

Insert name and address	contact:
	tel:
	email:
	date:

Dear

We are aware that your child/or you as a young person currently have a Common Assessment Framework (CAF) in place which was completed on ______

by_____

The CAF process aims to improve the situation for your child/family/you as a young person and helps all services involved with you to work well together to meet your needs.

Your CAF assessment has been identified as one of those which may benefit from additional support and ideas from our Multi-Agency Group (MAG) to try to move things on for you to ensure progress is being made.

The MAG is a multi-agency panel that helps make CAFs work better in Barnet. They are chaired by a senior member of the Children's Service and include a range of managers from all the key services across the local children's workforce and other relevant services such as Housing and Adult Services.

How might the MAG make a positive difference to your child/family/you as a young person?

- it can ensure that your child's/your CAF action plan is being followed and regularly reviewed
- it can ensure that all practitioners involved are working well together
- it can ensure your child/you as a young person have a Lead Professional appointed to act as a single point of contact for you and your family
- it can ensure that the right services have been identified to meet your child's/you as young person's additional needs.

I can assure you that any discussions held by our MAGs will be treated with the utmost confidentiality and that all panel members will have been fully vetted, police checked and subject to the council's information sharing policy.

If you would like to benefit from this additional support please complete the attached consent form and return to the person who gave it to you. This may be your Lead Professional, the person who completed the CAF with you, or a member of the Multi-Agency Support Team. If in doubt, or if you would like any further information about the contents of this letter please contact the Multi-Agency Support Team on **020 8359 4405**.



The MAG is unable to consider your case without your written consent.

Consent form for MAG Panel meeting

I agree to my child's/my CAF being shared with members of my local Multi-Agency Group in order to receive the most appropriate services and support to meet my child's/my needs and to ensure that all agencies are working well together to achieve this.

Name of child/young person:	
Consent given by (print name):	
Relationship to child:	
Signature:	Date:
The following section to be completed by Multi-Agency	Co-ordinator.
Consent form received by:	
Consent form received by: Name:	Date:
	Date:
Name:	Date: