Working in Partnership through Early Support: distance learning text

Information sharing, the Common Assessment Framework and Early Support by Paul Gutherson and Elizabeth Pickard, CfBT Education Trust
Introduction
This chapter provides an overview of the government’s Integrated Working agenda and discusses its relevance to Early Support. It summarises the reasons underlying the introduction of Integrated Working and the processes that support it. The chapter also provides introductions to two of three inter-linked elements of the Every Child Matters: Change for Children programme; the Common Assessment Framework (CAF) and information sharing (IS). The element not included in this chapter is the role of the lead professional\(^1\). Finally, the chapter explores the relationship of CAF, information sharing and Early Support. The chapter draws heavily on the national training materials for CAF and information sharing. These materials can be accessed at www.everychildmatters.gov.uk

Overview of the government’s Integrated Working agenda

|“Each children’s services authority in England must make arrangements to promote cooperation between:
| (a) the authority;
| (b) each of the authority’s relevant partners; and
| (c) such other persons or bodies as the authority consider appropriate, being persons or bodies of any nature who exercise functions or are engaged in activities in relation to children in the authority’s area.” (Children Act, 2004, 6(1)) |

The Children’s Act 2004 paved the way for reform of children’s services. In addition to the legislative duties from the previous Children’s Act (1989) (placing a duty to promote and safeguard the welfare of children in need and a duty of cooperation between services), the Children’s Act 2004 sets out the following reforms directly related to integrated working:

\(\Rightarrow\) A duty on local authorities to make arrangements to promote cooperation between agencies and other appropriate bodies (such as community and voluntary organisations) in order to improve children’s well-being (where well-being is defined by reference to the five Every Child Matters outcomes), and a duty on key partners to take part in the cooperation arrangements.

\(\Rightarrow\) A duty on key agencies to safeguard and promote the welfare of children.

\(\Rightarrow\) A duty on local authorities to set up local safeguarding children boards and on key partners to take part.

\(\Rightarrow\) Provision for indexes or databases containing basic information about children and young people to enable better sharing of information.

\(\Rightarrow\) The creation of an integrated inspection framework. This includes joint area reviews (JARs) to assess a local area’s progress in improving outcomes. JARs focus on how an area is improving outcomes for children and young people through joint working, across agencies and services, thereby reinforcing the duty to cooperate and notions of joint responsibility through inspection.

Every Child Matters: Change for Children is the programme of national action through which the whole system transformation of children’s services described in Every Child Matters is being implemented. It describes how improved outcomes for

\(^1\) For information about key working and the lead professional role see Early Support distance learning text by CCNUK’s Judith Cavet – Best practice in key working: what do research and policy have to say?
all children and young people depend on action being taken in the 150 local change programmes across the country.

The Integrated Working agenda is a key part of the Every Child Matters programme focused on workforce reform and multiagency working. It means practitioners are enabled and encouraged to work together in more integrated front-line services, built around the needs of children, young people and families, using common processes and tools which are designed to create and underpin joint working.

The underlying principles are based around early intervention and effective prevention. The ultimate aim is to improve outcomes for children, young people and their families through services working together more effectively on the front line.

The key processes and tools of integrated working are:

- Information Sharing: Practitioners’ Guide
- Common Assessment Framework (CAF)
- Lead professionals
- Multi-agency working: Toolkit for Practitioners
- Information sharing index
- Service directory.

As stated at the beginning of this chapter, the focus here is on the role of information sharing and the Common Assessment Framework. Details of the other processes and tools for integrated working can be found on the Every Child Matters website. Web links to the other processes and tools not covered here are included in the key documents section at the end of this chapter. There are also single page factsheets available about integrated working tools and processes – these can be found on the Every Child Matters website.

“Staff from all sectors need to work together so that the services they provide join up across health, social care and education, and offer the best possible solution for children and their families.” (John Reid, Secretary of State for Health, Foreword to National Service Framework for Children, Young People and Maternity Services, 2004, DfES/DH, pp2–3)

“We will be called upon to make common cause across professional boundaries and with reformed structures and services to create the means by which the needs, interests and welfare of children can be better protected and advanced.” (DfES, 2003, Every Child Matters, p4 – www.dfes.gov.uk/everychildmatters/)

There are consistent messages from central government across the education, health and social care sectors and across all age ranges, emphasising the role for early assessment of need, and the appropriate use of information collected during assessment, in delivering appropriate and timely intervention. The aim is to link together policies across what have been traditionally considered distinct professional domains or boundaries, in order to ensure that the whole system to support children, young people and their families is working with a single overall aim – to improve the life chances of every child and young person.

Central to the Integrated Working agenda is the concept of amalgamation at both strategic and service delivery levels. It is thought service improvement, and therefore better outcomes for children and young people, will stem from ‘joined up thinking’, ‘joined up service delivery’, interagency provision, services being child-centred and holistic. This resonates with the principles underpinning Early Support as well as a
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number of other current strategic initiatives to improve social inclusion of children, young people and their families such as:

- The National Service Framework for Children, Young People and Maternity Services
- Children’s Trusts
- Sure Start
- Children’s Centres
- Early Years Development and Childcare Partnerships.

An introduction to the Common Assessment Framework (CAF)

“We all want better lives for children. Most children do well, but some have important disadvantages that currently are only addressed when they become serious. Sometimes their parents know there is a problem but struggle to know how to get help. We want to identify these children earlier and help them before things reach crisis point. The most important way of doing this is if everyone whose job involves working with children and families keeps an eye out for their well-being, and is prepared to help if something is going wrong. The CAF is one way to help you do this. It is a tool to identify unmet needs. It covers all needs, not just the needs that individual services are most interested in.”

(The Common Assessment Framework for Children and Young People: Practitioners’ guide, p3)

The Common Assessment Framework (CAF) is a new process to be used by all professionals working with babies, children, young people and their families when assessing need. The CAF aims to:

- Encourage a holistic approach to be taken when working with babies, children, young people and their families.
- Improve communication between professionals.
- Enable professionals to work more effectively together.
- Support earlier intervention.
- Help agencies meet new duties to cooperate to improve well-being and make arrangements to safeguard and promote the welfare of children below the age of 18 as set out in sections 10 and 11 of the Children Act 2004.

The underpinning principles of the CAF are that it:

- Is centred upon the child or young person and the whole spectrum of their potential needs, rather than on the policy focus and statutory obligations of particular services.
- Is geared towards delivery of practical and appropriate solutions to a child or young person’s unmet needs, whether or not these are within the remit of the service.
- Involves children and young people and families at all stages, where possible enabling them to take the lead in the assessment, particularly in goal setting and developing solutions to meeting needs, and ensuring they have a copy of all the relevant documentation.
- Enables and encourages information held by agencies to follow the child or young person, eg as they get older, change schools or move house.
- Supports and enhances ongoing and effective communication within and between agencies – communication should not end with the completion and forwarding of the CAF assessment.
The CAF has been developed as a way to overcome some of the issues identified in *Every Child Matters*:

>“Children with multiple needs may be subject to multiple assessments by different people, each collecting similar information but using different professional terms and categories. The core information does not follow the child. This is not only an inefficient use of resources, but also alienating for the child and family who have to tell the same story to several professionals but may receive little practical help as a result.” ([*Every Child Matters* Green Paper], September 2003)

The Common Assessment Framework can be utilised by practitioners from a wide range of backgrounds, with the appropriate training, and is suitable for use with any child or young person who may have additional needs. It can also be used to assess the needs of unborn babies and infants. Practitioners do not need to be an expert in any particular area to do a common assessment. They do, however, need to have the right skills\(^2\) and to have been on a locally approved training course. Each area will have a policy about who should do common assessments.

The CAF has been designed for use when:

- There is concern about how well a child is progressing. The concern may be focused on their health, welfare, behaviour, progress in learning or any other aspect of their well-being. Or they or their parent or carer may have raised a concern.
- The needs are unclear, or broader than an individual service can address.
- A common assessment would help identify the needs, and/or get other services to help meet them.

It is intended that use of the CAF as an initial assessment by all services and agencies working with children, young people and families can address issues which can be barriers to multiagency working. For example, by using a common language and process, communication between services can be improved and as the CAF is a family held record, a copy being owned by the child, young person or family, essential information travels with them and so removes the need to repeat basic information gathering when a child or family meets a new practitioner.

It is important for practitioners to realise that the CAF does not replace specialist assessment but is an initial assessment completed at an early stage of intervention. The continuum of needs shown in the following diagram has been developed and used to model the levels of need and service, ie:

- Children with no identified additional needs (left side of the diagram).
- Children with additional needs – which is further split into:
  - Children with additional needs requiring support from a single practitioner.
  - Children with additional needs requiring integrated support from a number of practitioners.
- Children with significant and complex needs (right side of the diagram).

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\(^2\) In April 2005 the DfES published the *Common Core of Skills and Knowledge for the Children’s Workforce*. This sets out the basic skills and knowledge that everyone working with children, young people and families across all sectors (statutory and voluntary) should have. The common core covers: Effective communication and engagement with children, young people, parents and carers; Child and young person development; Safeguarding and promoting the welfare of the child; Supporting transitions; Multiagency working; Sharing information.
CAF clearly comes on to the continuum at an early point. It has been designed specifically to help practitioners assess needs at an initial stage and then work with families, alongside other practitioners and agencies, to meet them. The CAF is **not** for when you are concerned that a child may have been harmed or may be at risk of harm. In those circumstances you must follow the procedures established by your local safeguarding children board (LSCB) immediately.

Within the group of children with additional needs, to be found in the top segment of the continuum, a small proportion have more significant or complex needs which meet the threshold for statutory involvement. Among this group are children with severe and complex special educational needs and children with complex disabilities or complex health needs who will have a key worker acting as the lead professional. This group will require specialist disability assessments. As stated previously, CAF does not replace the specialist assessments but may feed into them, for example if they have been completed at an earlier stage.

The following diagram indicates how CAF consists of three inter-related working practices that, it is intended, will be ‘common’ to all services working to support babies, children, young people and their families.
Inter-related working practices in the Common Assessment Framework

A common process involving the child or young person, their parents or carers and other practitioners for understanding and articulating the range of needs and strengths of an individual child or young person.

A common format for sharing assessment information with other practitioners and services, while assuring the necessary levels of confidentiality and security.

A common format for recording the assessment in terms that are helpful in determining the most appropriate response to unmet needs.

CAF is...

Completing a common assessment

A common assessment should be undertaken when, in the practitioner’s professional judgement, it will help the child to achieve one or more of the Every Child Matters five priority outcomes. Children need to be identified early so that they can be helped before things reach crisis point. The CAF is an important tool for early intervention. It is very important to stress that the decision to undertake a common assessment is a matter for professional judgement in the light of local policy and practice – the CAF does not lay down a blanket threshold at which a common assessment must always be completed. Neither does it intend to introduce an extra layer of bureaucracy.

There is no need to do a common assessment for every child. Children who are progressing well, or have needs that are already being met, in a coordinated way, do not need one. A common assessment is not likely to add value if the child’s needs are clear and can be met by the child or their parent or by the assessing agency. It is also important to note that the CAF should complement, not duplicate, existing assessments and that it is a completely voluntary process and cannot be undertaken unless the child and/or their parent/carer agrees.

The CAF has a number of elements that are grouped together under three broad headings. The ‘groups’ were developed by combining the underlying model of the Framework for the Assessment of Children in Need and their Families with the main elements used in other assessment frameworks.
1. **Parents and carers** – basic care, ensuring safety and protection; emotional warmth and stability; guidance, boundaries and stimulation.

2. **Development of child** – health; emotional and social development; behavioural development; identity, including self-esteem, self-image and social presentation; family and social relationships; Self-care skills and independence; learning.

3. **Family and environmental** – family history, functioning and well-being; wider family; housing, financial and employment considerations; social and community elements and resources, including education.

More details of the elements can be found in *The Common Assessment Framework for children and young people: Practitioners’ guide* which can be accessed from the *Every Child Matters* website.

One of the key practical issues about CAF is the use of common language. Some general principles about common language and how it applies to CAF are set out below, however, some commonly used terms are defined in existing agency policies and procedures and cannot be changed overnight. For example, ‘risk’ and ‘harm’ are often used differently in the child protection and criminal justice arenas. Practitioners will still need to be very specific when completing common assessments and consider how they ensure the language is accessible to all, including the child and family.

<table>
<thead>
<tr>
<th>The CAF should be:</th>
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<tbody>
<tr>
<td>Written in plain simple English – the CAF is not a complex or specialist assessment and does not need technical terms. Everyday English is all that is needed.</td>
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<tr>
<td>Understandable by the child and/or their parent/carer – common assessment will be carried out with, and copied to, the child and/or their parent/carer. Consequently, all common assessment discussions and records must use language that makes sense to the child/parent. Additional support may need to be provided where literacy and or language skills prevent access to the CAF records. It will also be important to provide copies of the CAF form and relevant documents in accessible formats (this could include different languages, Braille for those with visual impairments or ‘easy read’ formats for those with learning disabilities. It might also be appropriate to provide translation services and British sign language interpreters where required).</td>
</tr>
<tr>
<td>Understandable by all other practitioners – the CAF form will be shared (and sometimes undertaken jointly) with other practitioners, so it is vital that they can access the language used and where appropriate, contribute to it.</td>
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<tr>
<td>Free from jargon and with any acronyms explained – jargon should be avoided. Practitioners will need to check that certain terms that they use as a matter of course are not considered to be jargon by others. Any acronyms that are used should be explained the first time they are used – do not assume that everyone else will know what they mean. Their use should be kept to a minimum and used where they are generally accepted acronyms (ie DfES is commonly used instead of the Department for Education and Skills, whereas an acronym such as CFS – Child and Family Services – might mean something different to other people).</td>
</tr>
<tr>
<td>Written in a way that emphasises that the CAF is undertaken with the child and/or their parent/carer – practitioners should use language that emphasises that the CAF is a process undertaken jointly, ie the assessment is carried out ‘with’ not ‘on’ children.</td>
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| Supportive and encouraging – practitioners should always use supportive terms rather than judgemental or blaming terms. For example, "We can work
together to help him improve his behaviour” is much better than “He has a behaviour problem that must be sorted out.”

- **Focused on strengths as well as needs** – the CAF provides a means of identifying and recording strengths as well as needs. It is important that this is reflected in the use of language. For example, ”She attends school regularly, which is a really positive move forward, but needs support to get there on time” is much better than ”Her punctuality is poor.”

- **Based around the language used within the CAF and its guidance** – the language used within the CAF guide and form can be the basis of a common language used by all agencies.

Examples of practice from some of the CAF pilot areas can be accessed from the Every Child Matters website. There are examples of Early Support Pathfinder local authorities where CAF and Early Support processes are linked, including the development of a ‘family friendly’ CAF form (see www.earlysupport.org.uk/Programmeactivity/Whoisdoingwhat/)

**The CAF process**

There are three main steps highlighted in *The Common Assessment Framework for children and young people: Practitioners’ guide*, which should be taken into account and are described in more detail in the guide itself. These are:

- **Step 1: Preparation** – identifying that the child may have additional needs, possibly through using the CAF checklist.
- **Step 2: Discussion** – gathering and analysing information on strengths and needs, using the CAF.
- **Step 3: Delivery** – determining and delivering interventions to meet identified needs. Appointing a lead professional if relevant.

This process does not have to be followed rigidly; it will vary according to the individual circumstances. Some key points about each step, taken from the Common Assessment Framework: Practitioners’ guide, are shown in the diagram on the following page.

*The Common Assessment Framework: Practitioners’ guide* also offers the following advice if further external support is required:

“Where there is nothing further you or your service can do, you may need to engage the support of a more specialist service or practitioner. Follow your local arrangements for multiagency working and referral to do this. Share your common assessment with them (more and more services will expect a request for services to be supported by a CAF form). Contact the practitioner you wish to engage and discuss your assessment with them. Aim to pool your knowledge and reach a shared view of what should happen next. Better communications are vital to integrated services. You should not just use CAF as a means of referral and then ‘sign off’”.  
(Section 4.17)

Common assessment cannot guarantee that services will be delivered as resources are finite. It should increase considerably the likelihood that services will be delivered, because decisions will be backed up by evidence and more referrals will be directed to the right place. If there is concern that a service is not responding to the needs identified, the matter must be taken up through the management system or through the local partnership arrangements.
Summary of the common assessment process

Step 1: Preparation
Before doing a common assessment, the practitioner should:
- Check who else is working with the child and family.
- Check whether a CAF already exists.
- Decide jointly with the child and/or their parent whether to do an assessment or not.
- Prepare for the discussion and consider whether there are any special communication requirements, such as signing, or access requirements.

Step 2: Discussion with the child and family
The CAF process should be seen as a discussion. It is collaborative – the practitioner is working with the child and family to find solutions – the family will often know better than the practitioner. Apart from a pre-natal assessment, it is not possible to do a common assessment without seeing or involving the child.
- Explain the purpose of the assessment and what is being recorded and why.
- Discuss and record the child’s strengths as well as their needs.
- Use plain, jargon-free language, appropriate to the age and culture of each person.
- Make use of information that is already available to avoid repetition.
- If the child and/or their parent do not want to participate, then they do not have to – it is a voluntary assessment.

Step 3: Delivery
CAF is not an end in itself. Its purpose is to identify the next stage in helping a child, young person or family achieve positive outcomes. Any outcome or part of an outcome should include action by the child or young person and/or their parent/carer, where possible, in order to ensure that they are actively involved in the process. Outcomes of undertaking a CAF will fall into one of three categories:
1. No further action – the concerns are resolved.
2. Some agreed actions for the practitioner and their service, and/or the child/family.
3. Identified actions for practitioner and actions required by other agencies.
An introduction to the government Information Sharing (IS) Guidance

Every local area has a responsibility to improve information sharing and their Children and Young People’s Plan should contain proposals on how they intend to achieve it.

“Sharing information is vital for early intervention to ensure that children and young people with additional needs get the services they require.” (Information Sharing: Practitioners’ Guide, DfES, 2006)

The government has issued guidance to help practitioners work together more effectively to meet children’s needs through sharing information legally and professionally. The main guidance is called Information Sharing: Practitioners’ Guide. It is supplemented by Information Sharing: Case Examples and Information Sharing: Further Guidance on Legal Issues. All documents can be accessed from the Every Child Matters website. The guidance summarises six key points on information sharing, which are set out below. The guidance is also supported by training, which is available to download from www.everychildmatters.gov.uk

Six key points on information sharing in respect of children and young people

1. You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention or detection of a serious crime.

2. You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of significant harm, the child’s safety and welfare must be the over-riding consideration.

3. You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgment on the facts of the case, there is sufficient need to over-ride that lack of consent.

4. You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.

5. You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.

6. You should always record the reasons for your decision – whether it is to share information or not.

Whether integrated working is across existing services or though multiagency teams, such as Team Around the Child, success depends upon effective partnership working between universal services and targeted and specialist services for those children, young people and families who would benefit from additional support to achieve positive outcomes. Preventative services will also be more effective in identifying concerns about significant harm, eg as a result of abuse or neglect.

“The ability to share information about a family and child is an essential prerequisite to the joint and holistic review and coordination of services and support. However, it is also a complex issue, involving on one hand, paper and electronic systems, and on the other trust between individuals coming from different professional backgrounds and cultures who may make different assumptions about client confidentiality.” (Early Support professional guidance – www.earlysupport.org.uk)

Ten local authorities, pairings or groups of neighbouring authorities, were funded by the DfES to develop and test new ways of information sharing and multiagency working through identification, referral and tracking (IRT) projects. These ‘trailblazers’ worked closely with the national team to refine the longer term policy for information sharing and assessment (ISA).

Evaluation of the IRT/ISA ‘trailblazers’ suggests that practitioners welcomed the opportunity to work more closely with colleagues in other agencies, and despite fears about systems and data sharing, continued to be enthusiastic and positive. As Cleaver et al (2004) note, information sharing and assessment offers “a practical way for practitioners to improve communication and work more closely with colleagues in other agencies.”

The evaluation of the ISA ‘trailblazers’ is available at www.dfes.gov.uk/research/

A key ingredient in the success of integrated working is the effectiveness with which services and agencies gather and share information, internally, as well as with each other. Effective preventative services require a process for identifying children and young people at risk of poor outcomes and agreed protocols for passing information to those delivering targeted support. It also requires understanding of each other’s roles and knowledge of the way different services or organisations work. Since March 2004 each local authority area has been required to have in place an information sharing protocol (ISP) covering health services, education services and social care. An example of an information sharing protocol showing the kinds of things covered is included in the appendices, however, it should be noted that the example is underpinned by a much more detailed ‘general protocol’ document.

Practitioners sometimes express concern about how the sharing of information can be done lawfully – in fact, the law is clear about this. Legislation must not be used as a barrier to sharing information – much of the legislation actually supports information sharing rather than restricting it. The Information Sharing: Practitioner’s Guide (supported by training) explains the relevant laws and legislation. The challenge lies in finding appropriate ways to share information whenever possible. If unsure, practitioners should seek advice from a manager or a nominated individual whose role is to provide support in relation to information sharing. For further information about handling confidential health information, see the Department of Health Confidentiality Code of Practice at www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf
Advice can also be sought from professional bodies, eg General Medical Council or the Nursing and Midwifery Council.

Seeking informed consent from children, young people and families for information to be shared must be the first option. Local authorities are required to publish guidance on obtaining and documenting consent. This requirement also includes the publication of information leaflets for children, young people and their families, as well as consent forms. Practitioners in universal, targeted and specialist services, including multiagency services, should proactively inform children, young people and families, when they first engage with the service, about their service’s policy on how information will be shared, stored and used and seek their informed consent to share the information.

It is important that children, young people and families are fully informed about all aspects of the work that the practitioner intends to carry out with and for them and that s/he understands what is being proposed. Subsequently, in full knowledge, they need to give informed consent for engagement and any subsequent action(s). An example of this may be that although willing to share information with certain agencies or services, children, young people and their parents or carers may withhold consent for information to be shared with others. The withholding of consent needs to be clearly documented. In addition, should the practitioner from a particular agency change, it should not be assumed that consent is still valid and it must be revisited by any new practitioner – it is a continuous and ongoing issue. The child, young person or adult may withdraw his/her consent at any time. Consequently, the issue of consent will need to be revisited at regular and reasonable intervals.

The approach to sharing information should be explained openly and honestly. Research by the Children’s Rights Alliance (Information Sharing, Young People’s Views, 2006, is available from www.crae.org.uk/) has shown that once young people and their families know the reasons why sharing their information is important, and how their information may be shared, used and stored, most will give consent. Similarly, consultation with young people about the Common Assessment Framework conducted by the National Children’s Bureau (Dec 2004) suggests young people have a clear understanding of the complex nature of consent and appreciate clear explanations of how and why information will be shared and with whom. Consent should be regularly revisited (especially if practitioners change or the situation or circumstances changes) and where possible, consent should be gained in writing.

Information that is not confidential may generally be shared where it is necessary for the legitimate purposes of preventative work. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others. An example is given below.

A teacher may know that one of her pupils has a parent in prison. That is information of some sensitivity but may not be confidential if it is widely known or it has been shared with the teacher in circumstances where the person understood it would be shared with others. If, however, the pupil shares it with the teacher in a counselling session for example, it would be confidential.

Where information is confidential, however, and consent is refused, that must be respected, unless in the practitioner’s professional judgment, and based on
evidence, the sharing of information can be justified as being in the public interest. Here is an example:

Maggie is aged 10 and you have had professional contact with her for three months. Over the last two weeks she has become increasingly quiet and withdrawn and you have noticed a number of new bruises on her legs and what looks like a cigarette burn on her arm. She says she fell out of bed and got the burn ironing. Her mum insists that everything is fine and said Maggie is always falling out of the bunk bed. You are aware that her uncle is now living with the family having recently completing a six-month sentence for drug related charges.

Paragraphs 3.6–3.12 of *Information Sharing: Practitioners’ Guide* explains the public interest clause and makes it clear that there will occasionally be cases, which fall short of risk of significant harm to a child or serious harm to others, where sharing confidential information without consent will be justified.

The *Information Sharing: Practitioners’ Guide* emphasises that practitioners need to be confident in their approach to information sharing so that children and young people get the support they need, when they need it. For practitioners and service users to be confident about information sharing it is important that they have:

- A systematic approach within their agency to explaining to children, young people and families, when they first access the service, how and why information may be shared.
- Clear systems, standards and protocols for sharing information. These may derive from their agency’s policies, any local protocols in place, or from their professional code of conduct. A checklist, developed by North Yorkshire County Council, of what an information sharing protocol should contain can be accessed at www.everychildmatters.gov.uk/resources-and-practice,

It is equally important that children, young people and their families have confidence in how practitioners will share information.

“Young people accepted that information about them should be shared between relevant agencies if, by doing so, it will help them get the services they need. However, young people wanted to be consulted before information about them is shared and to know what is being shared and with whom. They want reassurance that the information is accurate, that it will be used properly and kept safe. They fear information about them may fall into the hands of ‘bad people’, that it may be used against them and will affect how others perceive them.” (Cleaver, Barnes, Bliss and Cleaver, 2004, *Developing Information Sharing and Assessment Systems*, RR597 DfES, Royal Holloway, University of London: page v)

Young people and their families clearly recognise and accept the benefits of information sharing if the outcomes for them are improved – justifiably they want some control over who information is shared with, what information is shared, that it will be used appropriately and that practitioners will not use that information to prejudge them.

There are a number of challenges to effective information sharing, many of which are similar to the challenges to multiagency and partnership working discussed elsewhere in the Working in Partnership through Early Support training (more information can also be found in the *Multi-agency working: Toolkits for Practitioners* produced by the DfES and available from www.everychildmatters.gov.uk).
The most constructive way to consider these challenges is in fact to think of them in terms of what helps information sharing work well. The following diagram shows some of the things that can help information sharing to work.

Factors which help effective information sharing

Many current initiatives and strategies are working to ensure these factors are in place. For example: integrated children’s services; local service directories; information sharing guidance; Common Assessment Framework; The Common Core of Skills and Knowledge for the Children’s Workforce; Multi-agency working: Toolkits for Practitioners; information sharing index and lead professionals.
How CAF and information sharing relate to and interact with Early Support

“A coordinated approach to gathering information about a child is key if parents are to avoid the frustrating and often distressing experience of having to ‘tell their story’ again and again to different people.” (DfES & DoH, May 2003, Together from the Start: Practical guidance for professionals working with disabled children (birth to third birthday) and their families, LEA/0067/2003: p18)

The Together from the Start guidance, which is implemented by Early Support, is concerned with the delivery of services to disabled children 0–3 and their families. The following diagram compares the aims, strategies and processes of Early Support with those of the Integrated Working agenda.

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<tr>
<th>Integrated Working (CAF and IS)</th>
<th>Early Support</th>
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<tr>
<td><strong>Aim/Vision</strong></td>
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<td>To enable children and young people to receive:</td>
<td>To enable children and young people:</td>
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<td>• The universal services they are entitled to</td>
<td>• To receive the services they need at the earliest opportunity, that are child- and family-centred, based on assessed needs and, where possible, enable children and their families to live ordinary lives</td>
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<td>• Any additional services they need at the earliest opportunity</td>
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<tr>
<td><strong>Strategy</strong></td>
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<tr>
<td>• Improving information sharing among practitioners</td>
<td>• Improving information sharing among practitioners and with parents/carers</td>
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<tr>
<td>• Developing and embedding a common approach to assessment</td>
<td>• Partnership working across agencies and with families</td>
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<td>• Support multiagency working</td>
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<td><strong>Key Processes</strong></td>
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<td>• Information sharing skills, knowledge and practice</td>
<td>• Information sharing skills, knowledge and practice</td>
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<td>• Common Assessment Framework</td>
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<td>• Information sharing index/technology</td>
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<td>• Services directory</td>
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Early Support
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How CAF and information sharing facilitate Early Support

It is worth reiterating that the principle aim of Every Child Matters (ECM) is that every child and young person, with the support of their family, will meet the five priority outcomes to the best of their potential. Information sharing, CAF and Early Support are all part of this same agenda. CAF and the Early Support programme, especially the information in the Early Support family file, should be seen as being mutually supportive:

The table shows the key aims of both the Early Support family file and CAF.

<table>
<thead>
<tr>
<th>The family file aims to:</th>
<th>The CAF aims to:</th>
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<tbody>
<tr>
<td>➢ Keep the needs of the child central at all times.</td>
<td>➢ Support earlier intervention.</td>
</tr>
<tr>
<td>➢ Improve communication between professionals and families.</td>
<td>➢ Improve joint working and communication.</td>
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<tr>
<td>➢ Make sure parents receive some basic information that may help them support their child.</td>
<td>➢ Improve coordination and consistency.</td>
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<tr>
<td>➢ Improve coordination between professionals and families.</td>
<td>➢ Improve coordination and consistency.</td>
</tr>
<tr>
<td>➢ Introduce a standard set of materials across the country so that families in different places receive the same sort of support.</td>
<td>➢ Indicate whether further specialist assessment and support might be necessary.</td>
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<td>➢ Be flexible, so parents can use it in the way that helps them and their family best.</td>
<td>➢ Provide better, more evidence-based referrals.</td>
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<tr>
<td>➢ Make sure that relevant information is available when it is needed, so that families don’t have to say the same thing over and over again to different people.</td>
<td>➢ Enable a picture to be built up over time and, with appropriate consent, shared among professionals.</td>
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</tbody>
</table>

It is clear that both the CAF and the Early Support family file facilitate better exchange of information about a child and family, support better coordination of services where more than one agency is involved and advocate a child-centred approach to assessment and intervention. Both the CAF and the family file provide the opportunity to record positives about the child, as well as areas of concern. Information recorded in the CAF is similar to that which might be recorded in the ‘Introducing Ourselves’ section of the Early Support family file and the ‘What our child can do now’ section.

“The support needs of children and young people with disabilities and their families can encompass a wide range of circumstances, services and practitioners. The relationship between CAF and Early Support is, therefore, best understood as being flexible and interactive.” (Common Assessment Framework for children and young people: Managers’ guide, p37)

The CAF process can be seen as an important ‘front-end’ or starting point for Early Support. The CAF may feed in to the family file. For example, if antenatal tests identify a possible issue, a common assessment may be undertaken prior to birth,
enabling services to be put in place quicker. Once the child is born, and the services required to support that child are in place, the information contained in the common assessment form could be placed in either the ‘Current Records’ or the ‘History File’ section, depending on whether additional specialist assessment had been completed. In addition, the information gathered during common assessment and recorded on the CAF form could be used to inform discussions about the Early Support family service plan.

However, if the potential issue identified in the antenatal tests is not apparent at birth but either practitioners or families are still concerned that the issue may surface later in childhood, families can keep their copy of the CAF in their Child Health Record (red book), in case the issue emerges at a later date.

Alternatively, if there is concern about a child’s development, a CAF may be undertaken by a health visitor or Sure Start worker as a first step. In this case, the CAF develops into a multiagency assessment of the child’s needs. Subsequently, it becomes appropriate for the family to access Early Support. As multiagency involvement with the family increases, the information collected through the CAF process and recorded on the CAF form, informs the Early Support process and can be incorporated into the family file.

Equally, it is true that the Early Support family file may feed into CAF. It is important for those working with families with young disabled children to recognise that where a child’s known additional support needs are already being met, CAF may not be needed. For example, a child with disabilities is discharged from hospital with a range of known specialist support needs in the first weeks or months of life. A coordinated approach using the Early Support family file results in a range of additional services being provided. However, at a future date a CAF may be helpful to clarify and address additional issues, such as housing and equipment needs associated with caring for the child at home. At this stage, ‘core data’ from the Early Support process about the child and family informs the CAF (as covered in the Working in Partnership through Early Support training programme, day 3).

Information sharing will be key in supporting the work of the Early Support practitioner and in making the experiences of families as positive as possible. It will ultimately lead to better outcomes for children, young people and families. The following points suggest how information sharing will facilitate Early Support approaches:

- It will ensure that practitioners and families do not waste time duplicating the information already collected and will build upon work already undertaken in partnership with the family.

- Sharing information is vital for early intervention to ensure that children young people and families with additional needs get the services they require, when they need it, from the most appropriate practitioner. The earlier an issue is identified, the quicker preventative and effective support can be provided so reducing the likelihood of the issue becoming more complex and growing. Early intervention can also help to prevent families feeling isolated and stops families struggling on alone against difficult and seemingly insurmountable obstacles to getting the support they need for their child.

- By understanding informed consent, and being actively encouraged to be fully involved, families will feel confident that their information is being used effectively to support their needs. This will enhance the practitioner’s and parent’s/carer’s positive working relationship, encouraging a partnership approach.
Working within the arrangements for recording information and within any local information sharing protocols ensures that the practitioner is also kept safe and acts within the law and that the child and family are protected.

Activities
What follows are three activities that relate to the topics raised in this chapter. These activities support your learning in this area and you should consider using these activities to support your reflective diary entries – they are designed to help you meet two learning outcomes:

1. Understand the importance of information sharing and consent and explore the processes that enable this, nationally, locally and regionally, including the use of the CAF.
2. Reflect on your approach to working and make use of that reflection.

Activity 1: The use of language in CAF
Think about the points outlined in this chapter that consider the CAF and the language practitioners use when working with children, young people and families. Make some notes below on the following issues and discuss them with a colleague, supervisor or another parent/carer. Using simple and easily understandable language how can you explain the following words and their meanings to children, young people and their parents/carers? It may be useful to think about how these terms have been explained to you in the past, how you have explained them in the past or how you would explain them to your own child.

1. Assessment.
2. CAF.
3. CAF headings or groups:
   a. Parents and carers – basic care, ensuring safety and protection; emotional warmth and stability; guidance, boundaries and stimulation.
   b. Development of child – health; emotional and social development; behavioural development; identity, including self-esteem, self-image and social presentation; family and social relationships; self-care skills and independence; learning.
   c. Family and environmental – family history, functioning and well-being; wider family; housing, financial and employment considerations; social and community elements and resources, including education.
4. What acronyms are practitioners likely to use when using CAF? Clearly explain, as if talking with a child, young person or adult, or practitioner from another agency, what these actually mean.
5. What else do you think would help children, young people and families understand the meaning and language of CAF? For example, visual tools, different formats, interpreter services etc.
**Activity 2: Implications of CAF**

This activity is designed to help practitioners and parents/carers understand the implications of the CAF for both parties.

Consider the statements that follow from the point of view of both the practitioner and parents/carers. How will CAF help both practitioners and parents/carers support children, young people? What are the implications of CAF for you? What are the implications for what you need to know and for what you need to communicate with others? What concerns do you still have in relation to CAF and how it relates to Early Support?

1. CAF is a tool to identify needs and strengths. It covers all needs, not just the needs that individual services are most interested in.

2. The CAF will introduce a common approach to needs assessment that can be used by the whole children’s workforce for any child/young person in need of support.

3. When used by all agencies, it will help practitioners to communicate and work together more effectively.

4. CAF aims to provide an evidence based, non-bureaucratic ‘whole child’ assessment, drawing on good practice, enabling the practitioner to make a decision about how far they themselves can meet the needs and who else needs to be involved.

5. If another practitioner needs to be involved, the first practitioner can feel confident that they can share information; this will be with consent unless there are exceptional circumstances such as child protection issues.

6. CAF and an Early Support approach using Early Support materials are mutually supportive. Where Early Support materials and a family service plan are in use, they can dovetail and inform emerging CAF processes.

7. Where a child is being supported by more than one agency, possibly involving specialist assessment, the CAF will provide the structure to summarise information from different agencies into a single, simple format.

8. The CAF process can be an important ‘front-end’ or starting point for Early Support and can begin the partnership approach to working with parents, when carried out appropriately, by properly trained practitioners working with fully informed parents/carers.
Activity 3: Information sharing
Consider the quotation taken from the *Early Support professional guidance*:

"The ability to share information about a family and child is an essential prerequisite to the joint and holistic review and coordination of services and support. However, it is also a complex issue involving on one hand paper and electronic systems and on the other trust between individuals coming from different professional backgrounds and cultures who may make different assumptions about client confidentiality. Where families and children use services provided by more than one agency the coordination of services depends on efficient and reliable systems to support communication between teams and individual professionals. The challenge is to enable those who ‘need to know’ to get hold of information easily while restricting access to confidential material appropriately.” (Chapter 4, p61)

Thinking from the point of view of either a parent, carer or a practitioner, answer the following questions and discuss with a colleague, supervisor or parent/carer if appropriate:

1. What process is in place for me to find out if a CAF has already been completed?
2. What is the process required for accessing other completed assessments including CAF?
3. How do agencies in my area share information with families? How do I find out? What could be done to enhance practice in this area?

For practitioners only:

1. How can you find out which agencies have agreed information sharing protocols with your own agency and how can you access them?
2. How do I explain informed consent to children and families? Does my agency have any documents that can assist me with this?
3. What are my own agency’s policies on recording and storing information in paper and electronic format?

For parents/carers only:

1. How can parents/carers help practitioners explain confidentiality to a child or young person?
2. How can parents/carers explain informed consent? Under what circumstances do you feel this should be revisited?
3. How would parents/carers feel about not knowing what their child is saying to practitioners?
Key documents


Common Core of Skills and Knowledge for the Children’s Workforce – www.everychildmatters.gov.uk/deliveringservices/commoncore

Early Support professional guidance – www.earlysupport.org.uk


Children’s services directory – www.everychildmatters.gov.uk/deliveringservices/servicedirectories

Information sharing guidance www.everychildmatters.gov.uk/deliveringservices/informationsharing

Information sharing index

www.everychildmatters.gov.uk/deliveringservices/index

The lead professional: Practitioners’ guide – www.everychildmatters.gov.uk/deliveringservices/leadprofessional


The CAF Pre-assessment checklist

www.everychildmatters.gov.uk/deliveringservices/caf
References


Appendix: Information sharing protocol

Information exchange between social services department, learning services and educational establishments

1. Objective
To enable clear channels of communication between learning services and social services. To provide agencies with all relevant and up-to-date information to assist with decision making in meeting all statutory duties in respect of the education and welfare of children and young people.

2. Principles of information sharing
Complies with the General Protocol for sharing information between agencies in Kingston upon Hull and the East Riding of Yorkshire, Departmental Procedures and ACPC Procedures.

3. Client consent
Consent will have been gained by the agency requiring the information either on the admission form (schools) or referral forms (SSD/LAC). Other agencies may request a copy of this consent prior to the release of this information. If no consent has been obtained, there should be a clear explanation provided. Professionals, in general, should seek to discuss concerns with the family and inform them of any personal data to be shared amongst other agencies. This should only be done where such discussion and agreement seeking will not place the child at increased risk of significant harm, and complies with any of the exemptions under the Data Protection Act 1998.

4. Parameters
Electronic information shared with other agencies will be on a ‘view only’ basis and the agency owning the information takes full responsibility for the validity of that data. Sharing information will be purpose specific, for example, Section 47 investigations, assessment of a child in need, assessment of special educational needs, school admission. Information will be shared to enable the agency (or a designated agency on their behalf) to carry out their business in the interests of the child.

5. Defined purposes
Personal information exchanged must be done so in accordance with the Data Protection Act 1998. It must be carried out in a lawful manner, for a specific purpose, shared only with those who need to have this information and must be dealt with securely.

What information will be shared
- Name, date of birth and identifying case number.
- Address/home/care/placement details.
- School details – current and previous/legal status/attendance/attainment/exclusions.
- Special educational needs.
- Family details/parental responsibility.
- Risk factors/warning indicators.
- Status of involvement – CPR /LAC/disability.
- Parties involved – designated teacher/social worker/key worker.
- Significant events and changes.
- Relevant dates – reviews/LAC/SEN/SATS, conferences/court/exclusions.
Appendix – Information sharing protocol

Why information will be shared
- To ensure the needs of children and young people are appropriately identified, assessed and met.
- To validate information and check personal details held.
- To share significant information and/or events relating to children and their families.
- To carry out statutory duties to safeguard, care and protect children and young people.

How information will be shared
Electronic information will be accessed through the information sharing database, which will be linked to existing departmental systems. Access to the system will be password protected and a drop down screen to show ‘view only’. Records will be allocated a unique identifying number linking the UPN and SSID record. Further validation may be required via telephone. Information may also be shared by fax, email and paper records but must be within the guidance of the Data Protection Act 1998 and follow the procedures for security of information. Verbal information exchange should, where possible, be endorsed in writing or electronically.

Who information will be shared with
Information will be provided to named workers. However, there will be occasions when the first point of contact for an information request will be from a duty officer or front-line administrative support staff. All staff are subject to this protocol, all searches or requests should be action specific, and all staff requesting or searching for information should be approved to do so.

Information will only be used for the purpose it was initially intended. If the work objective changes, then further consent may need to be sought. This may relate to passing information to a third party. Existing information may be used for other purposes, for example, research, inspections, management data. Information should be anonymised at all times, if possible.

6. Access and security
- Each agency remains responsible for the maintenance, validation and security of the data held.
- Each agency must abide by their departmental procedure on security of information.
- Passwords and firewalls will control access to electronic information. A drop down screen will determine the reason for accessing the information through the information sharing database.
- Procedures will be in place to verify the validity of the person requesting the information.
- Service users requesting access to information held about them will be dealt with through the subject access procedure in the relevant department.

7. Review
This protocol will be reviewed by the partner agencies on an annual basis and will be monitored as part of the departmental quality assurance systems. In the event of any disagreements regarding information exchange, legal advice will be sought and all attempts should be made to resolve issues swiftly with the people concerned. Any complaints relating to sharing information will be dealt with through the normal departmental complaints procedure.
8. Signature
All staff working in the learning services and social services departments must adopt this protocol. The signatures below represent the learning services and social services department’s agreement to adhere to this protocol for the purpose of sharing information.