Integrated Children's System

ICS Guidance Note

The Integrated Children's System (ICS) and 'interoperability'

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Executive Summary

This paper forms the initial response to the recommendation from the Social Work Task Force in their letter of 6 May that, "…there should be a national study, led by DCSF, into the issues relating to interoperability of ICS with ContactPoint, the national eCAF…".

ContactPoint was first made available to local authorities in January 2009. National eCAF is in development and it will be made available to four local authorities in the Midlands, and Barnardo's and KIDS, in spring 2010.

This paper provides an overview of 'interoperability' describing both the business process and system landscape in which ICS operates, including that of the near and medium term future that will include ContactPoint and National eCAF.

For the purposes of this paper, we consider 'interoperability' from three perspectives:

1. The child or young person and their family
2. The workforce – the practitioners who will use the systems on a daily basis to support the delivery of integrated services to children, young people and their families.
3. The data transfers and technical infrastructure required to deliver efficient and effective operational systems.

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1.   Introduction

1.1   Background

This paper forms the initial response to the recommendation from the Social Work Social Work Task Force in their letter of 6 May that:

"…there should be a national study, led by DCSF, into the issues relating to interoperability of ICS with ContactPoint, the national eCAF, locally developed eCAFs, other local systems and links to Health and other professions. All these issues are causing significant concern in local authorities and on the front line and need to be addressed quickly."

The Social Work Task Force's recommendation was made in the context of their developing work to recommend a comprehensive reform programme for the social work profession. It is intended that this programme will both improve the quality and capacity of the social work workforce, and put in place a sustainable system within which social workers get the necessary support from their employers and educators, and which allows the profession to take more responsibility for establishing and maintaining high quality, effective, practice.

Ministers accepted all the Social Work Task Force's recommendations and set out new principles on which the future of ICS should be based in the Local Authority Circular (Ref: 1706090002):

"Systems will need to be capable, with modification if necessary, of meeting future national specifications for interoperability, for example between individual local authorities' respective local case management systems."

Much of the material used as a basis for this paper has already been presented at workshops and conferences by the DSCF IISaM (Improving Information Sharing and Management) team over the last 18 months. It was also was used as the basis of discussion at two workshops on 'interoperability' held at the third ICS Improvement Conference on 25 September 2009 and has been reviewed by members of the ICS Expert Panel.

1.2   Purpose

This paper provides an overview of interoperability describing both the business process and system landscape in which ICS operates, including that of the near and medium term future that will include ContactPoint and National eCAF. As such it does not draw conclusions or make any recommendations.

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2.   The systems landscape

2.1   ICS – developing case management systems to support children's social care

In 2000 the Government announced the development of ICS in response to the 'Lost in Care' inquiry into child abuse in children's homes. The work was originally undertaken by the Department of Health as part of the work on the Electronic Social Care Record and transferred to the DCSF in 2003.

ICS is a conceptual framework and practice tool, which has been provided by DCSF for local authorities' Children's Services Departments to support effective social work with children and families. It comprises process flows, specifications for information recording and IT specifications. These elements are used by third party vendors to build case management systems (CMS) which adhere to the framework, for use by social workers. For the purpose of this document, these systems are known as ICS systems.

CMS is a generic term used to describe software which supports the coordination of services, for example, health, legal or financial or in the case of ICS systems, children's social care. The term can be used to describe anything from a simple organiser programme (like an electronic Filofax) to a sophisticated decision support system. All CMSs have two key components: the ability to create a case file for a client and an underlying process to support service delivery. The extent to which a CMS supports business processes will vary depending on the levels of standardisation and professional judgement required.

All local authorities in England have purchased or developed ICS systems to support social work practitioners and their managers, although the degree to which the individual systems follow the national specification varies from local authority to local authority. The national specifications aim to help local authorities and system users to comply with their legal duties and statutory guidance[1].

Many local authorities had also previously implemented CMSs to support children's social care prior to launch of ICS in 2004. These are usually referred to as 'legacy CMS' and were either integrated into or replaced by the purchase or development of an ICS system.

ICS systems capture information on the key processes undertaken with children in need and their families, including contact, referral, assessment, planning, intervention and review. They provide an important audit trail of the decisions and actions taken for each individual child, facilitate information

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[1] In LAC Ref: 1706090002, the Government confirmed that local authorities will not be required to comply with published specifications in order to receive capital funding for ICT systems in children's social care.

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sharing between authorised practitioners and provide management information.

Five local authorities continue to use their own ICS in-house system and there are 10 third party vendors of ICS systems. Not all local authorities will have the most up-to-date version of a vendor's product and almost every local authority will have commissioned some specific additional functionality. This means that no two ICS systems deployed by local authorities have the same configuration.

2.2   Other national systems – ContactPoint and National eCAF

Increasingly, social workers and their managers will begin to use the national systems: ContactPoint and National eCAF. ContactPoint was first made available to local authorities in January 2009. In May 2009, 18 local authorities in the North West, and two National Partners – Barnardo's and KIDS – began training the first practitioners. National roll-out began at the end of October. National eCAF is in development and it will be made available to four local authorities in the Midlands, and Barnardo's and KIDS, in spring 2010.

ContactPoint

ContactPoint was developed in response to a key recommendation of Lord Laming's inquiry into the tragic death of Victoria Climbié, which among other things highlighted the need to improve information exchange between different agencies working with children. ContactPoint is an online directory that provides a quick way for authorised practitioners to find out who else is working with the same child. It is a critical tool to help improve the wellbeing of all children, keep them safe, and to ensure that no child slips through the net of support services.

ContactPoint contains only basic identifying information for each child in England up to their 18th birthday, contact details for their parents or carers, and practitioners working with a child. It does not and will not hold any case information (for example, case notes, assessments, medical data or exam results).

CAF and National eCAF

The Common Assessment Framework (CAF) was introduced in 2006 following the Laming Report. The CAF is a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them. The CAF consists of: a pre-assessment checklist to help decide whether a child/young person would benefit from a common assessment; a process to enable practitioners in the children's workforce to undertake a common assessment and then act on the result; a standard assessment form; and a standard delivery plan and review form.

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National eCAF will be the IT system for storing and sharing CAF information securely across local authorities. It will enable authorised, trained practitioners from across the children's workforce to electronically store and share CAF information quickly and securely and to work together to build a holistic picture of a child or young person's needs. The system reduces the need for children, young people and their families to repeat their story for different services. In order to gain access to CAF information held on National eCAF, practitioners will need explicit consent from the child or young person who is the subject of the CAF (or their parent or carer where appropriate).

2.3 'Interoperability' – the different perspectives

The term 'interoperability' can be defined in a purely technical sense: "the ability of two or more systems or components to exchange information and to use the information that has been exchanged"[2], or alternatively in a broader sense that provides the context for this paper.

For children's services, this broader view touches on integrated working practices where everyone supporting children and young people work together effectively to put the child at the centre, meet their needs and improve their lives[3].

However, in discussing 'interoperability' in this paper, our considerations are focused on the ability of the ContactPoint, National eCAF, ICS and other case management systems to transfer and provide access to personal information on children, young people and families. In this paper we do not cover in any detail the wider aspects of information sharing, for example, practitioners making decisions about whether and what to share, and sharing information outside of the IT systems. For guidance on this aspect of information sharing, see the cross-Government Information Sharing: Guidance for practitioners and managers (available at www.dcsf.gov.uk/ecm/informationsharing).

For the purposes of this paper, we consider 'interoperability' from three perspectives:

1. The child or young person and their family
2. The workforce – the practitioners who will use the systems on a daily basis to support the delivery of integrated services to children, young people and their families.
3. The data transfers and technical infrastructure required to deliver efficient and effective operational systems.

Figure 1 overleaf illustrates the landscape of interoperability of national and local case management systems across the children's workforce. It also shows those systems which will supply data (as defined previously) to ContactPoint in both in the near and medium term future.

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[2] Source: Institute of Electrical and Electronics Engineers

[3] http://www.cwdcouncil.org.uk/integrated-working

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Legend:
- National Systems
- Local Systems
- Data feed provided
- Data feed planned
- Data feed proposed

OGDs & LA

Early Years & Childcare

Education

Health

Social, Family and Community support

Justice & Crime Prevention

National Partners and VCSO

Private Nursery Systems

Children's Centres Systems

Local eCAF Systems

Fire & Rescue

Independent schools CMS

School Info. Management Systems

LA Education Systems

Academy CMSs

UK Border Agency

MOD

GRO Nat. Feed

DWP Nat. Feed

DCSF Feed (incl. NCD)

FE Colleges

Information Authority (FE)

Primary Care Trust Systems

Personal Demographic Service

GP Systems

NP Case Management Systems

DCSF National Systems

ContactPoint ← National eCAF

Local Health Systems (inc Acute)

VCSO Case Management Systems

NHS Direct

Local VCSO

British Transport Police

Police System

Probation Service

CAFCASS

Adult Social Care

Youth Offending Teams

Children's Social Care (includes ICS)

Housing

Young Offenders' Institutions

CCIS

Youth Services

ICS is one of many CMS used across the children's workforce

Fig 1. Data feeds from CMS by workforce segment to ContactPoint

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3. Perspective 1: The child or young person and family

In a consultation held in spring and summer 2008, children and young people identified what they want from the practitioners who work with them[4].

WORKFORCE	BEHAVIOUR	PROCESS
A workforce which is positive, has a young outlook, relaxed in dealings with them, open-minded and unprejudiced, and trustworthy.	Characterised by fairness, willingness to trust and believe in the child or young person, asking and listening, helpfulness in creating understanding among their peers, not prejudging their needs or characteristics, keeping promises, and ease of contact.	Transparent, honest, inspected and explained – with visible actions resulting, channels to voice opinion, providing real options, supported by enough resources/staffing, realistic, and without undue pressure or cause of unnecessary worries.

Fig 2. What children and young want from the people who work with them[5]

3.1 'Case Study' – Hannah's story

The DCSF has developed a fictional 'case study' to illustrate how practitioners across multiple agencies, including social care, successfully work within the culture outlined above, working collaboratively and effectively to share information, supported by e-enabled tools. It has been designed as a generic illustration across the workforce and is not 'social care centric'.

As neither ContactPoint (in the majority of cases) nor National eCAF are in place for local authorities, this is not a 'real life' case study, but rather a view of a potential future, taken and developed from a number of examples of current best practice.

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[4] The Government considers the 'children's workforce' to mean everyone who works with children and young people and their families, or who is responsible for improving their outcomes.

[5] Source: "2020 Children and Young People's Workforce Strategy" published October 2008)

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'Case Study' – Hannah's story

Hannah is 15 with three younger brothers and sisters. She has to look after her family because her mother is ill (her dad left a few years ago and she doesn't see him now). A few adults have been asking her questions recently but she doesn't want to tell anyone she can't cope. She's also hiding things from her mother (like letters from school) because she doesn't want to worry her. She looks after all the money and has not been able to pay the rent for a while. She's scared of what might happen and doesn't want her family to be split up.

Learning mentor Melanie helps Hannah with her schoolwork. She's not aware that anyone else is supporting Hannah. Recently Hannah's been falling behind, not doing her homework and missing lessons. Hannah gets upset sometimes and then teachers call her rude and aggressive – Melanie wants to help but doesn't know what's wrong. Hannah says that everything is fine.

John, a children's social worker, was involved with Hannah when her mother first fell ill and Hannah was acting as the carer for the whole family. After a while her mother was much better and they agreed he didn't need to help them anymore. He gave Hannah some leaflets about local youth groups. John's involvement stopped at that point. Lee, a youth worker, has been in contact with Hannah for nearly a year. He is not aware that her mother's health had deteriorated again and how much work is doing at home or the problems she is having at school.

Melanie looks on ContactPoint and sees that two other practitioner involvements are recorded for Hannah – children's social care and Lee, from a local youth service. These are both in the neighbouring borough where Hannah lives. Melanie calls the help desk number for the social work department and finds out that although John, the social worker who was working with Hannah is no longer involved, the contact details for the department are still listed on ContactPoint (they will stay on for a year after the end of the involvement).

Melanie asks for Hannah's permission to speak to John and Lee. Hannah is a bit nervous at first but Melanie explains that they wouldn't do anything without talking to her first and letting her know what's happening. Hannah knows that she needs help so she agrees. Melanie also explains the Common Assessment Framework (CAF) and how they can use the CAF to identify how best to support Hannah. Hannah consents to the CAF and also agrees that they should discuss this with her mother.

Melanie calls John and Lee. After checking it is ok with Hannah, they each share information with Melanie about what support they provide. Although John is no longer involved with Hannah, he uses the local authority's Integrated Children's System to inform his conversation with Melanie and advises his manager of the situation. Melanie uses the information from

John and Lee when completing the common assessment with Hannah and her mother. Melanie is supported by the pastoral team in the school throughout the CAF process.

The CAF identifies a need for greater support for Hannah and for her mother as well as a number of housing problems, including rent arrears and problems with bills. Melanie, Hannah and her mother agree what is needed to support Hannah and the rest of the family. Melanie records the CAF information on the National eCAF system. ContactPoint is automatically updated to include Melanie's contact details and to show that a CAF exists for Hannah.

Following the assessment, Melanie's first step is to arrange a Team Around the Child (TAC) meeting with Hannah, her mother, Lee and Steve from Housing. The team discuss the common assessment and agree what they will each do to support Hannah and her family. At the meeting, Hannah requests that Melanie should be her lead professional and the team agree. Melanie ensures that this is recorded on ContactPoint.

They identify other services that are required. Hannah's mother agrees to make an appointment with her GP. Melanie will contact adult social care and Lee will contact a young carer's group. Melanie updates Hannah's record on the National eCAF system with the actions that each of the team have agreed. With Hannah's consent, Lee is given access to her CAF record on the National eCAF system so that he can update his actions.

Melanie comes up with a plan to help Hannah with her schoolwork. Now she knows about Hannah's situation at home, they've been able to set different homework deadlines and better times to meet up. Lee speaks to children's social services who arrange for a specialist Young Carer's Assessment for Hannah to commission extra help with housework so Hannah doesn't have to do everything. Libby works for a young carer's group and is now helping Hannah and her family. With Hannah's consent, Libby is given access to Hannah's CAF information on the National eCAF system. Steve has been able to get help for the family to pay the bills until Hannah's mum is well enough to go back to work. They also came up with a plan for the rent arrears.

The team agree to keep in touch on a regular basis to share information and to meet to review progress in 3 month's time. All keep the National eCAF system updated with their actions.

Hannah is now part of a young carer's group. It's helped her a lot to get to know other young people in her situation. She's also getting a lot more help around the house, so she has time to spend with her friends and is getting back on track with her schoolwork. She knows that she has a team of people that she can talk to at any time and is happy to do so. She's much happier as she's not worrying about everything.

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In summary, practitioners using integrated working tools were able to help Hannah and her family as follows:

- Without ContactPoint, it might have taken these professionals a long time to find each other, or some of them might never have got in touch with each other.
- Without CAF, there may have been a less holistic view with some of the needs not being identified. As a result, the support provided may not have been as effectively targeted.
- Without the TAC, services might not have been delivered in a coordinated fashion and therefore may have been less effective.
- Without the National eCAF system, it would be more difficult to share the common assessment information with the members of the TAC
- Without the ICS, access to the history of social work involvement and decision making would have less coordinated.

Overall, it would have taken much longer to ensure Hannah and her family received the appropriate help and support they needed, and Hannah's problems could have got a lot more serious until that help came.

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4.   Perspective 2: The practitioner

4.1   Integrated working and effective information sharing

The Children's Plan describes a vision for services shaped by and responsive to the needs of children, young people and their families. Organisations involved in providing services to children – from hospitals and schools, to police and social care departments to voluntary groups – are teaming up in new ways to share information effectively.

More integrated working by children's services means children and young people should be more effectively safeguarded from harm; have better opportunities to develop and reach their full potential; receive effective support earlier if they experience difficulties; and be better able to access targeted services faster and with less stigma as a result of closer links between targeted services and universal services.

Children and young people can benefit if frontline practitioners use effective, modern and secure tools to help them to do their job. Integrated working tools, such as ContactPoint and National eCAF systems, and processes such as CAF, lead professional and good practice in information sharing are necessary to support new ways of working. See figure 3 below for an illustration of how processes, tools and systems are linked via the Team Around the Child (TAC).
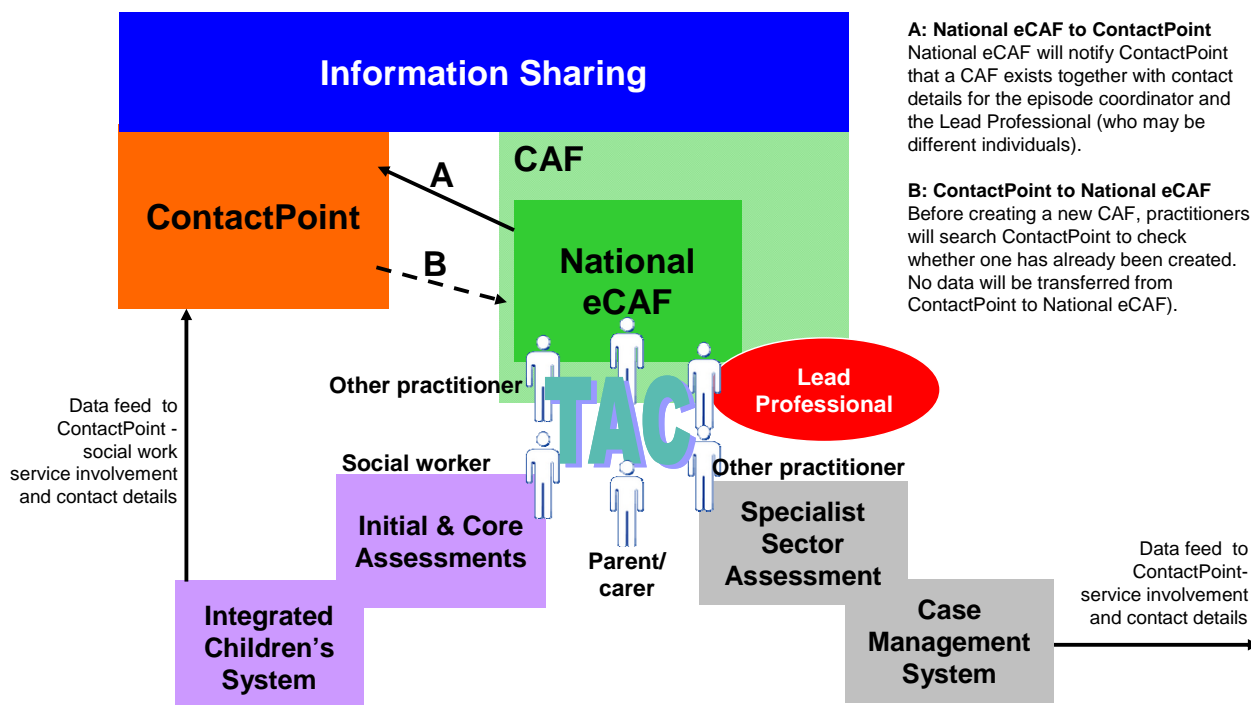

Fig 3. Processes, tools and systems supporting integrated working

In the future, a social worker working with their ICS system and ContactPoint and National eCAF, will use each system as follows to support service delivery[6]:

"I use ContactPoint when I …	"I use National eCAF when I …	"I use ICS when I …
… need to identify a child with whom I have contact determine whether a child is getting the universal services (education, primary health care) to which he or she is entitled identify who else is involved with a child update myself as the Lead Professional for a client."	… need to access, update or share a Common Assessment (CAF): on referral/'stepping up' as a member of a TAC on 'stepping down' request a local service or services across borders send a message relating to an episode to other members of the TAC review progress of service delivery."	… need to record my day-to-day case management information e.g. If I need to complete assessments or plans develop a personalised plan for a child in need."

Fig 4. Use of ContactPoint, National eCAF and ICS by social workers

The Expert Panel and practitioners at the ICS Improvement Conferences have told us that the CAF is becoming more and more important in the process of referral to social services ('stepping up') and once social services involvement is complete ('stepping down').

4.2   Referrals – moving from common assessment to ICS

Where a common assessment exists already, it is good practice for it to support a referral into social care.

When a referral is made on National eCAF for a child to receive the support of a social worker, the CAF episode remains, and a social worker (or a representative from social services until a social worker is allocated) is added to the TAC so that they can access the CAF.

At the point the case is progressed to referral by social services, the CAF episode can either be closed using the option 'transfer to alternative holistic assessment', or can remain open but marked in National eCAF to show the responsibility for the case has transferred to social care. The decision about whether/how long the CAF remains open in these cases will be made between the former lead professional and the social worker who takes on the case (this is to allow for those cases that go backwards and forwards between social care and other services or only spend a short time with social care).

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[6] Practitioners from other services may use ContactPoint and National `eCAF in different ways to support their processes. For example social workers may be less likely to initiate a common assessment.

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Currently, a National eCAF episode will be 'marked' that it is the responsibility of social care in free text.

Some Directors of Children's Services are considering how high quality CAFs could lead to initial assessments (IAs). Limited experience to date suggests that a 'thorough' CAF can provide 80% of the information required for an IA.

The CAF information from National eCAF will need to be manually incorporated into assessment sections of ICS. This will be facilitated as the information on needs in each assessment is organised along similar lines. If a child needs to receive social care services, the in-depth assessment required for children in need will be given a head start with the information incorporated from the common assessment. This speeds things up, builds on existing knowledge, and avoids the need for often distressed children or families to go over the same ground again.

A number of social workers have commented that it would be helpful to have a link between National eCAF and ICS, given that in some local authorities a CAF is used to support a referral into social care. Where this is appropriate this can be achieved through a manual process. Currently there are no plans to incorporate the assessment information from National eCAF automatically into ICS. Such a requirement would require changes to ICS systems, which for some local authorities may be significant.

4.3   'Stepping down' – meeting outstanding additional needs

In some cases, once social work involvement is complete and the desired outcomes for that involvement have been achieved, there will still be some outstanding additional needs.

In these cases the social worker can have a discussion with the former lead professional and the original National eCAF episode co-ordinator (who will have left the episode open[7]) to support transition back into mainstream services, where appropriate, a CAF re-assessment can take place. There are circumstances where it may be necessary to re-open an episode.

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[7] The National eCAF system does not automatically close any episiodes, although management reporting will identify those episodes that remain open for extended period of time, which may prompt a closure decision.

5. Perspective 3: IT and data

5.1 Overview

Some social workers and their managers will have access to local child indexes and local eCAF systems. These systems will vary in sophistication from structured spreadsheets to databases created in database solution tools to enterprise-strength applications bought from software vendors, possibly as a 'bolt-on' to their ICS system.

Some social workers may have access to the systems of other organisations via extranets or other arrangements, for example between health and social services or adult and children's social care. They will almost certainly work with practitioners from other organisations and agencies that have their own systems to support their own specialist assessments and case management processes.

This landscape is therefore characterised by multiple local systems, which may have been built in-house or sourced from a variety of vendors, all of which will have been configured and supported by a unique local technical infrastructure. Only the specifications and requirements for ContactPoint and National eCAF will be the same nationally.
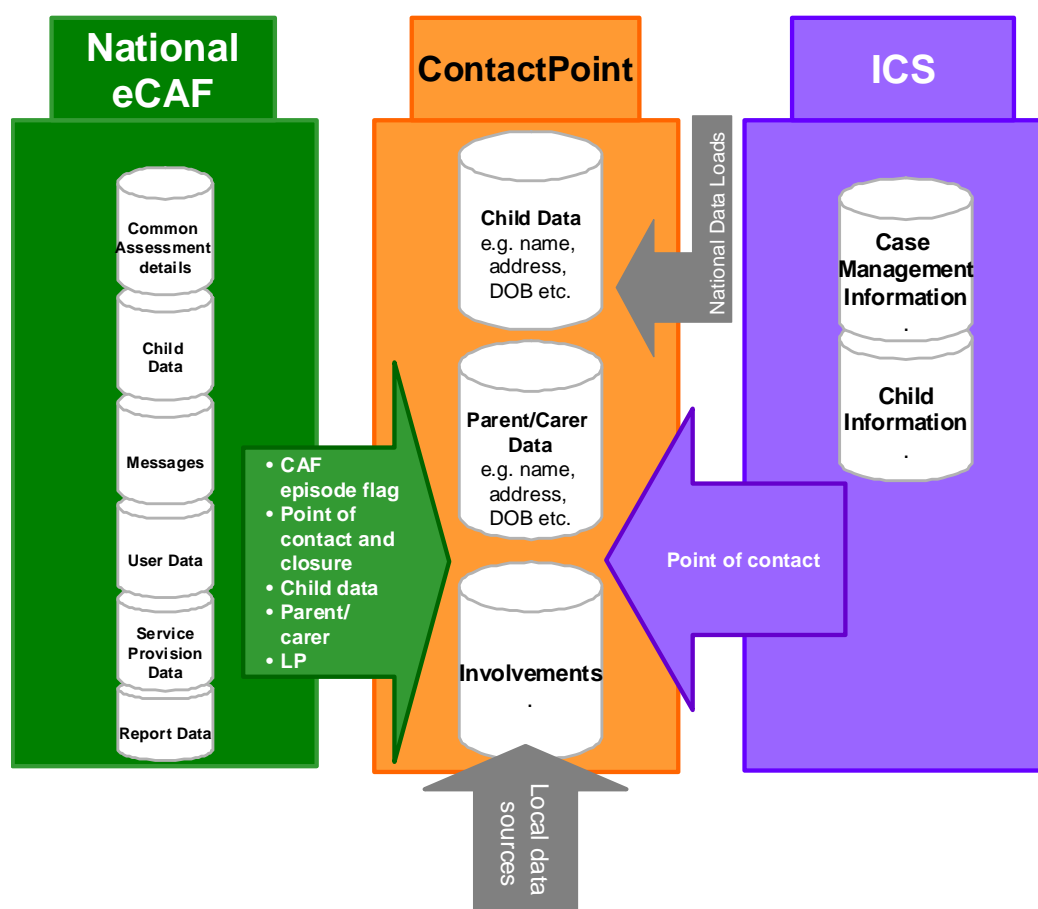

Fig 5: Summary of data stored by ContactPoint, National eCAF and ICS and the sources and flows of that data between each system.

In the future, when a CAF has been logged in an eCAF system (either national or local eCAF), it will automatically notify ContactPoint that a common assessment has been carried out, along with contact details for the practitioner who completed or updated it, and this will appear within the child or young person's ContactPoint record.

There will be no access to the common assessment via ContactPoint. ContactPoint will display these contact details so that another practitioner looking up the child will discover immediately whether a common assessment has already been carried out and whom to contact about the child. This will speed up communications, avoid duplication and facilitates cross-agency working.

All ICS systems looking to integrate with ContactPoint and National eCAF will need to go through relevant system and data accreditation to meet a specified set of requirements. These requirements have been defined to protect the security and integrity of ContactPoint and National eCAF and are thus separate from any requirements the department has set out specifically for ICS systems.

5.2   ICS and ContactPoint

Many ICS systems will be integrated with ContactPoint similar to other local data sources feeding involvement data to ContactPoint. When a child is referred to social care services and a referral is recorded on an electronic case record system such as that supporting ICS, the existence (although not the case details) of children's social care involvement and the practitioner or central social work team number contact details will automatically upload to ContactPoint.

ContactPoint will be updated by limited information extracted from the ICS system, as with other case management systems from other agencies, for example Connexions and Youth Offending Teams. This will be a one-way process as ContactPoint will not update the case record systems. There will be no access from ContactPoint to case records contained in ICS.

5.3   ICS and National eCAF

Where ICS systems have a local eCAF 'module', National eCAF will support the transfer of single episodes from accredited ICS systems. This would allow electronic exchange of episode data where a child moves between a local authority using National eCAF and a local authority using a local CAF system.

For those local authorities who want to move from using ICS local eCAF 'module' (or any other local eCAF system), ICS systems could export a batch of local eCAF episodes for import into National eCAF as part of a migration project. This will involve a level of manual intervention, including the capture of consent.

Local eCAF systems and National eCAF will update the CAF indicator and practitioner contact details on ContactPoint. Local eCAF systems will need to be configured and accredited by ContactPoint for this purpose.

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