

JOINT AGENCY RECORD DESCRIPTORS

April 2011

These descriptors are made available to the children's workforce in Devon so they can identify developmental difficulties according to type and severity. Any one indicator at a moderate level or above is sufficient for a Joint Agency Record to be made.

Please read and follow the guidance on the next page before completing your joint agency record recommendation on the last page and sending it to your local Early Response Service:

Eastern – One Capital Court, Bittern Rd, EXETER EX2 7FW

Northern – Springfield Court, Brannam Crescent, Roundswell Business Park, BARNSTAPLE EX31 3TD

Southern – Lescaze, Shinnars Bridge, DARTINGTON TQ9 6JE

The descriptors remain the same as in previous version of this document with the addition of levels of loss in the hearing section. What has changed is that the requirement to obtain written parental consent to the record being made has been dropped. This is because it has caused delays in having proof of eligibility for some concessionary services. You are responsible for making parents aware of your recommendation. A copy of the joint agency record will be sent to them once it has been processed.

Children with severe or profound elements in their joint agency record profile will be eligible for some disability services which those with moderate elements may not qualify for. Children with only one area of difficulty may not require integrated working but those with more than one should have their needs assessed through the Common Assessment Framework and Team Around the Child processes.

You may ask other practitioners for advice in selecting levels but must not be influenced by any parent wanting you to use more or higher levels than you feel are justified. Comments parents wish to make can be included in the record.

Please note the following when making a Joint Agency Record recommendation

- the Joint Agency Record provides commissioners with useful need profile information – it does not, of itself, determine what services a family do or do not get
- a Joint Agency Record will be made on the basis of a practitioner recommendation that at least one area of difficulty at a moderate or above level is demonstrated
- you can make joint recommendations with another childcare practitioner or ask them to complete the profile if you are unclear about which descriptors apply
- the only descriptors where consulting a specialist may be necessary to differentiate moderate/severe/profound are those relating to emotional and behavioural difficulties
- continence descriptors **do not** apply to children under 4 unless they have a relevant diagnosis eg Spina Bifida
- personal care descriptors **do not** apply to children under 7
- you will be advised if you have not applied the continence and personal care descriptors correctly – it is your responsibility to explain to the parent that they are not included in the profiles of younger children
- if the parent disagrees with the level you have assigned, do not amend your recommendation but note their comments which will be included in the record – the parent can have a copy of the descriptors if they would like to see the detail and sharing this with them often helps resolve any disagreement
- a diagnosis is needed for a Joint Agency Record to be made **only** in those cases where the child is too young for the descriptors to apply eg Down's Syndrome or has a life limiting / life threatening illness which has fluctuating impact on their general development eg Cystic Fibrosis
- **non-specialists should not complete the diagnostic section of the Joint Agency Record unless they are appending a specialist's report or letter with diagnostic details which have been shared with the parents**
- diagnoses of Attention Deficit Hyperactivity Disorder or Autistic Spectrum Condition should be entered as 'Likely' rather than 'Confirmed' prior to a multi-agency assessment. Any variations on these diagnoses eg Asperger's Syndrome will be recorded as secondary diagnoses so that the joint agency record database yields as full a count as possible of all children and young people with attention deficit or autistic spectrum conditions
- diagnoses of communication or speech and language **disorder** should be recorded by Speech & Language Therapists only
- **diagnoses such as developmental or language delay, learning difficulty or disability will not be included in the record – difficulties in these areas should be reflected in levels assigned to the relevant developmental areas**
- classifications of Partial Sight, Hearing Impairment, Deaf, Blind or Deaf/Blind recommended by relevant sensory specialists should be recorded in addition to completing moderate/severe/profound hearing and vision levels

COMMUNICATION & INTERACTION

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty may:</i></p> <p>Pre School:</p> <ul style="list-style-type: none"> • not understand some spoken instructions especially those out of routine • use language typical of a much younger child ie delay of 1-2 years • have speech sound development which is not following a normal pattern. Many sounds are substituted or omitted. Unintelligible to unfamiliar listener • use signing or gesture to support speech <p>School age:</p> <ul style="list-style-type: none"> • misinterpret spoken instructions or only remember part of the instruction • use language typical of a much younger child eg significantly reduced vocabulary, incomplete or simplified sentences • have speech which is unintelligible to an unfamiliar listener • have identified stammering behaviour eg a high number of words affected and/or associated facial and body tension
Severe	<p><i>A child with a severe difficulty may:</i></p> <p>Pre-school:</p> <ul style="list-style-type: none"> • be unable to follow most everyday instructions. Heavily reliant on routine and visual clues for understanding • use very little spoken language • use only restricted vocabulary and have a marked delay in combining words to make sentences. Delay of 2 years plus • have a restricted range of speech sounds • be unintelligible to family members • use a sign or gesture system for most communication <p>School age:</p> <ul style="list-style-type: none"> • be unable to follow instructions even when explained on an individual basis • be heavily reliant on routine, context and visual clues to follow spoken instructions • use a range and type of grammatical structures which are very limited for the child's age • have a restricted range of speech sounds • be unintelligible most of the time • have difficulties with social language which impinge on interacting and establishing relationships with others • rely on a sign system or communication aid for most communication
Profound	<p><i>A child with a profound difficulty is:</i></p> <ul style="list-style-type: none"> • able to indicate only basic needs through body language or switch access, with no functional speech or alternative communication system

COGNITION AND LEARNING

Learning difficulties include problems with the rate of acquisition of skills and/or weaknesses in particular aspects of skill acquisition. This may include problems with processing information, either verbal or through other senses/media, and/or with retrieval (memory). The gap between chronological age and attainments usually widens with age.

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty will be functioning up to 3 years behind their peers by the age of 5. They may:</i></p> <ul style="list-style-type: none"> • have limited/disrupted attentional skills • have limited awareness of danger (e.g. road safety) • be socially naïve and at risk of exploitation by others <p>Pre-school:</p> <ul style="list-style-type: none"> • engage in little pretend/constructive play • show limited interest and competence in simple shape, colour and quantity matching activities • prefer physical activities to drawing, books, etc <p>By age 7 – school performance of a typical 4 year old:</p> <ul style="list-style-type: none"> • recognise and attempt to write own first name • attempt representational drawing • be able to count but make mistakes applying skill to real objects/pictures <p>By age 11 – school performance of a typical 7 year old:</p> <ul style="list-style-type: none"> • be able to read simple text with picture cues • be able to copy words • be able to draw recognisable pictures • be able to complete written sum involving numbers to 10 <p>By age 14 – school performance of a typical 8 year old:</p> <ul style="list-style-type: none"> • be able to read simple text but struggles with unfamiliar words (fluency and comprehension may remain weak) • be able to write legibly about everyday occurrences (spelling may be incorrect) • be able to carry out simple number operations but dependent on taught procedures and unable to self-correct
Severe	<p><i>A child with a severe difficulty will be functioning up to four years behind their peers by the age of 5. In addition to moderate indicators they may:</i></p> <ul style="list-style-type: none"> • show frustration through challenging behaviour • have particular difficulty developing understanding of concepts involved in reading, writing, time and money <p>Pre-school:</p> <ul style="list-style-type: none"> • mouths or throws toys/games/books. • shows minimal interest and competence in simple shape, colour and quantity matching activities even given adult assistance

Level	Cognition and Learning Indicators contd
Severe ctd	<p>By age 7 – school performance of a typical 3 year old:</p> <ul style="list-style-type: none"> • shows some interest in making marks on paper • enjoys number rhymes but dependent on adult to show correct number of fingers, objects, etc <p>By age 11 – school performance of a typical 5 year old:</p> <ul style="list-style-type: none"> • attempts to write own first name and undercopy words • usually recognises own name, those of some classmates and a few other familiar words • able to complete simple size, shape and quantity matching activities <p>By age 14 – school performance of a typical 6 year old:</p> <ul style="list-style-type: none"> • able to read familiar words in school/community environment (may require prompting and be dependent on additional cues e.g. symbols) • able to use a computer to record activities (may be in symbol format rather than words) • able to apply skill practised at school to community experience with supervision e.g. shopping, travel
Profound	<p><i>A child with a profound difficulty will remain developmentally young and is likely to be functioning below the level typical of a 1 year old as a pre-schooler, below the level typical of a 2 year old at 7 years, below the level of a typical 3 year old at 11 years and below the level of a typical 4 year old at 14 years. They are likely to:</i></p> <ul style="list-style-type: none"> • be dependent on others for stimulation • be dependent on others interpreting their needs • be dependent on others for personal safety

BEHAVIOUR, EMOTION AND SOCIAL

This section is organised slightly differently from other sections as factors such as context, longitudinal history, intensity and complexity are better determinants of severity of problem than the actual indicators themselves. In order to assign a severity weighting to a child/young persons needs the following procedure should be followed:

- Write a narrative account of the situation to include what the child/young person does which is of concern, what they and other people feel about the behaviours and what has been done to try and resolve problems. Include information about settings which appear to exacerbate problems (with whom, where, when) and those where the worrying behaviours do not occur. Detail the frequency and duration of problem behaviours and compare and contrast with earlier periods in time.
- Use the following indicator checklist to ensure you have covered all relevant areas, expanding your narrative if any aspects have been missed.
- If you are not a specialist in behaviour management or mental health, discuss the situation with a relevant professional, having due regard to confidentiality and consent entitlements of child and family. Check with them that you are recommending appropriate strategies to the family and whether other resources are available which could be helpful to them
- A moderate coding should be assigned to situations where problems are clearly long-term (ie have been a constant feature to date, or for at least 3 months).
- A severe coding should be assigned if, in addition to the above, there is clear evidence that appropriate interventions have been implemented without reducing (not necessarily removing) the behaviours of concern. In situations where the child/young person has been resistant to the intervention, or the family unable to support and implement advice, use a moderate coding.
- Assign a profound coding if, in addition to all of the above, the behaviours cover several areas of need

In all cases it is important to focus on behaviours which are quantitatively and qualitatively different from normal developmental behaviours, taking into account degree and persistence over time as well as age and duration of onset.

Indicators relating to emotions

- regular repeated nightmares
- inability to concentrate
- neglecting own needs
- refusal to co-operate / comply
- constantly challenging authority
- bullying/ being bullied
- sleeping difficulties
- bedwetting
- soiling and/or smearing faeces
- poor school attendance.
- anxieties that inhibit every day activities
- withdrawal from family interaction
- exhibiting seriously risky / dangerous behaviour (to self or others)
- fire setting
- continually interfering with others activities

Indicators relating to thoughts and perceptions

- expressing negative / pessimistic ideas
- pre-occupation with a specific interest
- unrealistically high or low expectations of own ability to achieve
- unpredictable / inconsistent/ impulsive behaviour
- a very different description events to others who were present
- undue concern with appearance/ body shape
- unclear boundaries between what they believe is reality or fantasy
- seeing all events as having personal impact
- controlling behaviour over food intake
- hearing /seeing things that are not there
- rigid thinking – not being distractible
- significant amounts of verbal communication that does not makes sense
- total withdrawal – no communication, bodily rigidity
- distorted sense of personal identity

Indicators relating to social skills

- withdrawal from social situations
- lack of awareness of the needs of others
- unable to judge social context accurately
- exhibiting promiscuous/provocative behaviour
- excessive fear of adults
- being verbally/physically aggressive to others

SENSORY AND PHYSICAL: HEARING

Children with auditory processing disorder, unilateral or conductive hearing loss may not meet these descriptors but still require supportive strategies for optimal functioning. Any of the levels shown below can apply to cochlear implant users.

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty will have a hearing loss of 41- 70 decibels and may:</i></p> <ul style="list-style-type: none"> • use hearing aids or other equipment to access speech • struggle to produce some speech sounds • need visual clues to aid speech reception - therefore need to be at the front of the class close to speaker • manage well with one-to-one conversation but lose the thread with group discussion • respond to environmental sounds without hearing aids • be able to make use of the telephone • have TV on extra-loud to follow speech • show some resistant behaviours (eg rejecting help - hearing aids, attention-seeking)
Severe	<p><i>A child with a severe difficulty will have a hearing loss of 71- 95 decibels and may:</i></p> <ul style="list-style-type: none"> • only be able to detect environmental sound with hearing aids • only acquire limited speech • will be unlikely to be able to use a telephone • use subtitles for TV watching
Profound	<p><i>A child with a profound difficulty will have a hearing loss of more than 95 decibels and may:</i></p> <ul style="list-style-type: none"> • not respond to sound even with the use of hearing aids • detect limited environmental sound • not acquire speech • experience difficulties in abstract thought and therefore behave inappropriately – traffic safety, stranger danger • belong to a clearly defined group of signing peers

SENSORY AND PHYSICAL: VISION

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty may have reduced distance vision and/or near vision and/or field defects and may therefore be unable to:</i></p> <ul style="list-style-type: none"> • read from a classroom board • read smaller print sizes without magnification • read own handwriting and write on lines • participate in ball games • follow events at a distance such as football matches • watch television programmes • complete tasks on time
Severe	<p><i>A child with a severe difficulty may have:</i></p> <ul style="list-style-type: none"> • reduced distance vision and/or near vision and/or field defects • perception of colour limited to shades of grey • severe photophobia, with or without extreme skin sensitivity, on exposure to sunlight • mobility and orientation problems in unfamiliar areas or in areas with poor illumination • developmental delays in fine and gross motor skills <p><i>They may therefore be unable to:</i></p> <ul style="list-style-type: none"> • recognise faces • make eye contact and interpret facial expressions and body language, which may affect social and interpersonal skills • read standard print sizes without magnification • scan for and fixate stationary distant objects and track moving ones • scan and fixate near objects • carry out tasks which require hand eye co-ordination, such as pouring liquids • carry out daily living activities, such as using a self-service school canteen • travel independently without mobility and orientation training and mobility aids • complete tasks on time
Profound	<p><i>A child with a profound difficulty may have:</i></p> <ul style="list-style-type: none"> • no perception of light • perception of light only • perception of hand movements only • extensive loss of near and distance acuity, i.e. no functional central vision • field losses causing extensive loss of peripheral near and distance vision, i.e. tunnel vision • poorly developed social, inter-personal, spatial and environmental concepts arising from impaired visual perception • to use tactile methods of communication such as Braille, although some may access large print under optimal conditions with the appropriate technology <p><i>They will therefore be unable to:</i></p> <ul style="list-style-type: none"> • perform everyday living activities independently without specialist training and equipment • travel independently without mobility and orientation training and mobility aids • complete tasks without extra time and assistance

SENSORY AND PHYSICAL: LOCOMOTION AND MOBILITY

These indicators are based on the child's ability to control his/her own body with and without forms of assistance, such as walking aids/wheelchair, etc. Included within the grouping – especially at the younger age range are locomotor skills such as crawling, running, hopping, skipping etc

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty is functioning at a stage significantly less than that expected at chronological age and may:</i></p> <p>Pre-school:</p> <ul style="list-style-type: none"> • demonstrate a range of problems in locomotor and mobility skills <p>School age:</p> <ul style="list-style-type: none"> • be able to walk but may require the assistance of equipment for activities such as family walks or outings – or to function in a large school campus • can transfer from chair to chair independently but due to problems with stamina and/or tiredness may require the use of equipment or helper <p>Over 6 years:</p> <ul style="list-style-type: none"> • require mobility equipment for some activities.
Severe	<p><i>A child with a severe difficulty would demonstrate the following:</i></p> <p>Pre-school: no age appropriate locomotor and mobility skill, e.g. at</p> <p>1 year:</p> <ul style="list-style-type: none"> • little ability for the development of sitting and shows no desire to take weight through feet <p>2 years:</p> <ul style="list-style-type: none"> • no inclination to crawl will not attempt to pull to stand <p>4 years:</p> <ul style="list-style-type: none"> • may be able to stand but is dependant on hands for support and the use of an aid <p>School age:</p> <ul style="list-style-type: none"> • may be able to 'walk' short distances – or within a room – but is heavily dependant upon walking aid or wheelchair • cannot functionally 'walk' outdoors requires a chair • is unable to transfer from chair to chair without the aid of equipment or carer
Profound	<p><i>A child with a profound difficulty:</i></p> <ul style="list-style-type: none"> • has no functional locomotor mobility and is completely dependant upon carer or switch technology for all mobility needs • requires the provision of wheelchair mobility both indoors and outdoors • requires other adaptations and equipment in the home and school to facilitate mobility (i.e. ramps, hoists, etc) and to enable transfers

SENSORY AND PHYSICAL: UPPER LIMB AND HAND FUNCTION

Classification is determined by the degree of independence, or the need for supervision or assistance. Age appropriate tasks must be considered here. Tasks will include the ability to play with toys, write, use scissors and involve the ability to reach, grasp, etc. Restrictions may be due to weakness, tremor, poor co-ordination, missing limb, hemiplegia etc

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty may:</i></p> <ul style="list-style-type: none"> • struggle with age appropriate tasks • may require adapted toys and equipment <p>Over 3 years:</p> <ul style="list-style-type: none"> • be unable to build with 'Duplo'. <p>Over 5 years:</p> <ul style="list-style-type: none"> • be unable to do buttons • require adapted cutlery and only manage a spoon or fork <p>Over 8 years:</p> <ul style="list-style-type: none"> • be unable to control a pen/pencil • may require the support of IT keyboard, etc • be unable to use implements such as scissors
Severe	<p><i>A child with a severe difficulty may:</i></p> <ul style="list-style-type: none"> • have little or no ability to use hands and arms to achieve age related tasks effectively • be dependent on equipment to function, but have enough arm/hand function to access and use the equipment • require helper or equipment in order to eat • need to use adapted keyboard, joystick or simple switches for computer access
Profound	<p><i>A child with a profound need:</i></p> <ul style="list-style-type: none"> • has no functional ability with hands and is completely dependent upon carer or some other form of switch control eg head, foot

SENSORY AND PHYSICAL: EATING, DRINKING & INGESTION

The assumption is that the food and/or drink has already been placed in the mouth by the child and/or carer (see personal care and upper limb function). This section deals with oral control, swallowing, etc. Psychological components in eating difficulties are covered in the behaviour/emotion/social section.

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty may have one of the following problems at each meal time:</i></p> <ul style="list-style-type: none"> • struggles to produce controlled jaw movements • unable to take food off a spoon with lips (Usually able at 6-7 months) • has abnormal amount of food or liquid spillage from the mouth, or the child's helper has to frequently scrape food off the chin (Usually under control by 18 months) • gags, chokes or coughs once or twice at each meal/drink • takes longer than 30 minutes to eat a meal consisting of two courses and of age appropriate quantity • does not eat age appropriate consistencies/textures <p>Normal development:</p> <p>Stage 1 (around 3-4 months) – pureed foods e.g. pureed peas Stage 2 (5-6 months) – thicker consistencies and lumpy textures e.g. mashed potato Stage 3 (7-8 months) – mashed, minced or finely chopped foods, finger foods and chunks of fruit Stage 4 (9-12 months) – chopped food and a varied diet</p>
Severe	<p><i>A child with a severe difficulty may have two or more of the following problems at each meal time:</i></p> <ul style="list-style-type: none"> • struggles to produce controlled jaw movements • unable to take food off a spoon with lips (Usually able at 6-7 months) • has abnormal amount of food or liquid spillage from the mouth, or the child's helper has to frequently scrape food off the chin (Usually under control by 18 months) • gags, chokes or coughs frequently during each meal/drink • takes longer than 30 minutes to eat a meal consisting of two courses and of age appropriate quantity. • does not eat age appropriate consistencies/textures <p>Normal development:</p> <p>Stage 1 (around 3-4 months) – pureed foods e.g. pureed peas Stage 2 (5-6 months) – thicker consistencies and lumpy textures e.g. mashed potato Stage 3 (7-8 months) – mashed, minced or finely chopped foods, finger foods and chunks of fruit Stage 4 (9-12 months) – chopped food and a varied diet</p>
Profound	<p><i>A child with a profound difficulty will:</i></p> <ul style="list-style-type: none"> • have no oral intake of food and be fed through a nasogastric tube or gastrostomy

SENSORY AND PHYSICAL: PERSONAL CARE

Level will be determined by the degree of independence, or the need for supervision or assistance. Age appropriate tasks must be considered here. Tasks will include: washing, dressing, toileting and personal hygiene (including menstruation). Personal Care difficulties may be as a result of other difficulties such as poor hand function or mobility difficulties.

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty may:</i></p> <p>Over 8 years:</p> <ul style="list-style-type: none"> • struggle to dress and requires supervision and help (with or without the use of aids) to complete the task • be unable to put on socks or shoes • be unable to drink from a standard cup or glass - may manage a straw • only use a spoon or fork for eating - may require adapted cutlery or utensils • be unable to clean teeth - may manage an electric toothbrush <p>Over 10 years:</p> <ul style="list-style-type: none"> • require supervision and/or assistance to bathe or shower - can take some responsibility • require help to clean themselves after toileting • require adapted toilet facilities <p>Menstruating child:</p> <ul style="list-style-type: none"> • be unable to care totally for self and requires prompting
Severe	<p><i>A child with a severe difficulty may:</i></p> <p>Over 7 years:</p> <ul style="list-style-type: none"> • require a helper/carer to help to dress, eat, bathe or shower (with or without the use of aids) <p>Over 10 years:</p> <ul style="list-style-type: none"> • be heavily dependent upon carer or aids to dress, eat, bathe or shower <p>Over 12 years:</p> <ul style="list-style-type: none"> • be unable to self catheterise <p>Over 14 years:</p> <ul style="list-style-type: none"> • require assistance to fit/remove menstruation protection
Profound	<p><i>A child with a profound difficulty will be unable to assist in personal care tasks:</i></p> <p>Over 10 years:</p> <ul style="list-style-type: none"> • totally dependent upon carer for all personal care needs • requires support, aids, adaptations and equipment both in school and the home

SENSORY AND PHYSICAL: CONTINENCE

Level will be determined by the degree of control, or the need for supervision, prompting and assistance. Age appropriate ability must be considered here. Continence in this section is the ability to control bladder and bowel function and is **not** the ability to get to/from or on/off the toilet. These difficulties would be included in 'personal care or mobility' sections.

Unless there is a clear diagnosis of a relevant medical condition continence difficulties prior to 4 years should **not** be coded.

Level	Indicators
Moderate	<p><i>A child with a moderate difficulty may:</i></p> <p>Over 5 years:</p> <ul style="list-style-type: none"> • regularly wet the bed at night and also wet during the day • soil on a fairly regular basis (two to three times per week) <p>Over 8 years:</p> <ul style="list-style-type: none"> • have occasional day time wetting (once/twice a week) • have occasional night time wetting (once/twice a week)
Severe	<p><i>A child with a severe difficulty may:</i></p> <p>Over 4/5 years:</p> <ul style="list-style-type: none"> • have little/no control over bladder and bowel function • require continence protection of nappies/pads etc <p>Over 5/6 years:</p> <ul style="list-style-type: none"> • soil numerous times per week, requiring continence protection of nappies/pads etc <p>Over 8 years:</p> <ul style="list-style-type: none"> • wet numerous times per week (even with prompting to go to the toilet) • use device or manual stimulation to manage bladder and bowel.
Profound	<p><i>A child with a profound difficulty demonstrates no awareness and/or ability to control bladder and bowel function and:</i></p> <ul style="list-style-type: none"> • requires constant "changing" or supervision

Local authorities have a statutory duty under the Children Act 1989 to maintain a disability register. Devon fulfils this duty through the Joint Agency Record. Please ensure those with parental responsibility are aware that you are providing Integrated Children's Services with this information and that it will be held on computer.

child's name

dob

aka/previous names

address

Postcode

Tel

address not to be disclosed to

NHS number (if known)

General Practitioner

ethnicity

joint agency record classification referring to the 'Joint Agency Record Descriptors – April 2011' enter the type and level of difficulty (M for moderate, S for severe or P for profound) in the relevant areas if applicable

hearing	n/a	vision	n/a	communication & interaction	n/a	cognition & learning	n/a
locomotion/mobility	n/a	continence	n/a	upper limb/hand function	n/a	personal care	n/a
eating/drinking/ingestion	n/a	emotional/behavioural	n/a	check box if child is too young for descriptors to apply			<input type="checkbox"/>

Classification recommended by: (please print name and job title)

name

job title

address

tel

email

date of recommendation

Please record any parental comments about your classification here:

The child's confirmed (C) or likely (L) diagnosis/diagnoses (please ensure you follow the guidance contained in the descriptor document)

n/a

n/a

n/a

n/a

Data Protection Act: Details which have been provided will be used to inform any subsequent assessments and plans. This information will be securely held on computer to assist Integrated Children's Services in the discharge of their statutory duties.