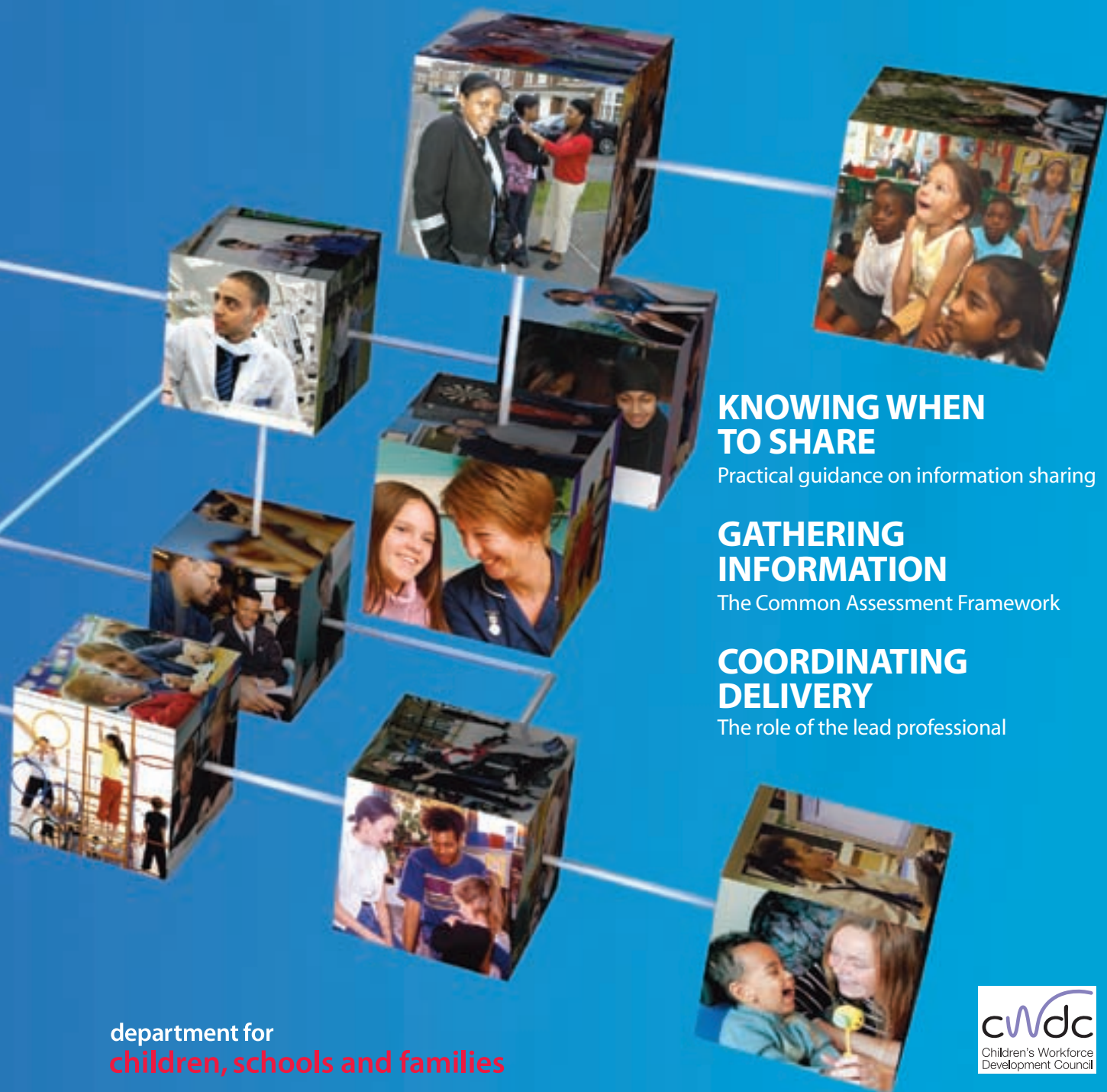


Every Child Matters
Change for Children

MAKING IT HAPPEN

Working together for children, young people and families



KNOWING WHEN TO SHARE

Practical guidance on information sharing

GATHERING INFORMATION

The Common Assessment Framework

COORDINATING DELIVERY

The role of the lead professional

department for
children, schools and families

EVERY CHILD MATTERS

Tools and processes to help make it happen

In England, more than four million people, across public, private and voluntary sectors work with children. If you're one of them, this booklet is for you.

It looks at how better information sharing and multi-agency working, coupled with new tools and processes such as the Common Assessment

Framework (CAF), the lead professional role and ContactPoint, are all designed to help deliver effective services for children, young people and families.

Frontline staff explain what this means in practice for them, and for the children, young people and families they work with.

The tools covered in this booklet will also help achieve many of the standards set out in the National Service Framework for Children, Young People and Maternity Services and contribute towards the schools achievement agenda.

KEY PROCESSES AND TOOLS

The continuum of needs and services

A key part of the reform of children's services is the integration of systems and processes, so that the needs of children and families are met in a more effective way.

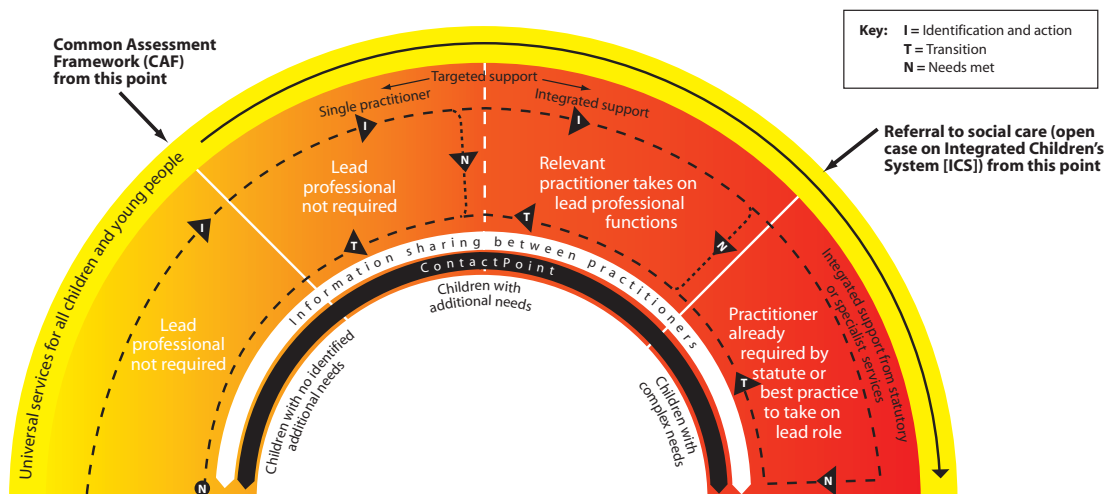
Many local areas do this through a 'whole-systems' approach where the needs of children and families

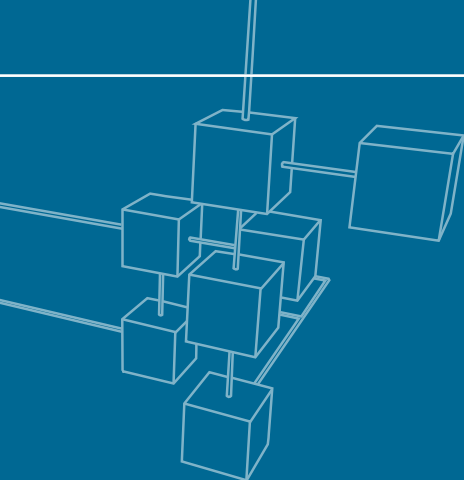
lie along a continuum, supported by flexible and responsive services which become increasingly targeted and specialist according to need.

Children and families are supported most effectively when CAF, the lead professional role, and information sharing procedures are planned and

delivered in a coordinated way to offer integrated support across the continuum of needs and services.

The visual below describes this spectrum of support as well as the relationship between the different tiers.





Case study

Chris Purcell is a Support Worker from the Flexible Support Team in Kirby. She explains how integrated working contributed to making a dramatic difference to one young person's life.

Thirteen-year-old Jane came from a broken home, had poor school attendance and, following a bereavement, had begun self-harming.

"By completing a CAF and getting a full picture of Jane's needs and the agencies working with her, we were able to provide services much more effectively," says Chris.

"Previously she was in contact with eight people, which involved a lot of duplication of effort and was overwhelming for her. By understanding her needs better we were able to reduce this to just three – with great results. She's much happier, is dealing with her grief and has returned to education, learning new vocational skills."

It might look like some of the new tools and processes may increase your workload but this example demonstrates how time can be saved by focusing efforts.

"By completing a CAF and getting a full picture of Jane's needs and the agencies working with her, we were able to provide services much more effectively."

Chris Purcell



Every Child Matters

Every Child Matters is all about improving the life chances of all children, reducing inequalities and helping them achieve what they told us they wanted out of life:

- 1 Be healthy:** enjoying good physical and mental health and living a healthy lifestyle.
- 2 Stay safe:** being protected from harm and abuse.
- 3 Enjoy and achieve:** getting the most out of life and developing the skills for adulthood.
- 4 Make a positive contribution:** being involved with the community and society and not engaging in anti-social or offending behaviour.
- 5 Achieve economic well-being:** not being prevented by economic disadvantage from achieving their full potential in life.

These five outcomes form the basis of the ECM programme.



NB. This booklet is about improving outcomes for children, young people and their families – even though at times we may simply say 'children' for ease of reading. Likewise, the term practitioner refers to anyone who works with children and young people. Children's names have been changed, wherever they appear.



Find out more

Read on to find out how you can be involved and what guidance, training and support is available to help you improve outcomes for all children. At the end of each section you will find some 'signposts' to more information.

KNOWING WHEN TO SHARE

Practical guidance on information sharing

Knowing when and how to share information isn't always easy – but it's important to get right.

Children, young people and families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

Recognising the uncertainty many of you have about sharing information, particularly outside your own setting, the first cross-government guidance on this subject was published in April 2006 (*Information sharing: Practitioners' guide*).

It clarifies when, why and how to share information legally and professionally, so that you can feel confident about making the right judgement. The guidance has been endorsed by a range of professional bodies.

If you have any doubts or concerns about sharing information, don't ignore them. Your organisation should have a system of support and advice to help you decide what to do.

"No inquiry into a child's death or serious injury has ever questioned why information was shared. It has always asked the opposite."

Georgina Nunney,
Solicitor, Lewisham

"The Data Protection Act is not a barrier to sharing information, but is in place to ensure that personal information is shared appropriately. This guidance is welcome as it sets out a framework to help practitioners share information both professionally and lawfully."

Richard Thomas,
Information Commissioner

Six key points

1. Explain openly and honestly at the outset what information will or could be shared, and why, and seek agreement – except where doing so puts the child or others at risk of significant harm.
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
3. Respect the wishes of children or families who do not consent to share confidential information – unless in your judgement there is sufficient need to override that lack of consent.
4. Seek advice when in doubt.
5. Ensure information is accurate, up-to-date, necessary for the purpose for which you are sharing it, shared only with those who need to see it, and shared securely.
6. Always record the reasons for your decision – whether it is to share or not.

This is a summary from chapter 2 of the *Information sharing: Practitioners' guide*.



Case study

Sometimes sharing information without consent is in the interest of the children involved – the example below demonstrates such a situation.

Three children (aged 10, 14 and 15) from the same family were involved in disruptive and anti-social behaviour, both at school and on their local estate, which included truanting, theft, serious vandalism, setting fires and involvement with drugs.

The *police* were concerned about the risk of poor outcomes for the children and the risk to others from their anti-social behaviour and so notified the *youth offending service (YOS)*.

The *YOS worker* decided to contact the *school* to obtain further information to help assess the risks to the children. The *school* then had to review what information they could share.

Despite repeated attempts, the *school* had been unable to discuss their concerns with the parents. They judged that because the children were involved in criminal behaviour and at risk of significant harm they should share all relevant information – even though they hadn't been able to secure consent.

The young people and their parents were told of the intention to share information with relevant agencies – including *the police, YOS, education welfare service, school nurse and the fire service*.

The family were invited to join these multi-agency discussions so that they had the opportunity to get involved in developing the action plan.

The joint plan set clear boundaries, ways to monitor behaviour and give access to drug advice, improve educational development and prevent further involvement in criminal activity.

The decision to share information without consent was justified to enable preventative work with the children who were at risk of involvement in crime and vulnerable to exploitation.



Principles of information sharing

You need to consider:

1. Is there a legitimate purpose for you or your agency to share the information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If so, do you have consent to share?
5. Is there a statutory duty or court order to share the information?
6. If consent is refused, or there are good reasons not to seek consent, is there a sufficient public interest to share information?
7. If the decision is to share, are you sharing the right information in the right way?
8. Have you properly recorded your decision?

Each of these questions is covered in more detail in the *Information sharing: Practitioners' guide*, chapter 4.



Find out more

www.ecm.gov.uk/informationsharing

- Practitioners' guide
- Case examples
- Further guidance on legal issues
- Training materials
- Fact sheet

www.cwdcouncil.org.uk/projects/integratedworking.htm



Common Assessment Framework (CAF)

The CAF is:

- A common process enabling practitioners to make an assessment – and act on the result; with
- A standard form to record the assessment and where appropriate, share with others; and
- A pre-assessment checklist to help decide if a child would benefit from a common assessment.

It covers all aspects that affect a child's development, from health, education and social development, through to housing and family relationships.

CAF is the only assessment that can be used by practitioners in all agencies in England that deliver services to children and young people.

Who will use it?

You may not need to complete a CAF yourself, but everyone working with children will need to understand what it is and where to go to get one completed. Full training will be given to appropriate staff – the decision about this will be taken at a local level.

"An important part of the CAF is that you return to the plan and look at it again. It helps to keep us all on track, see what progress has been made and what to move onto next."

Lee Martin,
Junior Youth Inclusion Project,
Leicester

GATHERING INFORMATION

The Common Assessment Framework

It is not always easy to know what to do if you're concerned about a child – particularly if you're not sure exactly what their needs are, or whether your service can help.

The bigger picture

This is where the Common Assessment Framework (CAF) comes in. It includes a standardised assessment that's designed to get a complete picture of a child's additional needs at an early stage. It can be used for children and young people of any age, including unborn babies.

The CAF enables information to be gathered in a structured way, through discussions with the child and their parent(s)/carer(s). It looks at all unmet

needs, not just those in which individual services specialise. It is an approach that is helping children get access to the right services earlier.

The CAF is making it easier to get other services to help, because they will recognise that your concern is evidence-based and gathered in a form that they are familiar with.

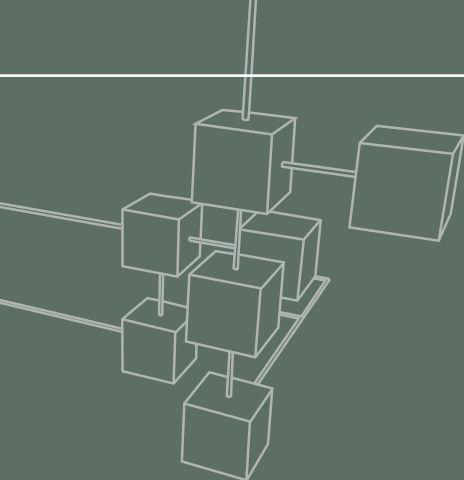
Also, if you deliver a specialist service and a child is referred to you, you don't have to start from scratch with a new assessment but instead can build on the CAF.

This benefits children and young people who don't have to go through the time-consuming and potentially distressing process of telling their story over and over again to different people.

"The CAF is a vital opportunity to sit down with parents and get everything on the table. I found doing the CAF time-consuming, but I have to say it was worth every single minute."

Bridget Hodges,
Head of Foundation,
Whitchurch C of E Infants School,
Shropshire





Case study

Trish Farley is a health visitor in Telford. Last year she became involved with a family who had recently moved to the area.

"The mum had three children under five. There were a number of health problems in the family – which suggested that they would probably need a range of support as they settled in. The children suffered from illnesses including asthma, epilepsy and deafness, and the mother herself was deaf and had some learning difficulties."

Having contacted the mum and found that no CAF had been completed for the children, Trish asked her if she'd be happy to work with her to ensure that the full range of her family's needs were identified. She agreed.

"Already we're identifying more of the warning signs and dealing with children's needs before they become serious."

Trish Farley



Completing the CAF uncovered a range of emotional and practical issues – from the stress of having her mother-in-law living with the family, to transport problems that were making it very difficult to get the children to their large number of medical appointments.

On the basis of the information gathered, Trish contacted people from a range of agencies, including *Sure Start* and a *community paediatrician*, and asked them to get involved in a team to help the family.

"The *paediatrician* streamlined all the appointments so that all the children could be seen on the same day each week – reducing unnecessary travel and making transport much simpler.

"*Sure Start* then helped to support the family while they were settling into the area. They offered some respite care and put the mother in touch with a local support group for the deaf. They also discussed with the mother how to find the most appropriate schools for the children. She told me that it feels like people are finally starting to listen to her.

"I'm really positive about the introduction of the CAF," says Trish. "The big pluses are the focus on early intervention and improving cooperation. Sometimes apparently difficult issues can be dealt with effectively if we can get a full picture of a child's circumstance and get the right people involved quickly."

Finding out if a CAF has already been done

Before you do a CAF, you should see if one has been completed by someone else already working with the child. You can do this by asking the child or parent. Alternatively, there will be a local mechanism for checking this.

Talk to your manager if you're unsure about what arrangements have been made in your local area. Longer term, ContactPoint (see page 11) will help you find this information quickly.

eCAF

In order for CAF to work to its full potential, a single national electronic system – eCAF – is currently being developed. This will enable authorised practitioners to electronically create,

store and share CAF information in a secure and consistent manner. The complexities of working across boundaries would also be reduced.

To find out more go to www.ecm.gov.uk/caf/ecaf



Find out more

www.ecm.gov.uk/caf

- Practitioners' guide
- Managers' guide
- Training materials
- Case studies
- Fact sheet
- Trial evaluation report

www.cwdcouncil.org.uk/projects/integratedworking.htm

COORDINATING DELIVERY

The role of the lead professional

When a child needs a package of integrated support, experience shows they and their family benefit from having one person who can help them through the system and ensure they get the right services at the right time.

How it works

Where a child has additional or complex needs, a lead professional acts as a coordinator. The lead professional helps create a partnership, not just with his or her colleagues, but with the child or young person and their family too.

The lead professional isn't a totally new concept. It formalises good practice

which is already happening, ensuring that children and families everywhere can benefit from this model of working.

What's the time commitment?

It depends on the situation. While it can mean greater involvement with a particular child, you won't be a lead professional for every child you work with. And you may spend less time on cases where someone else is a lead professional.

Good management and supervision arrangements need to be in place. This would include assessing any extra work involved when allocating caseloads.

"Families feel that they have control of the situation and are partners in the process. Their views are listened to. The support of a lead professional guides them through a confusing situation."

Anita Makepeace,
Family Support Coordinator,
Family Support Service, Gateshead

What is a lead professional?

It is not a new job title or new role, but a set of functions essential to delivering integrated support.

These are to:

- **be a single point of contact** – giving children, young people and their families a trusted person to support them and communicate without jargon.
- **coordinate services** – so that effective action is properly planned, delivered and reviewed.
- **reduce overlap and inconsistency** – to ensure a better service experience and better outcome.

The lead professional is not responsible or accountable for other people's work.

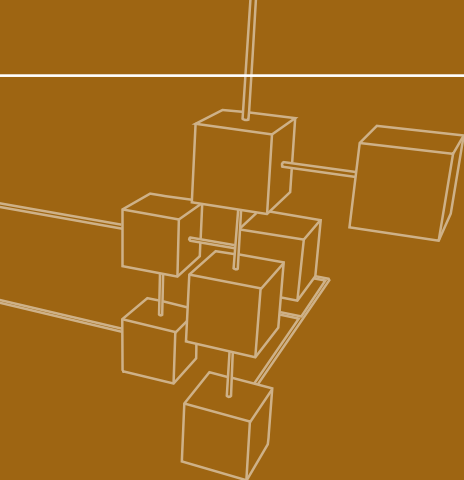
Who can be a lead professional?

Anyone. It's not about what job you do or your seniority, but who is best placed to work with a particular child and family and has the skills to carry out the role.

It is not necessarily the person who first becomes involved with a child or family or who carries out the CAF. Often the decision is made as part of the initial multi-agency team meeting following a CAF (see page 5).

The person considered most appropriate may change over time, as the complexity and nature of the child's needs change.





Case study

Sam Livesey is a learning mentor at a primary school in Knowsley. This year she found herself acting as lead professional for six-year-old Peter – a child she'd had close contact with since he joined her school.

Peter is from a lone parent family. He has a 13-year-old sister and a two-year-old brother. His attendance was down to 60% and, on the days he did come to school, he was often late. He appeared tired and was suffering from a severe cough and impetigo.

Sam invited Peter's mum into the school, who explained to Sam that she was new to the area, was feeling isolated and felt she lacked the support and parental skills to cope.

"She told me Peter was especially problematic. He wouldn't behave or go to bed on time," says Sam.

Sam and Peter's mum agreed that different agencies should get involved with the family to help them address the range of needs. Sam set up a meeting for the mum and herself with a *Sure Start representative, the school attendance service, school nurse and headteacher.*

Since Sam had already built a trusted relationship with Peter and his mother, the team suggested she take on the role of lead professional.

"For me, it's a really exciting time to work with children. By intervening earlier we're resolving problems before they get really serious."

Sam Livesey



"Overseeing cases wasn't something I'd had experience of before," she admits. "I did have some reservations and felt a bit nervous initially, but actually being a lead professional has made me more confident – about my abilities generally and about calling meetings and getting hold of the information I need."

As lead professional, Sam was able to improve the service the family received. She organised and facilitated team meetings every six weeks, and ensured that information was collated and distributed to all team members. This helped to make sure the team wasn't duplicating any work.

And, by holding fortnightly meetings with the mum, Sam ensured the family were fully involved in what was happening.

"The results were positive and lasting. Peter's mum now attends mother and toddler group to boost her parenting skills. *Sure Start* has given her respite from the youngest child, so she can spend more time with Peter, and provided subsidised equipment to help make the flat safer for children.

"With the added help of the *school attendance service*, Peter has been late for school just twice in six weeks and missed only one day – due to a flare-up in his impetigo, a problem that's been under better control with the help of the *school nurse*.

"Peter's also been going to sleep earlier," says Sam, "so he's less tired at school. He told me he's much happier at school now and is getting more out of the experience."

At the time, CAFs hadn't yet been introduced in Sam's area. "But I've now had CAF training," she says "and can see how useful it would have been in my initial discussions with Peter's mum."

"For me, it's a really exciting time to work with children," says Sam. "By intervening earlier we're resolving problems before they get really serious. In other words, by working more effectively, we are helping more children. That's brilliant news."



Find out more

www.ecm.gov.uk/leadprofessional

- Practitioners' guide
- Managers' guide
- Training materials
- Case studies
- Fact sheet
- Trial evaluation report

www.cwdcouncil.org.uk/projects/integratedworking.htm

INTEGRATED APPROACH

Best practice in multi-agency working

Multi-agency working is an extremely effective way to support children and families with additional needs.

Joining services up

Multi-agency working can range from a group of practitioners deciding informally to work together to support a child or family, right through to a large scale venture like different services coming together in a Sure Start children's centre.

Different ways of organising children's services have been successfully developed around the country. The important thing is that everyone who works with children improves how they work together.

But it is not just about changing how services are structured. It's about changing the way we think, operating in a way that's much more about partnership and everyone working towards a shared goal. These are long-term changes which affect everyone working at every level across children's services.

We need to continue to break down traditional barriers, and the bureaucracy that goes with them.



Multi-agency working structures

There are three main ways of structuring frontline multi-agency services:

1. Multi-agency panel

Members remain with their agency but meet regularly to discuss children with additional needs who would benefit from multi-agency input. Panel members might do case work or take a more strategic role.

Example: Youth Inclusion and Support Panel (YISP).

2. Multi-agency team

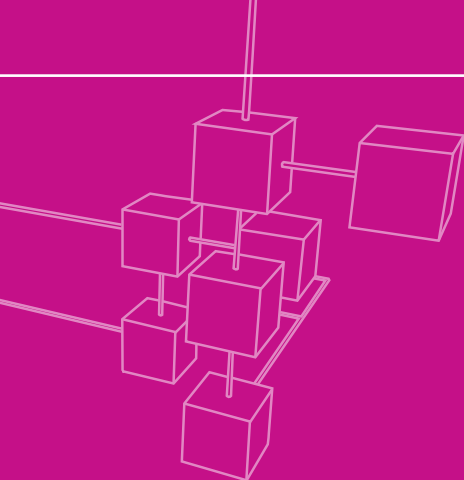
Members are seconded or recruited into the team with a leader and common purpose and goals. They may still get supervision and training from their home agency, but have the opportunity to work with a range of different services.

Examples: Behaviour & Education Support Teams (BESTs) and Youth Offending Teams (YOTs).

3. Integrated service

Different services such as health and education are co-located to form a highly visible hub in the community. Funded by the partner organisations and managed to ensure integrated working, they are often based in schools or early years settings.

Examples: Sure Start children's centres and extended schools.



Case study

Julia Patrick is one of two Deputy Heads at a 500-student high school in a deprived area of Leicester. She takes the lead on pastoral matters and has pioneered an approach to multi-agency working that's spreading to all the local agencies she works with.

Julia has set up a system for reviewing children's progress that involves parents as well as staff from 20 agencies and organisations. This ranges from the on-site *Special Education Needs Coordinator* and *learning support unit*, through to *Connexions*, the police, health services and the local housing association.

Representatives of the groups meet twice a term to check progress on the children they are already helping, and to discuss other ones that may require attention.

"We see children and families with a wide range of needs. The danger before was that they could be overwhelmed. Now we complete a common assessment (see page 5) with the pupil and their parents – and invite the parent to our meeting so we can discuss the child's needs. Together we'll produce an action plan, set up a focused team to deliver services and appoint a lead professional if required (see page 7)."

"Together we'll produce an action plan, set up a focused team to deliver services and appoint a lead professional if required."

Julia Patrick



All the admin of meetings is handled by a school staff member recruited with funds under the Extended Schools Scheme.

"The result of our work – together and with parents – is unquestionably earlier intervention and better-targeted services, which are producing happier, better behaved, more productive children," says Julia.

"Recently, we had a 13-year-old girl with self-esteem, attendance and personal hygiene issues relating to her home situation. She was becoming an outsider at school and told me she was unhappy and was finding it hard to make friends.

"The learning support officer completed a CAF, and we got the school nurse involved to coach the girl on hygiene and personal presentation, while *Connexions* provided support on anger management, social skills and a programme to boost the girl's self-esteem.

"The transformation, and that's not too strong a word, is startling. She's a different girl. She tells me that she feels more confident and relaxed now and that she's enjoying her studies more. Her attendance has also improved."

Julia adds that they now have a system where they resolve small concerns before they become big problems.

"More rapid intervention means we've seen a rise in short-term exclusions of one to two days," she says. "But because these are followed up by action, which is dramatically reducing recurring problems, we actually saw exclusions of five or more days drop by 79% in a year.

"These results are amazing, and I'm really proud of all the work of everyone involved – the parents, the children and the professionals."



Find out more

www.ecm.gov.uk/multiagencyworking

- Information on structuring teams
- Advice on common problems
- Checklists and toolkits
- Glossary
- Success factors – the strategy and practices that have worked for other teams
- Fact sheet

www.cwdcouncil.org.uk/projects/integratedworking.htm

IMPROVING COMMUNICATION ContactPoint

You can't work with other services if you don't know who they are – or where to find them.

So you'll welcome ContactPoint, the quick way to find out who else is working with the same child or young person.

It will help you to concentrate on delivering services, rather than wasting time trying to track down other practitioners working with a child – or unknowingly duplicating the efforts of others.

It will assist with earlier intervention and prevention, including identifying

children missing from education or those who are not registered with a GP.

ContactPoint is not available yet but you need to know it is coming and understand how it will support the other tools highlighted in this booklet.

Informed development

ContactPoint is based on the experiences of local authority 'trailblazers' and extensive, ongoing consultations with practitioners, managers, children, young people and families.

It will be available across England so you will be able to identify other practitioners if a child lives in one authority and accesses services in another. It will also be easier to ensure continuity of services when a family moves across local authority boundaries.

What happens next?

ContactPoint is being designed and built centrally with a focus on security, accuracy and simplicity of use.

The national team, with coordinators in each region, is working closely with delivery partners to help them prepare for the introduction of this new tool.

ContactPoint will be available to local authorities and national partners from the end of 2008.

"Often when families move address they forget to pass their new contact details to us. The system provides a straightforward way to ensure that they don't miss out on updates when they move and can easily resume contact with our services if they want to."

Jessica Moore,
Development Officer,
Children and Families,
Gateshead Council

Information held

ContactPoint will contain only the following basic information:

- name, address, gender, date of birth and an identifying number for all children in England up to their 18th birthday; and
- name and contact details for:
 - parents or carers
 - educational setting (e.g. school)
 - primary medical practitioner (e.g. GP practice), and
 - other services.

There will also be the facility to indicate if a practitioner is the lead professional for a child (see page 7) and/or if they have completed a CAF (see page 5).

ContactPoint will not hold any case information (such as case notes, assessments, medical records or exam results).

The consent of the young person (or the child's parent/carer where appropriate) will be required to record contact details for sensitive services (defined as sexual health, mental health and substance abuse). Where these contact details are recorded, only an indication of an unspecified service would be visible to the majority of users.

Who can access it?

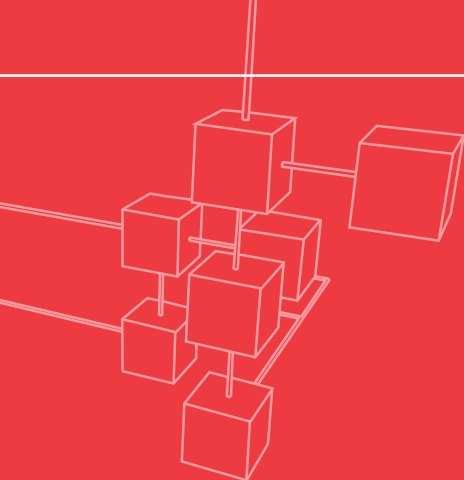
Access to ContactPoint will be restricted to practitioners who work with children and young people and need to use it as part of their work.

All authorised users will be security checked and fully trained. Decisions about who will be granted access will be taken at a local level, based on a specified legal framework.

How to access it

Some users will be able to access ContactPoint through their existing case management systems and others through a secure web link.

Authorised users without a computer will be able to access the system through another authorised user.



Case study

Lucy Ruddy, regional implementation coordinator and former Information Sharing and Assessment (ISA) manager in 'trailblazer' area East Sussex, says their pilot system has completely changed the way people work.

"It has helped change attitudes and cultures, and gets people from different services working better together.

"An educational welfare officer told us that every time she gets a new referral she accesses the system," Lucy says.

"It has helped change attitudes and cultures, and gets people from different services working better together."

Lucy Ruddy



"This means she can easily contact other practitioners involved with the child and quickly build up a holistic picture of the child's needs. Previously this picture would have been built from scratch, but now no action is taken before reflecting on who else is involved.

"Practitioners can find out what they need to know more easily and make the contacts they need to more efficiently. They have better information to inform actions, communication has improved and there is more effective multi-agency working.

"The simplest things make a real difference. For example, a health visitor on a routine visit to a child's home, was told by the new tenants that the family had moved – with no forwarding address.

"The health visitor got the new address from the system and quickly passed on crucial information to the local health visitor to ensure continuity of care."

Des Charles, Service Manager for Sheffield's Safeguarding Children Service, reports similar successes:

"We have found that our system has provided valuable help to a wide range of practitioners. It operates at the preventative level and is very successful at promoting practitioner contact."



Find out more

www.ecm.gov.uk/contactpoint

- Fact sheet
- Case studies
- Q&A
- Trailblazer evaluation report

MOVING FORWARD

Building on success

Every Child Matters (ECM) has set out a clear vision for children's services, based on the needs and experience of children and families.

This vision is geared towards one overriding objective – securing a better future for every child, whatever their background.

Translating this into structural and cultural reform is no small challenge. But as this booklet shows, the commitment and appetite for change among those who work with children is clear and we are already seeing lots of benefits.

These successes will gather pace as the tools and processes spread throughout England and become embedded as “business as usual”.

Of course, there's still much to do. The Children's Plan builds on a decade of reform and results. The Plan means that more than ever before families will be at the centre of integrated services that put their needs first, regardless of traditional institutional and professional structures.

This means a new leadership role for Children's Trusts in every area, a new

role for schools as the centre of their communities, and more effective links between schools, the NHS and other children's services. Parents, children and young people now have a say in local services planning and a Children's Commissioner is speaking on behalf of children nationally.

We need everyone who works with children to embrace these changes. With schools, children's services, the voluntary sector and government all playing their part, we can ensure that every child has the best start in life.



Working Together to Safeguard Children

The main focus of this booklet has been early intervention and prevention. Also central to ECM is intervening when children have suffered or are at risk of suffering harm, including harm from abuse and neglect. *Working Together to Safeguard Children* (2006) the government's statutory inter-agency guidance sets out how individuals

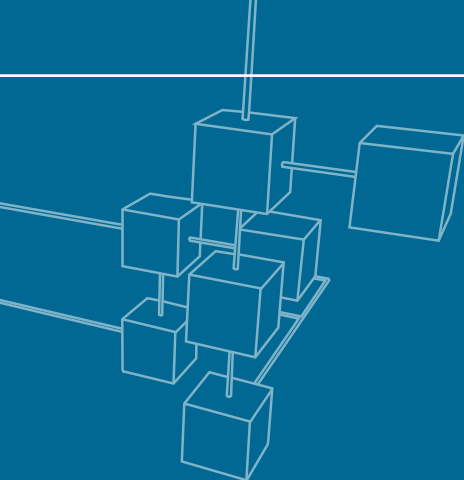
and organisations should work together to safeguard and promote the welfare of children. It includes guidance on: acting on concerns about children's welfare; when and how to share information in cases involving crimes against children; and the role and functions of Local Safeguarding Children Boards.

Integrated Children's System

The Integrated Children's System (ICS) provides a common conceptual framework for frontline practitioners in local authorities working with looked after children and children in need (as defined under the Children Act 1989).

It offers practitioners a single approach to the collecting, recording and use of information, in accordance with good practice requirements. ICS is designed to be supported by information technology, which will enable management of detailed information securely and efficiently. ICS is being rolled out now.

For further information go to
www.ecm.gov.uk/ics



Making it happen

Here are some final words from staff who are already seeing the benefits.

According to Jan Malatesta, Connexions in Coventry, “the whole way we’re working now is a really positive change. Many things associated with ECM aren’t a terrible upheaval for us. It’s really a way of formalising best practice – taking what we’ve always tried to do and making sure it’s done consistently.”

Suzanne Bunt, a Specialist Officer with Deaf People from Lewisham, is “delighted to see the emphasis ECM puts on joint-working. I can’t see how else I could manage if I wasn’t in regular touch with schools, doctors and other professionals. I’ve relied until now on the informal networks I’ve built, but going forward, I’m pleased to see multi-agency working becoming the norm.”

Susanne Baccini, Head of Regional Networks at the National Academy for Parenting Practitioners (NAPP), believes that multi-agency training is vital. “It is helping to share good practice and promote understanding amongst agencies, particularly in recognising the voluntary sector as an integral part of children’s services. This is leading to quicker, more appropriate referrals all round.”

Midwife Deb Hughes, from Coventry, says “these new processes are helping to share the responsibility for addressing the needs of children and families. I feel like a huge weight has been lifted from my shoulders as prior to this I would have tried to manage everything myself.”



Chris Hanvey, UK Director of Operations at Barnardo’s, has confirmed his charity’s commitment to ECM. “It is all about partners working together more effectively in participation with children and their families to deliver a diversity of services that will lead to better outcomes. We have already seen benefits, but more work is required to embed best practice across the country.”

And finally, Ann MacLeod, Nursery School Headteacher from Bolton comments: “I know there’s a lot going on in our profession, but the changes had to happen. As far as I’m concerned, with sufficient time and goodwill behind them, ECM will produce the results we all want to see.”

So if you are not already part of this change programme, speak to your manager and find out how to get involved.

The Children’s Workforce Development Council

The Children’s Workforce Development Council (CWDC) is supporting these reforms by ensuring that people working with children have the appropriate skills and qualifications, new training opportunities, career development and flexible career pathways between sectors, as defined by the Children’s Workforce Strategy.

On 1 October 2006, CWDC took over responsibility from DCSF for supporting the implementation of information sharing, Common Assessment Framework, role of the lead professional and multi-agency working. Information is available on both the ECM and CWDC websites.



Find out more

The ECM website has a wealth of information to help with the development and delivery of more effective services. The resources and practice section is full of materials and case studies demonstrating the policies in practice.

www.ecm.gov.uk

The Children’s Workforce Development Council website contains a range of information, guidance, toolkits and training packages to support the integrated working agenda.

www.cwdcouncil.org.uk

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