning services to your children we need to gather and record information about you and your children's needs.

YOUR RIGHTS

If you share personal information with a professional working with children, you are entitled to know:

- How that information may be used.
- Who it may be shared with.

You may ask:

- To be given a copy of that information.
- For incorrect information to be corrected.

Information you provide is protected by the Data Protection Act 1998 and the Caldicott Principle.

OUR PRINCIPLES

- Your personal information will be treated in a confidential manner and with care and discretion.
- Staff are made aware of the importance of treating sensitive and personal information with care.
- Information is only shared when absolutely necessary for all agencies to provide the best possible service.
- Information is only shared on a "Need to Know" basis.

This leaflet explains the general principles that we apply in order to reassure people who use our services. It is sometimes important that personal information is shared in order to assist with understanding a problem or working out the best solution. All those involved will treat information with confidentiality.

If you need help with the information provided in this leaflet let us know and we will provide someone to assist you. A translation service is also available.

OUR LEGAL DUTY

The law does not prevent sharing of information, with or without your consent when:

- There is concern that a child is at risk of harm or may be a child in need.
- There is concern that you or other people may be at risk of harm.
- We have information that a serious crime is planned or has been committed.
- We have been instructed to do so by a court.

WHO ARE WE LIKELY TO SHARE INFORMATION WITH?

- Appropriate staff involved in meeting your children's needs.
- Agencies such as health, contracted agencies, other local authorities.

Why?

As part of planning, monitoring and supervising work, to plan the best possible service for you, make sure resources are available or monitor delivery of those services.

OTHER USES OF THIS INFORMATION

Statistics and information may be used for audit and research purposes, and to assist service planning. In all circumstances this information will be made anonymous.

IF YOU WISH TO SEE INFORMATION HELD ABOUT YOU

Write to the relevant agency(s) with your name and address, details of the services you are receiving and any other information that may be helpful for us to find your records. The information will usually be made available to you within 40 days of your written request unless further information or agreement is required.

For further information on Data Protection either contact:

Social Care and Health Directorate, Dorset County Council, telephone number: (01305) 224347

Address: County Hall
Colliton Park
DORCHESTER
DT1 1XJ

or write to or telephone the Data Protection Manager, Dorset County Council at the above address, telephone number: (01305) 251000.

INTER AGENCY REFERRAL INFORMATION – CONSENT FORM

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* Cross through the section that does not apply.

I understand that personal information gathered about me and my children may need to be shared with other agencies and that those agencies may hold both paper and electronic records.

A*

I agree to _____ (*name of agency*) sharing information it holds about me with the agencies identified below. The information should only be used for the purpose of providing a service to me/my children. However I understand that agencies may use anonymised information for statistical purposes.

I understand that due care will be taken to disclose only that information that each organisation needs to discharge its responsibility to deliver a service to me.

	Service User Initials
Social Care and Health Directorate	*
NHS (GP, Health Visitor and other community based staff and hospital staff)	*
NHS (specify other) District council	*
Connexions	*
Education Directorate and Schools	*
Other Education (specify)	*
Voluntary Organisation (<i>specify</i>)	*
Other	*

B*

I do not agree to information about me/my children being shared with other agencies. I understand that this may result in me/my children not receiving services which I may otherwise receive. I understand that I am free to contact those agencies myself in order to access those services.

Full Name:

Signed:

Date: / /

Carer/Next of Kin Name:

Signed:

Date: / /

CHILDREN AND YOUNG PEOPLE INTER-AGENCY REFERRAL FORM

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Please ✓ all appropriate boxes
Please complete legibly in BLACK INK

Child/Young Person's Details

Agency Ref No.:

Surname:

AKA:

Forename(s):

Date of Birth: / /

Gender: Male Female Unborn

Current Address:

Postcode:

Tel No. (inc. code):

Type of Address:

Home Address (if different):

Postcode:

Tel No. (inc. code):

Child/young person's ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> A1 White – British | <input type="checkbox"/> C3 Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> A2 White – Irish | <input type="checkbox"/> C4 Asian or Asian British – Any other Asian background |
| <input type="checkbox"/> A3 White – Any other cultural background | <input type="checkbox"/> D1 Black or Black British – Caribbean |
| <input type="checkbox"/> B1 Mixed – White and Black Caribbean | <input type="checkbox"/> D2 Black or Black British – African |
| <input type="checkbox"/> B2 Mixed – White and Black African | <input type="checkbox"/> D3 Black or Black British – Any other Black background |
| <input type="checkbox"/> B3 Mixed – White and Asian | <input type="checkbox"/> E1 Chinese |
| <input type="checkbox"/> B4 Mixed – Any other mixed background | <input type="checkbox"/> E2 Any other ethnic group – Any other |
| <input type="checkbox"/> C1 Asian or Asian British – Indian | |
| <input type="checkbox"/> C2 Asian or Asian British – Pakistani | |

If **E2**, Nationality:

Religion:

Child's preferred language:

Parent/carers' preferred language:

Interpreter/signer required? Yes No If **Yes**, give details:

Does child/young person have a disability? Yes No If **Yes**, give details:

Other special/cultural needs:

Has child/young person received a statement of Special Educational Needs? Yes No

On Education Code of Practice? Yes No

Child/young person's GP (if known):

School attended:

Is this a referral for action under Child Protection Procedures? Yes No

If **Yes**, please give details:

Legal Status of child: Who has parental responsibility?

Details of Referrer

Surname:

Forename(s):

Post:

Agency & Address:

Postcode:

Tel No. (inc. code):

When can referrer be contacted?

Is parent aware of referral? Yes No Is child/young person aware of referral? Yes No **Parents/Persons caring for child/young person:**

✓ if parental responsibility

Surname	Forenames	M/F	AKA	Address/Tel No.	Date of Birth	Relationship to child	

Other children in household (please indicate by * against name if another child/young person is also being referred):

Surname	Forenames	M/F	AKA	Date of Birth	Relationship to child

Significant others/other family members

✓ if parental responsibility

Surname	Forenames	M/F	AKA	Address/Tel No.	Date of Birth	Relationship to child	

Agencies/professionals known to be involved

Name:

Agency

Tel No. (inc. code):

Name:

Agency

Tel No. (inc. code):

Name:

Agency

Tel No. (inc. code):

Name:

Agency

Tel No. (inc. code):

Name:

Agency

Tel No. (inc. code):

Name:

Agency

Tel No. (inc. code):

Has consent been given for Social Services to contact the named agencies? Yes No

If **No**, please specify agencies with reasons:

Specific reasons for referral (include strengths and difficulties or any specific incidents of concern):

Child/young person's development needs (consider health, education, identity, social presentation, emotional and behavioural development, self-care skills, family and social relationships):

Parenting capacity (consider relevant issues in relation to basic care, ensuring safety, emotional warmth, stimulation boundaries, stability in relation to the child/young person's developmental needs):

Are there any issues which affect parent(s) capacity to respond appropriately to child/young person (e.g. physical/mental illness or disability; learning disability; substance/alcohol misuse; domestic violence, childhood abuse):

Family and environmental factors (relevant information about family history, social integration & functioning; support in wider family/community; housing, employment, income & financial difficulties):

What action has referrer already taken?

What does referrer expect to happen next (be specific about focus for any assessment)?

Signature of referrer:

Date: / /

Signature of parent/carer:

Date: / /

Signature of child/young person:
(where relevant)

Date: / /

NB see consent / data protection form where relevant.

CHILDREN AND YOUNG PEOPLE INTER-AGENCY REFERRAL FORM PART B - INITIAL RESPONSE

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Please ✓ all appropriate boxes
Please complete legibly in BLACK INK

PART A – To be completed by the referrer

Referrer's Name:

Referrer's Address:

Postcode:

Name(s) of child/young person referred	Date(s) of Birth

PART B – To be completed by receiving agency

Following the referral dated / / in respect of the child(ren)/young person(s) named above. I write to advise you that this is the initial response of this agency:

Please see note below, or attached/initial assessment/summary of initial assessment*

* Delete as applicable

Name (print):

Post Title:

Address:

Postcode:

Tel No. (inc. code):

Signed:

Date: / /

Manager comments where relevant:

Manager signature:

Date: / /

NFA: Reason:

Referrer Contacted: Yes

Pending: Priority:

Date: / /

Allocated: Worker: Caseload Category:

Telephone Letter

CC 4069a (01/03) C
DL/

Admin action by receiving agency

Yes / No

Yes / No