

WIGAN CHILDREN, YOUNG PEOPLE & THEIR FAMILIES STRATEGIC PARTNERSHIP & WIGAN SAFEGUARDING CHILDREN BOARD

Change for Children & Young People System

Frequently Asked Questions

**Information for managers and members of
the children's workforce in Wigan Borough**

Frequently Asked Questions

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Every Child Matters and the Children Act 2004

<p>1. What is Every Child Matters?</p>	<p>Every Child Matters: Change for Children is a new approach by central government and local partnerships to ensure the well-being of children and young people from birth to age 19. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to achieve 5 key outcomes (see point 5 below).</p> <p>Over the next few years, every local authority will be working with partners, through children's trust arrangements. This means that organisations involved in providing services to children and young people - from hospitals and schools, to police and voluntary groups - will be teaming up in new ways, sharing information and working together, to protect children and young people from harm and help them achieve what they want in life. Children and young people will have more say about issues that affect them as individuals and collectively.</p>
<p>2. What does the Children Act 2004 require from Councils and their partners?</p>	<ul style="list-style-type: none"> • Section 10 of the Act requires every children's services authority in England to make arrangements to promote co-operation to improve the well being of local children and young people between the authority, each of the authority's relevant partners; and any other persons or bodies the authority considers appropriate. • Section 11 of the Act requires each of the persons and bodies named in Section 11 (1) to ensure: (a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and (b) any services provided by another person or body pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need. • Section 12 of the Act requires every children's services authority to establish and operate ContactPoint (see the section about ContactPoint later in this document) in accordance with statutory regulations.
<p>3. What is the 'Children's Services Authority'?</p>	<p>The Children's Services Authority for Wigan Borough is Wigan Metropolitan Borough Council and the Children and Young People's Services of that Council</p>
<p>4. Who are the partners of the 'Children's Services Authority' in Wigan?</p>	<p>The Children Act 2004 lists the following as relevant partners of the children's services authority for Wigan Borough:</p> <ul style="list-style-type: none"> • The local Strategic Health Authority; • any Special Health Authority; • the local Primary Care Trust; • the NHS trust - all or most of whose hospitals, establishments and facilities - are situated in England; • an NHS foundation trust; • the police authority and chief officer of police for the police area; • the local British Transport Police Authority; • a local probation board for the area; • a youth offending team for the area; • the governor of a prison or secure training centre; • any person providing services under section 114 of the Learning and Skills Act 2000 <p>any other persons or bodies that the children's services authority considers appropriate.</p>

<p>5. What are the 5 key outcomes?</p>	<p>The Government's aim for the Children Act 2004 and the Every Child Matters programme is to ensure that every child and young person, whatever their background or their circumstances has the support they need to:</p> <ul style="list-style-type: none"> • Be healthy • Stay safe • Enjoy and achieve • Make a positive contribution • Achieve economic well-being
<p>6. What is the outcomes framework?</p>	<p>Thinking about the 5 outcomes at all times helps every organisation to focus on how services can be brought together around children, young people and families. However, if the outcomes are to be effective in driving change, we must be clear about what they mean in practice and how progress towards them will be measured. The Government has developed an outcomes framework to act as a basis for agreeing local priorities and planning local change. The framework (link below) shows the relationships between outcomes, aims, targets, indicators and inspection criteria.</p> <p>http://www.everychildmatters.gov.uk/aims/outcomes/?asset=document&id=16682</p>
<p>7. What is the 'Children's Workforce'?</p>	<p>The Department for Education and Skills (DCSF (Department for Children, Schools and Families)) created the phrase 'the children's workforce' to describe all those people (whether employed or working as volunteers) whose work brings them into direct contact with children, young people and their parent(s)/ caregiver(s).</p> <ul style="list-style-type: none"> • In this definition, the DCSF (Department for Children, Schools and Families) includes not only people one might expect (nursery nurses, health visitors, EWOs, teachers, social workers, youth workers, counsellors etc) but also those colleagues whose service user is an adult in a household which includes children and young people • For example: the service user of a Probation Officer (PO) or Community Psychiatric Nurse (CPN) may be a parent/caregiver, but the PO or CPN is a member of 'the Children's Workforce' where they have a worry about the well-being and/or safety of a child/young person in the household.
<p>8. What is the role of the Voluntary and Community Sector in Every Child Matters?</p>	<p>The Government has made it clear the voluntary and community sector has a vital role to play in the Every Child Matters: Change for Children programme, and that voluntary sector organisations are key partners for local authorities.</p> <p>Government has agreed a 'compact' on working with the sector. Compacts were set up to improve the relationship between government, local government and the voluntary and community sector. There are two kinds of compact:</p> <ul style="list-style-type: none"> • The national compact is an agreement between the voluntary and community sector and government to improve their relationship for mutual advantage. • Local compacts are agreements made at the local level between the community sector, councils and other public bodies to improve their relationship for mutual advantage. The aims of the local compacts include safeguarding the independence of voluntary and community organisations, and their role as a voice for children, young people and families.

9. Where can I find out more about Every Child Matters?	The Government has created a website containing lots of information about Every Child Matters http://www.everychildmatters.gov.uk
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Sharing Information to improve outcomes for children and young people

1. What Act of Parliament allows members of the children's workforce to share information as a basis for supporting children and young people?	<p>The legislation can be complex – and in many cases the basis which allows members of the children's workforce to share information is implied rather than specified. So, if organisations and members of the children's workforce are to fulfil obligations created by Sections 10, 11 and 12 of the Children Act 2004, it is impossible to see how they will achieve these obligations without sharing information about the circumstances of individual children, young people and their families.</p> <p>Legislation which also contains express or implied powers for members of the children's workforce to share information includes:</p> <ul style="list-style-type: none"> • The Children and Young Peoples Act (England & Wales) 1989 • The Human Rights Act 1998 • The Data Protection Act 1998 • The common law duty of confidentiality • Local Government Act 2000 • Education Act 2002 and 1996 • Learning and Skills Act 2000 • Education (SEN) Regulations 2001 • Leaving Care Act 2000 • Protection of Children Act 1999 • Immigration and Asylum Act 1999 • Crime and Disorder Act 1998 • National health Service Act 1977 • The Health and Social Care Act 2003
2. What is consent?	<p>'Consent' (an individual's permission) for a worker to share information about them with another worker/agency – is an important aspect of professional practice. An open discussion about the circumstances and behaviour of a child, young person and their family can strengthen professional relationships between members of the children's workforce and service users.</p>
3. Why do I need consent?	<p>Information is about a child/young person, their experiences and the circumstances of their parents/family – seeking permission demonstrates respect and consideration for children, young people and families:</p> <ul style="list-style-type: none"> • Involving service users in decisions about them, their circumstances, and the difficulties they are experiencing (or may experience in the future) – and the services that may be available to support them; and • Break down the power imbalance that can exist between service users and members of the childrens workforce.
4. Who can give consent?	<ul style="list-style-type: none"> • The biological parent (s) of a child/young person • A child/young person deemed 'Fraser competent' (see below) • Any person or persons who have 'parental responsibility' (within the meaning of the Children and Young Persons Act (England and Wales) 1989)

<p>5. What is the Fraser ruling? What is Fraser Competence?</p>	<p>A child or young person is deemed 'Fraser competent' when a professional decides that a child/young person has sufficient understanding about what is being asked of them to be capable of making up their own mind, and has a capacity to understand the consequences of the decisions and choices they make. The Fraser ruling does not prescribe an age at which a child or young person becomes 'Fraser competent' – it is a 'developmental concept'. This means it is not lost or acquired on a day to day or week to week basis; for example, in the case of mental disability, the disability must be taken into account, particularly where it is fluctuating in its effect (e.g. Bipolar Disorder).</p> <ul style="list-style-type: none"> - This does not exclude young children, children with learning, sensory or other disabilities from being deemed "Fraser competent". There is developing debate, argument and case-law about the application of "Fraser competence" in respect of children and young people with diverse individual and complex needs. - A child/young person deemed "Fraser competent" can give a valid consent for services, the sharing of confidential and/or sensitive personal information and consent to receiving medical treatment. - If a child/young person is deemed "Fraser competent", their ascertainable wishes and feelings would usually take priority over those of their parent, and individuals who may have "parental responsibility" for them.
<p>6. Do I need consent of a young person/parent in all circumstances?</p>	<p>Refusal by an individual to give consent must not be used as a reason for failing to share information that might protect a child or young person from abuse, harm or exploitation, or that might enhance physical, social, emotional, cognitive or other aspects of their development.</p>
<p>7. What Act of Parliament allows young people and parents to get their personal information?</p>	<p>Under section 7 of the Data Protection Act 1998 a service user is able to apply to see the personal information held about them. A service user will need to put their request in writing and send it to the person or organisation who they believe holds such information. A service user will need to make sure they put their name and address and that they are requesting the information under section 7 of the Data Protection Act 1998.</p>
<p>8. How do young people and parents request information?</p>	<p>A service user must make a request for the personal information held about them in writing, by post, letter or fax.</p>
<p>9. How long does it take?</p>	<p>An organisation should respond to a service user's request as soon as they can but the maximum time they have is 40 calendar days.</p>
<p>10. If a young person or parent's personal information is wrong, how can they correct it?</p>	<p>Under the fourth principle of the Data Protection Act, information must be accurate and up to date. If a service user feels that information held about them is not factually accurate (this is information that can be proven to be inaccurate and not an opinion of the person or organisation) they must contact the person or organisation that is holding this information and tell them they believe their information needs updating to be factually accurate under the Data Protection Act. If the organisation fails to do this and the information about the service user still remains factually inaccurate they can contact the Information Commissioners Office.</p>

11. What information can members of the public request under the Freedom of Information Act?	A service user has the right to request any information by public authorities, except for their own personal data, which is available under Data Protection. The Act allows access to recorded information, such as emails, meeting minutes, research or reports, held by public authorities in England, Northern Ireland and Wales.
12. How do young people and parents make a request?	A request by a service user must be: <ul style="list-style-type: none"> • made in writing - this can be electronically eg, fax, email; • state the name of the applicant and an address for correspondence; and • describe the information requested.
13. Will young people and parents be able to get any information they want?	Not in all cases. The Act recognises that there are likely to be valid reasons why some kinds of information may be withheld, such as if its release would prejudice national security or damage commercial interests. Public authorities are not obliged to deal with vexatious or repeated requests. The Act does not provide the right of access to personal information about oneself as an individual. This is available under Data Protection Act 1998, again subject to certain exemptions.
14. What if a young person or parent that I am working with has their FOI request refused?	Where a public authority decides not to disclose the information requested, it must provide reasons for its decision, it must explain how the exemption or exception applies, and it must explain its arguments under the public interest test, if applicable. The public authority should consider a complaint about a refusal to disclose, and test all of the issues again. The public authority should then inform the service user of their right to complain to the Information Commissioners Office.
15. Where can I find out more about information sharing?	More information about information sharing is available through the following links http://www.ico.gov.uk http://www.everychildmatters.gov.uk/delivering-services/information-sharing

The ContactPoint

1. What is the ContactPoint? What is it for?	ContactPoint will be a record of all children (aged up to 18) resident in England. It will contain only basic identifying information for a child, and contact details for their parent/carer and workers and services involved with a child. The primary purpose of ContactPoint is to support members of the children's workforce who are subject to the duties specified in Section 10 and Section 11 of the Children Act 2004 (see earlier Section).
2. How will ContactPoint support members of the children's workforce?	ContactPoint will be a tool that will enable authorised members of the children's workforce to: <ul style="list-style-type: none"> • verify the identity of a child or young person who comes to their attention; • assess whether that child is receiving universal services (education, primary health care); • identify any other practitioners who are involved with that child or young person; • make contact with other practitioners who are involved with the child or

	<p>young person, in order to plan and deliver the most appropriate response to their needs and circumstances.</p> <p>Some children move between areas or access services in more than one area. An authorised practitioner will be able to identify other members of the children's workforce working with the same child or young person regardless of the geographical location of the child or the worker.</p>
<p>3. What information will be held on ContactPoint?</p>	<p>ContactPoint will be a record of all children (aged up to 18) resident in England. ContactPoint will contain the following basic information:</p> <ul style="list-style-type: none"> • name, address, gender and date of birth of child • an identifying number based on the existing Child Reference Number/National Insurance Number • Insurance Number • name and contact details for: <ul style="list-style-type: none"> • parents or carers • educational setting (e.g. school) • primary medical practitioner (e.g. GP practice) • practitioners providing other services • a lead professional for that child (if appointed) <p>There will be a means for members of the children's workforce to indicate that they wish to be contacted in relation to a child because they have information to share, are currently taking action, or have undertaken an assessment.</p>
<p>4. Will ContactPoint have medical histories, exam results, observations of bruises etc on it?</p>	<p>No, ContactPoint will not contain any case information or subjective observations about a child. ContactPoint will contain only basic identifying information for a child, and contact details for their parent/carer and practitioners and services involved with a child. ContactPoint will not contain any information about birth weight, exam results, fruit and vegetable consumption or any medical data relating to the child's parents.</p>
<p>5. How was ContactPoint concept developed? How do you know it will work?</p>	<p>Nine groups of local authorities, known as Trailblazers, have been piloting a range of local index approaches. Local indexes all had the common element of holding basic information on every child in at least part of their local area. Trailblazers procured technical support and negotiated access to data sources locally; undertook consultation with children, young people and families; accredited and trained users and managed the IT system including providing user support.</p> <p>ContactPoint concept was developed through extensive consultations with a range of stakeholders throughout the initial design stage. Over 100 practitioners and local service managers helped to develop the business requirements for ContactPoint, and a further 100 service managers were consulted on, and endorsed, the proposed design solution. One of the key requirements identified was that a national approach is essential as many children access services in different local authority areas or move between areas.</p> <p>The views of children, young people and families have played a key role in shaping the Government's decision to establish ContactPoint.</p>

<p>6. What interaction between a child and a practitioner will be recorded on ContactPoint e.g. will every visit to the GP be recorded?</p>	<p>ContactPoint will hold contact details for a child's GP practice and school (universal services). Members of the children's workforce providing targeted and specialist services will record their contact details on ContactPoint. No individual visits to or conversations with a practitioner will be recorded.</p>
<p>7. Will ContactPoint be capable of supporting practitioners working with highly mobile families</p>	<p>The aim of ContactPoint is to provide, for the first time, a record of all children in England. It will draw on information from a number of sources (as children not known to one service may be known to another). ContactPoint cannot locate children if they are deliberately hidden or falsify their details, but it will provide a comprehensive source of information to give those practitioners providing support to a child. As ContactPoint will be national, this will help to ensure continued service provision when a child moves across borders and to enable a more complete record for a child where they access services in more than one local area.</p>
<p>8. How will you be certain that ContactPoint will be secure? How will you ensure it is not misused? How will you prevent trawling?</p>	<p>Security is of paramount importance in the development of ContactPoint. A number of measures will be in place to ensure security.</p> <ul style="list-style-type: none"> • Access will be restricted to those who need it as part of their work. • Everyone with access to ContactPoint, including operators or administrators, will be subject to stringent security checks, including enhanced Criminal Records Bureau clearance. • At least 2-factor authentication will be used to access ContactPoint. Users will need a password and a separate 'token'. • All users will be trained in the importance of security and the importance of good security practice. • ContactPoint will require a reason before a record can be accessed. • The number of records called up when a user searches for a child will be limited to make sure only those records are available which match the criteria supplied. • Every access to a child's record will be detailed in ContactPoint audit trail. This will be regularly reviewed to ensure that any misuse will be detected. <p>The design and implementation will be reviewed by independent security experts during system build and audited during operation. These issues will be central to the regulations, guidance and staff training that will govern the operation of ContactPoint.</p>
<p>9. How will you prevent access to information about children whose circumstances are sensitive - such as domestic violence perpetrators tracking down partners and children?</p>	<p>There will be the means for potentially sensitive information to be shielded so that it is not available to users unless they specifically request it from ContactPoint administrators. This includes details of sensitive services (which will only be recorded with consent), and details - including address details - about children whose circumstances are sensitive, for example those under threat of domestic violence or families under witness protection.</p> <p>Where there is doubt about a parent's reason for a request to see their child's record, the request need not be granted. The same considerations currently apply to school and health records. Guidance will be issued to local authorities on handling such requests.</p>

<p>10. Why is it necessary for all children to be on ContactPoint? Wouldn't it be better to only list children at risk?</p>	<p>It is important and appropriate to cover every child in England because any child or young person could require the support of additional services at any time. It is not possible to predict accurately in advance which children will have additional needs - estimates show that 3-4 million children and young people will need additional targeted and specialist services at any one point in time.</p> <p>It is proportionate to hold a small amount of information on all children rather than continually making threshold decisions about which children to put on ContactPoint and which to take off. An advantage is that ContactPoint will facilitate communication as soon as a first sign of need is noticed. All children have a right to the universal services of education and primary health care. ContactPoint will show whether or not they are receiving those services.</p>
<p>11. When will the Government be making the Regulations?</p>	<p>The formal public consultation on the draft ContactPoint (England) regulations 2007 was launched on 21 September 2006. The regulations are a requirement under Section 12 of the Children Act 2004. Once in force, they will provide a legal framework for the operation of ContactPoint. The consultation will close on 14 December 2006. The consultation materials at www.DCSF (Department for Children, Schools and Families).gov.uk/consultations. A response is to be published in Spring 2007. Further details will be set out in Statutory Guidance, which will be issued for consultation and published in 2007. The ContactPoint (England) 2006 Regulations, which provided for data matching trials, came into force on 7 April 2006. These trials have provided an early indication of the expected level of data match for ContactPoint</p>
<p>12. Will ContactPoint comply with the Human Rights and Data Protection Acts?</p>	<p>Yes. As with all legislation we have sought the necessary advice on the relationship between ContactPoint and the Human Rights Act 1998 (HRA) and the Data Protection Act 1998 (DPA) and are confident that it is consistent with both. The type and amount of information on ContactPoint is stringently restricted with no case information recorded. Practitioner access will be strictly controlled and limited to those who have a need to access it. Furthermore, all Index users will be trained in the safe and secure use of ContactPoint, including the importance of compliance with the DPA and HRA.</p>
<p>13. Will parents, carers and young people be able to see their data?</p>	<p>Yes. Children, and parents when acting on a child's behalf, have rights under the Data Protection Act to see the data that is held about them and to request that incorrect data is corrected or removed. Local authorities will be required to publicise the mechanisms for making a request and these will be managed locally.</p>
<p>14. How can an IT system help?</p>	<p>ContactPoint is just one tool in a broader programme to improve communication among professionals and help services work together more effectively on the frontline to meet the needs of children, young people and their families.</p> <p>Improving effectiveness in children's services is not simply about technological solutions. The Bichard and Laming enquiries found that a major problem with services for children was the way in which organisations communicate and share information with each other. Organisations need to adopt a wider cultural change which allows easier cross-sector and cross-professional working relationships to develop.</p>

	<p>'Information Sharing: Practitioners' guide' was published in April 2006 to provide clear, comprehensive guidance to practitioners across agencies on how to appropriately share information within the existing legal framework. Users will be trained in the safe and secure use of ContactPoint, including the importance of compliance with the Data Protection Act and Human Rights Act.</p>
<p>15. Where can I find out more about the ContactPoint?</p>	<p>The Government's 'Every Child Matters' website contains lots of information about the ContactPoint</p> <p>http://www.everychildmatters.gov.uk/deliveringservices/index</p>

The Common Assessment Framework

<p>1. What is the Common Assessment Framework?</p>	<p>The Common Assessment Framework (CAF) is a national, standard approach to conducting an assessment of any additional/unmet needs that a child or young person may have - and deciding how any needs should be met. The CAF has been developed for use by members of the children's workforce in any agency so they can work together more effectively. It will support earlier intervention by providing a tool to enable practitioners in universal, as well as targeted or specialist services, to assess needs at an early stage. It will become the main method whereby the needs of a child/young person are assessed by agencies, to reduce the number and scale of specific assessments.</p>
<p>2. When should members of the children's workforce do a common assessment?</p>	<p>A member of the children's workforce can do a common assessment at any time. A common assessment can be done on unborn babies, new babies, children or young people. It is designed for when:</p> <ul style="list-style-type: none"> - A member of the children's workforce is concerned about how well a child (or unborn baby) or young person is progressing. These concerns might be about a child/young person's health, welfare, behaviour, progress in learning or any other aspect of their well-being; - The needs of the child/young person are unclear, or broader than one service can address; and - A common assessment would help identify the needs, and/or enable other services to help meet such needs. <p>The Government has provided an easy-to-use checklist to help members of the children's workforce decide whether a common assessment should be completed. The checklist is designed to be used alongside existing assessments or routine check-ups of a child, for example as part of ante- or post-natal care or in an early years setting. Whether to undertake a common assessment is a decision that a member of the children's workforce should make with the child and/or parent. If the child is old enough to understand, and competent to make their own decision, they should be the one to decide with you (see Fraser competence earlier in this document). Always encourage a child/young person to discuss these matters with their parents.</p>

<p>3. Why do we need a Common Assessment Framework?</p>	<p>Some children and young people are assessed and asked for the same information time and time again, others are having key needs overlooked because they fall outside the span of the assessing agency; and inter-agency referrals do not operate as well as they might. A more consistent approach to assessment will go a long way towards improving outcomes for children and young people.</p>
<p>4. What will 'common assessments' cover</p>	<p>The Common Assessment Framework has been developed by combining the underlying model of the Framework for the Assessment of Children in Need and their Families with key elements used in other assessment frameworks.</p> <p>A 'common assessment' comprises 19 elements (pieces of information) grouped into three domains:</p> <ul style="list-style-type: none"> • The development of the baby, child or young person - including health and learning • Parents and carers • Family and environmental factors
<p>5. Does every child need a 'common assessment'?</p>	<p>There is no need for a member of the children's workforce to undertake a common assessment for every child on their caseload.</p> <ul style="list-style-type: none"> • If children are progressing well, or have needs that are already being met, a 'common assessment' is not necessary. • A 'common assessment' is not necessary where members of the children's workforce have identified the needs of a child/young person and their service can meet those needs, or they (and their managers) understand how to get the necessary support from another service using established procedures. <p>If members of the children's workforce think a child/young person is at risk of significant harm, they must follow the procedures of Wigan Safeguarding Children Board.</p>
<p>6. Where can I find out more about the Common Assessment Framework?</p>	<p>Information about the Common Assessment Framework can be found using the following link</p> <p>http://www.everychildmatters.gov.uk/deliveringservices/caf</p>

The Role of Lead Professional

<p>1. What is a lead professional</p>	<p>A lead professional is someone who takes the lead to co-ordinate provision and be a single point of contact for a child and their family, when a range of services are involved and an integrated response is required.</p> <p>As the lead professional, a practitioner will carry out three main functions:</p> <ul style="list-style-type: none"> • Act as a single point of contact for the child or family, who they can trust and who can engage them in making choices, navigating their way through the system and effecting change. • Co-ordinate the delivery of the actions agreed by the practitioners involved, to ensure that children and families receive an effective service which is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in a plan. <p>Reduce overlap and inconsistency in the services received.</p>
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<p>2. Who will lead professionals work with?</p>	<p>Lead professionals will work with children and young people with a range of additional needs (including complex needs) that require integrated support from more than one practitioner.</p> <p>Children and young people with additional needs are those who are at risk of poor outcomes and who require extra support from services. Their needs will, in many cases, be cross-cutting. They might include disruptive or anti-social behaviour; poor attendance or exclusion from school; experiences of bullying; special educational needs; disabilities; poor nutrition; ill-health or substance misuse.</p> <p>Within this group, a small proportion have more significant or complex needs which meet the threshold for statutory involvement, namely:</p> <ul style="list-style-type: none"> • children who are the subject of a child protection plan; • looked after children; • care leavers; • children for whom adoption is the plan; • children with severe and complex special educational needs; • children with complex disabilities or complex health needs; • children diagnosed with significant mental health problems; • young offenders involved with youth justice services (community and custodial).
<p>3. Why are they needed?</p>	<p>Evidence from practice suggests that appointing a lead professional is central to the effective frontline delivery of integrated services for children with a range of additional needs. Delivered in the context of multi-agency assessment and planning, underpinned by the Common Assessment Framework (CAF) or relevant specialist assessments, it ensures that professional involvement is rationalised, co-ordinated and communicated effectively.</p> <p>Having a lead professional helps to overcome some of the frustrations traditionally experienced by service users with a range of needs, requiring input from a range of practitioners, for example:</p> <ul style="list-style-type: none"> • numerous lengthy meetings; • lack of co-ordination; • conflicting and confusing advice; • not knowing who to speak to; • the right support not being available at the right time.
<p>4. Who can be a lead professional?</p>	<p>Lots of practitioners in the children's workforce might be a lead professional at certain times for some of their cases. The following list (not exhaustive) gives some examples:</p> <p>- personal advisers; health visitors; midwives; youth workers; family workers; substance misuse workers; nursery nurses; education welfare officers; Sure Start Plus and teenage pregnancy advisers; project workers; community children's nurses; school nurses; occupational therapists; school support staff; housing support staff or play workers</p> <p>As well as the school support staff referred to above, in some cases it may be appropriate for other school staff to take on the lead professional functions. For example, a special educational needs co-ordinator (SENCO) may, where appropriate, act as lead professional for a child with special educational needs. In some cases primary head teachers have also taken on the lead professional functions. In both cases, this works well when they are the person with the strongest relationship with the family, where the child's needs are primarily school-based and where it is useful for the school to hold the overview. Where the child's needs require input from a range of</p>

	<p>professionals outside the school setting or a high degree of family support is required, it may be appropriate to identify someone from another service to take on the lead professional functions.</p>
<p>5. What do they do?</p>	<p>The lead professional may undertake a range of tasks in carrying out their lead professional functions:</p> <ul style="list-style-type: none"> • Build a trusting relationship with the child and family (or other carers) to secure their engagement and involvement in the process. • Be the single point of contact for the family and a sounding board for them to ask questions and discuss concerns. In some cases other practitioners will need to make direct contact with them, and it will be important for them to keep the lead professional informed of this. • Co-ordinate the effective delivery of an agreed set of actions which provide a solution-focused package of support and a process by which this will be regularly reviewed and monitored. • Identify where additional services may need to be involved and put processes in place for brokering their involvement (for example this may need to be carried out by the line manager rather than by the lead professional themselves). • Be the single point of contact for all practitioners who are delivering services to the child, including staff in universal health and education services to ensure that the child continues to access this support. • Continue to support the child or family if more specialist assessments need to be carried out. • Support the child through key transition points but, where necessary, ensure a careful and planned 'handover' takes place if it is more appropriate for someone else to be the lead professional.
<p>6. What skills do they need?</p>	<p>Emerging practice suggests that there are a number of skills which may be helpful:</p> <ul style="list-style-type: none"> • strong communication skills; diplomacy; sensitivity; • ability to establish a successful and trusting relationship with the child and family; • ability to empower child/family to make decisions and challenge them when appropriate; • understanding of the implications of the child's assessment, for example in relation to risks and protective factors; • ability to support and enabled child/family to achieve their potential; • ability to work effectively with practitioners from a range of services; • ability to convene meetings and initiate discussions with relevant practitioners; • knowledge of local and regional services for children and families; • understanding of the boundaries of their own skills and knowledge.
<p>7. How is the lead professional identified?</p>	<p>For children with additional needs, deciding who is to be the lead professional can be done most effectively as part of a multi-agency assessment and planning process using the CAF. One of the practitioners will be best placed to take on a lead role. There is a range of criteria that can help inform this decision, for example the predominant needs of the child or family; the wishes of the child or family; or a previous or potential ongoing relationship with the child. The other practitioners will have an important contribution to make in delivering their agreed actions.</p> <p>For children and young people with complex needs, there are already legal requirements or good practice expectations about who has the lead role, e.g. the social worker for looked after children or the key worker for disabled children.</p>

<p>8. Won't this create a lot of extra work for practitioners?</p>	<p>It is not possible to be prescriptive about the time and workload implications of providing lead professionals for children with a range of additional needs. Clearly, the time taken up by lead professional functions will vary according to the level of the child's needs, the number of practitioners involved and the length of the intervention. Overall, we hope that this model of working, introduced alongside CAF and other elements of the <i>Change for Children</i> programme, will lead to a more effective allocation of resources and more streamlined service delivery, with any additional responsibilities offset by time-savings in other areas as a result of improved processes.</p> <p>The experience of those local areas that have been trialling the lead professional suggests the following:</p> <ul style="list-style-type: none"> • Being the lead professional can be more time-intensive than being a supporting practitioner in the same case. • However, the time pressures involved in delivering the lead professional functions can be offset against other cases practitioners may be involved in where the demands on their time may be less significant. • These variations need to be considered by senior managers when setting up a lead professional system. • They also need to be taken into account by operational managers when setting and allocating caseloads.
<p>9. Where can I find out more about the lead professional?</p>	<p>Guidance for managers and practitioners on the lead professional, and associated materials, are published on the www.everychildmatters.gov.uk/leadprofessional website.</p>
<p>10. How will the lead professional implementation be monitored and evaluated?</p>	<p>An evaluation of the lead professional implementation (in conjunction with the Common Assessment Framework for children and young people) was carried out between Summer 2005 and Spring 2006. It explored particular factors associated with the implementation of the lead professional and the CAF in 12 local areas.</p> <p>The Department for Education and Skills will plan the monitoring and evaluation of progress, working with the Children's Workforce Development Council and children's services advisers in Government Offices.</p>
<p>11. Is it mandatory for local areas to introduce lead professionals?</p>	<p>No, it is not mandatory to introduce this model of working. However this way of working is already in place across many services and initiatives, for example the Connexions personal adviser and the key worker for disabled children. Our guidance seeks to encourage local areas to establish this kind of provision for all children and young people with additional needs who require integrated support. We believe it is an important part of the solution to end fragmentation and overlap in the delivery of services to children.</p> <p>The lead professional is outlined in the statutory guidance to section 10 and section 11 of the Children Act 2004. All local authorities and relevant partners have to take account of this guidance. If they decide to depart from it, they must have clear reasons for doing so.</p>
<p>12. What funding is being provided?</p>	<p>There is additional funding available for local authorities in 2006-07 (£22m) and 2007-08 (£63m) to support the implementation of <i>Every Child Matters</i>, including the implementation of lead professional models of working. This is part of the new children's services grant which is being introduced from April 2006 (£152m in 2006-07; £193m in 2007-08).</p>

<p>13. How will you be supporting implementation?</p>	<p>Our guidance highlights a number of practical steps areas can take to support implementation. This will be reinforced through the support offered through Government Offices particularly Directors of Children and Learning and Children’s Services Advisors. In addition, we are developing a training programme to support the move to integrated working. It will enable and encourage professionals to work together in more integrated front-line services, using common processes and tools which are designed to create and underpin joint working. The materials are available online, on CD ROM or through training organisations and professional bodies. Within the programme there will be a range of modules for managers and practitioners.</p>
<p>14. How will people be persuaded to take on the lead professional functions?</p>	<p>Remember that in many cases people are already working in this way. Our aim is to ensure this kind of provision is in place for all children and families that require integrated support. There are a number of important elements, both locally and nationally, that will support lead professionals and encourage people to work in this way.</p> <p>Locally, the following factors are key to supporting the introduction of the role:</p> <ul style="list-style-type: none"> • cross-agency commitment to this way of working; • clear lines of accountability; • appropriate line management and supervision arrangements; • dispute resolution procedures; • planning around capacity and workload to ensure that practitioners do not become stretched; • administrative support. <p>Nationally, we believe that the training modules, along with the other aspects of the <i>Every Child Matters: Change for Children</i> programme will support a broader move towards integrated working which in turn will provide a solid foundation for the widespread introduction of lead professionals.</p>
<p>15. How does the lead professional link with the NSF?</p>	<p>The <i>National Service Framework for Children, Young People and Maternity Services</i> has set standards for improving service delivery across health and social care in relation to health and wellbeing, delivering child-centred services, safeguarding and promoting welfare, supporting those who are disabled or who have complex health needs and promoting mental health and psychological well-being.</p> <p>The lead professional, together with CAF and better information-sharing procedures, has an important contribution to make to this key Government policy. It will help change the way that services are delivered, shifting the focus from dealing with the consequences of difficulties in children’s lives to preventing things from going wrong in the first place. As a specific example, in a number of standards the NSF describes the importance of someone taking a lead role, for example for children with disabilities or complex health needs. The lead professional provides a vehicle for doing this.</p>
<p>16. What is a budget-holding lead professional?</p>	<p>Pilots have been set up to trial the concept of a budget-holding lead professional. The aim is to test whether better service packages for core groups of children and families could be delivered by giving lead professionals a budget with which to commission services directly from providers. Funding will be allocated from 2006 to 2008 for pilots in up to fifteen local authorities.</p>

