

Developing Information Sharing and Assessment Systems

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.

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Executive Summary

Background

The government is committed to providing effective services to all children. The achievement of this aim depends on improved information sharing and collaborative work at an earlier stage to prevent problems escalating. The target group is the three million or so children who have additional needs, which must be addressed if they are to achieve the five key outcomes the government wants for every child:

- Be Healthy,
- Stay Safe,
- Enjoying and Achieving,
- Making a Positive Contribution, and
- Achieving Economic Well-being.

(Cm 5860)

These outcomes are what the children and young people, consulted by the government, wanted for all children and, have been embedded in both the Green Paper *Every Child Matters* (Cm 5860) and the Children Bill 2004 (HL Bill 35). Achieving these outcomes depends on joint working and strong collaboration between children's services and relevant partners. This integration is at the heart of the Green Paper with its emphasis on Children's Trusts, and the Children Bill 2004 which places a duty on relevant authorities to co-operate.

Information Sharing and Assessment is a crucial aspect of the government's agenda to ensure all children with additional needs are identified early, referred to appropriate services, and monitored through improved information sharing between agencies, professionals and supporting operational processes. It is underpinned by the Children Bill 2004 and reflected in the proposed national Common Assessment Framework (Department for Education and Skills 2004) and the National Service Framework (Department for Education and Skills and Department of Health, 2004).

The Department for Education and Skills gave ten local authorities, pairings or groups of neighbouring authorities, £1 million each to develop and test new ways of information sharing and multi-agency working through Identification, Referral and Tracking (IRT) projects. These 'Trailblazers' are working closely with the national team to refine the longer-term policy for Information Sharing and Assessment (ISA).

Royal Holloway, University of London was commissioned by the Department for Education and Skills to evaluate the processes undertaken by the Trailblazer authorities to develop their ISA projects. Specifically:

- i) To explore how the Trailblazers are delivering services, including an examination of the mechanisms and systems that have been put in place;

- ii) To explore the development processes the Trailblazers have gone through to establish the new mechanisms and systems for the delivery of the services.

The first stage, carried out between October 2003 and January 2004, described what the Trailblazers were delivering and how these approaches were developed, and identified common themes in relation to what works, facilitators and barriers. The findings of this stage are available via the DfES website – Brief No: RB521 www.dfes.gov.uk/research/

The second stage was undertaken between February and August 2004, and explored specific themes relating to managing the projects, developing practice frameworks and tools, engaging and supporting practitioners, and putting ISA into practice through the pilots.

A variety of methods was used to gather information for the study including: interviews with project managers and other lead officers; electronic surveys of practitioners and lead officers; secondary analysis of Trailblazers' own evaluations and consultation with children and young people; and by 'walking through' the ISA pilots.

The full report is presented in three sections and an appendix showing what each Trailblazer has achieved.

Section 1: Changing culture and practice

Section 2: Supporting collaborative practice

Section 3: Using IT systems to share information

The full report can be found on www.dfes.gov.uk/research/

Changing Culture and Practice

Introduction

Changes initiated in unsupportive cultural environments tend to last less than one year. In contrast changes that are supported by culture are likely to stick.

(Allen, p.1, 2004)

For change to be effective in the long term, new ways of working and thinking must become 'embedded' within the organisational culture, with sufficient flexibility for future development and growth. Cultures are changed by people thinking about, and learning to do, things differently. Planning for change and managing the change process are only initial steps; equipping people to adopt and maintain new ways of working is a major undertaking.

This section focuses on three key aspects of culture change as the Trailblazers have tackled them:

- Leadership
- Engaging stakeholders in cultural change
- Embedding practice

Leadership

Trailblazers gained the commitment of senior managers by involving them in steering groups and getting them to sponsor the projects. Leadership was also achieved through establishing champions, making use of the funding and the national status of the project. Where senior officers and local politicians were actively and visibly engaged in the local development, it 'opened doors', increased credibility and helped the project move forward. 'Bringing them into the project' with active roles was a useful strategy in securing their interest, understanding and commitment.

Where ISA was integrated into mainstream practice, it achieved greater support and involvement from senior management, attracted local mainstream funding and was easier to promote with staff and other agencies. Streamlining the new ideas and ways of working within existing strategies complemented existing practice and increased practitioner confidence in the project and the likely benefits.

Leaders need to be robust, inspiring and prepared to take risks to ensure that new ideas are promoted, understood and become part of day-to-day practice. Trailblazing can be risky and managers and practitioners need to know they have the confidence and support of their agencies in pushing forward new ideas and practice.

Engaging children, young people and their families

They put your name down without asking.
(Young Person)

All of the Trailblazers have made efforts to inform and consult children and young people and their families, although half said they would have liked to have done more. Information about the Trailblazer projects was given out through the media and public relations campaigns, by sending out letters, distributing leaflets and through fair processing notices. Children and young people were consulted through existing mechanisms (panels, cabinets, advocacy groups), through wider council consultations (surveys), and through specific consultation exercises organised by ISA project teams or commissioned from specialist organisations. Creative use of role play and workshops helped children and young people explore the pros and cons of information sharing in keeping them safe.

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.

Engaging practitioners

Culture change is by nature a deep and fundamental change. Such a change requires not just opening up minds but also touching hearts.
(Victor Tan, p.3, 2000)

All the Trailblazers had worked hard to engage practitioners in the development, testing and implementation of ISA. From the start, practitioners had been involved in development groups and boards; been informed and consulted about many aspects of ISA and how it will work in practice; offered training to increase their awareness and explore the implications of these developments; and, most recently for those participating in the pilots, been equipped and prepared to test out the new ideas in practice.

Practitioners’ interest was secured and maintained by Trailblazer project teams persistently taking out the messages about ISA. Project teams were relentless in visiting teams, giving presentations, discussing concerns, being flexible and encouraging participation by every means in order that practitioners had opportunities to hear about and explore the implications of ISA for their practice.

...You couldn’t say that you hadn’t heard about ISA or that there weren’t opportunities to raise concerns with individuals.
(Practitioner)

Trailblazers reported the greatest successes when practitioners from different agencies worked together to develop shared understandings and mutual respect, and when they could see that their views were heard and had influenced subsequent developments and products.

Those hardest to engage were practitioners in the voluntary sector (because of its diversity), GPs who, with one or two exceptions, could not be drawn in, and middle, operational managers in some Trailblazers, who ‘buried their heads in the sand’ and could come between the project teams and practitioners.

Practitioners welcomed the opportunity to work more closely with colleagues in other agencies, and despite fears about the systems and data sharing, continued to be enthusiastic and positive about these changes. Partnership is firmly on the policy and practice agenda; the challenge is to make it real and ISA offers a practical way for practitioners to improve communication and work more closely with colleagues in other agencies.

Embedding changes

Embedding is not a once and for all process... The whole process is one of continuous evolution and review.
(Joint Information Systems Committee, 2004)

At this early stage there was little evidence of sustained changes to practice except in the specific pilots, and success here does not guarantee successful roll-out across whole authorities. Anecdotally, ‘pockets of change’ were observed by Trailblazers, including a greater focus for multi-agency working, increased awareness among practitioners about the principles of information sharing, changing use of language and more willingness to consult with each other and to obtain consent from families. Trailblazers continued to promote the changes ahead and emphasised the importance of funding and training in successfully implementing and sustaining them.

Some Trailblazers had secured mainstream funding for part or all of the work from their councils and local strategic partnerships; others continued to look for central government support.

Without continued funding, ISA is at risk and we won’t achieve the necessary cultural change.
(Project Manager)

Training makes a key contribution to cultural and practice change where it promotes and prepares people for the changes ahead; sometimes the opportunity for practitioners to meet and hear about the work of colleagues in other agencies was an important first step towards changing practice.

Most of the Trailblazers were engaged in extensive programmes of multi-agency training, mainly preparing staff for pilot work. In combating ‘training and initiative fatigue’ and non-attendance, Trailblazers found flexible, creative and well-targeted programmes most effective in ensuring that practitioners and managers across

agencies participated in learning new ways of working. The use of drama and real case studies brought the subject to life, got the key messages across and helped practitioners to rehearse the process and to convert theory into practice.

Reflecting on changing culture and practice

Changing culture and practice is about people learning to think about, and to do things differently. Robust leadership is needed to champion and steer the change, and ensure that key stakeholders are engaged and supported in designing, preparing for and making changes in practice. Integrating ISA into mainstream strategies appeared to give its implementation a head start, securing the commitment and participation of senior officers, facilitating its absorption into everyday practice and increasing the chances for the change to flourish. Embedding change takes time and requires resources to make sure that the new ways of working are well supported, understood and made to happen by everyone in their day to day practice. Securing this change in the future will require continued leadership, commitment and engagement as the Trailblazers begin to make the use of ISA an everyday reality.

Recommendations for Policy and Practice

Leadership

- For leaders to be fully engaged in the process of change they need to be practically involved in, and take responsibility for, the new ways of working and for managing the changes. Effective approaches ‘bring them into the project’ or ‘take the project to them’ by integrating the new ideas into mainstream strategies and practice.
- Leadership must be robust, continuous and determined to ensure that changes are taken seriously and are taking place. Practice must be reviewed regularly to tell managers if changes are being sustained.
- Middle managers must be fully engaged in supporting the development of new procedures and ways of working, both in their own work and in managing and supervising the work of their staff.
- Achieving change in culture and practice is complex and always takes longer than expected. This has been recognised and supported in this programme, and should be taken into account in planning and developing future projects.

Engaging stakeholders

- Children and young people and their families should be consulted and involved in the development of new policies, procedures and working practices. They have more confidence and trust in professionals who talk to them and who show that they are listening to their fears and concerns.

- Their participation should be encouraged by building on existing ways of communicating with children and young people and through creative methods and approaches. Refer to Building a Culture of Participation (2003) and Participation of children, young people and families (available at www.cleaver.uk.com/isa/).
- Practitioners should be engaged and supported in making information sharing between agencies a reality. Continued focus on developing shared understandings and mutual respect will help practitioners to use the new ISA procedures effectively.
- Where key stakeholders are not engaged, senior managers should challenge this.

Embedding change

- Embedding change means supporting people to do things differently by providing them with the tools, training and preparation to make the lasting changes that are required.
- It takes time, resources and persistence to introduce and embed changes in practice. Momentum must be maintained through robust leadership and consistent determination.
- Integrating new developments into the fabric of the organisation, its major strategies, procedures and its practice, enhances their chances of being sustained.
- Training and preparation for change should be creative, flexible and mandatory for practitioners and managers.

Supporting Collaborative Practice

Introduction

Effective collaborative work between staff of different disciplines and agencies assessing children in need and their families requires a common language to understand the needs of children, shared values about what is in children's best interests and a joint commitment to improving the outcomes of children.
(Department of Health et al, 2000)

This section describes the work of Trailblazers in developing five key features that support collaborative practice. These are:

- **A common language and the development of conceptual frameworks**
- **Common assessment and referral**
- **Service directories**
- **Multi-agency meetings**
- **Lead professionals and key contacts**

Practitioners' views

A small-scale survey explored practitioner's experiences of the changes piloted by Trailblazers to improve information sharing and collaborative work. Practitioners reported that guidance and protocols on information sharing and tools such as a common assessment were helpful. They also valued initiatives, such as multi-agency planning meetings. In general, practitioners felt the changes had impacted on their confidence in working with colleagues from other agencies and in sharing information with them. However, they were less sure about the technical aspects of the project, such as the computerised child index and service directory. Importantly, at the time of the research the projects were only in their infancy and practitioners could not comment on how the changes would impact on the outcomes for children and young people.

A common language and the development of conceptual frameworks

Practitioners from different traditions use different terms to describe the needs of children and families. Achieving a common language and agreeing a conceptual framework was an early goal for some Trailblazers. In developing their conceptual framework virtually all the Trailblazers used the *Assessment Framework* (Department of Health et al, 2000) as a foundation.

Practitioners gained a better understanding of their respective roles and responsibilities when they were involved in the process of agreeing a common language and developing a conceptual framework. Involvement also resulted in them being able to influence subsequent developments and ensured that whatever was decided upon would be understood by as wide an audience as possible.

Although practitioners generally took part in all stages of planning and development, consultation with young people and families tended to be periodic or one-off events.

Trailblazers managed to gain the active support from senior managers from all the relevant agencies, for example, Local Authorities, Primary Care Trusts, Education Departments and Social Services Departments. However, unless a similar level of support and commitment was given by middle managers the change agenda was not fully achieved and former practices continued.

Common assessment and referral

The Trailblazers worked towards a common approach to assessment. To do this they built on local experience and existing local models, acknowledged the influence of other models and took into account levels of vulnerability, the need for cultural change and inter-agency ownership. Most of the models were 'needs orientated' rather than 'service led'. The expectation was for the common assessment to form the basis for more specialist assessments.

Nearly all the Trailblazer based their common assessment and referral on the *Assessment Framework* (Department of Health et al, 2000). Its terminology and the principles that underpinned it were familiar to most practitioners working with children and families, regardless of their professional background, agency or organisation.

The alternative approach, adopted by one Trailblazer is based on the work of Turnell and Edwards (1999). Although this differs in many ways from the Assessment Framework, nonetheless the emphasis on identifying strengths as well as difficulties is a principle common to both approaches.

One of the biggest challenges to achieving a common approach to assessment was an understanding of the thresholds or eligibility criteria used by different agencies to regulate access to their services. To overcome this, Trailblazers either developed models for common assessment based on 'levels of vulnerability' (Hardicker et al 1996; 2002) or on 'needs indicators' or 'identification criteria'. Such approaches were intended as guides to practitioners rather than substitutes for professional practice. Only one Trailblazer decided against producing such indicators or levels of vulnerability, concerned that they could delay the provision of services.

A key issue in agreeing the use of a common assessment was getting the co-operation of other agencies to participate in the process and where appropriate to meet the identified needs of the child and family and accept responsibility for co-ordinating future action. Trailblazers were addressing these issues, through for example, the use of technical systems to support assessments, as well as clear protocols.

In all the Trailblazers there was a sense of optimism over the introduction of a common assessment. Common assessment was well received and found to help practitioners focus on identifying the needs of vulnerable children. However, a few projects identified obstacles that were hampering progress. A common issue was achieving the participation of all appropriate agencies, particularly GPs and some local voluntary organisations.

Other Trailblazers delayed finalising their work on common assessment until the findings from the government's consultation on Common Assessment Framework have been made public.

A common assessment form has been introduced in all but two of the Trailblazers, whilst the majority have also developed a common referral form. However, the existence of a form was no guarantee that it was used. To successfully embed new ways of working into every day practice required systems, support and training to be in place to promote and monitor their use.

Service directories

The purpose of service directories is to help practitioners and the general public know what services are available locally and to allow them to find an appropriate service to meet the needs of a child. At the time of this study (summer 2004) five Trailblazers had established a service directory. All service directories were either accessible on-line or would be in the near future.

The service directories all included the following features of the listed agencies and organisations: name and contact details including e-mail address and website details; description of the service provided; geographical location and area covered. Many directories also contained additional information such as: contact name; cost of the service; access and referral details; location; as well as the opening hours.

Although a range of statutory and voluntary agencies had been involved in the development of local service directories, young people and their families were less likely to have been consulted.

Most areas had used existing information services as the starting point for their service directory. Although this avoided duplication and acknowledged what was already there, the quality of the data was not always reliable.

The service directories varied in relation to their search facilities. For example, some directories could be searched by using key words or service type, although all included a search facility based on an alphabetical list. Enabling people with disabilities to access the on-line service directories had been acknowledged as important and one Trailblazer had designed a system to ensure maximum accessibility.

Service directories were valued both as a source of information and as a means of reducing inappropriate referrals. They were also seen as promoting inter-agency working. However, for service directories to become widely used they must be well publicised, hold comprehensive and accurate information, and be regularly monitored and updated.

Multi-agency meetings

Not all Trailblazers introduced multi-agency meetings as part of their pilot projects. Many considered that the procedures for convening such meetings already existed. Where multi-agency meetings had been introduced their purpose was to create an opportunity to *‘think differently and come up with different ways to help’*.

Trailblazers varied over the point at which multi-agency meetings were convened. Some reserved multi-agency meetings for cases where normal processes for resolving children’s and families’ problems had not been successful. In other areas such meetings were called at an earlier stage to ensure a multi-agency response to assessments of children’s needs.

In most cases, responsibility for calling meetings lay with whoever first registered their concerns about a child. The availability of project co-ordinators to support multi-agency meetings meant practitioners were more willing to call them.

Meetings usually had a set structure involving a discussion of the concerns and an action plan, including who was to be responsible and whether there should be a key worker or lead professional. Which practitioners attended the meeting varied depending on the case. In most Trailblazers there was a clear expectation that parents and children should be involved wherever possible.

Lead professionals and key contacts

All but one Trailblazer established the concept and role of a lead professional, although only four continued to refer to the role as lead professional. Other Trailblazers used existing terms that were familiar to both practitioners and families such as ‘key contacts’, ‘main contacts’, and ‘support co-ordinators’.

Two Trailblazers identified the need for both ‘lead professionals’ and ‘key’ or ‘prime contacts’. The ‘lead professional’ was accountable for ensuring decisions to provide services were followed through, whilst the responsibility of the ‘key contact’ was to act as a case co-ordinator.

Trailblazers selected lead professionals in different ways. Some sought the views and wishes of families. One had considered whether the family itself could become the lead professional. Many Trailblazers linked the lead professional to the level of intervention. In others the final decision on who should take the role of lead professional was made at a multi-agency meeting. As plans would be periodically reviewed most Trailblazers envisaged the identity of the lead professional or key contact changing as the child’s circumstances changed.

The pilots were being used to decide on the precise roles, responsibilities and accountabilities of lead professionals or key contacts. In most Trailblazers the role involved monitoring and co-ordinating the delivery of services and being the first point of contact. In no Trailblazer was the lead professional accountable for the work of other practitioners, or responsible for any other agency’s existing statutory duties.

The experience of the Trailblazers suggests that the challenges in developing the concept of lead professional may have been underestimated. For example, although

many agencies were involved in local discussions, some groups and individuals were concerned that accepting the role would result in additional work for which they were not adequately trained.

Recommendations for Policy and Practice

Developing a common understanding of Information Sharing and Assessment

- Effective projects need a sound conceptual framework that not only embraces national policies but also reflects local realities. The development of a framework and accompanying common language should enable agencies and practitioners to recognise the similarities in their practice and be clearer about their responsibilities.
- In developing projects for improving information sharing and collaborative practice, agencies should be encouraged to directly involve children and their families. One-off or periodic consultations are no substitute for real participation in service planning and development.
- Achieving a common understanding of ISA must include all levels within the organisations involved. The subsequent successful implementation will depend upon the commitment given to the project by not only front line practitioners and senior managers, but also middle managers. They must be encouraged to support the development of new ways of working and to prioritise the change involved.

Common assessment and referral

- The *Assessment Framework* (Department of Health et al, 2000) with its domains and dimensions, is a ‘common currency’ between agencies and practitioners working with children. Its use is not limited to Social Services.
- Implementing common assessment within the pilots often relied on the role and support of the local project teams and pilot co-ordinators. This is a resource intensive commitment that needs appropriate levels of investment if it is to be maintained.

Service directories

- The development of service directories needs to be encouraged with clear guidelines about how they are to be established, maintained and publicised.
- Service directories are likely to be on-line facilities and should be accessible to all groups within the community including, wherever possible, those where English is spoken as an additional language. It is essential that they are accessible to users with disabilities, whether they are practitioners or children and families. Appropriate functionality needs to be built into the specification of on-line directories.

- Whilst service directories can help practitioners to identify appropriate services to meet a child's assessed needs, they should not become a substitute for professional decision-making. Practitioners should continue to use their own best judgement when choosing services.

Multi-agency meetings

- The aims, timing and intended contribution of multi-agencies meetings to greater information sharing and collaborative work must be clear.
- Agencies should ensure children and families, whenever possible, attend and/or contribute to multi-agency meetings.

Lead professionals and key contacts

- Concerns about the accountability of the role of 'lead professional' have led to it being renamed in some areas as 'key contact'. In others, both terms are used to describe two separate roles. There is a need to clarify what is intended by the concept of 'lead professional'.
- Further clarification about the role of lead professional and its accountability is also required to help agencies agree who can take on the role. At present some groups of staff feel inadequately prepared for the work it will involve.

Using IT Systems to Share Information

Introduction

Every Child Matters (Cm5860) sets out the government's long term vision to improve early intervention and effective protection through better information collection and sharing. To achieve this authorities are to develop a local information hub consisting of:

a list of all the children living in their area and basic details including:

- *name, address and date of birth*
- *school attended or if excluded or refused access*
- *GP*
- *a flag stating whether a child is known to agencies such as education welfare, social services, police and Youth Offending Teams (YOTs), and if so, the contact details of the professional dealing with the case*
- *where a child is known to more than one specialist agency, the lead professional who takes overall responsibility for the case.*

(Cm 5860, 4.3, p.53)

This section describes the approaches taken by the Trailblazers to develop appropriate systems, highlighting both the common themes and the significant differences.

Features of the computer systems – Common features

Trailblazer's ISA computer systems have the following common features:

- Basic child details – name, address, date of birth, gender, GP and school.
- Name, agency/role and contact details of practitioners involved with a child.
- Name and contact details of the lead professional.
- The ability for practitioners to add their involvement or that they have become the lead professional.

To help practitioners gain a fuller understanding of the needs of a child they can find out who else is involved with a child and how to contact them.

Features of the computer systems – Other features

Other features being piloted by some Trailblazers are:

- Adding needs or concerns to a child's file.
- Adding events, for example, assessment completed, referral made, attended A&E, police notifications.
- Automatic alerts when a certain number of concerns or events are recorded for a child.
- Other features - address book of users of the system, secure email/messaging system for practitioners to contact each other, access to the service directory from the index, legal advice and case study examples to help practitioners, automatic email to the lead professional when a review date is approaching, assessment/referral forms linked into the index, making and tracking online referrals.

Four Trailblazers are piloting computer systems that allow practitioners to add needs or concerns to a child's file. The perceived benefits of adding needs or concerns are that practitioners can build up a more holistic picture of a child, the needs and

concerns can be monitored by the computer system, and they can be used to search the service directory. However, practitioners must take responsibility for the need or concern because simply adding it to a child's computerised file does nothing to safeguard the child.

Trailblazers who are not adding needs or concerns to their system feel that a computer index providing contact details of the other practitioners involved will in itself facilitate communication. Information on needs and concerns can then be shared through traditional means, for example, conversations, meetings, reports, rather than via a computerised index.

Whether a child's needs/concerns should be stored or not is an emotive issue with strong advocates on both sides. Government guidance should be informed by the findings from the Trailblazer pilots.

Fair processing notices and consent

Trailblazers who are putting together an index of all children are issuing a fair processing notice to families in the pilot area explaining what information will be on the index.

Trailblazers are taking different approaches on whether consent is required for a child's basic details to be placed on the index. Some Trailblazers are allowing families to with-hold their consent for details of their child to be included; others are recording the details but allowing families to decide whether they agree to these being shown on the index. In other Trailblazers, families are not allowed to opt out of having basic details about their child recorded and shown on the index.

Trailblazers are getting practitioners to ask for the consent of parents and young people before adding to the system additional features such as: their involvement; needs and concerns about the child; or events that relate to the child or young person's welfare.

It is important that children, young people and their parents are clear about what they have agreed to when giving consent to share information that concerns them. Consent should be clearly recorded and many Trailblazers have a section for recording consent and/or consent rules built into their computer system.

Security

One of the primary concerns identified by the Trailblazer's consultation with practitioners, children, young people and parents, was in relation to the security of any computer system which holds details of children.

To try and ensure their systems are secure Trailblazers are using a combination of various features including:

- A secure log on.
- Making sure users have enhanced Criminal Records Bureau (CRB) checks.
- Training on the proper use of the system.
- Access levels which limit the information a user can view and amend.
- Having to enter enough search information about a child to ensure the user is searching for a specific child.

- Requiring different amounts of search information, dependant on access level.

Getting practitioners enhanced CRB checked has resource implications and caused a delay to at least one pilot. A system which holds information of such sensitivity that it requires *all* users to have an enhanced CRB check will inevitably take longer to get running; the task of checking all professionals in every statutory and voluntary agency is perhaps unrealistic. If an ISA index is only used to share basic child details and practitioner involvements, then one Trailblazer felt that this level of checking is unnecessary.

Many Trailblazers are still working on the complex issue of access levels. Most Trailblazers are limiting access to some information, such as the involvement of sensitive agencies or details of needs and concerns. However, one Trailblazer is piloting a system with no restricted access levels, having decided to include only minimal information about children on their index.

A balance must be struck between having enough information on the system for it to be useful for practitioners but not so much that security and access becomes over complicated.

Using the computer system

Getting agencies to access and use the index is a challenge that must be addressed if the index is to be useful. Practitioners need to be encouraged to log on, add and update information to keep the system as complete and accurate as possible. They need to see how it will enhance their own practice. Some of the approaches Trailblazers are taking include:

- Ensuring information about one practitioner's involvement with a child is automatically communicated to practitioners in other agencies who are also involved with the same child.
- Encouraging practitioners to add children's needs to the system by having the needs automatically linked to the service directory.
- Ensuring information is kept up to date by a central team contacting a practitioner if the needs of a child have been on the system for more than 6 months.
- Having a central team or co-ordinators to support practitioners in using the system.

Some practitioners do not have regular access to computers or the internet. Either the necessary facilities must be provided or procedures put in place for these practitioners to add their information to the system through co-ordinators within their own agency, through another agency or via admin staff. How some agencies access the system is an issue for many Trailblazers.

Monitoring the computer system

Trailblazers are planning to monitor their index in a variety of ways including:

- Monitoring practitioner usage to pick up on any practitioners who are abusing the system.
- Monitoring practitioner usage to highlight any agencies and groups who are not using the system.

- Generating reports on, for example, the files that are most frequently accessed or those children where a certain number of needs added.
- Aggregating information to provide patterns and trends that can be used by authorities to inform future planning.

Many systems require practitioners to enter why they are looking at a child's file before they can gain access to it. Two Trailblazers are piloting systems that will generate an automatic alert if there are a set number of enquiries about a child within a given time period. However, one Trailblazer expressed concerns that monitoring the index for 'most accessed' records may inhibit people from accessing the database and prevent it from being a useful tool.

Piloting

Trailblazers will use their experiences from their pilots to further modify their systems. Involving practitioners in the development of the IT systems and in refining the systems through pilots was seen as a valuable way of ensuring that the IT system will support practice.

Developing and introducing, complex IT systems has caused delays to some of the pilots due to issues of procurement, establishing policies and protocols, building complex consent rules, resources, training, and lack of guidance on data sharing.

It is too early to evaluate the success of the pilots and whether they have improved outcomes for children but it is important that this learning *is* generated.

We would welcome there being a further evaluation of our progress and that of other Trailblazers at March 2005. We are about to do all our real work (ie. the pilot) and we want the opportunity to feed this back into the subsequent development of ISA nationally.
(Project Manager)

Conclusions

Outcomes for children will be improved if practitioners communicate and services are delivered in a co-ordinated way. An index with details of how to contact other practitioners involved could aid this process but must not be seen as a solution to safeguarding children.

An IT system will make no difference to children; it is what practitioners do.
(Project Manager)

Trailblazers are piloting systems which range from those that record only basic details about the child and practitioners involved, to systems with many additional functions. It is too early to know if these additional functions (for example, adding needs, building up an events-chronology, generating automatic alerts, making online referrals) are useful additions to the index and if they encourage practitioner usage. However, complicated IT systems will necessarily bring added security and access challenges.

There are still many issues that Trailblazers are working through, for example, thresholds for alerts and reports, access levels and how voluntary organisations can have access to the index. The outcomes and lessons from the pilots will provide important insight into what is most effective for practice.

Recommendations for policy and practice

- The Trailblazers are still using their pilots to work through key issues about security, access, automatic alerts, the pros and cons of indexes and practice databases containing ‘additional’ information such as events, needs or concerns. Complex IT systems create challenges for security and consent. Simple indexes may offer a more effective starting point for improving information sharing about children. Further guidance from central government should be given once the ISA pilots have been assessed.
- Automatic messaging and electronic alerts/warning flags should not be seen as a substitute for safe working practice. Technology should be used to support practice and practitioners must retain responsibility for following up their concerns.
- Consent from children, young people and parents must be obtained before information is shared. This is a complex area and people need to be clear about exactly what they are giving consent for and when they have a choice to opt out. A clear statement on consent should be issued before any new systems are implemented.
- Practitioners should be supported in using systems through well-targeted training and accessible systems design. Resources are needed to ensure records are accurate and up-to-date.
- Some practitioners do not have regular access to computers and/or the internet. Either resources are needed to provide the necessary computers or procedures should be developed to enable practitioners without direct access to use the index.
- The use of systems should be carefully supervised and monitored to ensure their accuracy and credibility.

Developing Information Sharing and Assessment Systems

Background

The government is committed to providing effective services to all children with a strong focus on early intervention, prevention and effective protection. The achievement of this aim depends on improved information sharing and collaborative work at an earlier stage to prevent problems escalating. The target group is the three million or so children who have additional needs, which must be addressed if they are to achieve the five key outcomes the government wants for every child:

- Be Healthy,
- Stay Safe,
- Enjoying and Achieving,
- Making a Positive Contribution, and
- Achieving Economic Well-being.

(Cm 5860)

These outcomes are what the children and young people, consulted by the government, wanted for all children. These five outcomes have been embedded in both the Green Paper *Every Child Matters* (Cm 5860) and the Children Bill 2004 (HL Bill 35).

To achieve these outcomes depends on joint working and strong collaboration between children's services and relevant partners. This integration is at the heart of the Green Paper. Moreover, the Children Bill 2004 (HL Bill 35) places a duty on relevant authorities to co-operate.

Each children's services authority in England must make arrangements to promote co-operation 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 Bill 2004, 6(1).

The government's commitment to joint working is underpinned by the emphasis in the Green Paper on Children's Trusts. These bring together local authority education and children's social services, and other agencies working with children in order to improve outcomes for children (Cm 5860). The objective is to ensure increased collaboration between front line staff, that is underpinned by local procedures, and steered and supported by central government.

Information Sharing and Assessment is a crucial aspect of the government's agenda to ensure all children with additional needs are identified early, referred to appropriate services, and monitored through improved information sharing between agencies, professionals and supporting operational processes. It is underpinned by the Children Bill 2004 and reflected in the proposed national Common Assessment Framework

(Department for Education and Skills 2004) and the National Service Framework (Department for Education and Skills and Department of Health, 2004).

In order to take forward Information Sharing and Assessment the Department for Education and Skills gave ten local authorities, pairings or groups of neighbouring authorities, £1 million each to develop and test new ways of information sharing and multi-agency working through, what was then known as Identification, Referral and Tracking (IRT) projects. These Trailblazers work closely with the national team to refine the longer-term policy for Information Sharing and Assessment (ISA). Trailblazers also act as mentors to the 135 non-Trailblazer authorities.

The Department for Education and Skills commissioned Royal Holloway, University of London to evaluate the processes undertaken by the Trailblazer authorities to develop their projects. The research took place over one year and had two main aims:

- i) To explore how the Trailblazers are delivering services, including an examination of the mechanisms and systems that have been put in place; and
- ii) To explore the development processes the Trailblazers have gone through to establish the new mechanisms and systems for the delivery of the services.

The study has been carried out in two stages. The first stage explored what the Trailblazers were delivering, how these approaches were developed and identified common themes in relation to what works, facilitators and barriers. The findings of this stage are available via the DfES website – Brief No: RB521 www.dfes.gov.uk/research/

The second stage was undertaken between February and August 2004 and explored further the development and implementation of ISA projects. In particular it looked at: specific themes relating to managing the projects; developing practice frameworks and tools; engaging and supporting practitioners; and putting it into practice through the pilots. To gather information for the second stage of the study a variety of methods were used including:

- Scrutiny of new documentation related to ISA.
- Interviews with all Trailblazer project managers.
- Interviews with all ISA lead officers about development of professional practice.
- Interviews with DfES policy leads about the national process.
- Secondary data analysis of young people's views from existing consultation material.
- Questionnaires sent to all training lead officers (9 responses).
- Questionnaires sent to the lead officers responsible for the service directory (6 responses).
- A 'walk-through' of each ISA Trailblazer pilot to observe it in action.
- Survey of practitioners involved in ISA pilots about their experience (24 responses).
- Secondary data analysis from Trailblazer's own pilot evaluation projects.

The findings of stage two of the research are presented in three sections and an appendix showing what each Trailblazer has achieved.

Section 1: Changing culture and practice

Section 2: Supporting collaborative practice

Section 3: Using IT systems to share information

Section 1: Changing Culture and Practice

Changes initiated in unsupportive cultural environments tend to last less than one year. In contrast changes that are supported by culture are likely to stick.
(Allen, p.1, 2004)

Introduction

The Office of Government Commerce (OGC) describes managing change in organisations as a whole process:

You must address the whole business of change, not just the individual components (and) cultural change is the most important consideration. For example, around 80% of the effort and resources required for successful IT changes are - or should be - deployed on the 'soft' aspects of business change, such as changing behaviours and providing training at the right time. [Only] 20% is required for the IT.
(OGC, p1 2004)

The following factors for successful change management are outlined by OGC:

- *Good leadership and clear responsibility for business change*
- *Adequate resourcing for the 'soft' aspects of change*
- *Excellence in programme and project management skills*
- *Robust risk management, taking a business wide rather than immediate view of the project*
- *Effective measurement and management of benefits*

Planning for change and managing the change process are merely initial steps. For change to be effective in the longer term, new ways of working and thinking must become 'embedded' as elements of organisational culture, with sufficient flexibility to allow for necessary development and growth.

To achieve cultural change within any organisation is complex and some staff may be reluctant to change the way they work, while others may see change as threatening.

It is important for those who wish to bring about change to divide their efforts between:

- (a) clearly communicating the need for change at organisational level,
- (b) articulating what it is hoped the change will achieve and practically what the process will entail for all concerned. Whilst also,
- (c) identifying and engaging with those practitioners who are likely to find the change most difficult. By allaying unfounded fears and having the ability to be flexible about the change process, resistance to change can be reduced. Indeed, the process of addressing fear of change can *in itself* make a positive contribution to the change process.

Even where people are open to change, there may be other challenges:

We know exactly what we should be doing and everybody says that they agree that we should be working in that way but somehow we are always blocked and things stay much the same.
(Smale p.6, 1996)

This section focuses on three key aspects of culture change as the Trailblazers have tackled them:

- Leadership.
- Engaging stakeholders in cultural change.
- Embedding practice.

Information for this section has been gathered through interviews with Trailblazer project managers and the ISA lead officers; questionnaires returned by the lead officers responsible for training; visiting and ‘walking-through’ the ISA Trailblazer pilots; the survey of practitioners; the Trailblazers’ consultations with children, young people and parents; and Trailblazer local evaluation reports.

Leadership

Robust, visionary leadership and commitment at a senior level were identified as crucial to the success of Trailblazers in the interim report of this study. This commitment continued to be important in supporting and driving forward the projects. All the Trailblazers reported having secured and maintained senior level engagement, ranging from Councillors to Chief Executives and Chief Officers to Assistant Directors. The extent of their engagement varied.

It's been a 'hands-off' approach – they have been supportive and not interfered.
(Project Manager)

They have led by example and been engaged, active and visible.
(Project Manager)

Keeping their interest and support was still seen as crucial and the effects of losing it, for whatever reason, could be far-reaching:

ISA went from being the favourite son bringing credit, to being a pariah.
(Project Manager)

Trailblazer’s experience of senior management leadership varied, reflecting perhaps, how they approached their senior managers and politicians and whether they focused more on **informing** or **involving** them.

Informing meant using regular meetings, papers, bulletins, and presentations to keep senior officers up to date with progress, taking advice and seeking assistance when ‘stuck’. Chief Officers were often used to:

- Solve problems
- Use their clout
- Push along and un-stick situations
- Open doors within agencies - *9 signatures from Chief Executives was very influential*
- Promote ISA and get commitment – it is more difficult to persuade busy, operational managers
- Help in reviewing challenges and finding ways around obstacles

Involving had, in some cases meant ‘bringing senior managers into the project’ to secure their engagement, for example by:

- Giving Chief Officers and Chief Executives key roles in its governance
- Encouraging Chief Officers from different agencies to chair multi-agency groups
- Having key roles on project boards
- Inviting them to speak at launch events
- Chief Officers attending meetings in person
- Securing agreements with colleagues
- Inviting Councillors and senior officers to training and briefing events

While Trailblazers may generally have sought to both inform and involve senior management, a greater level of engagement was achieved when ISA was integrated into the core business of providing services for children and families.

For example, in one Trailblazer the ISA programme had been integrated into the Council’s broader strategy for family support and, in this capacity, was one of six priority areas for the whole Council. This meant that it was given a very high profile, had lots of publicity and:

...will be hard to miss – the message is that there is no alternative, this is the way forward – its not a one-off and its not going away.
(Project Manager)

Where ISA was presented as a key strand of the broader child care strategy, rather than a single initiative, it became integrated into the bigger picture. For example, when it was allied to other child care developments (e.g. located within Children and Young People’s strategic partnerships or Children’s Trusts) and developed as part of the core business, ISA was more widely supported by senior managers and became more embedded in the Council’s thinking and planning. When this happens it is more likely to be regarded as fundamental to good practice and less likely to drop off the local policy agenda.

Because it is part of the Children Bill and our core processes, it is not seen as a one-off or time limited, but lasting and here to stay.
(Project Manager)

In contrast when it was not been seen as part of the Council's core business there were concerns over the sustainability of ISA:

Without further funding and attention, it could 'fade away and die'.
(Project Manager)

It is not part of our core business – i.e. social services and education will keep running without ISA.
(Project Manager)

Gaps in senior management commitment

While some Trailblazers reported having successfully involved all relevant agencies, others found it harder to engage or sustain the interest of some senior professionals. Examples across the Trailblazers included YOT, police, schools and some parts of the health service.

Methods of encouraging senior level engagement

Trailblazers used a variety of methods to encourage senior engagement.

- **Using individuals**

Across agencies, Trailblazers tended to rely on the commitment and enthusiasm of individuals.

Outside of the council, we have relied on individuals in their agencies.
(Project Manager)

- **Developing an effective communications strategy**

Trailblazers benefited from taking a strategic approach:

We have had no gaps – we had someone focussing on communications from the beginning so we could build in relevant people from the start.
(Project Manager)

We have recently drawn up a stakeholder map and this has made more impact than anything else we have done.
(Project Manager)

- **Identifying influential champions**

Another tactic was to target influential people who would support and champion the cause; a strategy mentioned by most Trailblazers. In one example, the pilot area was chosen because of the influential support in that location.

The support of this champion across a whole sector was far-reaching.
(Project Manager)

Achieving and keeping consistent representation

Finding the right people to sit on project boards and working groups was a major challenge and one which most of the Trailblazers tackled through a process of:

Trial and error – having several goes at it until we got it right – especially in health and the police.

(Project Manager)

Typically, Trailblazers with multi-agency project teams had taken advantage of their members' contacts in their own agency and their understanding of the best way to approach them.

These champions tend to have access to networks that the whole team wouldn't have known about otherwise.

(Project Manager)

There were some gaps where project teams were unfamiliar with particular agencies and, where Trailblazers were working across several local authorities it was hard to ensure appropriate representation.

Having secured the initial commitment of the right people, the next challenge was to ensure their consistent attendance at meetings. For example, in one Trailblazer representation from the SSD was shared by an Assistant Director and Principal Officer and the lack of continuity was felt to be disruptive. In another, health and police representation started strongly but then faded. Although their lack of attendance was disappointing, this Trailblazer found both agencies still responded when asked to contribute in particular ways. This suggests that while regular attendance is not always possible, an initial investment may be enough to keep agencies engaged when it matters.

Even where senior managers were involved, their commitment to ISA was not guaranteed. Unless the project board members were fully engaged, they could be reluctant to make decisions and could slip into simply rubber-stamping recommendations made by officers.

Project managers

The interim report of this study highlighted the importance of project managers providing strong leadership in steering the ISA development work. Their skills, knowledge and experience continued to be essential in driving the projects forward. One manager recognised the benefits from her previous Trailblazer experience on another national project. Being in familiar territory, she felt more confident about developing the project innovatively and taking risks.

Turnover of Project Managers resulted in changes in half of the Trailblazers at some point. Where this happened in the early stages, it caused confusion and delay while replacements were found and brought up to speed. While this was disruptive for the project and other staff, it also brought a new lease of life in some cases. In other Trailblazers, managers have seen the projects through the first 18 months and are now moving on – for promotion or other contracts. This may have an impact on projects

where experienced managers have invested in building positive relationships and mutual respect.

Turnover of ISA project staff is an inevitable challenge in team established for short term projects. Teams which had been relatively stable over the development period were hoping that funding could be found to keep their teams in place over the next year. Where teams had been thwarted by staff turnover and shortage, it was particularly demanding for the individual managers and their remaining team members.

Keeping up momentum

Maintaining momentum in managing the development and implementation of ISA was recognised as crucial and challenging. Factors key to success were:

- **Regular communication**

Keeping up the message, combating rumours that ISA will go away. Listening to people, providing opportunities for them to discuss ISA and ensure that they understand the details. Demonstrate that they have been listened to by showing their influence on subsequent developments.

(Project Manager)

- **Connecting it to mainstream activities**

Bringing it into mainstream development has helped – it is not a lone pilot but enmeshed in a broader set of developments.

(Project Manager)

- **Commitment and strategy**

Having a structured approach on the development group and building in sustainability from the beginning.

(Project Manager)

Keeping momentum by giving the staff their space to develop their work. Using a systematic project management approach - 90-day plan and review - and modelling the solutions focus approach they are developing in the wider project.

(Project Manager)

- **Reaching a ‘tipping point’**

This is the point when people realise that a new initiative is not going to disappear.

The project boards are fired up and the training is being received positively. We will focus on the people who are keen and hope that the ‘tipping point’ will bring in the others.

(Project Manager)

- **Patience and persistence**

'Keeping on' - sending invitations and offering briefings and making packages flexible so that people can attend. Keep putting out the information.

(Project Manager)

Recovering lost momentum

When momentum falters the previous good work of engaging support and interest can be swiftly undone. Nonetheless, the experience of two Trailblazers suggests that all is not lost.

Momentum was lost completely and we couldn't tackle it by communicating to staff because the situation kept changing all the time. Eventually, decisions were taken and new plans made. The project team has remained steadfast and are now putting their enthusiasm and energy into reviving interest.

(Project Manager)

The gap between delivering the training and having the new system ready had a big impact on the staff. We held the situation by investing every ounce of energy into working with individuals and teams and responding to people. We were honest about the delays and kept telling people what was happening, via the newsletter.

(Project Manager)

Implementing ISA

A key message from this Trailblazer programme is that developing and implementing work of this scale takes longer than expected. Funding had originally been given until March 2004 when it was expected that the Trailblazers would have developed and tested their processes and systems to improve information sharing and collaborative work. Recognising the complexity of the work, the government extended the funding to March 2005. However, by September 2004, only 5 of the 11 Trailblazers' databases were up and running.

Project managers reported that the expectations for such an ambitious programme had been unrealistic and did not take account of the size and scale of the task (the number of people and agencies to involve) or the degree and level of cultural change that was needed. They felt that while policy development was possible in the required time, to embed it in practice would take many years.

Key issues that impacted on the timing of pilots

Trailblazers faced a number of challenges over the timing of their pilots.

- **Trailblazing not trialling**

The purpose of establishing Trailblazers to try out new innovative ways of working rather than involving local authorities in trialling draft procedures and materials was a different way of working for many authorities.

There was no blueprint, which meant that our initial work was exploratory and detracted from the local implementation process. We needed time to get ourselves oriented. Not having a blueprint meant that the first 9 months development was about understanding – we almost did not need the money in the first 6 months.
(Project Manager)

There was no clear road map, which meant we had to work it out first.
(Project Manager)

- **A perceived lack of timely guidance from central government**

Most Trailblazers felt unsure about the legality of information sharing and wanted central government to have issued guidance. They felt that more could have been done to establish a national position rather than,

having 11 Local Authorities working on it separately – the government parcelled out the risk to local government and encouraged unnecessary duplication of effort.
(Project Manager)

- **Managing risk**

Managing risk was a key issue, and a number of Trailblazers talked about the willingness of managers to take risks and the impact this had on the progress of the whole project. Managing the risk enabled the project to develop in one Trailblazer.

The legal issue was key and the Chief Executive took a brave decision to push on in spite of the risk. Without this decision the whole project could have faltered.
(Project Manager)

The reverse was true for another Trailblazer. Here the council was not prepared to take that risk and the project ground to a halt.

- **Taking a developmental approach**

Trailblazers who established their pilots within the first year had given this priority. They saw the pilot as an integral part of an ongoing process of design, piloting, and revision. These project managers felt that this was their responsibility as Trailblazers.

Learning through the pilot

There was robust consultation and then we drew a line under stage one for the pilot. We took the view that the development work would now stop and we would pilot the tools and processes. We would then review them and do a second version when we had tried them out. We had planned to complete the consultation in August so that the pilots could start in September (2003). As managers we would have liked another month to get it a bit better but there was a strong commitment to sticking to our deadlines and the project manager provided robust leadership at this point and said that it must be done as promised – and it was. Everyone pulled together to get the packs printed and sent out. We were very flexible and everyone was willing to get it done – a huge effort – ‘esprit de corps’.

We felt that this was important in demonstrating that we could be trusted and relied on to do what we said we would do. It gave the project credibility. Its about not going for a perfect product – it is a pilot and we knew that we had done enough consulting and planning so that it would be safe for children and not disastrous.

(Trailblazer Project Team Member)

Engaging stakeholders in cultural change

Culture change is by nature a deep and fundamental change. Such a change requires not just opening up minds but also touching hearts.
(Victor Tan, p.3, 2000)

Engaging children and young people and their families

All of the Trailblazers have made efforts to inform and consult children and young people and their families, although approximately half admitted this was an area where they would have liked to have done more. In some cases, there had been no one on the team available to do this work or it was not given sufficient priority, depending on the focus of the project. In Trailblazers which involved children and young people and families, the primary focus was on children and young people either by plan or default. For example, in one Trailblazer attempts to include parents met with a complete non-response, despite offering them incentives. Their experience indicates the challenge of engaging the interest and active participation of parents, children and young people.

Encouraging participation

We held focus groups for children and young people and offered a £25 CD gift voucher to encourage attendance. We sent postcards to all secondary schools and youth centres outlining the project; we consulted on-line, gave questionnaires to 7000 people at an options event with freepost address and a prize draw (200 were completed) and had a website focus group. For parents we held 2 focus groups with £30 offered to parents who came.

Informing children and young people and their families

Some Trailblazers focused more on informing than consulting. For example, information about the Trailblazer project was given out through the media and public relations campaigns, by sending out letters, distributing leaflets and through fair processing notices.

Consulting children and young people

Trailblazers that consulted children and young people used a variety of methods. These included:

- making use of existing fora such as cabinets, panels, advocacy groups;
- including questions about information sharing as part of wider children's consultations, for example in council surveys; and
- setting up specific consultation exercises with groups of children, either run by the ISA team or commissioned from voluntary organisations such as the Children's Society or NCH.

Messages from children and young people

Trailblazers reported that young people were positive and supportive to the general ideas behind ISA.

They have no objection to factual data being shared between services AS LONG as it is accurate.
(Project Manager)

Young people could see the advantages of information sharing and were surprised that it was not happening already.

It can be helpful for professionals to share information and it can bring young people more help.
(Young Person)

It can save the young person having to tell the same distressing story to several different professionals.
(Professional Lead)

However, young people expressed concerns about some aspects of information sharing and wanted safeguards.

Young people should make the decision except in the most serious of cases.

(Young Person)

Need clear rules for passing on information and punishment for those who break the rules. There should be a lead worker who judges when others need to be given information.

(Young Person)

Young people thought the project was important and wanted to stay involved in the development, asking professionals to ‘speak to us more’.

Young people expressed the following strong views on information sharing:

- *Want information to be truthful and appropriate.*
- *Want to know what is recorded about them.*
- *Don’t want it all to be negative.*
- *Want to be asked for their consent and be kept informed of who is accessing the information.*
- *Only share what needs to be shared.*
- *Its okay [to share information] if you need help and it brings some, but it should be confidential.*

Young people expressed the following concerns about increased information sharing:

- *Young people not being able to confide in adults if they can’t trust them.*
- *Young people should know the rules for different groups of workers so they can decide what to tell them.*
- *The accuracy of the information held about them.*
- *Schools keeping records about them for too long (being blamed at 15 for things they did when they were 11).*
- *Being gossiped about by adults and teachers. Being stigmatised and labelled.*
- *Scared that workers will tell their parents or carers.*
- *Concerns about ‘big brother’, security of systems, fears about who can access the information, and the potential for abusing information about children and young people.*

‘They put your name down without asking’

We began each session by showing the children and young people a picture of Victoria Climbié, asking if they knew who she was, followed by an explanation of what had happened to her. This caused a great deal of discussion and debate.

The proposed information sharing system is very complex and we wanted to break it down so that the children and young people could understand what it was all about. We believed that the core element was electronic information sharing... we were looking at what could be good and bad about such a system. We used drama and role-play to create a scenario for the children and young people to experience and explore how information is used and shared. Overall, 45 children and young people, aged from 6-13 years old took part in two exercises.

This is what the children and young people said:

- *Its a good idea if it will help people, ‘as long as they ask and tell you’.*
- *They should share the information if they ask you first.*
- *They put your name down without asking.*
- *Its personal, you own it, its your own business.*
- *People might make up the information.*
- *People might have different names or they might spell your name wrong.*

They wanted to know:

- *Who can get access to the information? Someone bad might get it.*
- *Can we look at the information? What happens if the information is wrong?*
- *How long does it stay on the computer?*

Overall, consent was the biggest concern for the children and young people. They could see the benefits of information sharing but had lots of questions and wanted to be further involved.

(Findings from one Trailblazer’s consultation with children and young people)

Messages from parents

Project managers reported that parents are interested in being consulted, are ‘shocked’ that information sharing is not happening already, and think that ISA will help services to be more efficient:

There are too many meetings taking a long time to arrange because different agencies don’t communicate.

(Parent)

Some Trailblazers have received helpful feedback including a plea to keep leaflets simple and a request to be informed about what information is shared about parents and their children. In these examples, the parents did not think it necessary to be asked for permission every time information is shared.

Engaging practitioners

If stakeholders are to engage with this process they must be sure that the time they invest will translate into better services for children.

(Taken from the project plan of one Trailblazer)

All of the Trailblazers worked hard to engage practitioners in the development, testing and implementation of ISA. Most reported that practitioners are enthusiastic and optimistic about the benefits of this work. Partnership is firmly on the policy and practice agenda; the challenge is to make it real and ISA offers a practical vehicle for practitioners to communicate and collaborate.

Project managers described a number of ways in which practitioners have been engaged.

Developing the projects Focus groups Workshops Subgroups Practitioners board Champions	Consultation about the project Presentations Team meetings On-line consultation Working groups at all levels Visits to schools Evening meetings
Keeping them informed Newsletters Regular bulletins Websites On-line discussions Cascading information Invitations to the ISA office Open afternoons	Preparing for the pilot Multi-agency training Briefings Information Discussions New tools and systems

Trailblazers report the greatest success where:

- Practitioners from different agencies worked together on the development of core aspects at the heart of the work of ISA, such as needs levels, roles and events.
- Practitioners could see their influence on the products and processes that were being developed.
- The ISA team showed its commitment to consultation and involvement through a sustained campaign of information and visits. Trailblazers used a range of methods including going to the practitioners who find it hard to travel and

arranging meetings and training events flexibly. Opening the team to visitors through regular open sessions for discussion and *ad hoc* training has been popular.

- The process provided an opportunity to explore roles and responsibilities, build trust and understanding between individuals from different agencies.
- Language had been used sensitively and positively for example, holding briefings rather than training events; avoiding the word ‘project’ to combat wide cynicism of ‘projects past’ that had fallen by the wayside.
- The project maintained momentum through regular information-giving, tangible products and pilots running to time.
- Trailblazers had communicated with practitioners directly. Some had invested heavily in writing or speaking directly to practitioners.
- Events and training sessions were held in pleasant, comfortable surroundings, with refreshments provided.
- Using existing mechanisms as far as possible; starting where people are now and building up from there.
- Not making assumptions about how easy it would be to engage practitioners. Practitioners may be defensive about making any changes to systems that they had worked hard to create in the past.

Gaps in engaging practitioners

All the Trailblazers acknowledged some gaps in practitioner engagement, either among particular agencies or groups of staff. For example, many found GPs ‘impossible to engage’ in the ISA project. When GPs had become involved it was usually because they had a special interest in this area. While there may be many understandable reasons that stand in the way of GPs becoming involved, nonetheless it was a source of great frustration, particularly because they have such an important role in children’s lives.

Involving the voluntary sector was also challenging. The range and variety of agencies and their independent nature made it difficult for project managers and others working on the ISA project to identify them. Such difficulties were generally tackled by working through umbrella organisations.

Statutory agencies such as social services, youth offending teams, connexions, schools, and CAMHS were often reluctant to engage in the project because they feared involvement would result in a deluge of referrals that they would not be able to respond to. Project managers reported that discussions about the aims of the project, how it would work and the anticipated impact on day-to-day practice of different professional groups provided reassurance, and fears proved to be unfounded in the five Trailblazers that were piloting their systems.

Several Trailblazers reported difficulties in engaging middle and operational managers who are ‘caught between the enthusiasm of practitioners and the commitment of senior managers’.

The lack of engagement by middle managers can create a serious obstacle to those promoting ISA, in terms of communicating with practitioners and changing practice.

They can stop it through their inertia – they are busy, it doesn't help them in their jobs directly, so they don't listen. They hope it will go away – their heads are in the sand.

(Project Manager)

Messages from practitioners

Practitioners knew about ISA from national and local publicity, and were sometimes bewildered by its complexity. The number of apparently overlapping new initiatives confused them and they thought that these should be better co-ordinated.

However, they welcomed the opportunity for closer communication and collaboration with workers in other agencies, and were generally enthusiastic about working more closely together. Trailblazer evaluations indicate that participating practitioners felt they had been able to raise concerns, specifically about confidentiality, consent, co-ordinating practice and comprehensiveness of the data. However, more general concerns suggest much work is needed to turn the government's vision for better outcomes for children into a reality (Cm 5860). The issues that were highlighted included:

- how agencies will work together

*Distrust between agencies who 'don't/won't talk to each other'.
...fear that schools and GPs will opt out.*

(Practitioner)

- the effect on families

Fear that families who might benefit won't give consent - concern about how this might affect their relationships with families.

(Practitioner)

- using computers

Concern that the many practitioners without access to computers will be excluded.

(Professional Lead)

Fears that people won't use computer systems if they are not simple.

(Practitioner)

Despite their fears, they remained optimistic and impatient for progress.

What is important is 'talking to each other' and this should have been addressed a long time ago. Professionals have felt unsure and vulnerable for too long and there needs to be greater confidence in each other's decision-making.

(Practitioner)

Embedding practice

Embedding...[implies] that [change] has become part of the CULTURE of the institution, and is seen by...all stakeholders in the institution as part of their normal working practice.

Embedding is not a once and for all process...The whole process is one of continuous evolution and review.

(University wide Managed Learning Environments (MLEs) for UK Universities, the Joint Information Systems Committee, 2004)

Progress on changing practice

When asked, in August 2004, if practice was changing, 7 of the 11 Trailblazers, including some of those who had run pilots, said that it was too early to say. However, as if by osmosis, increased focus on future changes can start to make an impact before formal implementation. Anecdotally, there was believed to be a greater focus for multi-agency working, increased awareness among practitioners of the principles of information sharing and more willingness to consult with each other and to obtain consent from families. One Trailblazer identified ‘pockets of change’ in which practitioners were beginning to accept that the extra work would be worth it. Others talked about the adoption of the new language and changing practice to fit with ISA principles. In one Trailblazer they were pleased to discover that the tools and processes were being used in unexpected places e.g. secure units, following the training.

Embedding changes

At the time of the research, only 5 of the 11 Trailblazers were able to comment on how they were intending to embed changes into every day practice. They provided a number of different examples of how their projects aimed to change the way people worked at all levels. Where ISA was being developed within wider service strategies, Project Managers were optimistic that it was being embedded from the outset.

Specific actions included:

- Mapping existing processes to inform the re-shaping.
- Targeting schools who are the most common sources of referrals.
- Making ISA user-friendly.
- Trying to understand how increased information sharing will impact on agencies – culture change is an on-going challenge.
- Wide consultations with stakeholders regarding the pilot to encourage their engagement.
- Developing the training toolkit after the pilot, using the champions groups and visiting agencies to keep talking to them.

- Stopping old practice and focusing on new ways of working, linking ISA to everyday practice. The information supports case management processes such as referral and assessment.
- By focusing on solutions rather than problems – changing the way people do things, building on what they do well already – taking it wider than just ISA.
- *The pilot is the core business, not an ‘add-on’; we are embedding as we go.*

Mainstreaming ISA

While recognising the important role for pilots in developing new practice, Smale (1996) warns against relying on them too much. He suggests that:

...special projects can attract considerable resentment from others in the mainstream of the organisation and while people on pilot projects are developing their new form of practice, others in the organisation are working out how they are going to avoid working in the same way.
(Smale, 1996, pp.25-26)

He suggests that strategies based on mapping and innovation are needed to disseminate results and achieve wide spread change.

During this study, most of the Trailblazers were just beginning their pilots and it was too early to gain a thorough understanding of how developments were going to be mainstreamed. Some of those that were further forward were rolling their pilots out in new areas and were training and preparing staff for the changes ahead. The importance of resources and training strategies were emphasised by all project managers.

Resources

Most of the Trailblazers could see no way forward without continued additional funding, either from central government or locally.

Those looking to central government felt that their projects would struggle without further funding. They believed that the development work could not be sustained without additional finance, and said that they were at risk of losing some of their existing partners, or indeed their project teams. If project teams are disbanded much expertise and skill will be lost.

The PCT won't come in if there is no more money.
(Project Manager)

Without continued funding ISA is at risk and we won't achieve the necessary cultural change.
(Project Manager)

Trailblazers seeking funding elsewhere had either secured it already from their councils, (particularly where ISA was integrated into mainstream development), were currently making bids for funding, had built it in from the outset, or, in one case, were looking at ways to become self-financing through their strategic partnership. All the Trailblazers echoed the views voiced by the project manager of one Trailblazer.

It is important for its continued survival that ISA is nurtured – the funding has paid for the journey - without commitment to sustain this, we will lose the quality of the change delivered so far.

(Project Manager)

Training

Training and preparation was considered an integral part of achieving cultural and practice change, and embedding the lessons learnt from the pilots into day-to-day practice. Some Trailblazers started training back in July 2003 and others had yet to begin. Project managers emphasised that doing it well can be a burden on time and resources for the ISA team.

The 9 Trailblazers who responded to the survey on training carried out for this study, had undertaken training both about the objectives and vision of ISA, and in relation to specific aspects such as newly developed tools, legal issues, consent, and the roles and responsibilities of different agencies. Six of the Trailblazers had produced formal training plans and most had, or were developing, training programmes for ISA to support their implementation plan. All of the managers who responded to the survey favoured multi-agency training in keeping with the spirit of ISA, although some single agency training had been necessary where attendance was an issue.

Making an impact with training

In contributing to changing culture and practice, training was regarded as most successful where real case examples were used to rehearse the process and to convert theory into practice. Presentations from practitioners with ‘real’ experience gave it credibility, as did the involvement of senior managers and project ‘champions’, who could respond to participants’ concerns. The use of drama and real case studies brought the subject to life, got the key messages across and combated ‘training and initiative fatigue’. Five of the Trailblazers had used computer based training exercises.

Creative approaches in training

A local playwright wrote a drama based on actual case studies, about a child growing up and the range of agencies involved with the child. After each scene, groups of practitioners discussed and used the Assessment Framework (Department of Health, et al. 2000) to identify the child’s need. This made a big impact on practitioners, helping them to foster a common language and to develop a shared approach.

We’ve tried to make this training something different – many practitioners are suffering from training-fatigue. It was a challenge to drum up interest initially, but now word of mouth is helping to sell the training. The drama in particular has been very successful and has had a big impact in bringing home the need for agencies to work together more effectively.

(Training Lead)

The drama is excellent – it puts the points across so well. Really good to

work in groups and get everyone's perspective. Reflects real situations we come across in our work. Very thought provoking.
(Practitioner)

A powerful, entertaining and effective way of getting our rationale for working together across. We couldn't possibly not be motivated to work together now.
(Practitioner)

Attendance at training events

All of the Trailblazers targeted frontline practitioners and middle managers, and 5 of the 9 (who responded to the survey), also included senior managers in their training programme. Two Trailblazers working across Local Authorities had included councillors.

Bringing together all the staff in a particular geographical area was regarded as most useful in helping people make connections and giving them opportunities to understand roles and responsibilities across the agencies.

Practitioners appreciate the time to think about ISA issues in a multi-agency context.
(Practitioner)

To ensure maximum attendance by staff from different agencies, early notice and wide publicity was given of the planned training.

It was the flyers with their bright colours coming to us so frequently that got us to go to the training. I mean we realised that this was obviously important and that we needed to share this as a team. So I encouraged them to go on the training. But it was the bombardment that kept us thinking about it.
(Practitioner response from social services)

Ensuring that people came to the training was a key issue for several Trailblazers. One was considering making attendance compulsory to ensure those who think 'it's a good idea but I'm too busy to go', attend. Recognising that practitioners in agencies are often under pressure and may find it hard to attend training events, the following tactics were used to encourage attendance.

- Plenty of notice of dates.
- Flexible running times e.g. half days, after school etc.
- Senior managers prioritise and expect people to attend.
- Lots of publicity and patience.
- Target relevant people.
- Contact practitioners directly.
- Paying staff cover.

- Pleasant events.
- Practical use of live examples.
- Responding to evaluation feedback, for example, reducing the number of days required.

Timing

A key issue in delivering training is getting the timing right. When there is too great a time lapse between learning and practising people forget what they have learned and may become disillusioned and uncertain. This was the experience in one Trailblazer where delays in the technical system coming on-line created such a gap.

We went on a training course that seems like ages ago now. Because it hasn't been live we haven't been able to get on with using it and because we can't use it, we can't become familiar with it. All those skills we learned are gradually fading away.

(Practitioner)

We need to get people buzzed up again. I mean when we started it – it was excellent and everyone was talking about it and thinking it was going to happen. It was really sold well at the time, but now it is like a pricked balloon.

(Practitioner)

However, this Trailblazer found that enthusiasm could be regained through persistence and hard work.

We are chomping at the bit – we are very keen to get going. It will make our lives so much easier because that is what our job is about.

(Practitioner)

The value of training in changing practice

Practitioners in one Trailblazer highlighted a number of aspects about the multi-agency training that they particularly valued. These included collaborative working, information sharing, and a greater understanding of the roles and responsibilities of different agencies. This opportunity to meet and hear about the work of colleagues in other agencies was an important first step towards changing practice.

One of the best bits was to meet up with people from other agencies and to explore collaborative working.

(Practitioner)

It threw up a lot of issues about how people work now and how differently people work, especially about sharing information.

(Practitioner)

It gave me a better understanding of the complexity and intricacy of other peoples' roles in dealing with children and how many different professionals you can access in that regard, for help and information.

(Practitioner)

What worked best in organising and delivering training?

The issues identified by one Trailblazer, resonated with reports from many of the others.

- *Involving champions from health, education and the voluntary sector to publicise the training.*
- *A steering group that has been very active in ensuring nominations for training are coming in.*
- *It has been helpful to target one particular area of the city. Workers are getting to know each other and are likely to want to make contact about children and young people they are working with.*
- *Important to target identified levels of staff within organisations so that the training is relevant. Sometimes working with mixed groups meant that we were explaining basics to the whole group when it was only relevant for a couple of participants.*
- *Vitally important to get senior managers to either do the training or attend briefing sessions about the content and for practitioners to be nominated via their line managers, so they too know what the training is about.*

Reflecting on changing culture and practice

This section has explored some of the lessons from the Trailblazers in relation to three key dimensions of culture and practice change: leadership, engagement and embedding change. Robust leadership was needed to champion and steer the project, ensuring that key stakeholders were engaged and supported in designing, preparing for and making changes in practice. Senior officers and local politicians with visibly active roles in the change project were particularly committed and supportive. Integrating the ISA proposals into existing strategies and practice ensured it had a high profile, was given appropriate priority and local funding, and gained a firm foothold within procedures and practice.

The messages from children and young people indicate that they are willing for information about them to be shared as long as it is accurate, is used within clear rules, and they are consulted. Practitioners welcomed the opportunity to work more closely with colleagues in other agencies, and despite fears about the systems and data sharing, continued to be enthusiastic and positive about these changes. Partnership was firmly on the policy and practice agenda; the challenge was to make it real and ISA offers a practical way for practitioners to improve communication and work more closely with colleagues in other agencies.

Changing culture and practice is about people learning to think about, and to do, things differently. Integrating ISA into mainstream strategies appeared to give its implementation a head start, securing commitment and participation of senior officers, facilitating its absorption into everyday practice and increasing the chances that the

changes will continue to flourish. Embedding change takes time and requires resources to make sure that the new ways of working are well supported, understood and made to happen by everyone in their day-to-day practice. Securing this change in the future will require continued leadership, commitment and engagement as the Trailblazers begin to make the use of ISA in practice an everyday reality.

Key messages from the Trailblazer work

Leadership

- Trailblazers gained the commitment of senior managers by involving them in steering groups and getting them to sponsor the project. Leadership was also achieved through establishing champions, making use of the funding and the national status of the project.
- Where ISA is integrated into mainstream practice, it gets greater support and involvement from management, attracts local mainstream funding and is easier to promote with staff and other agencies.
- Leaders need to be robust, inspiring and prepared to take risks to ensure that the new ideas are promoted, understood and become part of day-to-day practice.
- By its nature, developing and implementing new ideas takes time and can be risky. Trailblazer teams have particular skills and experience in leading development work and they need the confidence and support of their agencies.

Engagement with stakeholders

- Young people accept that information can be shared if it will help them get the services they need, but they want to be asked for their consent and be told what is being shared about them. They want reassurance that the information held about them is accurate, will be used properly and kept safe. They fear the information may fall into the hands of ‘bad people’, may be used against them and will affect how others perceive them.
- Practitioners welcome increased clarity about sharing information with colleagues and are enthusiastic about working more closely with staff in other agencies. They are confused by the number of apparently overlapping new initiatives and need opportunities to discuss their concerns and worries. They are not confident about using computerised systems and, in many cases, do not have adequate access to machines.

Embedding changes

- It is too early to observe changes in practice except in the specific pilots, and success here does not mean successful roll-out across whole authorities.
- Continued funding, commitment and support are needed to ensure the sustained implementation of ISA.

- Training needs to be flexible, creative and well-targeted to ensure that practitioners and managers across agencies participate in learning about new ways of working.

Recommendations for Policy and Practice

Leadership

- For leaders to be fully engaged in the process of change they need to be practically involved in, and take responsibility for, the new ways of working, and for managing the changes. Effective approaches ‘bring them into the project’ or ‘take the project to them’ by integrating the new ideas into mainstream strategies and practice.
- Leadership must be robust, continuous and determined to ensure that changes are taken seriously and are taking place. Practice must be reviewed regularly to tell managers if changes are being sustained.
- Middle managers must be fully engaged in supporting the development of new procedures and ways of working, both in their own work and in managing and supervising the work of their staff.
- Achieving change in culture and practice is complex and always takes longer than expected. This has been recognised and supported in this programme, and should be taken into account in planning and developing future projects.

Engaging stakeholders

- Children and young people should be consulted and involved in the development of new policies, procedures and working practices. They have more confidence and trust in professionals who talk to them and who show that they are listening to their fears and concerns.
- Their participation should be encouraged by building on existing ways of communicating with children and young people and through creative methods and approaches. Refer to Building a Culture of Participation (2003) and Participation of children, young people and families www.cleaver.uk.com/isa.
- Practitioners should be engaged and supported in making information sharing between agencies a reality. Continued focus on developing shared understandings and mutual respect will help practitioners to use the new ISA procedures effectively.
- Where key stakeholders are not engaged, senior managers should challenge this.

Embedding change

- Embedding change means supporting people to do things differently by providing them with the tools, training and preparation to make the lasting changes that are required.
- It takes time, resources and persistence to introduce and embed changes in practice. Momentum must be maintained through robust leadership and consistent determination.

- Integrating new developments into the fabric of the organisation, its major strategies, procedures and its practice enhances their chances of being sustained.
- Training and preparation for change should be creative, flexible and mandatory for practitioners and managers.

Section 2: Supporting Collaborative Practice

The care of children should be planned according to their individual needs and not be left to chance impulses of generosity or charity or to red tape; also that there should be more co-ordination between those trying to help the children.
(Schmideberg, 1948, p.145)

Introduction

Achieving co-ordinated practice among those responsible for the welfare of children is not a new goal. Yet it remains elusive. Until recently those working with children were still likely to work in isolation, in spite of numerous inquiries, reports and accompanying legislation and guidance.

The situation began to change as the result of a series of government initiatives and guidance for practitioners working with children about whom there are child welfare concerns (for example, Department of Education and Science, 1988; Department of Health et al, 1999; Department of Health et al, 2000; Department of Health et al, 2003). The determination to promote and develop collaborative practice between the agencies and individual practitioners is exemplified by the *Framework for the Assessment of Children in Need and their Families*.

Effective collaborative work between staff of different disciplines and agencies assessing children in need and their families requires a common language to understand the needs of children, shared values about what is in children's best interests and a joint commitment to improving the outcomes of children.
(Department of Health et al, 2000, px)

This emphasis on greater co-ordination and collaboration between child welfare agencies is taken forward in the government's Green Paper (Cmn 5860, 2004) and the Children Bill.

However, it is premature to assume that greater agency co-ordination will have a positive impact on the quality of children's services. The current evidence from research is confusing and contradictory (Glisson and Hemmelgarn, 1998). A particular concern is that practitioners may relinquish responsibility where co-ordination is increased.

...caseworkers relinquished responsibility across the board for those activities, based on the incorrect but expedient assumption that they would be assumed by the service co-ordination teams.
(Glisson and Hemmelgarn, 1998, p.417)

Every Child Matters (Cmn 5860, 2004) aims to improve agency collaboration in relation to the assessment of children with additional needs. It notes that children might receive many assessments during their childhood and highlighted two

weaknesses in the current system. Firstly, children with multiple needs may be subject to multiple assessments by different people, each collecting similar information but using different professional terms and categories. Secondly, referrals are often made without a preliminary assessment of the child's needs which results in inappropriate cases being referred and children being subsequently assessed unnecessarily.

These weakness in the current system stem from:

- different agencies routinely using different approaches and frameworks;
- insufficient inter-agency work between child welfare agencies, with the exception of children who have been abused;
- a lack of awareness within agencies of the most appropriate service to respond to a child's needs.

In short, the cornerstones around which collaborative practice may be built are often missing.

In establishing the ISA programme, the government set as its overall aim:

... to initiate a process of change that will ensure that every child at risk will be identified, referred to appropriate preventive services and that their progress will be tracked to ensure that they do not subsequently 'fall through the net'.

(Children & Young People's Unit, 2002)

To reach this aim Trailblazers were expected to work towards a number of objectives, the following of which are particularly relevant for this section of the report.

Common language for describing need, or at least translations of terms.

Common assessment tools to be agreed by all relevant local agencies that identify young people at risk of underachievement, harm or offending and that enables professionals to log their concern via a shared system.

Mechanisms for appropriate and secure cross agency referral of clients to key workers (e.g. personal advisors or mentors) are established.

(Children & Young People's Unit, 2002)

This section focuses on five issues related to supporting collaborative practice and how Trailblazers have approached them, and ends with some early tentative findings from the pilots:

- A common language and the development of a conceptual framework
- Common assessment and referral
- Service directories
- Multi-agency meetings
- Lead professionals and key contacts

Information has been gathered using the following methods:

- Interviews with all Trailblazer project managers
- A *walk-through* of each Trailblazer pilot to observe it in action
- Questionnaires sent to the lead officers responsible for developing the project's service directory
- Interviews with every ISA lead officer about the development of professional practice
- An examination of policy documents, guidance materials, and toolkits provided to practitioners within the pilot sites
- Survey of practitioners involved in ISA pilots about their experience

A common language and the development of a conceptual framework

A common language

For practitioners, managers, policy makers and researchers to be able to hold useful conversations about the needs of children, both within and across agencies, a common language will be required. ... If professionals are to work better together, they require words to describe the needs of the children they collectively seek to help.
(Sinclair and Little, 2002, p.132)

Trailblazers found that practitioners from different backgrounds and traditions had their own way of describing the needs of the children and families.

What is important is 'talking to each other' and this should have been addressed a long time ago. Professionals have felt unsure and vulnerable for too long and there needs to be greater confidence in each other's decision-making.
(Practitioner)

Encouraging practitioners to use a common language was an early goal for some Trailblazers. To do this one had opened the membership of three key working groups: Referral Protocols and Assessment; Communication; and Technical and Database to a broad cross-section of practitioners and agencies to ensure that their products were understood by as wide an audience as possible.

Development of conceptual frameworks

Before any new system can be developed it is necessary to have a common understanding, or conceptual framework. Without this, it is difficult to make sense of what is involved, or to decide how to proceed (Sinclair and Little, 2002). The Trailblazers recognised this in their early planning and a number attempted to define their projects in terms of the processes and techniques involved rather than the particular services that they encompassed. One, for example, stressed that they were building a model that was 'needs orientated' rather than 'service led'.

What was considered to work in one Trailblazer was not necessarily appropriate for another. While Trailblazers said they learnt from each other, much time and effort went into developing projects that reflected local context and practice realities. In developing their conceptual framework, virtually all the Trailblazers referred to the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al*, 2000)¹; this became the platform on which most Trailblazers were building.

Importance of practitioner involvement

Trailblazers found it invaluable to involve practitioners in the early stages of their project development. If practitioners were to work better together they needed to participate in deciding what words should be used to describe the needs of the children that they collectively sought to help. A common conceptual understanding of children's needs and the language to talk about them should not be restricted to managers and policy makers.

Two of the Trailblazers stressed the importance of local multi-agency groups working together to develop a conceptual framework, even if it meant that some agencies had to be '*dragged kicking and screaming*' to the table. In another example, a group of approximately 30 practitioners from a range of agencies had worked together for nearly a year to produce a common vision for the project. As one member of the group described it:

The pilot group had to work out a common vision. It first discussed what different people/agencies do and then started to discuss the process. The group is starting to sort out real work practices and improve multi-agency working.
(Practitioner)

Practitioners are more likely to embrace something that they have been able to influence. This is demonstrated by the following contrasting experiences of practitioners in two different Trailblazers, the first sought to involve practitioners, whilst in the other such opportunities had not been available.

I feel there have been plenty of opportunities to raise concerns and to have them dealt with. And you couldn't say that you hadn't heard about ISA or that there weren't opportunities to raise concerns with individuals.
(Practitioner)

ISA is difficult to grasp and the main concepts associated with it (eg. common assessment, lead professional etc) are not clearly understood.
(Practitioner)

Involving practitioners at an early stage also meant that they could influence other developments such as referral forms, local thresholds and specifications for the subsequent technical solutions. In one Trailblazer, for example, the views of

¹ : Throughout the rest of the Report this is referred to as the Assessment Framework.

practitioners had been combined with research evidence to develop a common list of need identifiers. Bearing in mind the need for a common language, these had been subsequently written to describe what practitioners were likely to see and had become validated as a tool to work with families and to facilitate difficult conversations.

Involving children and young people

By contrast to the active part played by practitioners in developing the projects, the direct involvement of children and young people at this stage appears to have been limited to periodic or one-off consultation.

Examples of consultation included a local Advocacy and Children's Rights organisation commissioned to meet with groups of young people and parents and to provide feedback on specific questions. Parents were surprised that agencies were not already sharing information and made it clear that they expected practitioners to talk to each other.

In other examples of consultation, the views of children and young people who used other services, such as Children's Fund projects, Connexions and Surestart schemes, or who were members of existing consultation forums were sought. In one case a video was produced which was subsequently used by many of the other Trailblazers.

Supporting change

In most cases, the Trailblazers had received the active support of senior managers, with the involvement of Local Authority and Primary Care Trust Chief Executives, Directors of Education and Social Services and Senior Managers from a variety of other organisations. No trailblazer raised concerns that they had not had such support.

However, some Trailblazers were concerned that they had not had the same level of commitment to their project, its conceptual framework and the subsequent pilots, from middle or line managers. There were examples of former practices continuing in certain agencies in spite of support for the change programme at the highest level. Without the commitment of middle and line managers as champions within their own agency, it was difficult to deliver the necessary changes. To be successful the pilots needed these crucial individuals to be clearer about what project involved and to prioritise it within their own teams.

Common assessment and referral

The proposal for a Common Assessment Framework (CAF) arose from concerns that the existing arrangements for identifying and responding to the needs of children who are not achieving the five outcomes identified in "Every Child Matters" do not work as effectively as they might.

(Department for Education and Skills, 2004)

Development process

All but one of the Trailblazers had developed a common assessment. The common approach to assessment built on local experience, acknowledged the influence of other

models and took into account levels of vulnerability, the need for cultural change and inter-agency ownership. In most cases Trailblazers aimed for a ‘needs orientated rather than service led’ model, from which more formal, and where necessary, specialist assessments, would follow.

Influence of existing models

Existing local models had shaped how Trailblazers developed their common assessment. For example, two used an existing inter-agency referral form to develop their common assessment. One Trailblazer focused on building an IT system around their existing local common assessment model.

Influence of the Assessment Framework

Only one of the Trailblazers that had developed a common assessment had not used the Assessment Framework (Department of Health et al, 2000) as the baseline. All the rest acknowledged the importance of the Assessment Framework in helping to:

- devise a ‘development profile’;
- create a grid system to record a practitioner’s concerns against the three domains of child’s developmental needs, parenting capacity and family and environmental factors;
- develop a training programme to win the hearts and minds of practitioners;
- produce an inter-agency referral form.

Trailblazers reported little difficulty in using the conceptual framework that underpins the Assessment Framework with a variety of agencies and practitioners. Where there had been some anxiety about using the Assessment Framework as the basis for common assessment, concerns could be resolved through additional training and support.

Health and social services were already familiar with the Assessment Framework, whilst Connexions and the Youth Offending Service had a good level of understanding about it. There was no resistance from housing who were previously unfamiliar with it and in fact no agency said that they would not use it.

(Project Manager)

In one Trailblazer the Assessment Framework had been translated into the language or formats of other agencies, such as Connexions APIR or Youth Offending ASSET. In other Trailblazers the Assessment Framework’s domains and dimensions as well as the familiar triangle diagram had been incorporated into procedures, guidance, and formats.

The Trailblazer that had adopted a different approach used as its starting point the work of Turnell and Edwards (1999). Although this approach differs in many ways from the Assessment Framework nonetheless the emphasis on identifying strengths as well as difficulties is a principle common to both.

It is important that an approach to assessment, which is based on a full understanding of what is happening to a child in the context of his or her family and the wider community, examines carefully the nature of the interactions between the child, family and environmental factors and identifies both positive and negative influences. ... Working with a child or family's strengths may be an important part of a plan to resolve difficulties.

(Department of Health et al, 2000, pp.13-14)

Levels of vulnerability

For many Trailblazers one of the biggest challenges to achieving a common approach to assessment has been in understanding the thresholds, or eligibility criteria, used by different agencies to regulate access to their services. The use of different thresholds has itself been an obstacle to collaborative working. For some, the solution was to achieve an understanding of children's needs and the appropriateness of particular services in terms of levels of vulnerability, based on Hardiker and colleagues' work on thresholds of intervention (1996; 2002).

Five Trailblazers adopted such an approach. Three of these described the levels numerically, for example, Level 1, Level 1/2, Level 2, Level 2/3, and Level 3, whilst the other two used more tangible descriptions such as 'universal', 'vulnerable', 'complex' and 'acute'.

These models were devised following discussion among local practitioners from different agencies. They represented an attempt to better understand each other's indicators of need and thresholds for action as well as helping practitioners to assess their level of concern.

They are guidelines for people to make professional judgements, not tight thresholds – children are all different. Nevertheless, common identification criteria have been well received and have helped people to focus on children's needs.

(Project Manager)

These models were, therefore, not seen as rigid and inflexible, or as substitutes for good professional practice and indeed there was an expectation that they would continue to be developed to reflect local practice.

Of the Trailblazers that had not developed explicit levels of vulnerability, two had nevertheless developed what they called 'needs indicators', or 'identification criteria', to enable practitioners undertaking assessments to complete needs maps.

Only one Trailblazer had explicitly decided against producing such indicators or levels of vulnerability on the basis that they could delay the provision of any service that may be required.

We have no thresholds – if there is a problem we expect the worker to do something.

(Project Manager)

Cultural change

The success or failure of an initiative such as the development of a common assessment is ultimately determined by the ability of the organisations involved and their staff to sustain the level of change required. Throughout the literature, authors such as Smale (1996) emphasise the complexity of attempting to achieve ‘cultural change’ within any organisation and specifically point to the likelihood of resistance from staff members reluctant to change working practices, or who view change as threatening or negative in some other way.

Some Trailblazers had attempted to combat this by focussing on improving current arrangements, building trust, developing assessment skills and sharing information rather than by introducing new tools, forms or systems. This approach, one Trailblazer argued, would make it more likely that staff would be receptive to what was ultimately introduced as part of the national drive towards a Common Assessment Framework. The evidence from practitioners in one of these areas underlines the need to take this approach.

We [health workers] tend to think it is just us and the health visitor. We don't actually communicate with the schools at all – we leave that to the parents to do. Occasionally we speak to social workers but not very often. And then when we do it is not a very comfortable conversation because we don't know them.
(Practitioner)

It is a problem too because if I wrote to a GP asking for information on a child, they are not allowed to tell me anyway, are they? They aren't allowed to do that.
(Anonymous quotations from the Trailblazer's own evaluation of its early implementation)

In other Trailblazers, there were signs of change to traditional ways of working. In one it had been made clear that a referral was ‘an invitation to work together not a passing of the baton’. However, there was still some way to go in consolidating the change that had been achieved. More detailed findings on issues relating to culture change were discussed in the section on ‘changing culture and practice’.

Inter-agency practice

One of the key issues in completing a common assessment is getting the co-operation of other agencies to participate in the process and to subsequently meet identified needs, provide particular services, or accept responsibility as the lead person involved. Trailblazers had identified ways of facilitating these objectives. For example, one used technical systems to support common assessment which allowed a number of users to complete an assessment simultaneously via a secure internet access. In others access to completed on-line assessments were restricted to those who had completed them. ‘Ownership’ of the assessment and thus responsibility for ensuring that any identified needs were met, could only be transferred if the receiving agency and individual practitioner accepted it.

However the Trailblazers had approached technical solutions in developing a common assessment, they shared the goal of helping practitioners to think differently and share concerns with colleagues in other agencies.

The project wanted to reverse the thinking from 'identify and refer' to 'identify, pass information on and check person you are passing it to has hold of the assessment'. Conversations should subsequently be different. They should change to 'I've done an assessment and want to refer to whichever agency because ...' rather than 'I'm just referring this child to you because' ...

... until now many professionals have expected to pass on referrals to other agencies once they have identified a child's needs, 'letting go of the baton' as they did so. For the pilot to work we need to make sure no-one 'lets go of the baton'. All professionals need to continue providing their own unique contribution.

(Professional Lead)

In this and in other Trailblazers, the feeling was that the introduction of a common assessment based, in most cases, on the Assessment Framework had been well received and had helped practitioners to focus on identifying the needs of vulnerable children.

Obstacles to progress

Across the Trailblazers there was a clear sense of optimism that the development of a common assessment was being successfully achieved. However, a few projects identified obstacles that were hampering their progress.

A commonly identified difficulty was ensuring that all the appropriate agencies and individuals were involved. For example, in some, though not all the pilots, there were difficulties in involving GP's, whilst others recognised that more work needed to be done to engage local voluntary organisations.

In a number of Trailblazers, progress in developing a common assessment was affected by the ongoing national initiative on the Common Assessment Framework. Some Trailblazers were anxious that their work, which had built on the commonality between the Assessment Framework, Connexions' APIR and the Youth Offending Service's ASSET, would become redundant.

Common assessment and referral forms

All but two of the Trailblazers had developed or were intending to develop a common assessment form, although, they were not always referred to as assessment forms. There were examples of 'development profiles', 'needs profiles' and 'needs maps' as well as a 'signs of well-being' form. In some cases, there was a clear link between the completion of a common assessment form and further stages in the pilot. For example, in one Trailblazer completion of the assessment form was a means of referring a child to an inter-agency forum that controlled access to a range of services. All but three of the Trailblazers had developed a common referral form.

In four cases the recording of assessment and referral were combined onto a single form. However, views about the merits of combining assessment and referral onto a single form differed. On the one hand a combined form could appear cumbersome.

In order not to frighten people off and to win their hearts and minds, it was felt necessary to separate the referral from the assessment to avoid having a long detailed form with initial assessment information on it.

(Project Manager)

On the other hand a combined form was seen to be advantageous because it avoided duplication, kept information together, and provided the evidence for the referral.

It helps make a well-judged referral to another agency.

(Project Manager)

Of the existing formats, some were already electronic and not designed to be used in a paper format. All Trailblazers intended to incorporate their forms into their computer systems at a later stage. One project manager suggested that if the forms were ultimately electronic this would be the 'icing on the cake'; if this didn't happen, the task of creating the forms alone had acted as a catalyst to strengthen relationships between agencies.

The existence of a form is no guarantee that it will be used. In one Trailblazer the common assessment form that had been developed did not appear to be in use. This seemed partly due to difficulties in accessing it within the computer system, together with a lack of guidance in the practitioner toolkit about when it should be completed, even though there was explicit guidance about how it should be used.

Service directories

Although the guidance issued to non-trailblazers in January 2004 indicated that they would have to establish a *Service Directory providing comprehensive information on local providers, eligibility criteria, geographical location and referral procedures*, the earlier guidance to the Trailblazers (Children & Young People's Unit, 2002) only identified that:

The overall aim of The Identification, Referral and Tracking Project (IRT) is to initiate a process of change that will ensure that every child at risk will be identified, referred to appropriate preventive services and that their progress will be tracked to ensure that they do not subsequently 'fall through the net'.

(Children & Young People's Unit, 2002)

The provision of a directory of services is an important element in ensuring that children are '*referred to appropriate preventive services*'. Their purpose is to help practitioners and children and families know what services are available locally and

find the most appropriate services to meet the needs of a child. The findings from the interim report (Cleaver *et al*, 2004) on the Trailblazers suggested that service directories had many advantages, including establishing links between the outcome of an assessment of children's needs and the identification of services. The Interim Report and the toolkit that has been developed from the study of the non-trailblazers (www.cleaver.uk.com/isa/) identified a number of issues that needed to be addressed in developing service directories. These included:

- ensuring that agencies are vetted before they are included in the directory
- identifying who is responsible for the accuracy of entries
- ensuring that the directory is maintained and regularly updated
- ensuring that the directory includes information about all relevant local agencies, including statutory and voluntary agencies
- ensuring that the directory is user friendly

Information on Trailblazers' progress in developing service directories is based on questionnaires returned by six lead officers responsible for the service directory. All these lead officers were undertaking work in this area, although only five Trailblazers had established directories by summer 2004. The service directories had some common features but differed in the detail of the information they held (see box below).

Common features of a service directory:

- Name and contact details, including e-mail address and website details
- Description of the service provided
- Geographical location and area covered

Other features of a service directory usually included:

- Contact name
- Information about the cost of the service
- Information about how to access the service and make referrals
- Directions on how to find the service
- Opening hours of the service

Other features of a service directory occasionally included:

- Eligibility/Referral criteria
- Information on access by disabled users
- Languages spoken
- Waiting lists
- Date information last updated

Service directory development and maintenance

A range of statutory agencies were involved in developing the service directory and, in all but one Trailblazer, voluntary organisations had been involved. However, practitioners and young people and families, were less likely to have been consulted about its development. Where consultation took place, a variety of methods, including multi-agency and single agency workshops, questionnaires and attendance at existing meetings, were used.

Building a service directory was approached in different ways. For example, in one Trailblazer the services included in the directory were limited to organisations that had signed up to protocols and agreements that covered maintaining and updating their entries on the directory. In another Trailblazer the initial focus was on voluntary organisations and out-reach projects.

Not all services will be on the service directory to begin with, we are focusing on the voluntary sector and outreach projects as it is thought that they often work with the most vulnerable children or those least well known to local authorities. We will build up the rest of the directory incrementally.
(Project Manager)

Many Trailblazers used existing information systems as the starting point for developing their service directory. Although this approach avoided duplication the quality of the information could not always be relied upon.

All the service directories were either accessible on-line, or would be in the near future, by anyone with access to the internet. A further common feature was that all the service directories included a search facility based on an alphabetical list, whilst five of the six included additional search facilities based on key words, geographical area and service type. Only two had planned to use search criteria based on 'needs'.

Although three of the Trailblazers had attempted to build in requirements to make their on-line service directories accessible to users with disabilities, not all had addressed this issue.

Two Trailblazers had planned that agencies would be responsible for updating their own entries. In the other Trailblazers, a named individual within the ISA project was responsible for periodically contacting agencies to update the information.

A separate, but linked issue was ensuring services were still active. Not all Trailblazers had resolved this. In two cases the system would run checks to establish whether the computer links to the service were still active. However, this would not ensure that the service itself was still available or that other aspects about the service had not changed. As many of the services are likely to be provided by small voluntary organisations, such considerations will need to be resolved.

Service directory linked to the assessment process

Only one Trailblazer linked their service directory to the assessment process. This directory was very comprehensive and contained over 900 entries. It had been developed as an early tangible example of the project's potential and was running well in advance of the Trailblazer's formal pilot. This emphasis seemed to have paid dividends, as there was good feedback from practitioners and evidence that it was being used on average up to 80 times a day. The service directory was available on line and later became part of the Child Index system.

Service directory not linked to the assessment process

In other Trailblazers service directories were stand-alone services and not linked to the assessment process. The main reason given for this approach was the value placed on practitioners continuing to make professional decisions using their own judgement rather than a computer based output.

Service directory in development

In the remaining five Trailblazers the service directory was still in development. Of these, only one Trailblazer had started its pilot, the others intended use the pilot to launch their service directory along with other aspects of their system.

Two Trailblazers were working with neighbouring authorities to create regional service directories. This reflected the fact that children are likely to receive services from outside their own area. For example, children who lived close to borders often receive support from services based in towns nearer to them but within a different administrative area.

Advantages of a service directory

Trailblazers that had established service directories were clear about their worth and importance, both as a source of information and as a means of reducing inappropriate referrals. In addition they promoted inter-agency working and were seen by one Trailblazer as:

... an early and quick win which has been useful to practitioners as a one stop source of information. The strong branding and image of our product has enabled the communication strategy about the service and in particular the site appears independent, stands alone and is not buried or nested behind the local authority website.

(Project Manager)

Ensuring practitioners and the community know about the service directory is essential if it is to be widely used. Only one Trailblazer had by summer 2004 held a high profile launch of its service directory. Others were waiting until their pilots started or the final versions of the service directory were in a position to go live across their area. However, service directories are only going to help to refer children with additional needs to appropriate services if, as well as being accurate and adequately maintained, they are also well publicised and practitioners have the confidence and ability to use them.

Multi-agency meetings

Not all Trailblazers developed new models of multi-agency meetings as part of their project. For example, five Trailblazers identified existing structures and procedures within their area that already met this expectation. Practitioners were already able to convene discussions between the family and other agencies; this was regarded as existing good practice and did not need to be laid down in procedures.

The other six Trailblazers took different approaches in the development and purpose of their multi-agency meetings. In one Trailblazer representatives from the relevant agencies came together to discuss referrals that required input from more than one agency. This group, under the direction of a single manager, co-ordinated and allocated the services of a number of agencies. Each meeting looked at a number of cases and attendance was limited to representatives of the agencies involved. Meetings were held every two weeks and following a discussion of each case, the assessment would be updated and a lead agency and lead professional identified.

The second approach developed by the remaining Trailblazers was for multi-agency meetings to be called in specific cases when the need arose. As one Trailblazer stated the purpose of these meetings was to create an opportunity to '*think differently and come up with different ways to help*'.

They're called Family Support Meetings. They are convened by the agency registering the concern and usually after discussion with the Central Team. Family Support Meetings are like Child Protection Core Groups.
(Project Manager)

The point at which such a multi-agency meeting would be called varied amongst the Trailblazers. In at least one, the intention was that the meeting would only be called when all normal processes had been exhausted, where interventions had failed to bring about change over time, or where there were conflicts or disagreements between agencies that could not otherwise be resolved. In other words, such meetings would not be routinely held, would not be called at an early stage in response to a referral, and would probably be limited to a handful of cases.

The timing for multi-agency meetings in other Trailblazers was linked to assessments.

The practitioner who completes the common assessment form seeks advice from the IRT co-ordinator and then calls a meeting.
(Professional Lead)

Organisation of multi-agency meetings

In most cases, it was expected that multi-agency meetings would be arranged as and when required and that the responsibility for convening them rested with the individual who first registered the concern. Two Trailblazers, whose pilots had started in early 2004 had given some of the organisational responsibility for multi-agency meetings to their pilot co-ordinators. This included advising those considering whether to call a meeting, acting as chair, taking the minutes, making the practical arrangements, updating records and distributing copies of plans following the meeting. In neither case was it intended that this should be a permanent arrangement. However, both reported that the availability of the co-ordinators to support multi-agency meetings meant that practitioners were more likely to consider calling them.

Where multi-agency meetings were being held they invariably had a set structure, though not necessarily a set agenda, that included:

- discussion of outstanding concerns

- an action plan as to how these were to be resolved
- who was to be responsible for taking any action
- a decision about who the key worker should be
- a date for reviewing progress
- a decision about how the outcomes of the meeting should be recorded

In all but one case, the agency that had called the meeting, or registered the concern, took the lead. Those in attendance varied depending on the case, but invariably included the agency registering the concern and a representative from the child's school, where he or she was of school age. The comment of one Trailblazer that it was *usually obvious who should come to the meetings*, was the view expressed by all.

In the case of the Trailblazer that had introduced a multi-agency meeting to co-ordinate the services of a number of agencies, the organisation of the meeting was notably different. Whilst a set team were present, the manager chaired the meetings and decided who else should be invited for each case to be discussed along with the practitioner who made the referral.

Family involvement in meetings

In most Trailblazers there was a clear expectation that the family should be involved in the multi-agency meetings. Indeed in one case the meeting '*should not be held without the full involvement of the family*'.

Equally, there was an assumption in favour of children being present wherever possible. Where this could not be arranged, either because of the child's age or because they did not want to attend, the meeting would nominate someone to subsequently discuss with the child the decisions that had been taken.

Families were not invited to attend multi-agency meetings in the Trailblazer that used the meeting to co-ordinate the services of a number of agencies. Although family involvement was the long-term intention, during the early stages of the project the views of parents' and children were sought and included in discussions.

Lead professionals and key contacts

An important feature of the Government's vision for Children's Services, as outlined in the Green Paper *Every Child Matters*, was that

... where a child is known to more than one specialist service, there is a designated 'lead professional' who would co-ordinate service provision.

(Cmn 5860, 2003)

The interim report (Cleaver et al, 2004) identified the challenges for introducing a policy of lead professional. In particular, there were issues in deciding how lead professionals would be selected and in determining what their roles and responsibilities would be.

Concerns about the term and role of ‘lead professional’

During the period of this study, Trailblazers continued to explore the concept of a lead professional. A key issue was in relation to the term ‘lead professional’, which was more of a barrier to some agencies than the role itself. Consequently, while all but one Trailblazer had established the concept in principle, only four were continuing to refer to the role as ‘lead professional’. In the others they were variously known as ‘key contacts’, ‘prime contacts’, and ‘support co-ordinators’, reflecting the terms already in use and familiar to both staff and families. The use of different terms reflected the discussions that had taken place about the role and responsibilities of a lead professional. For example, the term ‘contact’ was not seen as having the same accountability as the term ‘lead’.

The pilot has ‘IRT contacts’ rather than ‘lead professionals’. IRT contacts do not have a monitoring, co-ordinating or accountability role, but they do have permission to challenge other agencies where communication is a problem. Practitioners said that this is what was needed.

(Project Manager)

Some Trailblazers identified the need for both ‘lead professionals’ and ‘key’ or ‘prime contacts’. The role of the lead professional would be restricted to complex cases where the needs of the child could not be met by one agency, or through informal collaboration. The lead professional would be accountable for ensuring decisions to provide services were followed through.

In contrast, the ‘key’ or ‘prime contact’ would be identified when concerns were first shared and would be someone from a universal service, such as a health visitor or a teacher. The role of the ‘key’ or ‘prime contacts’ would be to liaise with other services as a case co-ordinator and be identified as the main contact on the ISA computer system.

Identifying appropriate individuals

Trailblazers selected lead professionals in different ways. Two were considering how young people might be empowered to choose their own lead professional. Others reported that they usually asked the family who they would like to act as the lead professional. One Trailblazer was considering if the family itself could become the lead professional, although to date this had not yet occurred.

Some Trailblazers were linking the role of the lead professional to the level of intervention. For example, in one Trailblazer lead professionals were only introduced for level 3 type cases (children at risk of significant harm) and were identified from a service that deals with such cases. Another Trailblazer wished the role of the lead professional to operate at level 2 cases (children and families in temporary crisis) and adopted the term ‘support co-ordinators’ to ensure practitioners from a wider range of agencies could undertake the role. However, even in these examples, difficulties remained in determining who was the most appropriate person to carry out this role.

By contrast, a more flexible approach to deciding who should be the lead professional had been adopted elsewhere. One Trailblazer, for example, argued:

The concept of limiting the ability of individuals to be the 'main contact' at particular 'levels' is not being used in order to broaden out who can be the 'main contact'. It could be someone from any level, and not necessarily a professional.
(Professional Lead)

This Trailblazer believed that professional judgements should be used to decide who was the best person to take on the role of lead professional in individual cases.

In many Trailblazers the final decision on who should be the lead professional was taken at a multi-agency meeting, or the meeting was used to reinforce or change earlier decisions. There was no assumption that the same practitioner would necessarily retain the role of lead professional. Plans would be periodically reviewed and if necessary a more appropriate individual identified for the role of lead professional.

Responsibilities and accountabilities

The precise roles, responsibilities and accountabilities of lead professionals or key contacts were still under discussion at the time of this research and the final position in most Trailblazers will be informed by their pilots.

In most Trailblazers the role of the lead professional involved monitoring and co-ordinating the delivery of services and being the contact point through which concerns were channelled. A key responsibility was to close the case when a review decided there was no longer a need to provide services. Closing a case would involve updating all records, including where necessary the central index. At a minimum there was an expectation that practitioners undertaking the role of lead professional would '*challenge other agencies*' as necessary. In no Trailblazer, did the role make an individual accountable for the work of other practitioners, or responsible for any other agency's existing statutory duties.

The early experience of some Trailblazers was that the pilot co-ordinators were undertaking many of the tasks of the lead professional, including for example co-ordinating services and updating records. This may reflect the commitment and enthusiasm of the co-ordinators. However, there is a danger of staff becoming dependent on the pilot co-ordinators and the role of lead professional or key contact not being fully developed.

Obstacles

The experience of the Trailblazers suggests that the challenges in developing the concept of lead professional may have been underestimated.

Most Trailblazers involved both statutory and voluntary sector agencies in working out the roles and responsibilities of the lead professional. However, problems arose because some groups and individuals feared taking on the role would increase their workload and involve work for which they were not properly trained.

The project has been unable to get GP's on board whilst Connexions and the Youth Service have remained sceptical. Their main concern has been about the role and accountability of the lead professional.
(Project Manager)

Education professionals were worried that they would become social workers and become accountable for needs they are not equipped to address. They were also quick to point out that if the lead professional were from a school there will be difficulties outside term-time.
(Professional Lead)

Trailblazers had begun to resolve some of their early difficulties.

Not enough time was given to the subject of 'lead professionals' in consultation groups. Although the role was discussed the experience of the pilot is that it is more complex. Practitioners are concerned that if they refer a child then they will become the lead professional and that this will lead to more work.
(Project Manager)

In one Trailblazer, the role of lead professional did not appear to present any difficulties. Multi-agency family support meetings were held in complex cases and the lead professional appointed, was invariably someone from the child's school.

Early findings from the pilots

At the time of this research four Trailblazers had been running their pilots for at least six months. The findings on the pilots are based on the views and experiences of practitioners. These practitioners were among the first in the country to experience the new processes and practices introduced to improve information sharing and collaborative work. Sixty questionnaires were e-mailed to named practitioners in these pilots. Twenty-four questionnaires were returned; a response rate of 40%. This rate equates to that generally found for postal questionnaires (Scott, 1961; Ferguson, 2000).

Because the findings from the survey are based on only 24 responses they should be treated with caution and considered alongside the general findings reported in this study.

Pilot preparation

The majority of practitioners (20) valued the training and preparation they had received about the aims of the pilot project and the new processes that were to be introduced. In contrast fewer practitioners (8) found the training on the use of computers and associated software helpful.

Supporting practice during the pilot

To help practitioners to participate in the pilot, authorities had produced guidance and procedures, specific toolkits, protocols and guidance on information sharing and

consent. The majority of practitioners (17) reported that these were helpful and supported practice.

Over half the practitioners (14) also valued the support given by line managers, ISA champions, and local ISA project and pilot teams. The on-going training received during the pilot was also widely appreciated.

Practitioners' experience of particular features of the pilots

The survey asked practitioners about their experiences of particular aspects of the pilots, such as the use of a common referral form or a service directory. Of the four authorities that were running their pilot at the time of this study, only some included every feature asked about in the practitioner survey. As a result the numbers of respondents are small and the findings can only be seen as suggestive of future trends.

Nonetheless, the findings are of interest. Most practitioners (12 of 14) who had experienced using a common referral form and/or a common assessment form had found it helpful. When pilots encouraged collaborative practice through, for example, the introduction of multi-agency teams, multi-agency planning meetings for individual children, or by increased information on other agencies' involvement with specific children, this was also valued by the majority of practitioners.

Only half of the practitioners (9 of 17) said they found the service directory helpful, or the child index (10 of 19). These responses may reflect the early development of these tools and the fact that not all were fully functioning at the time of the survey.

The impact of piloting ISA on practice

Finally, practitioners were asked whether the pilot had impacted on their practice in a number of areas. For example, in relation to involving children and families, collaboration with colleagues and use of computers. Practitioners reported that the pilot had affected:

- the involvement of children and families in decisions about their lives (58.3%)
- the relationship with colleagues in other agencies (62.5%)
- the confidence to share information (79.2%)

However, few (7) practitioners felt the pilot had impacted on their confidence in using computers and associated software. This finding was reinforced by the experience of the survey, for although it was distributed by e-mail with the intention that it should be returned in the same way; over three-quarters of respondents returned their questionnaires by post.

Finally, at the time of the research the projects were only in their infancy and practitioners were unable to comment on how the changes would impact on the outcomes for children and young people.

Learning points from the Trailblazer work

This section has described the ways in which Trailblazers have started to develop collaborative practice. The results from a small-scale practitioner survey suggest that tools such as a common assessment were helpful and initiatives that increased collaborative work with colleagues in other agencies were valued. In general, the few practitioners who were involved in a pilot felt that it had impacted on their confidence in working with colleagues from other agencies and in sharing information with them. The early stages of the pilots meant that practitioners could not comment on what impact the changes in practice would have on outcomes for children and young people.

Most Trailblazers based their conceptual framework for improving information sharing and collaborative practice on the Assessment Framework. This was familiar to the majority of practitioners working with children and families.

To successfully develop an agreed conceptual framework requires the active engagement of practitioners and managers, and ideally children, young people and families. The active support of middle managers was crucial to implementing changes and embedding them in practice.

Common referral and assessment formats took into account existing relevant work carried out locally. To support practitioners in making appropriate referrals most Trailblazers developed models for common assessment based on ‘levels of vulnerability’, ‘needs indicators’ or ‘identification criteria’. However, one Trailblazer adopted a different approach; concerned that such indicators could delay the provision of services.

Trailblazers used existing information services to build their service directories. All the directories included basic information about the service such as contact details, description of the service and geographical location. Service directories were useful sources of information about services and it was anticipated that their use would reduce inappropriate referrals

Not all Trailblazers introduced a new form of inter-agency meeting, believing that existing arrangements could be utilised. When new multi-agency meetings were introduced Trailblazers used them for different purposes, for example to co-ordinate services, or to focus on the needs of individual children. Which professionals attended the meetings depended on the circumstance of the case, but in the majority of cases parents and children would be involved. In most Trailblazers these multi-agency meetings were supported by the pilot co-ordinator.

Developing the concept and role of a lead professional was a challenge for many Trailblazers. Concerns focused on two issues. The experience and training staff needed to successfully take on the role, and the anticipated reluctance of practitioners to make referrals if this resulted in them becoming the lead professional.

- The concept of a named individual as the nominated worker for a particular child was widely accepted. However, Trailblazers adopted different models. Some had a single individual while others divided the roles and responsibilities between a

‘lead professional’ and a ‘key contact’, with the later having less accountability than the former.

Recommendations for Policy and Practice

Developing a common understanding of Information Sharing and Assessment

- Effective projects need to have a common understanding or a sound conceptual framework that not only embraces national policies but also reflects local realities. The development of a framework and accompanying common language should enable agencies and practitioners to recognise the similarities in their practice and be clearer about their responsibilities.
- In developing projects for improving information sharing and collaborative practice, agencies should be encouraged to directly involve children and their families. One-off or periodic consultations are no substitute for real participation in service planning and development.
- Achieving a common understanding of ISA must include all levels within the organisations involved. The subsequent successful implementation will depend upon the commitment given to the project by not only front line practitioners and senior managers, but also middle managers. They must be encouraged to support the development of new ways of working and to prioritise the change involved.

Common assessment and referral

- The *Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000) with its domains and dimensions, is a 'common currency' between agencies and practitioners working with children. Its use is not limited to Social Services.
- Implementing common assessment within the pilots often relied on the role and support of the local project teams and pilot co-ordinators. This is a resource intensive commitment that needs appropriate levels of investment if it is to be maintained.

Service directories

- The development of service directories needs to be encouraged with clear guidelines about how they are to be established, maintained and publicised.
- Service directories are likely to be on-line facilities and should be accessible to all groups within the community including, wherever possible, those where English is spoken as an additional language. It is essential that they are accessible to users with disabilities, whether they are practitioners or children and families. Appropriate functionality needs to be built into the specification of on-line directories.
- Whilst service directories can help practitioners to identify appropriate services to meet a child's assessed needs, they should not become a substitute for professional decision-making. Practitioners should continue to use their own best judgement when choosing services.

Multi-agency meetings

- The aims, timing and intended contribution of multi-agencies meetings to greater information sharing and collaborative work must be clear.
- Agencies should ensure children and families, whenever possible, attend and/or contribute to multi-agency meetings.

Lead professionals and key contacts

- Concerns about the accountability of the role of 'lead professional' have led to it being renamed in some areas as 'key contact'. In others, both terms are used to describe two separate roles. There is a need to clarify what is intended by the concept of 'lead professional'.
- Further clarification about the role of lead professional and its accountability is also required to help agencies agree who can take on the role. At present some groups of staff feel inadequately prepared for the work it will involve.

Section 3: Using IT Systems to Share Information

Introduction

Every Child Matters (Cm 5860) sets out the government's long term vision to improve early intervention and effective protection through better information collection and sharing. The objective is to integrate information across services and enable professionals to share concerns at an earlier stage. To achieve this authorities are to develop a local information hub consisting of:

a list of all the children living in their area and basic details including:

- *name, address and date of birth*
- *school attended or if excluded or refused access*
- *GP*
- *a flag stating whether a child is known to agencies such as education welfare, social services, police and Youth Offending Teams (YOTs), and if so, the contact details of the professional dealing with the case*
- *where a child is known to more than one specialist agency, the lead professional who takes overall responsibility for the case.*

(Cm 5860, 4.3, p.53)

As of August 2004, five Trailblazers were piloting ISA computer systems; three were planning to start pilots in September and a further two during October and November 2004. One had developed an IT system and is now undertaking further development work. A description of each Trailblazer can be found in Appendix I.

The aim of this section is to describe the approaches taken by the Trailblazers collectively, highlighting both the common themes and the significant differences. The nature of trailblazing is such that problems have been encountered and solutions attempted. These are identified and discussed.

Information for this section has been gathered through interviews with Trailblazer project managers and the ISA lead officers, questionnaires returned by the lead responsible for developing the service directory and a 'walk-through' in each ISA Trailblazer pilot to understand how systems work and effect day to day practice.

Features of the computer systems - Common features

As laid out in the Green Paper *Every Child Matters* (Cm 5860) the Trailblazers' ISA computer systems are all expected to have the following common features:

Basic child details	Involvements	Lead Professional	Adding
Index of all children - name, address, date of birth, gender, GP, school.	Name, agency/role and contact details of practitioners involved.	Name and contact details of lead professional/ISA contact/practitioners from accountable agency/Integrated Services Manager.	The ability for practitioners to add their involvement or that they have become the lead professional.

This information forms the core of all the IT systems and gives the functionality required in the Green Paper.

As well as basic child details some systems are also recording alternative names (aliases), other or previous addresses and/or family details. This additional information can be seen with the appropriate access level.

Recording agency involvements and details of the lead professional on the index means that practitioners can easily find out who else is involved with a child and how to contact them. It is by talking to the other people involved, that practitioners will gain a fuller understanding of the needs of the child.

Some Trailblazers consider that this basic functionality will be sufficient to aid communication between professionals. By not recording concerns or needs they aim to encourage professionals to contact one another. They believe that information on needs/concerns should be shared through traditional means, for example, conversations, meetings, reports and not via the child index.

We want to provide the minimum information to allow practitioners to have a conversation and work with clients.

(Project Manager)

Features of the computer systems - Other features

The following are some of the additional features that some Trailblazers are adding to their computer systems in addition to the basic functions listed above.

Needs or Concerns	Events	Automatic Alerts	Other Features
Adding details of needs or concerns with the agreement of the young person/family. Access levels restrict who can see the needs/concerns, person who identified the need/concern and their agency.	Eg assessment completed (date and agency), referral made (by whom, to whom and date), referral accepted, multi-agency meeting held, police notifications, A&E attendance, exclusions from school, housing notifications.	If a certain number of concerns are added then an alert is automatically sent to an appropriate person. If a certain number of events are recorded in a given time then an alert is automatically sent to an appropriate person.	Address book – details of users of the system enabling practitioner to easily track each other down. Secure email/messaging system for practitioners to contact each other. Access to the service directory from the index. Legal advice/case study examples available to help practitioners. Automatic email to the lead professional when a review date is approaching. Assessment/referral forms linked into the index allowing core data or needs identified to be filled in automatically by the system. Making and tracking online referrals.

Needs and Concerns

Four Trailblazers are piloting computer systems which allow practitioners to add needs or concerns to a child's file.

Two of the systems allow the needs or concerns to be used to search the service directory.

When a practitioner logs a concern it can be used to search the service directory – hopefully will encourage agencies to use the system.
(Project Manager)

Another advantage of adding needs or concerns is that practitioners who are able to see them will build up a more holistic picture of the child.

Needs or Concerns?

Needs and concerns are both contextual pieces of sensitive personal information, and as such, are considered as being similar from the point of view of a computer system's design and functionality. However, there are important practical and philosophical differences between recording a child's needs and recording practitioner's concerns.

Practitioner's concerns are probably an extremely sensitive way of highlighting children who may need closer scrutiny. However, they are also likely to be intangible, transient and not directly evidence based. As such they may be harder to justify or back up and are more open to misrepresentation or misinterpretation.

Child's needs are necessarily evidence based. A practitioner has to assess *and analyse* concerns/evidence before needs can be identified. Recording needs is therefore more robust and objective but at the risk of being less sensitive.

When practitioners add needs and/or concerns to the index they must realise that they still have responsibility for the child and must continue to work towards addressing these concerns. Adding a need and/or a concern in itself does nothing to protect children.

Professionals need to take ownership of their decisions. They must not come to rely on an IT based system that will essentially make them 'lazy'.
(Project Manager)

In developing their computer system many Trailblazers decided against adding this option within their system.

... vulnerability is relative to the child's individual circumstances, not to a prescribed list of factors. We believe that logging flags of concern is seriously flawed. The logging of concerns has to be in a professional discussion rather than an IT system.
(Project Manager)

Recording Events

Many systems are recording events, such as an assessment being carried out, a referral made or a multi-agency meeting being held. However, the details of the event, for example the reason for referral, are not recorded on the child index. These events are entered into the index by practitioners.

We will record events including completion of an early assessment, completion of an action plan, registration of an involvement with a child and whether there has been a referral.
(Project Manager)

To pick up on many low level needs, one Trailblazer is building up a detailed chronology of events. Some of these are added by practitioners while others are automatically added, for example, police notifications, attendance at a hospital accident and emergency department will trigger this information being added to the index. If a certain number of events are recorded in a given time then there is an automatic alert to the system.

Case research indicates that chronology is important. A build up of events tells you something is not right... chronology builds a full picture and triggers early responses. The events-chronology brings together information from external bodies which wouldn't be visible otherwise. Professionals need to get the full picture to help them make the right decisions.

(Project Manager)

The value of keeping a chronology of important events including concerns about a child's wellbeing and safety has been well documented (Social Services Inspectorate, 1999). A chronology enables the practitioner to better contextualise their current concerns or observations about a particular child.

Automatic Alerts

If needs and/or concerns are added, then the total number can be monitored to identify children with *many* needs or concerns. One Trailblazer is piloting an automatic alert system where, for example, a key worker is notified if five concerns are added. Determining the number of concerns that have to be added for an alert to be raised is critical and the pilot will help Trailblazers decide this threshold.

The advantages are that it provides pro-active information on which professionals can base decisions and it requires them to make decisions.

(Project Manager)

Could lead to 'false positives' and information overload. Will test these things out in the pilot.

(Project Manager)

The other three Trailblazers have a central team who will monitor the needs and/or concerns that are added, for example, by generating reports.

We could ask the system to report for example those children who are being looked at x number of times, show children with needs older than x amount of time or more than x number of indicators.

(Trailblazer Project Team Member)

These will be monitored by the co-ordinators although they will have to do this manually. However, it will be able to monitor whether needs remain unmet, or whether the needs should be reviewed. In these cases the co-ordinator will contact the lead professional as necessary.

(Project Manager)

In both cases it is professionals who make decisions based on the automatic alert or the reports generated.

The system does not make decisions and needs to be operated by professional staff.
(Project Manager)

Did not want to let technology decide who is at risk - want practitioners to talk to families and each other.
(Project Manager)

Adding needs in relation to individual children may help practitioners, with the correct access level, to establish a more comprehensive picture of the children's development and circumstances. In addition, numbers of needs, both those met and unmet can be monitored.

However, storing information about children's needs creates additional access and security issues, and also runs the risk of encouraging practitioners to believe that they have taken action to safeguard a child's safety simply by recording on the system their concern or the child's needs. Having done this the practitioners may feel no further action is necessary. Practitioners may also come to rely on automatic alerts. Where flags or similar markers are in use it would be possible for staff to assume that situations were safe simply because they had not received an alert or notification.

Sharing information on needs and concerns by talking to other practitioners involved rather than via the index will help put the professionals' concerns about the child or the identified developmental needs of the child into context. This should support greater collaboration over assessments and more appropriate inter-agency interventions. An index with just basic details and contact details of the practitioners involved may be all that is needed.

Whether a child's needs/concerns should be stored or not is an emotive issue with strong advocates on both sides. Any decision as to government guidance on this must be informed by the Trailblazer pilots.

Other Features

All these computer systems have been designed specifically to meet the requirements of each commissioning Trailblazer. As such, different Trailblazers have added a range of features to aid practice, over and above those required by the Green Paper. For example, some Trailblazers have assessment and/or referral forms linked into their index enabling a practitioner who is assigned the case to have access to the completed forms or the forms to be sent electronically to another practitioner. One Trailblazer has built into its system the ability for forms to be printed off and filled in by the practitioner with the family. On completion the family can sign the form before it is scanned back into the system and submitted onto a child's file.

Fair processing notices and consent

The seven Trailblazers which are putting together an index of all children are all issuing a fair processing notice to families in the pilot area explaining what

information will be held on the index. To save on costs one Trailblazer sent the notices out through schools and clinics instead of mailing every household. Others have put notices in GP practices, libraries and leisure centres; in one Trailblazer this was in addition to sending notices directly to families.

Fair processing notices will need to be sent out periodically and consent updated. Trailblazers that have sent out fair processing notices have had very few parents contact them with concerns and most were easily dealt with.

Most of the queries thought they had been individually targeted/tracked – should have been clearer in the letter that this was not the case. The other major worry was security of the database – people were OK once the system had been explained to them.

(Project Manager)

The Trailblazers are adopting different approaches over whether to seek parent's consent to place basic details of their children on the child index.

Seeking consent prior to placing children on the index

In some authorities not all children within the area will be included on the child index. In one authority families can opt out by not giving permission for details of their child to be included. In a further three authorities, although basic details of the child will be recorded, families can opt out of having these details shown on the index. If details are kept, but remain hidden, the computer system can still monitor and report to a central team if a certain number of practitioners try to access a file.

One Trailblazer is piloting a child index that only contains information on children who have been referred to a multi-agency team. Consent is gained before the child is referred to the multi-agency team and the child's details added to the index.

Want to work within a very transparent ethos, make sure parents understand.

(Trailblazer Project Team Member)

Not seeking parental consent prior to placing children on the index

Two Trailblazers have decided not to seek parental consent to establish a basic index of all children. Families do not have the ability to opt out.

...notified parents that index was being put together but did not ask for consent. Our legal opinion is that you can put an index of basic details together without consent.

(Project Manager)

Gaining consent to share information

The index is a mechanism for sharing information and must reflect best practice on information sharing. Most Trailblazers are not expecting practitioners to get consent before searching the index, only before sharing information. Trailblazers have consulted with children, young people and their families and practitioners about information sharing. Consultation with children and young people showed that they hold strong views about professionals sharing information about them and want to be asked before information is shared.

One of the main messages from the ‘Every Child Matters’ report of consultation meetings with children and young people’ is:

Young people should know what information is kept or passed on about them – and information should only be passed on or shared with the consent of the young person concerned, except in the case of serious danger to the young person.
(www.dfes.gov.uk/everychildmatters)

This sentiment is echoed in the Trailblazers’ own consultations with young people:

Young people in both groups were clear that they did not mind if information was shared so long as adults asked their permission first.
(Findings from one Trailblazer’s consultation with young people)

Most Trailblazers are expecting practitioners to inform children, young people and parents and/or gain their consent before contacting other professionals who are listed on the system as working with a child.

However, one Trailblazer expressed concerns that this may stop practitioners from talking to each other, and is using the pilot to help sort out this area.

If a practitioner checks the index and finds that another practitioner is shown as working with a child we want to encourage them to talk with each other. If a practitioner had to seek the family’s express consent before they could do this they would be discouraged from talking.
(Project Manager)

Gaining consent to add additional information to the index

Trailblazers are getting practitioners to ask for consent before adding: their involvement; needs and concerns about the child; or events that relate to the child or young person’s welfare. However, one Trailblazer expressed concerns that practitioners should also be clear that there are occasions when a practitioner can lawfully share information without consent.

If no consent given then practitioner can go back to the legal framework in the toolkit and if they have grounds to share their involvement then they can still add their involvement to the computer system.
(Project Manager)

In cases where consent is not given to add additional information to the index, there is a risk that because this information is not shown, practitioners will check the system and incorrectly assume that other agencies are not involved.

Many Trailblazers have developed common referral and assessment forms which have a section to record whether the young person and/or the parent agrees that the information recorded on the form can be shared with other agencies.

Because a Common Assessment is designed to be done with the child and family, consent to subsequently share information should be sought at this time.
(Project Manager)

The practitioner then adds that they have consent to the computer system.

A screen on the system asks if they have got consent.
(Project Manager)

Young people and parents should be clear what they have agreed to when giving consent to share information about them. For example, they need to know what information is being shared and with which agencies.

In a consultation workshop, one Trailblazer learnt that young people wanted to choose which agencies could see additional information about them, such as a practitioner's involvement or a need that had been added to the index. In response to this feedback, the Trailblazer has created an area on their system where practitioners can add details about consent. They record:

- who gave consent - child, parent or carer,
- for which agencies consent was given – there is a list of agencies and the ability to tick those to which the consent relates,
- how consent was gathered - written or verbal,
- where the details of the consent are recorded – for example on a case file (verbal consent should be recorded on a practitioner's own agency case files or recording system),
- details of the person who gained the consent, and
- the date the consent was gained.

Consent to share information should not be asked by a simple yes or no question. Consent should be clearly recorded and consent rules can be built into the computer system. Children, young people and families should be given the choice of what information is to be shared and with whom. The website www.cleaver.uk.com/isa/ has been put together to aid non-trailblazer authorities in developing systems to improve information sharing and collaborative working and covers developing appropriate means of communicating consent issues.

Security

Concerns about security

One of the primary concerns raised from Trailblazers' consultation with practitioners, children, young people and parents, centred around the security of any computer system which holds details of children. Technology can help improve information sharing and potentially save practitioners time by providing easily searchable information, but it is essential that IT systems are secure.

The security of any computer system is always limited and it is never possible to remove *all* risks of security breaches. When considering security, there are two areas which must be addressed. First, the technical details of the security features built into the computer system. There are a range of industry standard approaches which cover

issues such as access and encryption. Second, the manner in which the system is used. Many security breaches occur not because a 'hacker' disables some modern piece of security software, but because a user/employee leaves their password written down or unchanged for a long period of time. Training and monitoring of correct usage is as important as installing up to date, recognised security features. Finally, perception of the vulnerability is probably worse than the real picture and overcoming fears about the security of an IT system is essential to engaging practitioners.

It is about allaying fears e.g. on security of IT system.
(Trailblazer Project Team Member)

Trailblazers are using combinations of various security features including:

Training	Secure log on	Search criteria	User levels.
Covering use of the IT system, data protection, information sharing and consent. In some pilots users are enhanced CRB checked. In one, practitioners sign a form about proper usage of the system.	Combinations of user name, password, random digits of a pass-code, a memorable date or memorable pieces of information, a key fob number that changes every minute, fingerprint scan. In one system practitioners are asked for a memorable piece of information every time they add any information to the index or access a file. Annually getting a company to attempt an 'ethical hack' of the system.	Preventing practitioners browsing the index by: Having to enter enough search information about a child (name, date of birth, gender, address) to limit the search results to less than a set number of children. Certain search fields must be filled in depending on access level.	Agencies are given a user level which limits the information they can access and amend. Viewing sensitive involvements and adding/viewing needs/concerns/referrals can only be done with a certain access level. Access to categories of information restricted based on type of user and/or the information sharing protocols agreed between participating agencies and organisations.

The Trailblazers identified a number of issues in relation to ensuring the security of the child index.

Searching the index

An index is not for general browsing, it is for practitioners to look up the details of a specific child about whom they are concerned. One way some Trailblazers are tackling this is by making practitioners enter enough search information to limit the results to just a few children, and in one Trailblazer, just one child. This makes sure that practitioners are searching for a specific child. The pilots will help identify what this level should be.

It is not a system to look up children, it is a system to find the practitioners who are involved.
(Trailblazer Project Team Member)

Two Trailblazers are piloting systems where practitioners can search by any piece of information e.g. just name or street or age of child. This allows practitioners to search the index for cases where less information is known and the pilots may show that practitioners find this flexibility of value. Whatever system is used, Trailblazers must ensure that practitioners have a real concern and are looking up a specific child rather than browsing the index. Usage can be monitored and training on information sharing and data protection is essential in making sure that practitioners use the computer system correctly.

Access levels

Access levels are an important and complicated area that many Trailblazers are still working on. Most Trailblazers are limiting access to some information, for example, the involvement of certain agencies or details of children's needs and concerns. However, if information is not visible to a practitioner they may fail to realise that they do not have the full picture. One solution is that a practitioner could see on the system that there is another agency involved with the child and also the contact number of this agency, but no further details would be visible to them. Pilots will also help work out exactly who needs access to the system - every teacher or just a designated person in each school.

Sensitive services involved can only be seen by people with the appropriate access level. If the person logging on does not have the appropriate access level then they will be able to see that a service is involved and a contact number but no details about which service it is.
(Trailblazer Project Team Member)

Anyone who has been trained can have access to the index – part of the pilot is to work out where the threshold lies.
(Project Manager)

We want agencies to let us know what access they want for members of their agency.
(Project Manager)

One Trailblazer is piloting a very simple system with no restrictive access levels. They feel that with only minimal information on the system (basic details of children and practitioner involvement if consent is given) there is no reason that everyone should not see everything. The primary aim of all these systems is to facilitate information sharing and multi-agency discussions; having only limited access to a child's information may reduce the effectiveness of the system for some practitioners.

Formal checks

Three Trailblazers are making sure that people have enhanced Criminal Records Bureau (CRB) checks before they have access to the index but this has resource implications both in terms of time and money. One Trailblazer is giving responsibility to individual agencies for making sure people have the appropriate checks.

Will need CRB check to have access, but ISA [project team] not checking this, agencies let us know that people are appropriately checked.
(Project Manager)

Carrying out enhanced CRB checks has caused delays to at least one pilot and another has expressed concerns that insisting that people are enhanced CRB checked would seriously hold-up the roll-out of their ISA project. They felt that if a computer index is only being used to share basic child details and practitioner involvement then this level of checking is unnecessary.

The problems have been around the significant numbers of practitioners not being CRB checked. This includes independent GPs, dentists and opticians who are not employed by a Primary Care Trust. Staff employed before [the year] 2000 are not enhanced CRB checked either. This is a significant problem nation-wide. In fact, the likelihood is that an authority's most experienced staff are least likely to have an enhanced CRB check.

(Project Manager)

The success of any IT system can be measured by its level of use. The fewer obstacles that must be overcome before a practitioner is able to usefully access information, the better used that system will be. It follows that all IT systems need to be user friendly and laid out in a logical manner. A system which holds information of such sensitivity that it requires *all* users to have an enhanced CRB check will inevitably take longer to get running and the task of checking all professionals in every statutory and voluntary agencies is perhaps unrealistic.

In general, the more data which is stored on each child, the more sophisticated the computer system must be both to provide easy access to that data and to prevent inappropriate access to it. More sophisticated computer systems are, in general, more open to misuse or abuse and a balance must be struck between having enough information on the system for it to be useful but not so much that security and access becomes over complicated.

Using the computer systems

Getting agencies to access and use the index is a challenge that must be solved if the index is to be successful.

A big culture change is needed to get people to use the system and enter concerns.

(Project Manager)

Information on the computer system must be as complete as possible and practitioners need to be encouraged to take the time to log on and add information. Trailblazers are experimenting with different ways of automatically sharing information through the system. For example, one Trailblazer has tried to encourage practitioners to use the system by incorporating into it the capacity for information about their involvement with a child to automatically be communicated to practitioners in other agencies who are also involved with the same child. For example, if a social worker has a child on his or her case list and this child comes to the attention of the school nurse who registers the child on her own case list, an icon will appear next to the child's name on the social worker's records.

Another Trailblazer is encouraging practitioners to add needs about a child to the system by making automatic links between needs and the potential services, through the service directory. For example, if the practitioner records unmet needs about a child's health onto the system the relevant agencies that could potentially meet these needs will be identified.

Keeping the index up to date

Practitioners and lead professionals must keep the index up to date by reviewing regularly the information they have added, and by including start and end dates to the involvement of particular agencies. To ensure that the needs recorded on the index remain relevant and up to date, one Trailblazer is piloting a system where a member of the central team may contact a practitioner if the needs of a child have been on the system for more than six months.

Having a central team or a co-ordinator to support practitioners in using new systems will help to introduce them and ensure they become embedded in day to day practice.

Access to computers

One problem is that some agencies, particularly small voluntary organisations and some practitioners (including those working in statutory agencies) do not have regular access to personal computers and/or the internet. To ensure information from all relevant agencies and professionals is entered onto the system, either the necessary facilities need to be provided, or procedures put in place for these practitioners to add their information to the system. This could be done either through co-ordinators within their own agency, through other agencies or via administrative staff.

If an agency does not have access to a PC there will be a facility for passing information about involvement via a co-ordinator.
(Project Manager)

Resources also an issue – need computers.
(Project Manager)

Referrals from non statutory agencies are phoned to the co-ordinator and checked or added. Most practitioners do not have access to a PC and some agencies do not have databases. Most agencies and practitioners have to access the system via a phone call to the pilot co-ordinators.
(Project Manager)

How some voluntary organisations access the system is an issue still to be sorted out in many Trailblazers.

We know there will be difficulties around how smaller voluntary sector agencies access the system. This is likely to be via statutory agencies although larger voluntary agencies such as Barnardos want to be the access point for smaller agencies. We are again waiting guidance from the centre on this.
(Project Manager)

The system in practice

It is too early for many pilots to tell if their child index is being used by practitioners and exactly how access will work. Feedback from pilots which are up and running has been mixed. One Trailblazer reported that many agencies were using their system, whereas another two Trailblazers found that some agencies were not using the system as much as expected.

...prefer to phone the central team and get them to access it.
(Project Manager)

In practice, simple systems where practitioners are required only to add and update their own involvement may prove to be the most successful. Moreover, systems that support individual practice such as those that include common assessment or referral forms with sections automatically populated, online referrals, and secure email facilities, may encourage practitioners to use the system regularly.

Despite training the uptake is quite slow. This is related to not all processes being available on the system and therefore electronically. Where they have used the system we have found that they are more likely to use the tools than the index.
(Project Manager)

Monitoring the computer systems

The introduction of computers to support practice has the potential for improving managers' ability to:

- monitor practitioner involvement with individual children,
- monitor the use of the system itself,
- provide aggregated information to inform planning.

Practitioner involvement with individual children

One way practitioner involvement with individual children can be monitored is through the production of reports. Computer systems can generate reports at regular intervals that will identify children who have had a certain number of needs added within a given time, or those whose files have been most frequently accessed. However, files will be accessed for all sorts of reasons. There is a danger that those cases most frequently accessed may not be those about which practitioners have the most concerns.

To counter this, six Trailblazers have a system that requires practitioners to enter why they are looking at a file.

Individuals can't check the index without recording their reasons for doing so. Therefore casual surfers should be prevented.
(Project Manager)

We will be able to examine a record relating to any child or practitioner, including the reason why the practitioner has accessed a child's record – they must record this before they will be able to look at a child's record.
(Project Manager)

One Trailblazer expressed concerns that monitoring the index for 'most accessed' records may inhibit people from accessing the database at all, and prevent it from being a useful tool.

People will mistake looking at records as an indicator of worry when actually people look at records for all sorts of reasons.
(Project Manager)

In two systems an automatic alert is generated and the central team or lead professional contacted when a set number of enquiries about a child within a set time period have been made. The practitioners making the enquiries can then be contacted and appropriate action taken. Trailblazers are using their pilots to decide the threshold for generating such reports – how many enquiries within a certain timescale should trigger the alert?

Any system which monitors activity and automatically generates alerts runs the risk that practitioners will become reliant on them. Practitioners must realise that even with these systems logging an event or accessing a file is not, in itself, a step towards addressing any particular child's needs.

The use of the system itself

Monitoring practitioner usage will not only pick up any practitioners who are misusing the system but will also highlight if certain relevant agencies or groups are not using it.

The advantages would be that practitioner usage can be monitored and abuse identified. It would also be useful to monitor lack of practitioner use and to notify practitioners of apparent non-engagement of others.
(Project Manager)

There is and will be a complete audit trail of all actions undertaken by an individual... This is good practice according to law... it will also allow us to monitor the effect of training and how and whether practitioners are using the system. Over a period this will allow us to monitor whether practice is changing and whether there are any trends within teams or agencies about referral activity etc.
(Project Manager)

Aggregation of information to inform planning

Aggregating information will provide patterns and trends that can be used by authorities to inform future planning. For example, systems will have the potential to provide aggregated information on the characteristics of the child population within the authority. Unlike census data this will be up to date and can be used to ensure that the most appropriate services are situated in the relevant areas. For example, nurseries and day care in areas where there are high numbers of children under 5 years.

Storing and updating information

Eight Trailblazers have developed an index of children with their basic details stored on a central system. The details are collated and matched from various source systems. The information on the index either gets regularly updated, for example, daily or weekly or updated constantly – real time integration.

One problem, common to all approaches, is that updated information from different sources may disagree. For example, both the education and health databases might inform you that a child has changed address, but they may disagree about where he/she is living now. It is very difficult to resolve these issues automatically and this type of problem will usually require the attention and time of an administrator.

...someone needs to make decisions about what is changed eg if Connexions have a new address but someone else disagrees and says its actually a grandparents address, there has to be some verification of which is correct.
(Project Manager)

Real time integration means data will always be up to date but it is a more expensive and complicated option. Some Trailblazers are, therefore, starting off piloting a system that requires regular updates, they plan to move into real time integration once they are clearer about the final specifications for the system. Real time integration may simply not be possible with some databases.

The new system will have real time integration and has built on all of the learning from the pilots.
(Project Manager)

This [real time integration] was seen as too risky at the present time in the absence of clearer guidance from DfES about what is wanted. Without this the investment costs would be too high. However, the current proposal is seen as an interim solution.
(Project Manager)

Two Trailblazers have pursued a rather different route. In one the index has no central store of basic child details. The system has live links to various databases and searches them as required.

The other Trailblazer has developed a separate database that only contains details of those children who have been referred to their multi-agency team. At present information is added manually to the database. Eventually they plan to integrate various systems to create an index of all children.

Information that is additional to the child's basic details, such as, practitioners' involvement, events, needs or concerns can either be added directly to the index or added to a source system used to update the index. Having the ability to add information directly to the index enables users without their own databases (eg small voluntary organisations) to use the system. Agencies with databases that are used as source systems can put their involvement onto their own system and it will automatically be recorded on the index when the source information is updated. This stops duplication of effort as agencies don't have to add an involvement more than once.

Piloting

Pilots are only the first stage and Trailblazers will use their experiences from them to modify their systems further. Many Trailblazers thought that it was important to get a pilot running even if it was not perfect, as systems can be tested and learning generated. Involving practitioners in the development of the IT systems and in refining the systems through pilots was seen as a valuable way of ensuring that the IT system will support practice.

Went ahead with the pilot as it is a good way of learning even if we did not feel completely ready for it. People go off and lose interest if you do not deliver on time.

(Project Manager)

Told people it was a pilot – bear with it – work it out together.

(Project Manager)

We see the pilot as a means of developing what is most useful, rather than setting up an all singing all dancing system in advance. We want to let practitioners help us develop the solution during the pilot.

(Project Manager)

We are still thinking about whether we show or how we show information about sensitive services (for example who had made the referral), or how we restrict such information. We are looking to the next phase of the pilot to guide us on this.

(Project Manager)

Got to get 'buy in' before technology. Functional requirements of IT driven from conversations with practitioners... practitioners will be involved in refinements of the system. Technology should complement process.

(Project Manager)

Trailblazers have had the freedom to design and develop systems to meet local needs. However, a disadvantage is that some Trailblazers may have to adapt their systems depending on future government decisions.

It was good that a standard IT system was not imposed because the local IT architecture varies between local authorities.

(Project Manager)

The disadvantage [to being a Trailblazer] is that if there is a storm ahead and the government changes direction then it will be necessary to unpick what has already been done.

(Project Manager)

Developing complex IT systems has caused delays to some of the pilots due to issues over procurement, establishing policies and protocols, building complex consent rules, resources, training, and lack of guidance on data sharing.

Pilots are only just starting and long term funding is needed to ensure that the progress made so far continues. It is too early to evaluate the success of the pilots and whether they have improved outcomes for children but it is important that this learning *is* generated. In future, funding will also be needed to roll out learning across Trailblazers and non-trailblazer authorities.

We would welcome there being a further evaluation of our progress and that of other Trailblazers at March 2005. We are about to do all our real work (ie. the pilot) and we want the opportunity to feed this back into the subsequent development of ISA nationally.

(Project Manager)

Conclusion

Outcomes for children will be improved if practitioners communicate and services are delivered in a co-ordinated way. A child index with details of how to contact other practitioners involved could aid this process but must not be seen as a sole solution to protecting children.

An IT system will make no difference to children; it is what practitioners do.

(Project Manager)

Technology will not change outcomes for children.

(Project Manager)

Trailblazers are piloting a range of systems, from those which record basic child details and practitioner involvements through to systems with many extra functions. It is too early to know if these additional functions (for example, adding needs, building up an events-chronology, generating automatic alerts, making online referrals) are useful additions to the index and if they encourage practitioner usage. However, complicated IT systems will necessarily bring added security and access challenges.

There are still many issues that Trailblazers are working through, for example, access levels and how voluntary organisations have access to the index. The outcomes and lessons from the pilots will provide important insight into what is most effective for practice.

Recommendations for policy and practice

- The Trailblazers are still using their pilots to work through key issues about security, access, automatic alerts, the pros and cons of indexes and practice databases containing ‘additional’ information such as events, needs or concerns. Complex IT systems create challenges for security and consent. Simple indexes may offer a more effective starting point for improving information sharing about children. Further guidance from central government should be given once the ISA pilots have been assessed.
- Automatic messaging and electronic alerts/warning flags should not be seen as a substitute for safe working practice. Technology should be used to support practice and practitioners must retain responsibility for following up their concerns.
- Consent from children, young people and parents must be obtained before information is shared. This is a complex area and people need to be clear about exactly what they are giving consent for and when they have a choice to opt out. A clear statement on consent should be issued before any new systems are implemented.
- Practitioners should be supported in using systems through well-targeted training and accessible systems design. Resources are needed to ensure records are accurate and up-to-date.
- Some practitioners do not have regular access to computers and/or the internet. Either resources are needed to provide the necessary computers or procedures should be developed to enable practitioners without direct access to use the index.
- The use of systems should be carefully supervised and monitored to ensure their accuracy and credibility.

Appendix I: Trailblazing ISA

The task of the 11 Trailblazers was to test out innovative approaches to improving information sharing between agencies aimed at children with additional needs to ensure they are identified early and provided with services that will safeguard and promote their welfare. Unlike the more familiar task of piloting pre-designed models and ideas, they had the freedom and flexibility to experiment, within general guidelines, and within local context. They were each given £1 million to support this work.

This appendix describes their reflections on working in this way and outlines, through a series of flowcharts, the models that they developed.

Being a Trailblazer

The Trailblazer's role is a challenging one and project managers agreed that it had much to commend it over other learning models such as piloting a pre-determined idea. Being a Trailblazer entailed a number of dimensions that could be both advantageous and disadvantageous.

- **Freedom**

The Trailblazer approach gave project managers freedom and permission to innovate and develop ideas. They valued the ability to build up a project that responded to their local context, was flexible in relation to existing practice, built on local strengths, made use of existing networks and joined up with existing initiatives.

Having the freedom to test out ideas also held disadvantages, because the systems that have been developed and tested out by an individual Trailblazer may not become Government policy.

The danger of being left 'high and dry' by developing something that subsequently becomes redundant because the government decides to go in a different direction.

(Project Manager)

Having to unpick what we have already done.

(Project Manager)

- **Funding and a high profile**

Being a Trailblazer brought with it generous funding and the status of being part of a national, high profile, initiative. However money did not solve all the problems.

Having lots of money did not necessarily equal other agency buy-in or interest.

(Project Manager)

Having a high profile also led to what were seen as unrealistic expectations and demands for early answers, which some project managers found disquieting.

Your answers to questions based on work in progress being taken as 'absolutes'.

(Project Manager)

- **Working collaboratively**

Being a Trailblazer provided opportunities for learning from other Trailblazers and sharing of ideas either through personal contacts or via the workshops organised by the Department for Education and Skills. However, at the start of the initiative many Trailblazers felt they were pitted against one another.

It engendered competition among Trailblazers, although about half way through this gave way to co-operation. We didn't find the competition and duplication particularly healthy or helpful.

(Project Manager)

- **Mentoring**

The mentoring role was an integral part of being a Trailblazer. Mentoring involved holding regular (monthly, bi-monthly and quarterly) meetings for mentees, as facilitators or to share experiences, as well as responding to questions by phone and e-mail from local authorities all over the country.

Project managers recognised the benefits of the opportunities for two-way learning and developing on-going relationships, and were happy to participate in this activity even where it meant 'having our heads above the parapet and being shot at by the non-trailblazers if necessary'.

Being a Trailblazer and acting as a mentor could also result in criticism from other authorities.

Envy and anger when non-trailblazers realised that we were not going to tell them what to do.

(Project Manager)

In these cases, and in others where people felt 'deluged by numerous queries', they thought that central government should have recognised this potential pressure from the start and been clearer about setting expectations on both sides.

It was not clear what people wanted once they realised that Trailblazers were not going to tell them how to do it.

(Project Manager)

Trailblazers had different experiences of mentoring, some describing it as 'not onerous', while others found it 'time-consuming'. The differences may reflect the number of requests made of them.

- **Contributing to national policy development**

Project managers reported that contributing to the development of national policy was an experience they cherished.

Its been a privilege and a success – a great chance for practitioners to shape IRT and this has engaged them and helped them work enthusiastically – especially if the final outcomes reflect their work.
(Project Manager)

All found it a stimulating and enjoyable experience:

...innovative model of using direct action to inform policy – both sides learning and developing mutual respect.
(Project Manager)

Those most involved had contributed to the development of the Children Bill during its passage through the House of Lords, met with the Children Bill team, given presentations and attended meetings with government ministers, as well as participating in Department for Education and Skills Trailblazer workshops.

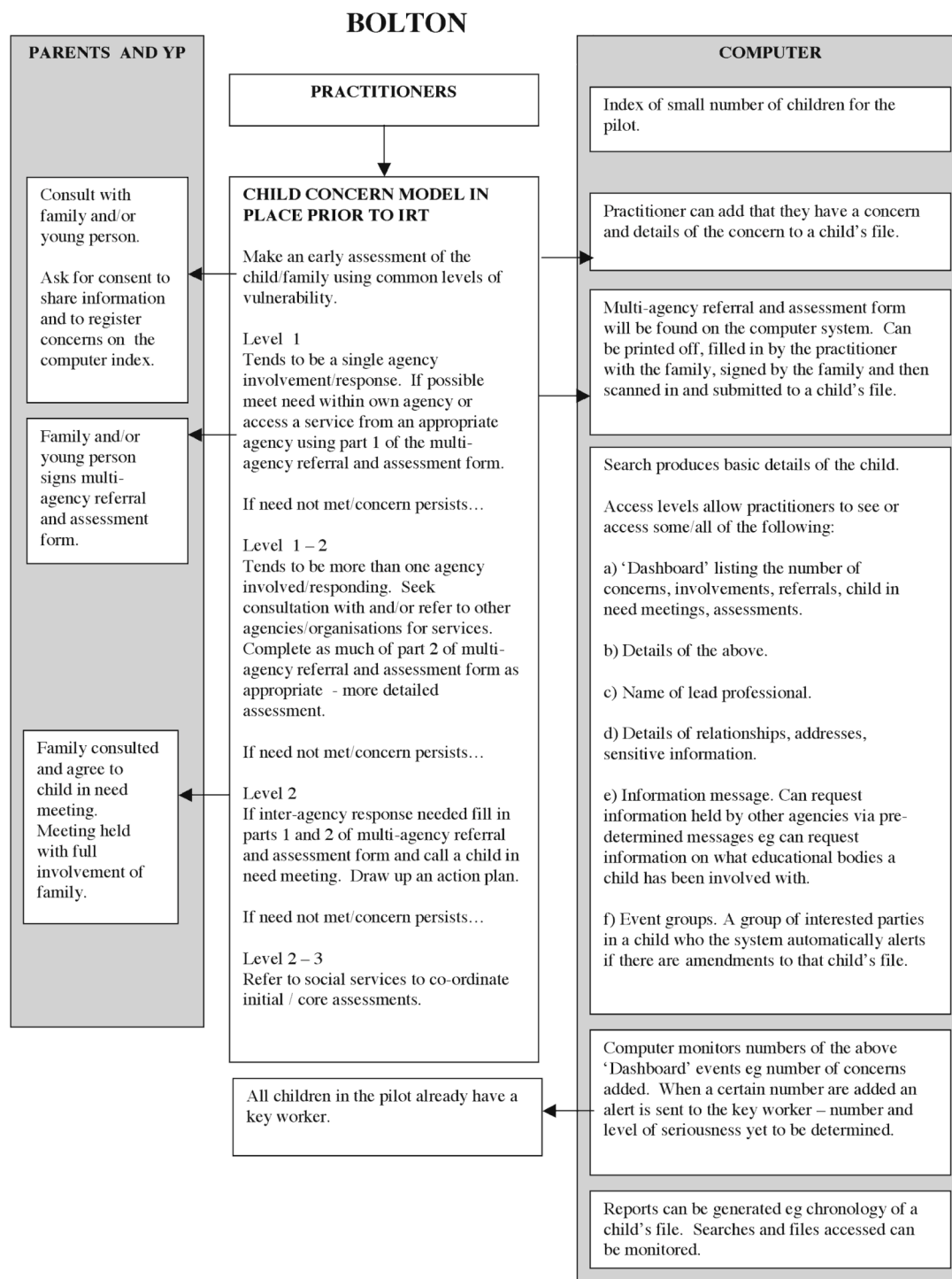
Although all valued the close working relationship between government policy groups and themselves, some felt that there were ‘favourites’ who were more frequently consulted. One of the project managers suggested this could have been overcome through greater transparency in relation to who was consulted and why, the reasons for decisions, and a greater acknowledgement of the contribution individual Trailblazers had made.

The main challenge of working closely with central government was the need to respond quickly to a rapidly developing policy agenda. Central government frequently requested immediate information and quick answers which managers found it difficult to respond to

Being asked for information at short notice – short timescales for government questions.
(Project Manager)

Trailblazer process maps and Pilot descriptions

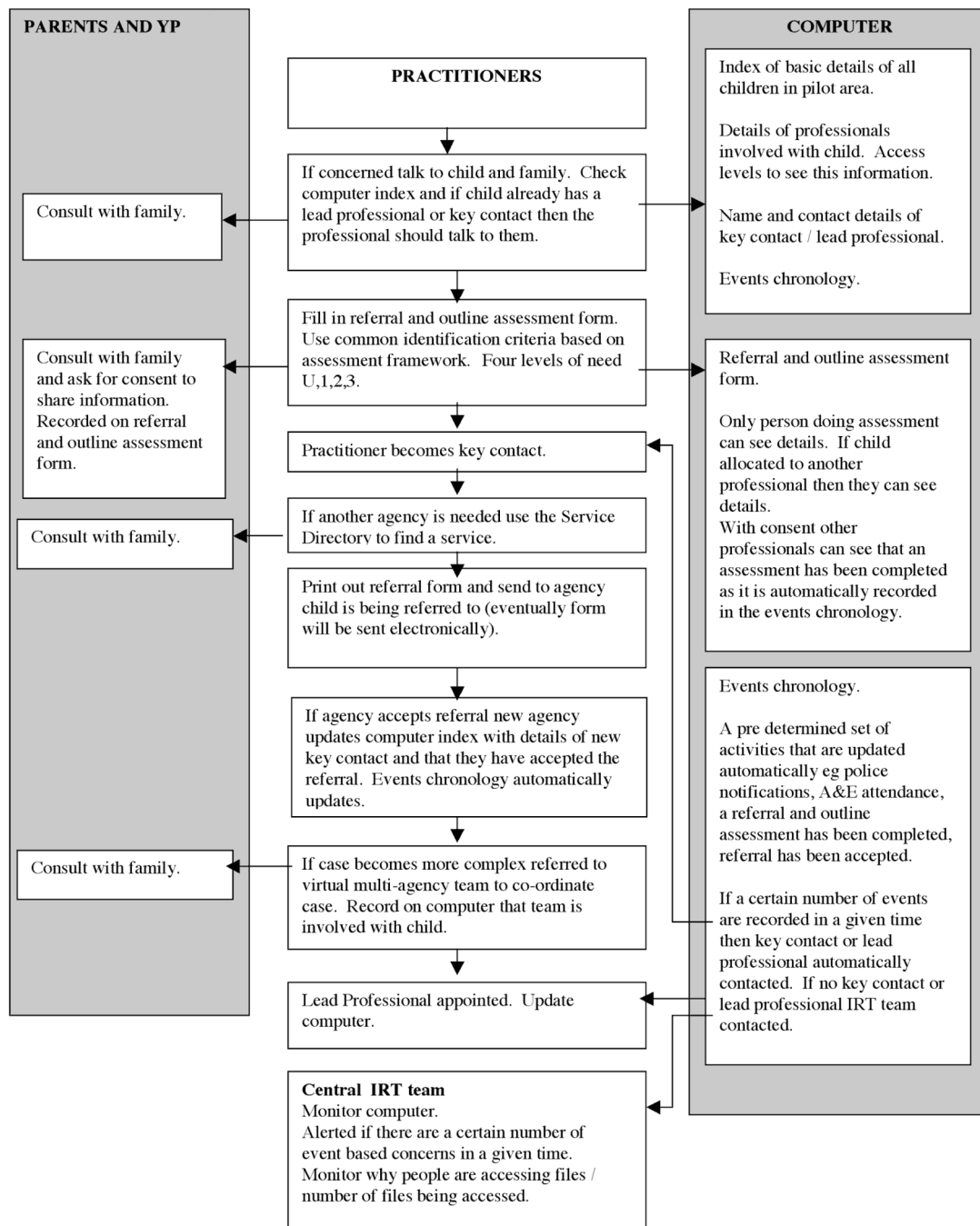
The final part of this appendix contains a process map and a description of the pilot project in each Trailblazer. The process maps show the involvement of children and young people and their families, the roles and responsibilities of practitioners, and how computers are used to support the process.



Bolton Pilot Description

Area / cohort of children included in the pilot	
Agencies involved in the pilot	
Start date of pilot	Late Sept 04
Length / anticipated length of the pilot	3 months minimum
Elements of system being piloted	The pilot will focus on two main areas: firstly it will clarify key worker/lead practitioner roles and accountability/responsibility; and secondly it will test the technical system that has been developed with Oracle.
Other characteristics of the pilot	It will help us to build an understanding of the web of services which surround children and young people; the level of training required for people to use the system effectively; and the commitment of individuals and agencies to improving information sharing.

CAMDEN

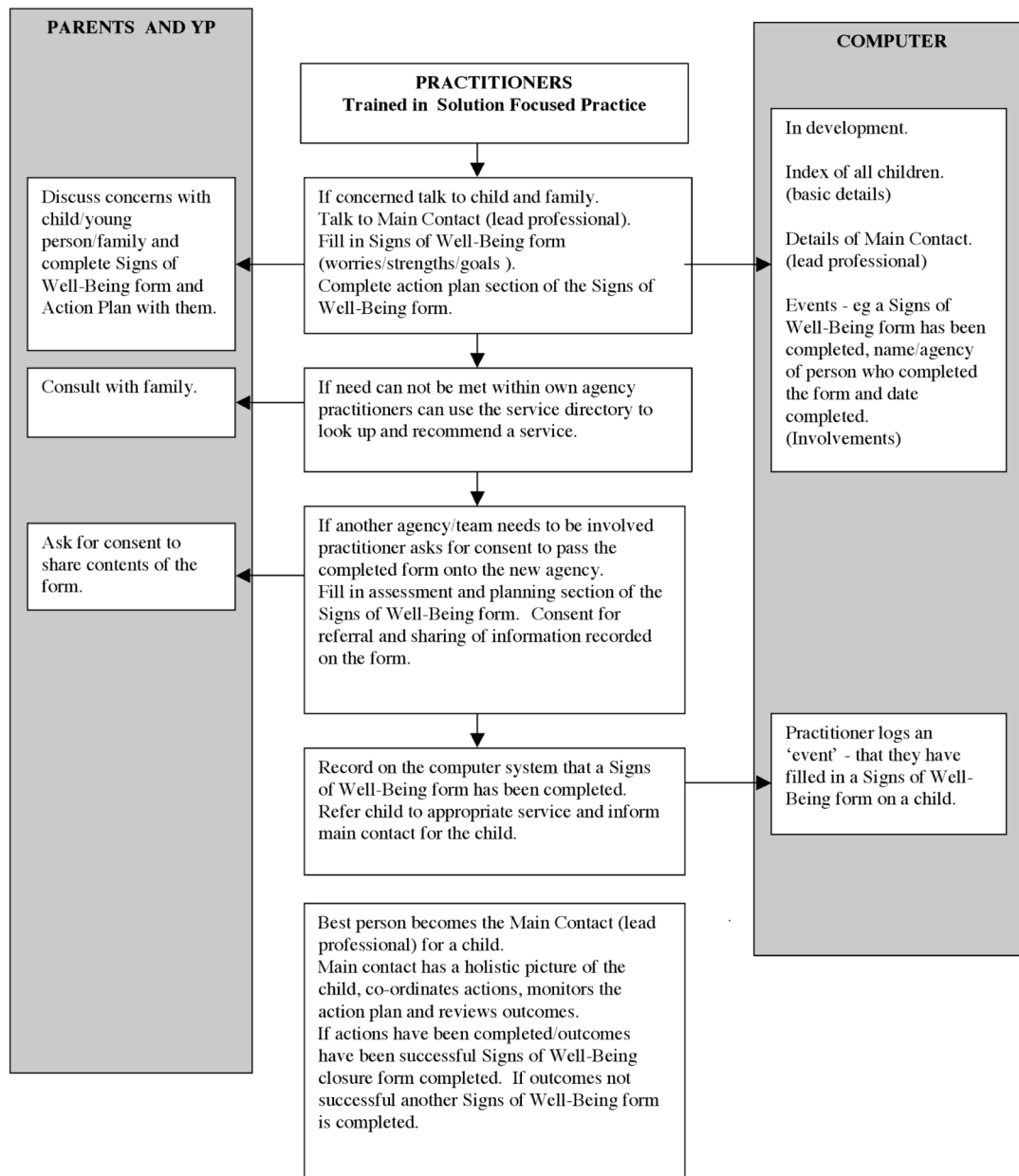


Camden Pilot Description

Area / cohort of children included in the pilot	The pilot is based around a community development pathfinder project in the Gospel Oak area of the Borough. There is a multi-agency team within each school in the pilot area. These are linked together 'virtually' to create the Gospel Oak Team whose role is to co-ordinate complex cases between the schools. The pilot started in 1 school with another school due to participate after September. It is hoped that 10 schools will eventually participate which would cover 4,000 children/young people.
Agencies involved in the pilot	
Start date of pilot	July 2004
Length / anticipated length of the pilot	March/April 05
Elements of system being piloted	<p>Common identification criteria are being used, based on the Assessment Framework. In turn, Referral and outline Assessment forms will be filled in and stored on the computer index. However, although they will eventually be sent by secure e.mail, during the pilot referrals will be printed out and manually sent to the agency that the child is being referred to. For assessments, only the person who completes will be able to see it, unless the child is allocated to another professional. Other people checking the index will only be able to see that an assessment has been completed.</p> <p>A computer index of every child living in the pilot area has been created. In addition to basic details about each child it also records 'events' about what has happened to them. There are three main types of 'events'. These are (a) gaps, such as no recorded school, no recorded GP, no recorded HV, or gaps in early development checks; (b) external notifications, such as police notifications, including as a victim of crime, attendance at A&E department, or referral to specific health service; and (c) internal notifications, such as exclusion from school, asylum seeking family placed in Camden, or care order taken out. The index will monitor the number of events in a given time (which includes assessments done by the practitioner). If a certain number of events in a given time is reached then the key contact or lead</p>

	<p>professional is alerted. If no professional is working with the child then the central IRT team will be alerted.</p> <p>A Service Directory has been established which will help those undertaking assessments to identify services to meet the assessed needs.</p> <p>Lead professionals are only being identified for level 3 cases (ie. complex multi-agency cases). For other children a key contact will be identified. However, they will have no accountability for other people's work, their role being to liase with other services and to be the main contact on the IRT system.</p>
Other characteristics of the pilot	

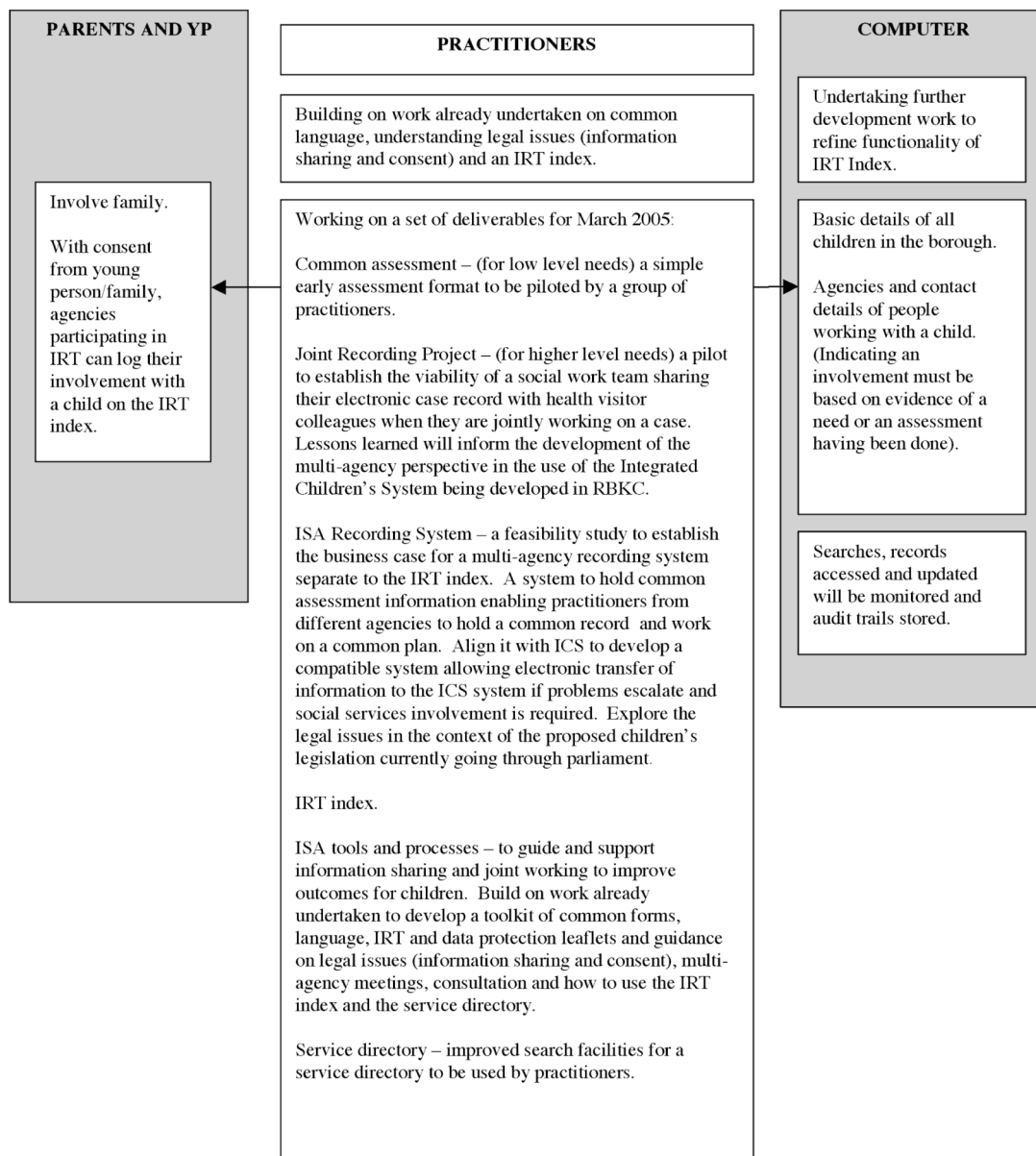
GATESHEAD AND NEWCASTLE



Gateshead and Newcastle Pilot Description

Area / cohort of children included in the pilot	Two Pilots are being established. One in Gateshead and one in Newcastle. Both are being developed around an existing Children's Centre and include the broad range of children covered by the Centre.
Agencies involved in the pilot	
Start date of pilot	September 2004
Length / anticipated length of the pilot	
Elements of system being piloted	The pilots are in two phases. First non-technical pilots concentrating on changing working practices and key processes. They will involve the use of early assessment tools (Signs of Well-Being form; Well-Being rating scale; and an Action Plan), defining the main contact role and using the service directory. The pilots will help to develop the technology that will be used within a subsequent technical pilot.
Other characteristics of the pilot	

KENSINGTON AND CHELSEA

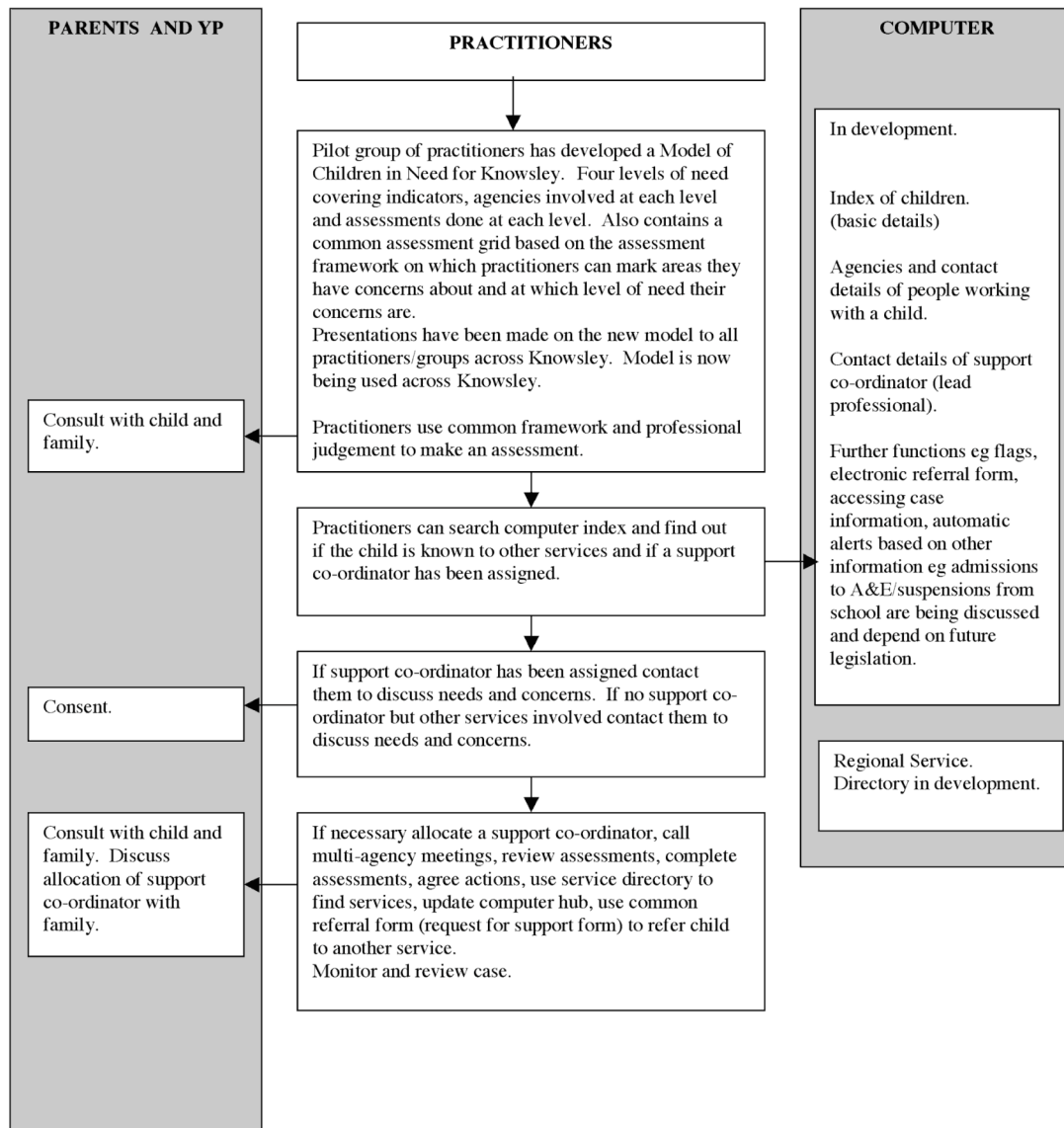


Kensington and Chelsea Pilot Description

Area / cohort of children included in the pilot	The scope and timing of the original pilot was seriously affected by concerns about the legal issues relating to sharing PCT data to populate a universal index
Agencies involved in the pilot	Health, Social Services, Education, Police and Voluntary Organisations
Start date of pilot	3/1/05 to pilot both the common assessment and joint recording, incorporating the use of the tools & processes
Length / anticipated length of the pilot	The plan is that both pilots should continue beyond the end of March when the ISA involvement officially ends
Elements of system being piloted	<p>Working on a set of deliverables for March 2005</p> <p>Common assessment</p> <p>Joint recording project - a pilot to establish the viability of a social work team sharing electronic case records with health visitor colleagues when they are jointly working on a case. Use to inform the development of multi-agency perspective in the use of ICS</p> <p>Common assessment recording system - a feasibility study to establish the business case for a multi-agency recording system to hold common assessment information. Exploration of possible alignment with ICS to develop a compatible system.</p> <p>Development work on an existing ISA index</p> <p>ISA tools and processes - mainstream a toolkit which contains: common language document, glossary of terms, Information Sharing Protocol, data protection leaflets and guidance on legal issues, multi-agency meetings, consultation and use of the service directory</p> <p>Service Directory - developing better search facilities</p>

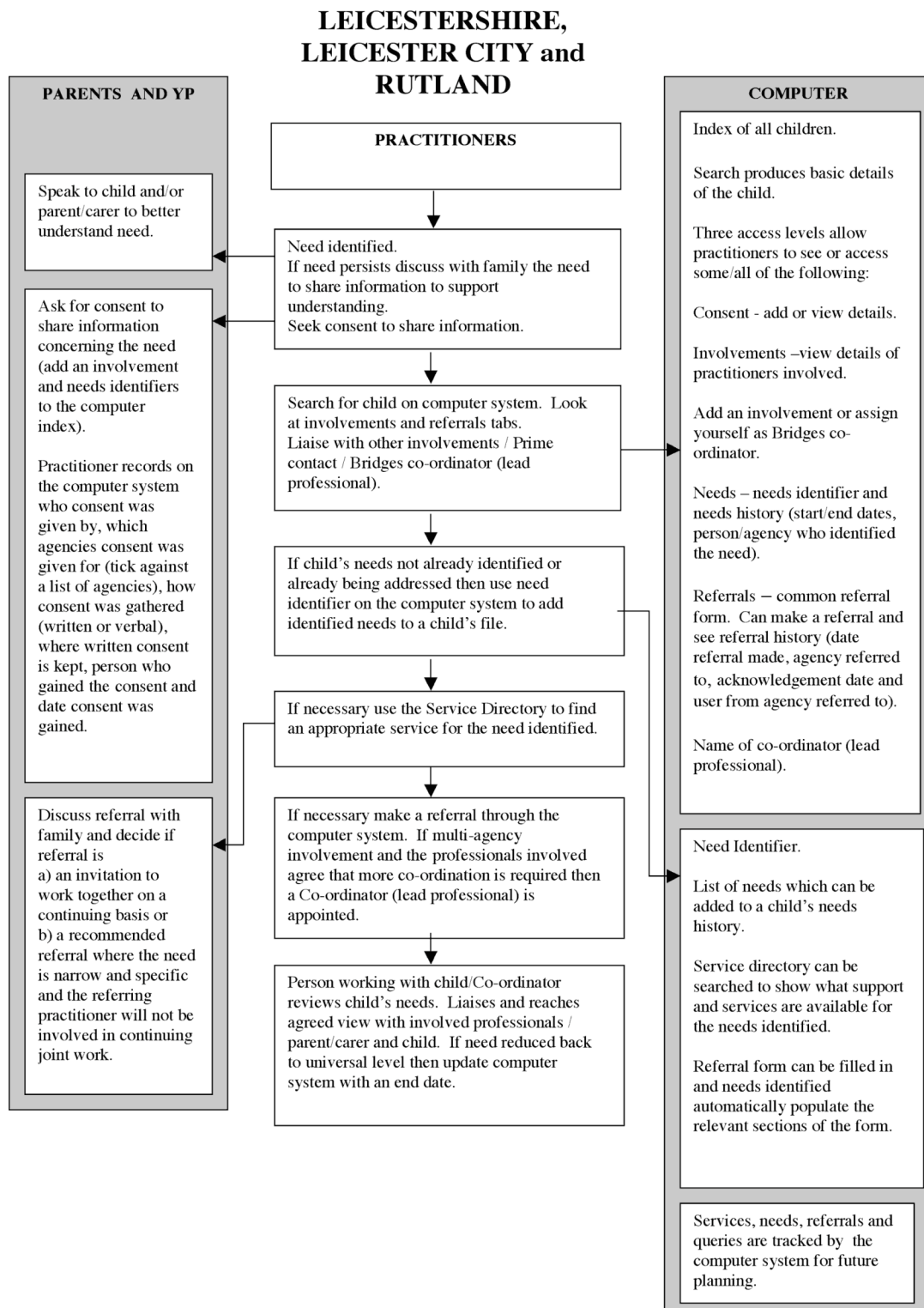
Other characteristics of the pilot	The index will not be piloted but the project has been realigned within current DfES requirements.

KNOWSLEY



Knowsley Pilot Description

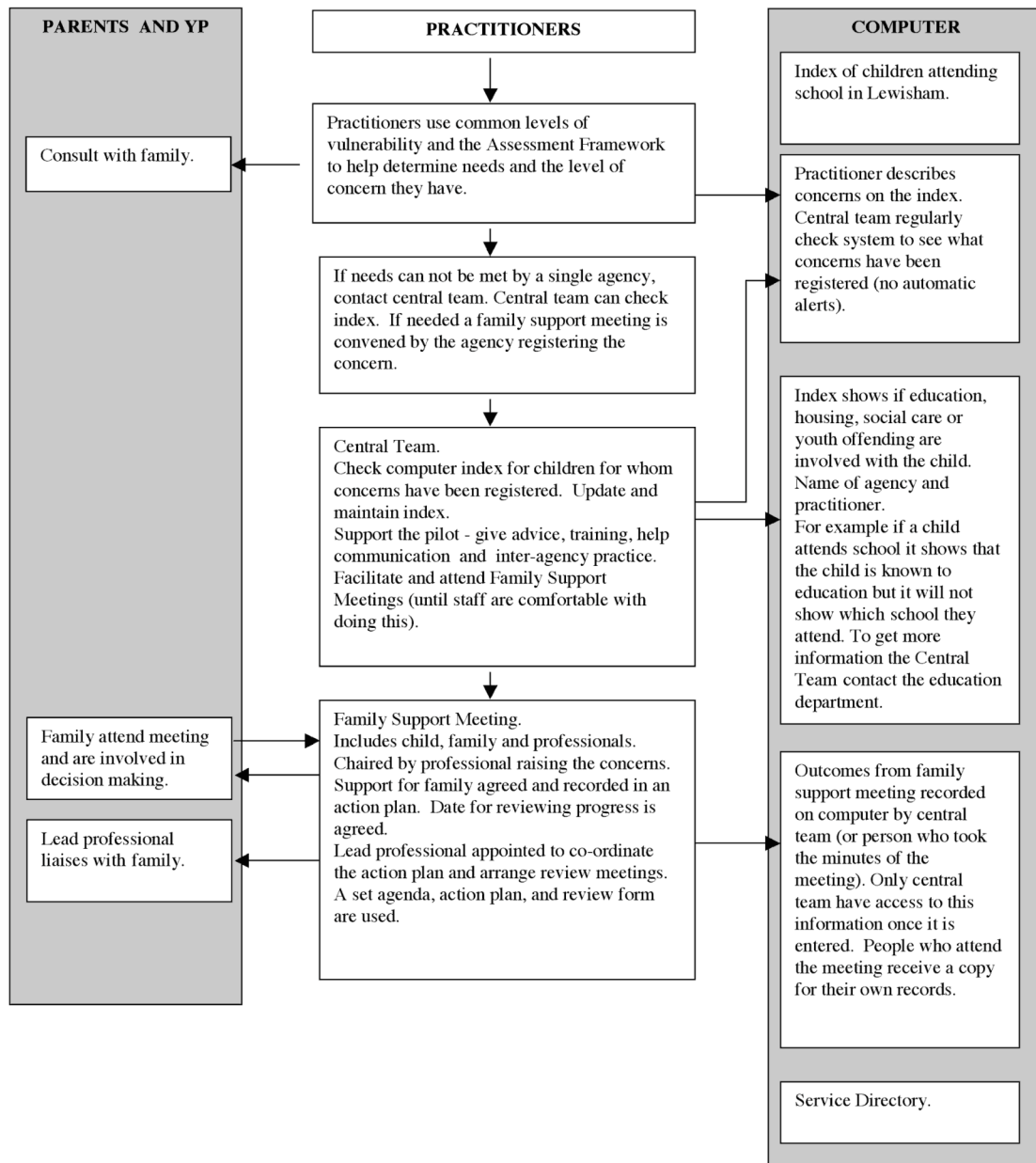
Area / cohort of children included in the pilot	The pilot has been confined to practitioners within the North Kirkby area of Knowsley. As yet the pilot has not involved working with any 'real' cases. The pilot due to start in Autumn 2004 will test out the processes that have been developed on 'real' cases and will also consider how they can be 'rolled' out across the borough.
Agencies involved in the pilot	17 agencies/services signed up to participate in the pilots, including Education, Social Services, Health, Leisure, YWCA, Barnardos, Domestic Violence Support Service, Surestart and CAMHS.
Start date of pilot	The first pilot started in September 2003. A second pilot is due to start in September 2004.
Length / anticipated length of the pilot	
Elements of system being piloted	<p>The first pilot developed 'Model of Children in Need: Information Sharing and Assessment' for Knowsley. The model has a triangle with 4 levels of need (universal, need for support, child welfare concern, need for protection). This will be used within the 2004 pilot along with a common referral form.</p> <p>No common assessment form has yet been developed pending the publication of the Common Assessment Framework.</p> <p>Lead professionals, or Support Co-ordinators are already used with cases at levels 3 & 4. The pilot will see them extended to level 2 cases. Support co-ordinators will be able to call multi-agency meetings.</p> <p>A computerised child index is being developed in conjunction with the pilot group of practitioners. It is unlikely to be in place for the start of the 2004 pilot.</p>
Other characteristics of the pilot	



Leicestershire, Leicester City and Rutland Pilot Description

Area / cohort of children included in the pilot	Area served by the County of Rutland. Further pilots in Leicester and Leicestershire will follow during the autumn.
Agencies involved in the pilot	All agencies working in Rutland - 82 staff have been trained in total.
Start date of pilot	September 2004
Length / anticipated length of the pilot	
Elements of system being piloted	<p>The pilot will see the launch of 'Bridges'. Bridges includes an integrated child index, referral and assessment process and service directory. 'Bridges' is based on a common set of needs identifiers that have been developed with practitioners and research building on the Assessment Framework. Practitioners can add 'needs identifiers' to the child index with the family's consent and also check who else is aware of the child.</p> <p>At present no common assessment form has been developed, although an earlier common referral form has been incorporated within the Bridges system and can be now completed electronically.</p> <p>The Service Directory went 'live' in December 2003 and has over 900 entries on it, with more being added. It is also based on the Assessment Framework allowing users to click on domains/dimensions to identify services that may be available for the child or parent.</p> <p>The pilots do not involve multi-agency meetings. However, a lead professional or 'Bridges Co-ordinator' can be appointed where the combined needs of the child cannot be met by one agency. The 'Bridges Co-ordinator' is responsible for ensuring that the services are co-ordinated and effective.</p>
Other characteristics of the pilot	

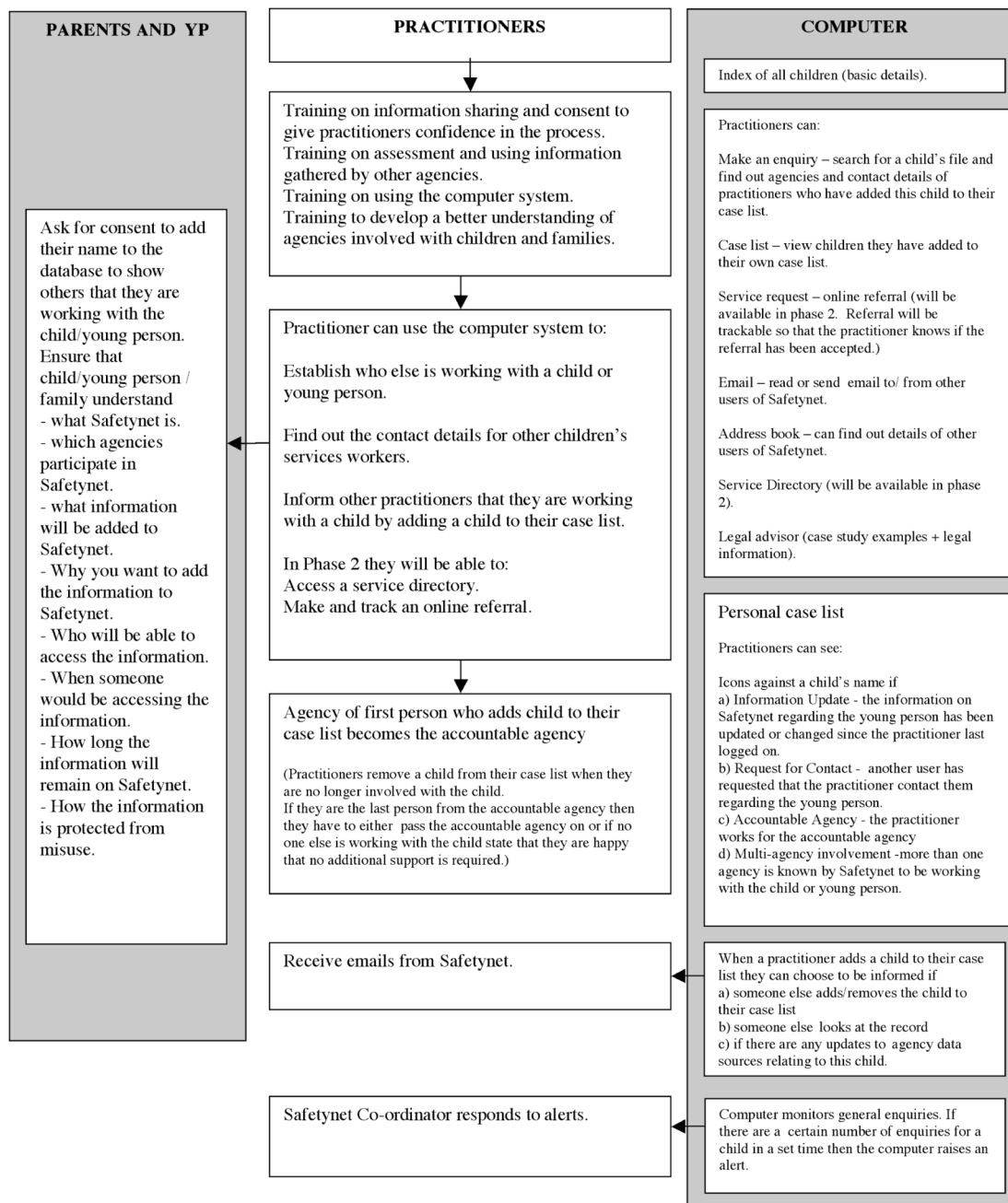
LEWISHAM



Lewisham Pilot Description

Area / cohort of children included in the pilot	Deptford, including 3 of the 4 secondary schools in the area and 17 primary schools, covering 11,000 children
Agencies involved in the pilot	Health, Social Care, Education, Housing, Police, Youth Offending Service and Barnardos
Start date of pilot	1 December 2003
Length / anticipated length of the pilot	
Elements of system being piloted	<p>Appointed three professional advisors, pilot administrator and pilot co-ordinator to oversee the pilot. They, together with the project team and external evaluators, have identified the obstacles and risks and considered the lessons learned.</p> <p>A central child hub compiled from data held by Education, Housing, Social Care and Youth Offending, has been established to which practitioners can add concerns. This is monitored by a team of 'professional advisers' who are also available to discuss potential solutions and advise as to when multi-agency meetings, called Family Support meetings, should be called. These meetings also identify lead professionals whose responsibility it is to keep information about a child up to date, decide what needs to be implemented and co-ordinate any reviews.</p> <p>The process is based on a four level of vulnerability model that uses the Assessment Framework to help practitioners identify the level of vulnerability.</p> <p>No common referral form is being piloted.</p> <p>Common assessment based on DoH framework.</p> <p>A web-based service directory exists that links practitioners to other web-sites or sources of information about services.</p>
Other characteristics of the pilot	The project in Lewisham has been integrated with FAME IRT and RYOGENS to provide one technical solution.

SHEFFIELD

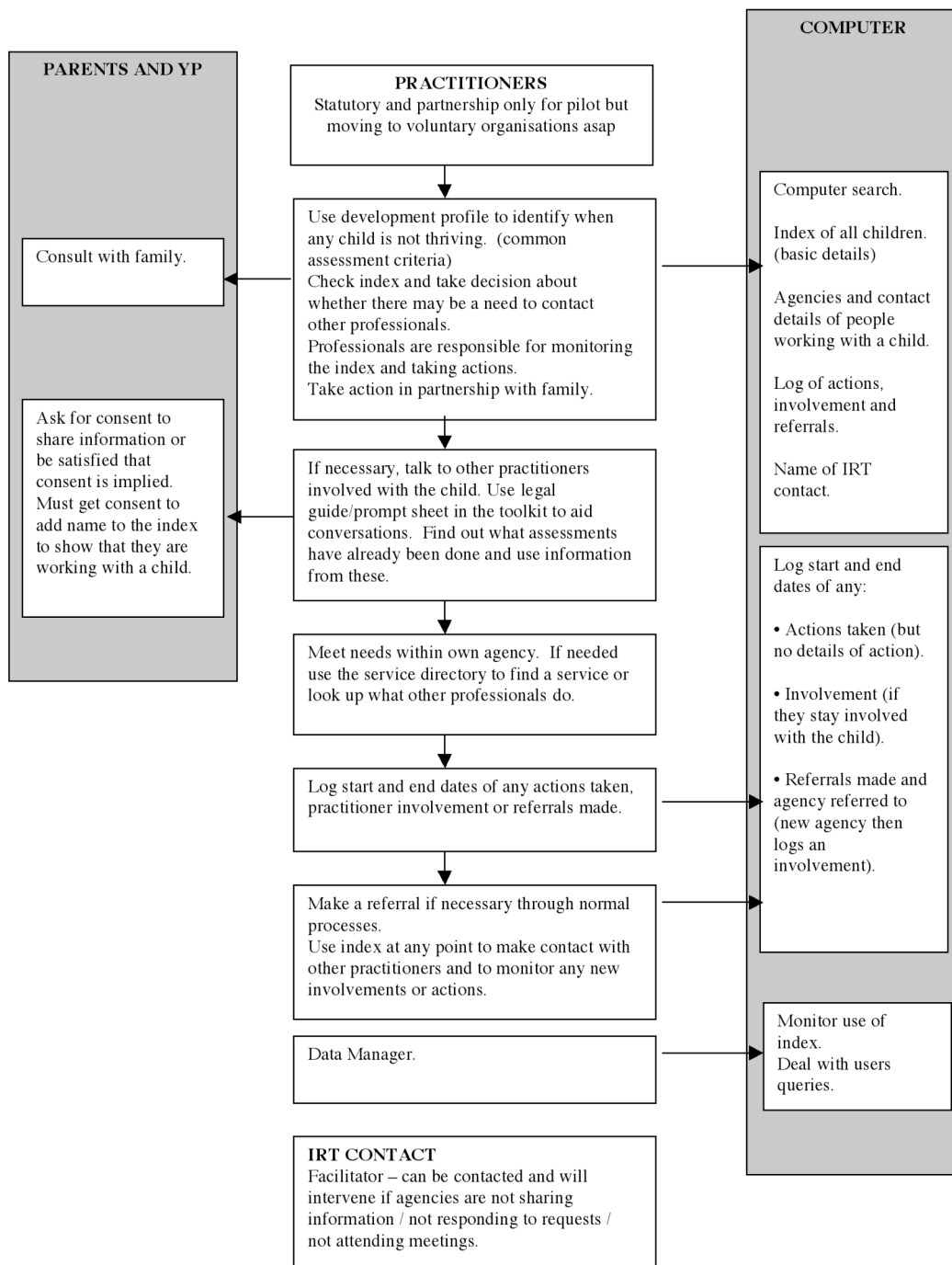


Sheffield Pilot Description

Area / cohort of children included in the pilot	Approximately 200 practitioners from a range of agencies in south-east Sheffield. Therefore the pilot will cover any child served by this group of staff.
Agencies involved in the pilot	<p>Education</p> <p>Sheffield Children's NHS Trust</p> <p>South East PCT</p> <p>South West PCT</p> <p>North PCT</p> <p>West PCT</p> <p>Sheffield Teaching Hospitals NHS Trust</p> <p>Social Services</p> <p>Voluntary/Community Sector</p> <p>Sheffield Futures</p> <p>Area Child Protection Committee</p> <p>South Yorkshire Police</p> <p>Neighbourhoods</p> <p>Development, Environment and Leisure</p>
Start date of pilot	September 2004 (delay due to issues around CRB checks and clinical governance requirements)
Length / anticipated length of the pilot	It is currently anticipated that the pilot will now run until the end of 2004.
Elements of system being piloted	<p>The SafetyNet system is a web-based process that draws on information about children, including both basic information and details of involvement, from a number of agencies own systems although it does not hold information itself. The ability of an enquirer to see any information, other than basic details, is dependant on the protocols in place and the amount of information that their agency would ordinarily have access to.</p> <p>At this stage the system does not include common referrals or assessments, although a common referral form will be developed in phase two.</p> <p>The concept of lead professional is understood as being the first agency to register an involvement with a child. Agencies systems are connected in such a way that the last agency involved cannot terminate its involvement unless it is judged safe to do so.</p> <p>Multi-agency meetings over and above those already in use are not being used within the pilot.</p> <p>An on-line Service Directory will be available in</p>

	phase two
Other characteristics of the pilot	The pilot is defined only by the numbers of practitioners involved. The ICT system will be complete and contain records of all children. The pilot is targeted at a specific area of the city but will include professionals from city wide resources such as the Children's Hospital.

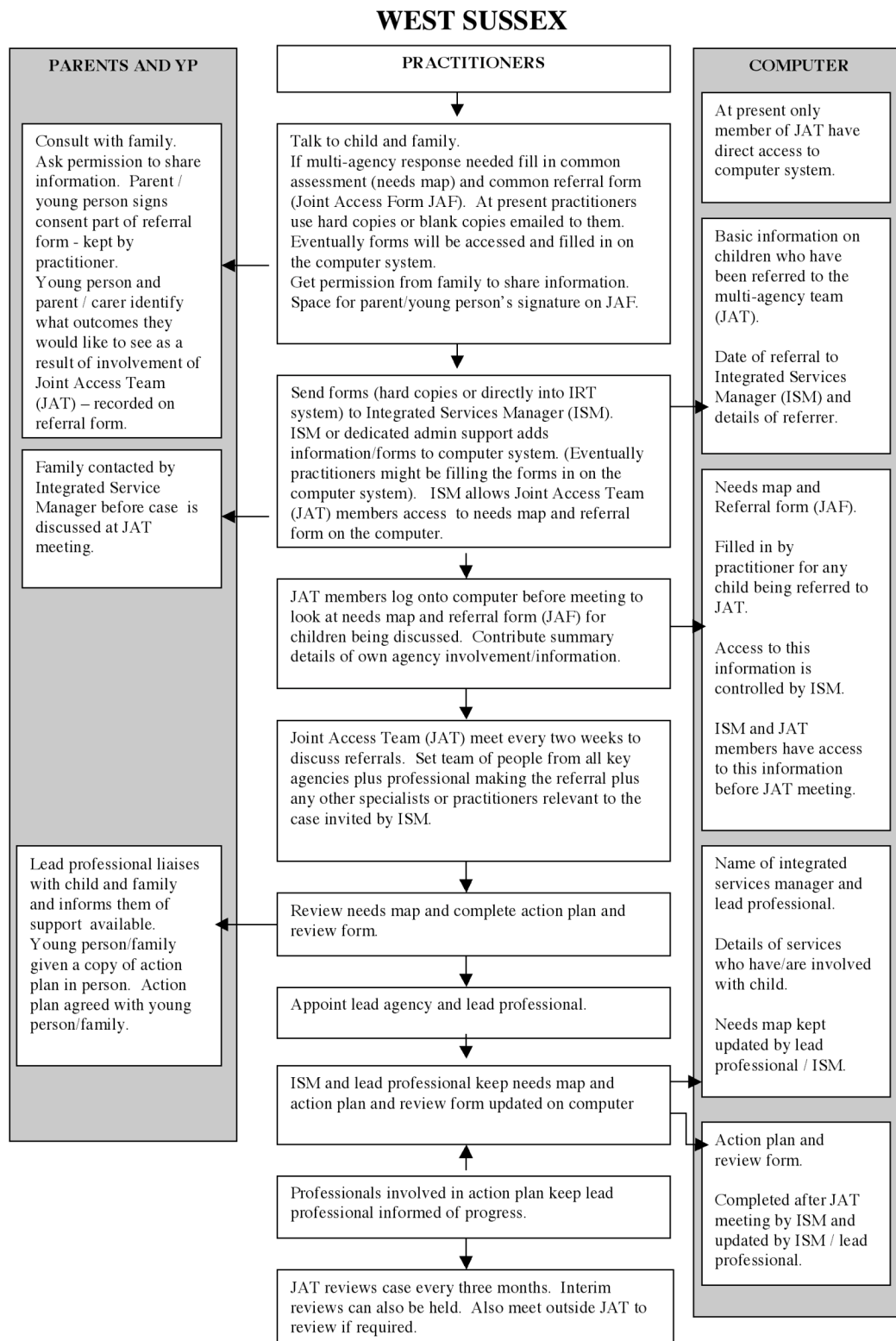
EAST SUSSEX



East Sussex Pilot Description

Area / cohort of children included in the pilot	Area covered by Eastbourne Downs PCT. This includes approximately 35,000 children aged between 0 and 18.
Agencies involved in the pilot	Social services, PCT services, hospital services, education support services, schools, surestart, children's fund, police, fire service, youth development/connexions - about 55 separate services in all within statutory sector or providing services within an SLA framework which enables accountability to be built in
Start date of pilot	The professional practice part of the pilot began in May 2003 by building engagement and extensive consultation to devise the professional tools. Training of professionals in the use of the tools began September 2003. The pilot IT system went live on 1 March 2004.
Length / anticipated length of the pilot	Pilot is running as incremental professional development with interim evaluative processes until March 2005
Elements of system being piloted	<p>Common identification criteria/common language called a 'development profile' pulled from the DoH Assessment Framework.</p> <p>A simple guide to Information Sharing - what the rules are, principles of promoting children's welfare and a questioning framework to support appropriate information sharing.</p> <p>A secure database of all children that is updated regularly depending on the individual sources (eg. schools, health records). Practitioners can access the index to find out minimal information about children and the contact details of services supporting that child. They can also log an 'action' if they have done something, or 'involvement' if they are involved with the child or 'referral' if they have referred a child to another agency.</p> <p>A Service Directory linked into other sites that already exist and are well maintained.</p> <p>IRT contacts. These individuals do not have a monitoring, co-ordinating or accountability role. However, they have permission to challenge other agencies where communication is a problem, a</p>

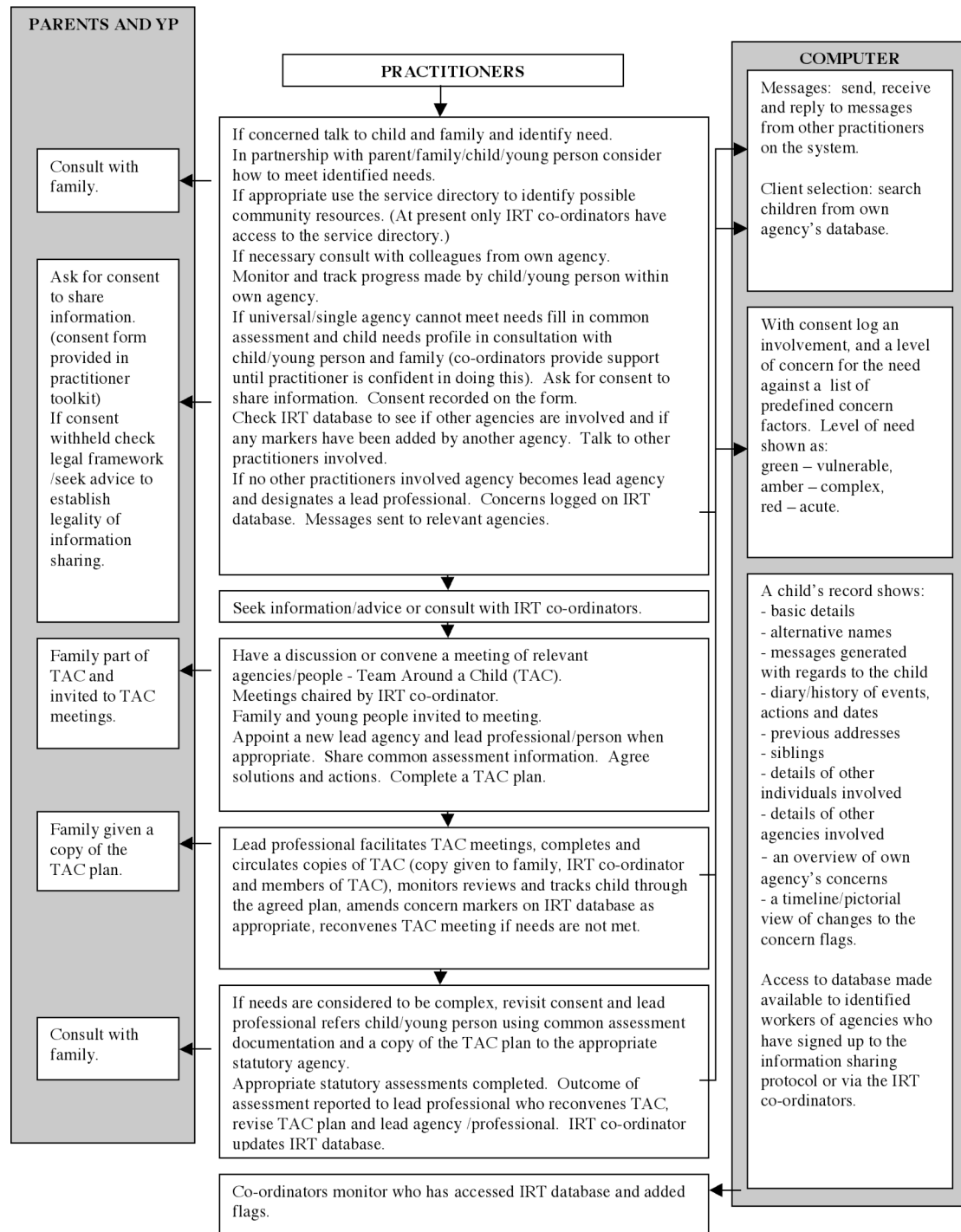
	brokering task undertaken just when required. This was in response to what practitioners said was needed. The name of the IRT contact is also recorded on the IRT index.
Other characteristics of the pilot	<p>Project team facilitate a whole range of issues which pilot stimulates eg service affirmations of their own practice re: information sharing to service users. Will establish mechanisms for extending into voluntary organisations and independent sector service providers.</p> <p>Pilot makes no structure changes - builds on existing best practice and focuses on culture change.</p>



West Sussex Pilot Description

Area / cohort of children included in the pilot	Crawley and Steyning
Agencies involved in the pilot	
Start date of pilot	September 2003
Length / anticipated length of the pilot	
Elements of system being piloted	<p>Referrals, using a common referral form or Joint Access Form and 'Needs maps' which can be completed electronically, are received by Joint Access Teams. Completing these saves time initially and are fundamental to the referral, they equal a common assessment form. These can be received from any professional, currently approximately two thirds are received from schools. Joint Access Teams meet every two weeks to decide how to respond to cases referred to them. The meetings are chaired by an Integrated Services Manager. The Joint Access Team meeting also identifies a lead professional.</p> <p>A proof of concept technical solution has been developed latterly that allows authorised practitioners to search for information about a child and to identify the Manager to discuss their concerns with. It also allows practitioners to input and receive information about common referrals, assessments and action plans.</p> <p>An on-line Service Directory is also being developed.</p> <p>Feedback from the pilots is being used to refine processes, protocols and tools and to roll out the model throughout West Sussex.</p>
Other characteristics of the pilot	<p>The pilot is supported by protocols, a toolkit (information sharing guidance) and a large change/professional development programme.</p> <p>West Sussex have been live running real referrals since September 2003 - providing a new integrated service.</p>

TELFORD & WREKIN and SHROPSHIRE



Telford & Wrekin and Shropshire Pilot Description

Area / cohort of children included in the pilot	One largely urban area of south Telford (approx. half of the borough) and four separate areas in Shropshire, including three in rural communities. These are based on areas of high need. The universal database covering the five pilot areas holds information about 40000+ children and young people.
Agencies involved in the pilot	All statutory agencies and schools working with children and young people who live / attend school within the pilot areas . This includes 71 schools, 8 social work teams, 11 LEA specialist teams, 8 Connexions teams, 2 Youth Offending teams, 8 Health Centres, 2 A & E departments, 2 Family Protection Units plus CAMHS Housing and Early Years services.
Start date of pilot	March 2004
Length / anticipated length of the pilot	Twelve months to March 2005
Elements of system being piloted	<p>A technical solution has been developed called AWARE. It holds basic demographic data for all children and young people in the Pilot and information about agency involvement. It also provides a secure messaging facility and the ability to record levels of need.</p> <p>A legal framework including an Info Sharing Protocol, Info Sharing Arrangement and Data Processing Agreement plus legal guidelines for practitioners has been developed and signed by all main agencies.</p> <p>A team of three pilot co-ordinators lead the Telford pilot (plus a Support Analyst) whilst one Co-ordinator works within each of the Shropshire pilots. They have a lead responsibility for providing/facilitating necessary training, support, consultation and professional advice to agencies and practitioners working with the new processes and facilities within their Pilot area.</p> <p>An IRT practitioners toolkit has been developed and this contains:</p> <p>IRT Process Procedures to follow when assessing /providing services for children and young people who are within the Universal, Vulnerable and</p>

	<p>Complex categories.</p> <p>A common language that has been developed around definitions of need based on the Assessment Framework.</p> <p>A common assessment framework process including a set of standard Common Assessment Forms and a profiling tool. All practitioners with concerns about a vulnerable child have responsibility to complete these and share the information where relevant</p> <p>Where assessments indicate children are vulnerable or with complex needs a multi-agency meeting, known as the Team Around A Child (TAC), can be called and the action plan agreed is then managed by the lead professional supported by other relevant services/agencies.</p> <p>A basic service directory is being accessed for the pilot but an enhanced version (with web access) is planned for development, along with a new IRT technical solution that will be aligned to the Children Bill.</p>
Other characteristics of the pilot	<p>The pilots are subject to ongoing monitoring and evaluation. This will review both the quantitative and qualitative outcomes from the aspects of both clients and practitioners.</p> <p>The learning from the pilots will assist in developing the model for 'clustering of services' planned for each authority.</p> <p>The processes within the pilots will improve the interface to /from child protection procedures.</p> <p>The pilots aim to assist in the increased alignment of cultures within and across the agencies and services involved.</p> <p>The pilots will provide valuable information for planning and costing the roll out of sustainable IRT and preventative processes across all areas of the two authorities.</p> <p>Learning from the pilots is assisting with input to the national agendas around the Children Bill, Common Assessment, and the Feasibility Study etc.</p> <p>The learning from the pilots is assisting other Trailblazers and non-trailblazer authorities in their assessing and developing ways forward.</p>

References

- Allen J. (2004) *Workbook for Culture Change*, Human Resources Institute
<http://healthyculture.com/CCplanner.html>.
- Children & Young People's Unit (2002) *IRT Trailblazers Planning Guidance Version 5*. London: Children & Young People's Unit.
- Cleaver, H., Barnes, J., Bliss, D. and Cleaver, D. (2004) *Developing Identification, Referral and Tracking Systems: An Evaluation of the Processes Undertaken by Trailblazer Authorities – Interim Report*, www.dfes.gov.uk/research/RR521.
- Cm 5860 (2003) *Every Child Matters*, London: The Stationery Office.
- Department for Education and Science (1988) *Circ.4/88 Working Together for the Protection of Children from Abuse: Procedures with the Education Service* London: Department for Education and Skills.
- Department for Education and Skills (2004) *Common Assessment Framework – Consultation Paper Version: 1.5*, London: Department for Education and Skills.
- Department for Education and Skills (2004) *Every Child Matters – The Way Forward*, London: The Stationery Office.
- Department for Education and Skills and Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*, London, DH Publications Orderline.
- Department of Health, Department for Education and Employment, Home Office (2000) *Framework for the Assessment of children in Need and their Families*, London: The Stationery Office.
- Department of Health, Home Office and Department for Education and Employment (1999) *Working Together to Safeguard Children*, London: The Stationery Office.
- Department of Health, Home Office, Department of Education and Skills, Department for Culture, Media and Sport, Office of the Deputy Prime Minister, & Lord Chancellor (2003) *What To Do If You're Worried A Child Is Being Abused*, London: Department of Health Publications.
- Ferguson, S.D. (2000) *Researching the Public Opinion Environment*, Thousand Oaks, California: Sage.
- Glisson, C. and Hemmelgarn, A. (1998) 'The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's services systems, in *Child Abuse & Neglect*, Vol 22, No, 5, pp.401-421.
- Hardiker, P., Exton, K. and Barker, M. (1996) 'The Prevention of Child Abuse; A Framework for Analysing Services.' *Childhood Matters: Report of the National*

Commission of Inquiry into the Prevention of Child Abuse, Vol. 2., London: The Stationery Office.

Hardiker, P., Atkins, B., Barker, M., Brunton-Reed, S., Exton, K., Perry, M. and Pinnock, M. (2002) 'A Framework for Conceptualising Need and its Application to Planning and Providing Services.' In Ward, H. and Rose, W. (eds.) *Approaches to Needs Assessment in Children's Services*, London: Jessica Kingsley.

HL Bill 35 (2004) *Children Bill*, London: The Stationery Office.

Kirby P., Lanyon C., Cronin K., Sinclair R. (2003) *Building a Culture of Participation Involving Children and Young People in policy, service planning, delivery and evaluation Research and Handbook*, London: NCB/RPK.

Schmideberg, M. (1948) *Children in Need*. London: George Allen and Unwin.

Scott, C. (1961) 'Research on mail surveys', *Journal of the Royal Statistical Society, Series A*, 124, pp.143-205.

Sinclair, R. and Little, M. (2002) 'Developing a Taxonomy for Children in Need' in Ward, H. & Rose, W. (eds.) *Approaches to Needs Assessment in Children's Services*, London: Jessica Kingsley.

Smale G. (1996) *Mapping Change and Innovation*, London: HMSO.

Social Services Inspectorate (1999) *Recording With Care: Inspection of Case Recording in Social Services Departments*, London: Department of Health.

Tan, V. (2000) *Lessons from Culture Change* New Straits Times, <http://www.adtimes.nstp.com.my/jobstory/aug26a.htm>

The Joint Information Systems Committee (2004) *University Wide Managed Learning Environments (MLEs) for UK Universities*, <http://www.jiscinfonet.ac.uk>

The Office of Government Commerce (2004) *Managing Change – Successful Delivery Toolkit*, <http://www.ogc.gov.uk>.

Toolkit for document development and examples from non-trailblazer authorities (2004), www.clever.uk.com/isa/.

Turnell, A. and Edwards, S. (1999) *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*, New York: W.W. Norton & Company.

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