

E-technology and information sharing in child welfare

Learning from the English experience

Marie Connolly, Christopher Hall, Sue Peckover and Sue White

The use of e-technology as a way of improving communication and collaboration across services in child welfare has generated significant interest in recent years. The Information Sharing and Assessment (ISA) is an e-technology initiative that has been introduced by the British Government as an attempt to promote better information sharing between professionals, early identification and multi-professional interventions. This article looks at one aspect of ISA, the introduction of the Common Assessment Framework (CAF). It considers some of the issues relating to the introduction and use of the CAF, and discusses some of the ways in which systems of child welfare may learn from the English experience. While acknowledging the potential for e-technology to strengthen practice developments in child welfare, it emphasises the need for careful scrutiny of new developments to ensure that they do not have negative, unintended consequences.

There are times when initiatives in child welfare, while well intentioned at the time of implementation, end up having a set of unintended consequences that are later found to be less than ideal in practice. For example, much has been written about the 'bureaucratization' of child protection (Tomison 2004) and the adverse effects of some managerial practices on the development of child protection systems (Ferguson 2004; Munro 2002, 2005a). Writers have also expressed concern about child protection orientations and their contribution to risk-averse practices (Connolly & Doolan 2007; Mansell 2006; Spratt 2001). At a time when most child welfare systems are undergoing reform, it is important to consider the ways in which new innovations impact on practice in the longer term. This is not to inhibit the transfer and utilisation of new innovations. Indeed, writers have noted the positive value of 'sowing the seeds of innovation' across international boundaries (Scott 2006). Rather, it is to remind us of the need to carefully scrutinise practice developments to ensure that they have both cultural fit and longer-term positive drivers for practice behaviour within their new systems of operation.

In recent years, developments in e-technology have enabled child welfare systems to explore ways in which information sharing between professionals can be enhanced to support cross-agency work with children at risk. Consistently within the child welfare literature, writers have noted general consensus with respect to the need for better communication and collaboration between and across professional systems (Bell 1999; McIntosh 2000; Tomison & Stanley 2001). Despite this consensus, writers have also noted how difficulties in interagency communication and coordination have plagued child welfare systems over the years (Connolly 2004; Hallett & Birchall 1992).

Within the English system, e-technology has been identified as a key means of both identifying and tracking children who are in need of care or protection services, and enhancing professional information sharing, communication and collaboration (Hudson 2005; Peckover, White & Hall 2006). The *Information Sharing and Assessment (ISA)* is an e-technology initiative introduced by the British Government (although only applying to England) as an attempt to promote better information sharing between professionals, and to enhance early identification and multi-professional interventions. The ISA is part of a raft of e-

Marie Connolly, PhD
Chief Social Worker
Ministry of Social Development, New Zealand
Email: Marie.Connolly005@cyf.govt.nz

Christopher Hall, PhD
Senior Research Fellow
Centre for Applied Childhood Studies
University of Huddersfield, UK

Sue Peckover, PhD
Senior Research Fellow
Centre for Applied Childhood Studies
University of Huddersfield, UK

Sue White, PhD
Professor of Social Work
University of Lancaster
(previously Professor of Health and Social Care,
University of Huddersfield)

enabled initiatives outlined in the Green Paper, *Every Child Matters*, and subsequently in the Children Act 2004. The other elements are the Integrated Children's System (ICS) and the Common Assessment Framework (CAF). The Integrated Children's System is a framework for record keeping for people working with children in need and their families, supported by information technology that is designed to handle a large amount of information on individual children. Arguably the most controversial of these initiatives has been the ISA (commonly referred to as the 'child index' at the time of writing, but subsequently called 'ContactPoint'), a database of all English children, accessible to appropriate professionals through which they can indicate concerns about, and involvement with, 'vulnerable children'. Writers have expressed a range of reservations about the introduction of the index, amongst which are: its intrusion into family privacy and problems with respect to confidentiality (Munro & Parton 2007); its heavy reliance on professional judgement (Hudson 2005) and lack of threshold criteria (Payne 2004); its use by professionals to cover their backs (Munro 2005b); and its stigmatising potential for children (Penna 2005). The e-technology CAF is a standard assessment tool that will be used by all professionals working with children for assessment and referral purposes. Although many of the criticisms and dilemmas associated with the index may also have relevance for the introduction of the CAF, the common assessment framework has received little critical analysis.

The CAF is based on an earlier assessment tool (Department of Health 2000) which has been used mainly by social workers. It is suggested that a CAF should be completed for all children who are considered to require an intervention beyond universal provision when they have 'additional needs'. The framework provides a series of categories for professionals to complete on children and their families under three headings – child development, parenting capacity, and family and environment factors. Professionals are encouraged to assess the strengths and needs of the child and family, describe the action they have taken, and the outcomes they hope will be achieved. Parents and children are expected to be involved in completing the assessment and to give their consent.

This article discusses some of the insights gleaned from the use of CAF in two English local authorities. It suggests that issues of information exchange, accountability and consent are key dilemmas for professionals.

E-CAF AND LOCAL AUTHORITY PRACTICE

During 2005 the CAF was established in a number of English local authorities and was the subject of a Government sponsored evaluation (Brandon et al. 2006). This paper presents data from a study funded by the Economic and Social Research Council which examines the implementation in two local authorities. In one authority the

CAF is e-enabled and in the other it is not. When the e-enabled version is operationalised, a professional is able to open their personal page on the website, see the CAFs they have completed, and amend if necessary. The CAFs are held in a central database and can be accessed by the central implementation team to see if a CAF has been completed on a particular child and for quality control. Two options were available to staff: an on-line version for those trained and/or familiar with the technology; and a Word version for those who had yet to be trained in the technology. In the other local authority the CAF is not yet e-enabled and, although available in template form for the user to complete as a word processed document, this is frequently downloaded and/or photocopied and completed by hand. It is always, however, the paper version which is used for information sharing, whether transferred by hand, post or fax. Although practitioners are encouraged to indicate on the local child index (ISA) that they have completed a CAF for a particular child/young person, this requires separate engagement with a different set of e-technologies and, consequently, is not always achieved in practice.

While there are early indicators that some services are requiring CAFs to form the basis for referrals, it is clear that different practices exist. The training courses and government guidance nevertheless encourage professionals to use the CAF for assessment as well as referral purposes, and some services have adopted it as their standard assessment tool (e.g. Sure Start).

One of the local authorities has required that the CAF be used for all communications between children's services for children with additional needs, and the use of CAFs increased during the first part of 2006. In the other local authority, the CAF has been introduced both more widely but more permissively and, despite a strong emphasis on multi-disciplinary working and an expectation that professionals across the children's workforce will engage with these developments, there is some evidence that private, voluntary agencies and health services in particular have been slower to take up the use of the CAF. Inevitably the success of a multi-agency implementation of the initiative has been challenged by the size and diversity of the child welfare workforce and the complexities of dealing with large numbers of organisations with different policies, procedures and practices. Such a large whole-of-system approach is susceptible to both resistance and local differences in interpretation and usage.

HOW LOCAL AUTHORITIES RESPONDED TO CAF

Because research is still in its early stages, observations are, by necessity, preliminary. Nevertheless, there are a number of themes emerging that offer insight into the uses and impact of the CAFs in agency practice.

Professionals and the CAF: A digital divide

Initial indications suggest that there are wide variations in how professionals use the CAF. Although many staff have been trained in the use of the electronic version of CAF, equal numbers choose to use the Word version, particularly those with less access to computers. There is evidence of a 'digital divide'. Some staff are highly computer literate and report few technical or access problems, while others lack basic IT skills and resources. Professionals who move between workplaces (e.g. midwives) find it difficult, as do those with limited access to computers (e.g. health visitors). Some voluntary agencies, like playgroups in rented premises, have no office accommodation. Where working at a computer is not part of the normal working day, there are a number of hazards – remembering passwords, being locked out, exclusive and private use of a computer for sufficient time. One health centre had one computer to five staff and files are routinely handwritten. One teacher could write a CAF without being disturbed, but the printer was in the school IT suite.

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Professional use of CAF

There are indications that some staff saw the use of the CAF as a way of enhancing assessment skills, promoting a holistic approach which challenges them to widen their view of the child's needs. Staff whose work is concerned to support parents are encouraged to concentrate on identifying children's needs. Meeting the expectations of the CAF, they consult with children, families and other professionals, and engage in multi-agency working – clearly the aim of the initiative. However, it is questionable whether simple referrals require such elaborate or detailed processes, for example, identifying literacy problems. Moreover, as a universal tool for practitioners, the CAF struggles to provide headings that are appropriate for the full range of children's services. There is also widespread variation in how the CAF is completed and large sections are often not completed – some teachers, for example, are reluctant to include information about parenting and family background. There is some indication that eCAFs contain more information than Word versions, but this may reflect the purpose rather than the medium.

CAF and ongoing accountability

Accountability is a central feature of any professional action (Hall, Slembrouck & Sarangi 2006). Being the first professional to complete the CAF may be a disincentive if it results in the professional being identified as the key person responsible for the child and family. At the same time, the dangers of not reporting are equally significant if something goes wrong and professional involvement was not recorded. The professional has a dilemma. By indicating their involvement, they establish themselves as the site for others' enquiry. If treated as a referral, they are able to pass on responsibility for further intervention to others. Using the technology becomes a strategic act, either to establish or avoid a professional's centrality in a case. Conversely, e-technologies can give the impression that once concerns have been registered, the problem is automatically taken on by some undefined 'other'. Once having completed a CAF, a professional may assume that someone else is following up the concerns.

Experience also suggests that practitioners may be seeing the completion of the CAF as being the primary activity with the family – an end in itself – rather than a means by which they can identify the most appropriate kind of service or intervention.

Losing meaning in translation

While it might be assumed that passing information from one professional to another is straightforward, the British Government recognises that professionals can talk in different ways or have different interpretations and priorities. In response to this has been the identified need to create a 'common language' (Department for Education and Skills 2004).

Language use in the CAF is crucial. The electronic form is split into a series of expandable boxes, with headings and notes for completion. According to Cleaver et al. (2004), by identifying 'needs' rather than reporting concerns, a more scientific exercise is taking place – it is 'evidence-based'. There is little encouragement to tell a story or to characterise the child or parent. Nevertheless, there is evidence to suggest that professionals feel somewhat restricted by the CAF, preferring to report their views about children through extended descriptions rather than psychological assessments. One teacher was clear that the CAF did not portray the child – 'the CAF is not the child, this is the child', pointing to three files of reports and case notes. Another produced a list of events from the school log to accompany the CAF – 'the chronology shows more vividly what happened'. Some CAF writers forced a story into the CAF structure by writing what happened in the summary, particularly where a child abuse incident was being reported. This raises issues of communication and the ways in which ideas are communicated and facilitated in child welfare.

Issues of consent

The British Government provides guidelines relating to the sharing of professional information, emphasising that the completion of the CAF should be in partnership with families (Department for Education and Skills 2006). Indeed it recommends that the professional and members of the family reach agreement on the timing of the CAF. Despite this encouragement, there appears to be a wide variation in practice regarding the issue of consent. Some professionals include families at all stages, and some services require a signature before accepting a CAF referral. In practice this often means that the professional discusses the CAF with the family member and completes a Word version of the CAF with them, which is then agreed and signed. The worker then completes the eCAF, and gives a copy to the parents. This is a cumbersome process that takes several extra tasks and enables information to be added between the Word and electronic entry, suggesting the e-technology is itself further complicating the processes of gaining signed consent. Indeed, in the local authority where the CAF is not e-enabled, the original hand written and signed version continues as the key document, and although this can be photocopied and shared with other professionals, it is less likely to be altered.

It is also clear, however, that some professionals do not seek consent. On the CAF there is a question about whether consent has been obtained. In an audit of 300 eCAFs in one of the local authorities, less than half indicated that consent had been obtained.

The extremes of sharing are also apparent. There are examples of crucial information being withheld from the CAF because the family member was not prepared for it to be shared. On the other hand, there were examples of a CAF being completed without the parents knowing. Sometimes this was because the parent could not be contacted. In situations of dispute between family members, the information may have had to be presented carefully and strategically on the CAF. Professionals had to manage the tension between sharing information and maintaining the relationship with the family member, and CAF writers presented information in a way that meant the receiving agency could 'read between the lines'. Overall, whilst most staff supported the notion that family members should be involved in assessment and information sharing processes, for it to be workable, compromises are routinely made.

CONCLUSIONS

Although still early days, it would seem that the introduction of the CAF within the English system has not been without difficulty. Preliminary findings suggest that there are problems with respect to the strategic nature of the CAF writing, the variability of practices and inconsistency of use. Clearly the implementation of the CAF system has not been as straightforward as initially envisioned. While these

problems remain unresolved, there is a danger that professionals may rely on systems that are not sufficiently robust to protect the interests of children. If operating poorly, it is unlikely to enhance professional communication and coordination – indeed it could make things worse if children fail to get the attention they need or are stigmatised because of inaccurate, poorly documented or misleading information.

The CAF within the English system is part of a wider set of developments designed to promote inter-agency working and to break down barriers to sharing information across services. This is clearly important. Paradoxically, however, while the e-technology may, indeed, encourage greater information sharing between professionals, this may not necessarily equate to improved 'knowledge' about a child or family. Because of the multi-purpose nature of the CAF, while a greater number of families have the potential to be subjected to professional surveillance, the generic nature of the information recorded may, in fact, be less useful in understanding the issues confronting a particular family. In this regard, there is potential for the CAF to create a 'dumbing down' of information – more information but of lesser value.

E-technology needs to enhance practice and it is incumbent on us to critically scrutinise new innovations to ensure that they do.

As yet, we do not know enough about the ways in which e-technology might drive professional behaviour in child welfare. What is certain, though, is that it *will* drive behaviour and that it will have either intended or unintended consequences. E-technology has considerable potential to enhance service delivery and to assist professionals in their work with children and families. However, before systems step into e-world information sharing, it is important to learn from the experiences of others. E-technology needs to enhance practice and it is incumbent on us to critically scrutinise new innovations to ensure that they do. ■

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