

**Getting it Right for Every Child**

**Electronic Information Sharing Models and process**

**Version 0.2**

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**Efficiency and Transformational Government Division**

**eCare Programme**

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**Version Changes**

|  |  |
| --- | --- |
| ‘Message Types’ | ‘Message Types’ replaced with Communication Types |
| New Communication Type | Communication Type 5 added with explanation |
| GIRFEC Information Sharing and Activity Model Diagram | Diagram changed to incorporate Communication Type 5 |
| Message Type 1 | Communication Type 1 changed from ‘Identify an Agency involved with a particular child’ to ‘Request for Agency identification’. |

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**Introduction**

**eCare - Getting it Right for Every Child**

* The eCare Programme is part of the Efficiency and Transformational Government Division located in the Public Reform Directorate of the Scottish Government.
* *The Getting it Right for Every Child* Programme is part of the Safer Children, Stronger Families Division, located in the Children, Young People and Social Care Directorate of the Scottish Government.

These Programmes have been working together for some time now to develop requirements for a ‘Getting it Right for Every Child’ electronic information sharing model, ensuring that relevant information is securely shared, processed, and used appropriately to aid children in getting the help they need, when they need it.

*Getting it Right for Every Child* introduces the Policy and methodology for providing support to a child and eCare provides the practical realisation of some of those elements. The eCare Programme supports the ‘*Getting it Right for Every Child’* agenda in a number of ways:-

* Giving advice on Information Sharing Issues where Policy determines this is required.
* In consultation with other Scottish Government Policy and Local Getting it Right for Every Child Pathfinder areas, design models, processes, and data for specific ‘products’ .i.e Child’s Virtual Shared Record, and Plan.
* Co-ordinate Data Standards where data is to be used in an inter agency environment through working closely with other National Data Design Authorities. i.e NHS (NCDDP), ScotXed (Scottish Exchange of Educational Data)
* Ensuring definitional Standards are agreed to support common understanding and interoperability of disparate systems.
* Assisting Local Pathfinders to redesign business processes and to design any associated Standards.
* Advise on Information Governance and compliance issues.
* Consult nationally on any eCare Programme Products relating to the Getting it Right for Every Child Agenda.
* Link with other Scottish Government Policy Areas to develop their Standards, ensuring compatibility with Getting it Right for every child. i.e Looked After Children’s Materials.
* Mapping Information flows from single use to interagency environments, and vice versa.
* Analysing currently used, and ‘in progress’ information recording formats, to identify common elements across each of these.
* Involve Practitioners in the design of the Getting it Right for Every Child requirements for an electronic information sharing framework

To ensure that common aims and priorities are identified and actioned, specific resources are shared between the two programmes, and practitioners have been involved in the design, governance and implementation of the processes, models, and tools used to deliver help to a child. This document is a result of partnership working through practitioner workshops and policy direction.

The key concept of *Getting it Right for Every Child* is a common, coordinated framework across all agencies that support the delivery of appropriate, proportionate and timely help to all children as they need it.

In the document ‘*Getting it Right for Every Child* - Proposals for Action’ one of the ‘products’ of the Framework is a single ‘Child’s Virtual Shared Record and Single Plan’. ‘Where more than one agency has to work with another in a structured way to help the child, **key bits of this information should be shared to make sure that the help proposed is right for the child.** **The child’s or young person’s record is the place where this information should be brought together and shared where appropriate.** Whoever is involved with the child can see what **relevant** information is available and can make a more informed decision about what action is really needed to help the child’.[[1]](#footnote-1)

However, this document is not only about the *child’s virtual shared record* (CVSR) and Plan but gives guidance on the sharing of information at a much earlier stage (when appropriate) so that practitioners can be better informed as to the most appropriate support to be offered to a child.

This document is a result of the *Getting it Right for Every Child* Policy, and particularly focuses on defining models, processes, and information that assist in meeting most of the core components of Getting it Right for every child.:-

Core Components of the GIRFEC Framework

* A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being
* A common approach to gaining consent and to sharing information where appropriate
* An integral role for children, young people and families in assessment, planning and intervention.
* A coordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes based on the *Well-being* indicators..
* Streamlined planning, assessment and decision-making processes that lead to the right help at the right time.
* Consistent high standards of co-operation, joint working and communication, where more than one agency needs to be involved, locally and across Scotland
* A *Lead Professional* to co-ordinate and monitor multi-agency activity where necessary
* Maximising the skilled workforce within universal services to address needs and risks at the earliest possible time.
* A confident and competent workforce across all services for children, young people and their families
* The capacity to share demographic, assessment, and planning information electronically within and across agency boundaries through the national eCare programme where appropriate

The eCare Framework was shown to practitioners who were asked to identify requirements for working in a *Getting it Right for Every Child* way. It had previously been agreed that the eCare Framework would be used as the mechanism for sharing personal information between agencies and to create a ‘virtual’ Shared Child’s Record and Plan when one is needed. This led to requirements being gathered around how the eCare Framework would operate to ensure not only compliance with Data Protection principles, but to also to promote good practice when working with children.

The process of trying to understand practice and policy requirements for a CVSR, including the generic activity of assessment and planning, has led to the development of models including the identification of needs, assessment, and planning. These have in turn led to processes being developed that focus on the principles of Getting it Right for every Child. A pragmatic approach has been taken and products are being developed to facilitate good practice and appropriate, proportional, and relevant information sharing for the benefit of **all** Scotland’s children.

This document deals with the use of the framework in a *Getting it Right for Every Child* context and refers to a ‘Getting it Right for Every Child Practice Model’ to highlight the method, structure, and process of identifying needs and support in a child’s life. Some elements of this Model will be realised through the eCare Framework following an agreed process of recording and information sharing. A description of information sharing processes and the creation of a CVSR and Plan follows. This document also describes some aspects of Information Governance, particularly surrounding the use of the Framework where the Data Protection Act 1998 has to be implemented and principles met.

Section 1 deals with the ‘Getting it Right for every child Practice Model’, Section 2 explains the ‘Getting It Right for Every Child Information Sharing and Activity Model’. Section 3 discusses the ‘*child’s virtual shared record’* and Plan.

**Who is this document for?**

The development of the Models and processes and the information contained here constitute the High Level *Getting it Right for Every Child* requirements for version 2 of the eCare Framework. It has been written for a number of audiences:-

* Practitioners working directly with children or adults associated with them. – The practice and Information Sharing Models can help practitioners to explore issues around when to share information, what information to share, and understand the electronic system within which it is shared.
* cCare Design Authority

This document is not just about System change but brings the ‘*Getting it Right for Every Child’* triad of change mechanisms, Systems, Practice and Culture (in the context of information sharing and the eCare framework) together in one place. The three change mechanisms are interdependent on each other and therefore this document is just as much about practice and culture change as it is about systems. Systems cannot live in a business vacuum and the models and processes described here reflect these shifts to a *Getting it Right for Every Child* way of working. This will support practitioners not only to simplify information processes, reduce duplication of recording, and share information securely, but will also reflect those *Getting it Right for Every Child* values within the models. By implementing the eCare Framework and the associated processes and models, the core components of GIRFEC can be realised and practitioners can work in an environment where joint working can flourish, concepts of thresholds can be eradicated, categories and labels can be eliminated, and help can be given to the child when they need it - by the person best placed to provide that assistance.

**Out of Scope**

There is an expectation that each local Data sharing area has its own local Information Sharing Protocols with associated procedures and guidance. This paper **does not** address *local* governance issues or local security and access arrangements to the Framework. It also assumes that the recipient of the document has knowledge of the eCare Framework.

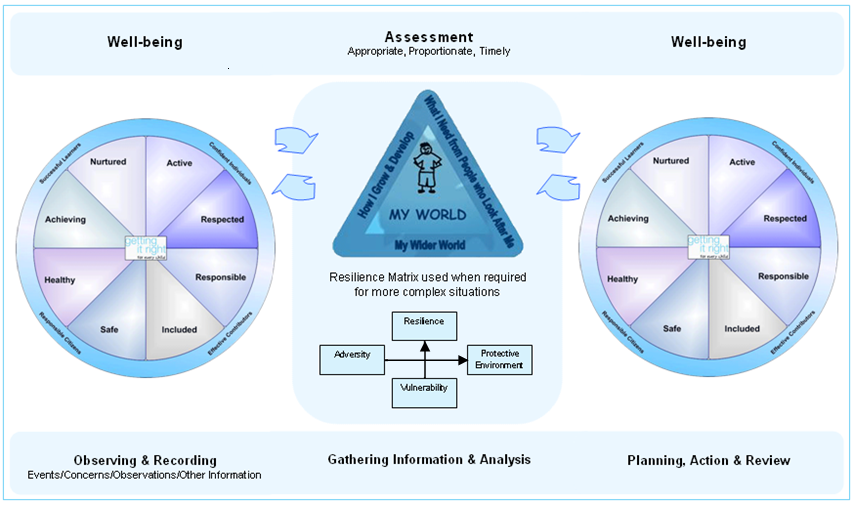
This document addresses the high level requirements for the way in which the eCare Framework can support *Getting it Right for Every Child*. It does not address detailed requirements around consent, other minimal data standards that may be required to support the record (e.g. assessment, chronology, etc), and more detailed governance arrangements.

This document is written in the context of the eCare framework and assumes that it will be understood to aid its use. Many of the principles and details of the approach taken are equally applicable to sharing information outwith that framework or indeed by non-electronic means. Clearly in a non-electronic context it will be necessary for agencies, as well as reflecting on issues such as consent or appropriateness and relevance, will also need to consider the security of any way in which they convey information.

The model describes several communications that can be used to share information, and the CVSR and plan. The detailed content of these specific communications, other standards associated with them and the CVSR and Plan will be included in specific standards documents that address these and will not be contained within this document.

**Section 1**

**Getting it Right for Every Child Practice Model**

****

**Larger Graphic – Appendix 3**

**4**

**3**

**2**

**1**

The ‘Getting it right for Every Child Practice Model’ introduces a way of structuring information that practitioners and others can potentially use that will lead to a child getting the help when they need it.

This Model was designed to ensure that information about children is recorded in a consistent way, increasing interoperability between systems and leading to a shared understanding of a child’s needs. There is a direct relationship between early identification of factors in a child’s life and an assessment of those factors leading to help being given. This Model provides a platform for designing processes and procedures in a *Getting It Right for Every Child* way. The Highland *Getting it Right for every child* Pathfinder have chosen well-being indicators as broad categories where Observations, events, concerns, and other relevant information can be recorded.

It is important that this Model takes account of ***all***children and their needs. The Model can be applied to children who require no additional support to children with complex needs. The model is relevant for all children, since information recorded in universal agency systems, could become critical in understanding a child’s journey and may help to aid decision making when they require single or inter agency support. This information may be important when viewed alongside an another agencies’ information, when decisions need to be made on what support a child needs within a single agency. (i.e the recording of day to day information about any child around indicators of well-being, e.g. Healthy - Immunisations, Achieving – Academic attainment etc. This information may appear to have little value when initially recorded but may be of immense value later when pooled together to aid in decision making or where additional support is required and other elements of the Model may be used).

The Model proposes a structure for recording observations, events, concerns and other relevant information, single and Inter Agency assessments, and plans.

Where there is Inter Agency involvement (two or more agencies are working together for a common purpose), or where ‘pooled’ information is needed to decide on the help a child needs, the Model links with the **Information Sharing and Activity Model** (how the information is used to enhance decision making and shared if required, (page 10) and the **Child’s Virtual Shared Record Process, structure, and associated Data** (Page 19)

**Description of the Getting it Right Practice Model.**

**1**

**Initial recording -**  Information about children may be recorded around Events, Observations, Concerns and other relevant Information. Some of this data could be categorised using the well-being indicators (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, and Included). This way of structuring the initial recording of information has the potential to **focus the help a child may require on specific areas** of need. The same structure can then be applied to the Child’s plan. Needs can then be prioritised and aggregated later if required and an overall recommendation for action can be put in place.

For discussion on the definition of concerns and events please see Appendix 2

**When initial observations etc are recorded professionals need to ask themselves the five questions below:-**

1. What is getting in the way of this child’s well-being?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from others?

The potential to create a multi agency chronology (pooled information from other agencies but where there is no current Inter Agency involvement) can now be realised and can be brought together when consent (or the overriding of) is secured. Guidance on the creation of an electronic chronology is highlighted later in this document.

**Assessment** - This initial recording around well-being can also inform current and future single and inter agency assessments with the detail that is required to be able to decide on what questions need to be asked during a formal assessment. These questions can be based on the information recorded against each indicator(s). This information should allude to strengths or pressures faced by the child, and can help the child/family/carer and practitioner understand the past, and the here and now of the child’s journey.

**2**

Specific questions can be asked about these well-being indicators using the My World Triangle (Appendix 1) to further clarify strengths and pressures in the child’s world that may impact on the child’s well-being. These questions should be appropriate and proportionate to the observation, concern etc. This would give the child/family/practitioners the ability to add context and depth to the initial information gathering phase of assessment, because the practitioner would be **asking relevant questions about specific areas around the My World Triangle**. This would also **allow gaps to be identified in either information (that can now be gathered), analysis, or help given**. **This may lead to further questions being asked around other areas of the triangle.** Further tools can be used at this stage to look in more detail at specific areas of a child’s life ( e.g. standardised tests, information from specialists etc). When interagency help is to be delivered, tasks can be easily given to professionals with different skills and resources, and where there is no information known, tasks can be given to collect relevant data.

**Gathering information and analysis**  – The combination of having accurate structured information and asking the right questions, adds context to the information held. This can assist the practitioner or practitioners to evaluate the information they now have at their disposal. This once again may identify missing information that can now be gathered.

**3**

Alongside the child/families knowledge, professional training, current evidence based research, as well as the collective reflection of practitioners from different perspectives, making sense of the information can now take place. This can assist in understanding what help is needed and can help in the further identification of pressures, strengths, and support that is required.

When it is appropriate to do so the ‘Resilience Matrix’ can be used. Practitioners use the Resilience Matrix to make sense of the strengths and pressures from the ‘My World Triangle’ along with any other assessments, and to identify the areas where help should be focused. They can group the information within the four headings of *resilience, vulnerability, protective environment and adversity.* The Resilience Matrix should be used when it is appropriate to do so, and may not be suitable for every situation.

**4**

**Plan** – Because the initial information was recorded in a structured way, any action to be carried out can also be structured in the same way, therefore ensuring help is systematically and specifically targeted on relevant indicators of the child’s well-being. The above model can be looked at as a process, although there is a risk that this may encourage the belief that that an assessment around the triangle must be carried out before action is taken. **Help needs to be given in parallel with any assessment**. It is true before any action is carried out a process of analysis will be undertaken. However, the model does allude to as little or as much focus on assessment as required.

Assessments can be carried out in real time. E.g. A child is about to place their hand in an open fireplace. Concern – Safety, Assessment question – Will the child be at risk?, Plan – Remove hand from fire, Action – Remove hand now.

The plan becomes a dynamic process to:-

1. Provide help as soon as needs are recognised
2. Analyse the help given through reviewing ‘action taken’ outcomes, using the well-being indicators to guide assessment
3. Further identify the help that is needed through asking relevant questions.
4. Redesign help if required and updating the plan.

The model also makes the link from the help provided back to the ‘Gathering information and Analysis’ phase where action and outcomes can be assessed. Assessment is an ongoing process and as soon as any action is taken further questions need to be asked surrounding the impact and effect of that action. This may lead to amendment of the plan. This circular process within the model ensures that help is specifically targeted on a child’s ever changing circumstances and becomes a dynamic interaction.

The need for minimal Data Standards associated with the Integrated assessment Framework and the Single Plan are currently being discussed. These standards would be based on local pathfinder developments and are out of scope for this document. They may be needed to assist in the sharing of information between the Record, Assessment, and Plan.

##### The content of a Single ‘Child’s Plan’ is contained in the Getting It Right for Every Child ‘A Guide to Getting it right for every child, (Sept 2008)’ and the, ‘[Guidance on the Child's or Young Person's Plan](http://www.scotland.gov.uk/Publications/2007/01/22142141/0), (Dec 2006).

**Section 2**

**Getting It Right for Every Child Information Sharing and Activity Model**

**‘*Getting It Right for Every Child* Information Sharing and Activity Model** (next Page) –This Model and process provide the high level Information Governance around the sharing of information in a *Getting It Right for Every Child way,* from sharing early (low level) information (point to point) between agencies and more complex case based persistent information. It introduces how the eCare Framework can be used to provide information to practitioners from the initial involvement with a child to sharing electronic information in an Inter Agency environment. The Model links with the **Practice Model** and the **Child’s Virtual Shared Record Process, structure, and associated Data**

*Getting it Right for Every Child* seeks to ensure that all children get the help when they need it. For this to take place there needs to be clear communication between practitioners, and, between practitioners and the children/families they support. Communication has many elements including semantic understanding, understanding of information in context, listening to verbal and non verbal cues, feedback, interpreting actions etc. This is best facilitated through a two way process so that communications can be verified, understood, and acted on.

It is important to remember that the information gathering phase of the Model below should only be used and relied on in combination with other means of communication. eCare does not replace professional networks and dialogue, practice procedures, or other forms of communication where discussion and debate can take place.

**The eCare Framework is a practice aid and does not replace good practice. Decisions should only be made when information is clear, and if appropriate, verified.**

The model has three distinct elements:-

1

1. Identification of practitioners or agencies involved with a child. (Green and )

2

1. Sharing of information to help in the decision making process. (Yellow and )

3

1. The creation of a *child’s virtual shared record* and Plan (Pink and )

**GIRFEC Information Sharing and Activity Model Diagram**

Discuss with Child and/or parent/carer. If the situation is such that consent is required, seek consent to share and/or request information from and with other agencies, specifying the purpose.

Practitioner may need to involve

another professional

1

A

C1

B

Agencies Unknown

‘Broadcast

Communication’

**Decide Type**

**of Communication**

C[c](#c)

Agencies Known

‘Targeted

Communication’

1

Seek

Permission

to identify

agencies

Communication Response

**Request**

**Involvement**

Permission given

**Communication Type 1 and 5**

Permission given

Statutory

power

**Communication Type 3**

**Information Update**

No Sharing required

2

D[b](#b)

**Support within Single Agency**

Decide not

to

share

**Share Information**

**Request for assistance**

**Communication Routed through the eCare Framework**

f

2.

**Communication Type 4**

H

Decision Based on

Response from other

Agency(s)

**Communication Type 2**

**Share and Request Information**

E

Agency(s) decide not to disclose information

Agency(s) Decide to

Disclose relevant

information

Share information and

Agency Details

G

F

2.

Inter Agency Case

**Multi Agency Store**

Discuss with Child and/or parent/carer. If the situation is such that consent is required, seek consent to share and request information from and with other agencies, specifying the purpose.

**)**

3

J

Define reason for working together

Inter Agency Case

K

Define Participants

Create Child’s Shared Virtual Record

Layer 1

Layer 2

Layer 3

**Multi Agency Store**

Child’s Plan

**GIRFEC Information Sharing Model and Activity explanation**

**A Practitioner may need to involve another Professional**. This may be because:-

1. They need to identify agencies and/or individuals working with a particular child
2. They need to request assistance from another professional for a specific purpose. Eg. Education requesting speech therapy for a child.
3. They would like to view information from other sources that will help them make an informed decision on what support the child needs.
4. They may have information that would assist another practitioner delivering the most appropriate support.
5. The Child may need additional support on an ongoing basis. (an inter agency case) i.e a child with complex needs.

The eCare framework may be used to share and view information relevant to the particular purpose(s) above.

The first section in the ‘Information Sharing and Activity Model’ involves ‘**point to point**’ communication. These communications can be generated from agencies wishing to share information. So far, five communication types have been identified. These are:-

1. **Request for Agency identification.**
2. **Request for information**
3. **Information Update,**
4. **Request for assistance, and,**
5. **Request for Agency identification. (Statutory Agency override)**

When there has been an identified reason and purpose for sharing information at this level, communications can be generated and either sent to :

1. Agencies/individuals who **are known** to be involved with a specific child. (**Targeted Communication**). This type of communication should rely upon consent from those relevant parties that the communication relates to. For consent to be meaningful, persons should be aware of **who** the communication is being sent to, **what** the communication contains, and the **purpose** of the communication. In cases where consent is overridden this should be clearly recorded. Communication Types 2, 3, and 4
2. All agencies with a present or past relationship with the child. This communication would only be delivered to agencies who have a legitimate relationship with the child and have the child recorded on their system. (**Broadcast Communication**). This type of communication would only be sent when it is ***not known*** who is involved with the child, usually with the agreement of the child/family. When consent is overridden the reason will be recorded. This communication would not contain any personal information (other than to identify the child to the communication recipient), and would simply ask if the child is known to that agency. Communication Types 1 and 5

**Communication Type 1 -** **Request for Agency identification.** (**Broadcast)**

Often practitioners need to contact other agencies to either pass on information or to request information. Although some organisations have very good directories of agencies and can quickly identify which agency is involved with a child, this is not always the case for professionals like teachers, health professionals, or housing officers. *Getting it Right for Every Child* is about all children and there will be occasions where practitioners within agencies may need to make contact with other colleagues for a particular purpose. Having the ability to identify agencies in a safe, secure way may very well contribute greatly to a child getting the help they need when they need it.

All agencies will have the increased ability to identify those already supporting a child. However, the agency generating this kind of communication will not be informed as to who received their request until the receiving agency proactively identify who they are. (Except under certain conditions – see Communication 5). When an agency receives a request to identify themselves as having current or past involvement with a child, the decision will be theirs as to whether or not to disclose this. (Except under certain conditions – see Communication 5)

**Type 2 Communication - Request for information (Targeted Communication)**

When a practitioner would like to share and view information from another source, this type of communication should be used. The purpose of this communication would be that a requesting agency believes that having an increased knowledge of the child, will help them make more informed decisions surrounding the support they can give the child or, help them to decide if they require support from other agencies.

The response to this type of communication can help to create a brief chronology in the context of the purpose and reason for the information being shared. It is extremely important that when one agency is sharing information, that the responding agency responds **only** with **relevant information related to the purpose of the request.**

A typical process could be that

* Agency A has some information they would like others to see to help them decide on the most appropriate support for a child.
* That information is recorded using Nationally defined standards and can be **summarised** and transmitted to targeted agencies. (If it is not known which agencies are involved with the child, Communication 1 can be sent and agencies identified).
* Once an agency receives the information a pro active decision needs to be taken to assess whether they have any information that is relevant to the request, **and** if it is in the interests of the child to share this.
* Responses to this communication may vary depending on the consent model applied.
* Once an agency responds to the communication and transmits information to the requesting agency, it can be collated and ordered chronologically.

A chronology would be brought together for two purposes.

* 1. To aid a single agency and the child/family/carer in making decisions about what support a child needs. Other agencies responses as well as information from the requesting agency can be collated into a chronology. (If it is decided to provide support within the single agency, the pooled information will be deleted from the eCare Framework. If an inter agency case is initiated the chronology will be kept as part of the child’s virtual shared record and plan).
  2. When an inter agency case is initiated (where two or more agencies are working together for a common purpose) this chronology can be brought together with other agency information to create a more extensive chronology. The initiation of a Case will create the CVSR where this will be brought together. These two points above aren’t necessarily part of the same process. An inter agency case can be created without any prior electronic communications being initiated

Chronologies need to have a common structure, to not only help the practitioner have a chronological view of the child’s journey, but to be able to focus on the issues that need addressed, questions that need to be asked as part of an assessment, and to assist in the understanding of information that may, or may not be brought together as part of a chronology. it is suggested that broad ‘Information Types’ are used to structure and help in the analysis of the information when it is initially recorded.

These ‘Information Types’ are:-

1. **Event(s)** (These may, or may not, be a concern. eg **not a concern** - birth of a sibling, home visit, **are a concern** - attendance at A&E for a Non Accidental Injury, fall down the stairs).

2. **Concern(s**) that are not events, but an attribute of a person, an attribute about those associated with them and /or something about their environment that makes them vulnerable.

3. **Other information** about the child or their circumstances that is neither an event nor a concern. (Status, decision etc).

4. **Observations**. These are things that practitioners witness that they feel may be important to record (e.g child observed playing happily with her peers).

These are artificial categorisations of data, and it could be that this information could conceivably belong in more than one type of information category. I,e fall down the stairs. It is an Event (because it is something that has happened to someone), but it is also a concern. Professional judgement is required to decide where this should be recorded.

It is critical that practitioners record their observations of a child when they feel this *could be* significant to the child’s well-being. The same applies to any other information, an event or concern they have witnessed or have been told about. An explanation of Event types and concerns follows in Appendix 2.

When an observation, event and/or concern has been established as potentially important in the practitioners mind, this should be recorded. It could be appropriate **that the observation, event and/or concern is shared with others and information requested from other agencies to assist in any decision making**. This should be discussed with the child/family/carers unless this places the child at risk. Any change is circumstances or status should always be recorded and would form part of a chronology.

**The potential impact on the child should also be recorded and shared when there is either –**

* **more than one Information Type,** and/or
* **the impact on the child is not clear from the recorded information.**

For Example - A ‘child has a visual impairment’ (Concern), parents who abuse alcohol (Concern), and are living in temporary accommodation (Other Info). The ‘potential impact on the child’ may be that the child may not receive appropriate health care and may not receive sustenance due to carers using finances inappropriately.

Some of the above events, observations, and concerns **can also be recorded against well-being indicators** to assist the practitioner to focus on particular areas of need. This categorisation is not needed within the structure of a chronology but should be used whenever possible when initially recording information.

**Where an event and/or concern occurs with regard to a person associated with the child and this has *an impact on the child*, the concern can be recorded and shared if appropriate to do so.** For more information on Process, Events and Status Episodes see [Process, Event, and Status Episode Types for eCare Framework V1.1. Feb 2007](http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare/Events)

**Communication Type 3 -** **Information Update (Targeted Communication)**

There may be instances where information may need to be passed to one or more agencies that could result in more appropriate support being delivered to the child e.g The ‘Children’s Reporters Administration’ may want to inform various agencies that a child has been placed on a Home Supervision Requirement. The police may want to inform a child’s school that there has been an incident of Domestic Abuse the previous evening and the child may have had to move out of the family home. The school can then be prepared to be sensitive to the child’s circumstances etc. This communication Type would be used for this one off type of information sharing.

**Communication 4 -** **Request for assistance (Targeted Communication)**

This communication could be used to request specific support for a particular child. This would be targeted at a particular agency where a particular type of support is required.

**Communication Type 5 -** **Request for Agency identification. (Statutory Agency override)** (**Broa****dcast Communication)**

This communication would be used when a statutory agency has a legal right and duty to be informed which agencies are, or have been involved with a child. However, this is not an automatic process and there will be **no automatic disclosure** unless this is by prior agreement with the agencies receiving this type of communication. i.e The Police and Social work department are carrying out a child protection investigation – it has been agreed beforehand by an agency that a request from the police under a certain piece of legislation will automatically disclose their details, This will be an opt in option as agencies must have the right to decide their responses to all communications.

**Messaging Technical environment**

The above communications will be delivered through the eCare Framework. Development of the technical model is ongoing.

**Information Model Walkthrough**

**Practitioner may need to involve another professional** – (See page 10)

1

1

**Discuss with Child and/or parent/carer. If the situation is such that consent is required, seek consent to share and/or request information from and with other agencies, specifying the purpose.** – Consent to share and/or request information from other agencies should always be sought unless this would potentially place the child at risk or there is a legal duty to share information without consent. This consent would specify a purpose for sharing information in relation to all the communications. At this point the Type of Communication to be sent should be discussed and permission sought. When one agency wishes to share personal information with another agency, the person that the information is about will need to be informed as to **what** the information is, **why** it is to be shared, **who** it is to be shared with, and **how** it will be used.

A

For Communication Type 2, where a request would be made for other agencies to disclose information, the request for information would refer to a specific reason or need to share data. **The information disclosed to the requesting agency should be relevant to the reason for the request**. There may be circumstances where this consent can be overridden if there is a statutory power allowing this to take place as in Communication Type 5.

**Sharing information without discussing with parent/carers etc**:- There could be situations where discussing issues with parents/carers could place the child at risk or further risk. Where there are child protection concerns for instance, these can be shared immediately with the Police and/ or the Social Work Department without seeking consent.

B[GIRFEC](#GIRFEC)

The person who the information is about and is to be shared, may not recall, or know what agencies they have been involved with, and therefore, may not be able to identify which agencies information should be shared with. In these circumstances permission should be sought to **‘broadcast’** a communication to identify those agencies who are, or have been, involved with the child (these communications only contain basic data to indentify the child). This communication will only be delivered to agencies with a legitimate relationship with the child. On receipt of this communication, agencies are free to respond and identify themselves. This would now allow a **‘targeted’** communication to be sent.

C

Once an agency has responded to a request for involvement and identified themselves, a further discussion with parents/carers/child needs to take place and permission to share personal information with specific agencies (Targeted Communication) sought.

C1

2

**Support within Single Agency** – When the help a child needs can be managed and supported within a Single Agency this should be carried out.

D

**Agency(s) decide not to disclose information** :-The agency that information is requested from can choose not to disclose any data if they feel the information they hold is not relevant or is sensitive in nature. When an agency decides to opt out of the data sharing the request sent to them will be made non actionable. An agency deciding not to participate in the information sharing would not ‘reveal’ their details to the requesting agency. The sharing of their details could reveal sensitive information about the child. Eg it may be possible to derive a child’s religion or that they have a learning disability from the school they attend. This makes this information sensitive and explicit consent should be sought to share, unless there is legal duty to do so.[[2]](#footnote-2)

E

**Agency(s) Decide to Disclose relevant information** – When an agency receives a request for information, a decision will need to be taken whether or not to disclose information to the requesting agency. Information sharing should not be an automatic process. Further guidance is set out in the 2003 document, Sharing Information About Children at Risk. ‘*If there are worries about a child’s care, development or welfare, professionals in touch with the family must co-operate to enable proper assessment of the child’s circumstances, provide support needed and take action to reduce risk to the child.* ***This will normally require them to share relevant information***. *However,* ***requests will not be only about children potentially at risk and at all times professional judgement must be exercised****. It may not be appropriate to share sensitive data without explicit consent. All agencies should respect the need for other professionals and agencies to protect their relationship with their primary client and support the requirement to maintain confidentiality as far as possible’*.[[3]](#footnote-3). Information shared to the requesting agency must be relevant to the information they received.

F

.

G

**Share information and Agency Details –** See Type 2 Communication (Page 13)

**Decision Based on response from other Agency(s)** :- Depending on the information received from other sources a practitioner can now decide the next steps in partnership with the child/family. They can decide to support the child in their own agency and/or request Inter Agency involvement.

H

When the requesting agency receives information from other agencies it should be able to create a multi agency chronology. If an agency decides to provide support within their own agency the Multi Agency chronology may be saved on their own agency system. If Inter Agency working is required the chronology and demographics will become part of the Layer 1 data contained in the *child’s virtual shared record.*

**Inter Agency Case** – When two or more agencies decide to work together for a common purpose, the relevant information they have already gathered about the child and their circumstances will be presented as part of the *child’s virtual shared record.* The virtual shared record will be created with a clear case purpose and reason for working together. The reason will determine what information is appropriate to share to the record.

3

2

**Define reason for working together and Participants** – The case purpose will determine the overall aim of agencies working together. The purpose for all children’s cases is that **‘the child requires coordinated help’**. However, the reason for working together will differ for each child i.e because the child requires a coordinated Support Plan, or a particular type of support. The information that is to be brought together within the record should be data that is linked to the reason for working together and can inform the Child’s Plan. The participants of the case can then be selected. This could include professionals associated with the child and significant others. The case can contain information about more than one subject and would be agreed at the initiation of the inter agency case. This is in line with guidance from the Information Commissioner Office who say that’ Only once you have a clearly defined objective, ………can you make an informed decision about the information that is necessary to carry out that objective. You should be able to justify the sharing of each item of information on the grounds that its sharing is necessary to achieve the objective.’[[4]](#footnote-4)

J

**Creation of the *child’s virtual shared record*** and Plan– The Shared Record can now be assembled from information already recorded in agency systems. The plan can also be constructed from information from participating agencies reflecting the documented guidance for the plan.

K

**Section 3**

**Child’s Virtual Shared Record process, structure, and associated Data**

Discuss with Child and/or parent/carer. If the situation is such that consent is required, seek consent to share and request information from and with other agencies, specifying the purpose**)**

Define reason for working together

Inter Agency Case

Define Participants

Create Child’s Shared Virtual Record

Child’s Plan

**Multi Agency Store**

Reason

Inter agency case

Purpose

Child’s Virtual Shared Record

***Layer 1***

***Demographics***

***Observations***

***Concerns***

***Events***

Layer 2

Foundation

Data

Layer 3

Data

associated

with the Reason

Forms etc

**MULTI AGENCY STORE**

***Child’s Virtual Shared Record* process and associated Data** -The CVSR process provides two important functions for this particular *Getting It Right for Every Child* activity. It provides Information Governance for the creation of the Record and gives specific access to data at a time when it may be needed to aid in assessment and planning in an inter agency environment. The CVSR can be used to add value to a multi agency assessment and plan by providing ‘pooled’ information that can help focus on where help is needed, and where there are gaps in information. It can also help in deciding what questions need to be asked to be able to make sense of the information that is available. i.e when Observations, other information, events and concerns are recorded and a decision is made that an Inter Agency approach is required, the CVSR can, when brought together, contain information not previously shared (reducing duplication) that can aid in assessment and planning. It can also provide access to specific electronic forms that once again can aid in working with a child.

The diagram above represents the different ‘layers’ of data that will be collected during the creation of a CVSR. **A CVSR would be initiated when two or more agencies are working together with a clear purpose**. When a **‘Case’** is agreed, the relevant participants and agencies can be specified and the core information about the child and their circumstances (**Layer 1 and 2**) become accessible to those partners. Once the ‘Purpose’ of the Inter Agency involvement has been agreed (the child requires coordinate help), and a **reason** or reasons agreed, relevant Information can now be shared (**Layer 3**). These reasons will determine what data is to be shared and viewed in the Record.

The ‘Interagency Case’ in this instance is not a business term but terminology used within the eCare Framework to initiate the sharing of information associated with a particular business process that requires the formulation of a CVSR.

**Layer one** - This is comprised of personal data about the child including their name, address, date of birth, gender and other relevant demographic data about the child including associated people, professionals etc, It will also include the inter agency chronology that was either created as part of the information gathering and decision making phase, or has been created at the initiation of the inter agency case. This data would form the core (front sheet concept) of every CVSR.

This data will be collected by individual agencies at different times, depending on their involvement with a particular child.

**Layer two** - This information has to be associated with an Interagency Case and will only be shared once this has been created. (i.e two or more agencies will agree to work together and share data). This is information that all practitioners working with other agencies would **need to know** to provide the most appropriate help for the child. E.g. A child’s Legal Status. Child Protection Status. It also acts as a safeguard to ensure that explicit data is shared about critical information. E.g. when a child’s name is placed on a child protection register. This can be recorded as an event on the inter agency chronology. However, this may not be the case, so explicitly requiring it to be recorded ensures that it is available.

**Layer three** – Data associated with the reason(s) - Professionals from different agencies who are working together for a common purpose, need to decide along with the child/carer, what information is appropriate to be shared, and will only be shared once the case has been created. This information will relate specifically to the purpose and reason for working together. We recommend that the agencies working together, including the child/family/carer collectively decide on the information to be recorded on the CVSR. i.e it could be decided that all contacts with the child should be recorded if this is relevant to the case. This may be useful when a worker is absent for a short time and on their return they can be appraised of the contacts made in their absence.

**Forms** – Any number of electronic forms can be attached to the CVSR and data presented in a user friendly format. However, for a form to be shared through the Multi Agency Store it will need to be attached to a specific process and will need to comply with the proportionality and relevance constraints associated with the case reason. In time it is hoped to use the data that has been recorded in different parts of this process to populate one another when and if required.

The Efficiency and Transformational Government Division is currently carrying out work on electronic Forms. It is hoped that in the future this will include the Police Concern Form and Integrated Assessment Forms.

**Child’s Plan** –The Single child’s plan may be part of the Child’s record, either as a Form or presented as a section within the record. The Getting it Right for every child Guidance (2008) outlines the content of a Child’s Plan and it is suggested that a minimal data set is developed to introduce some consistency across Scotland. It is also acknowledged that there are legislative requirements for other children’s plan’s i.e Coordinated Support Plan. It is recommended that a modular approach is taken and the Child’s plan could consist of:-

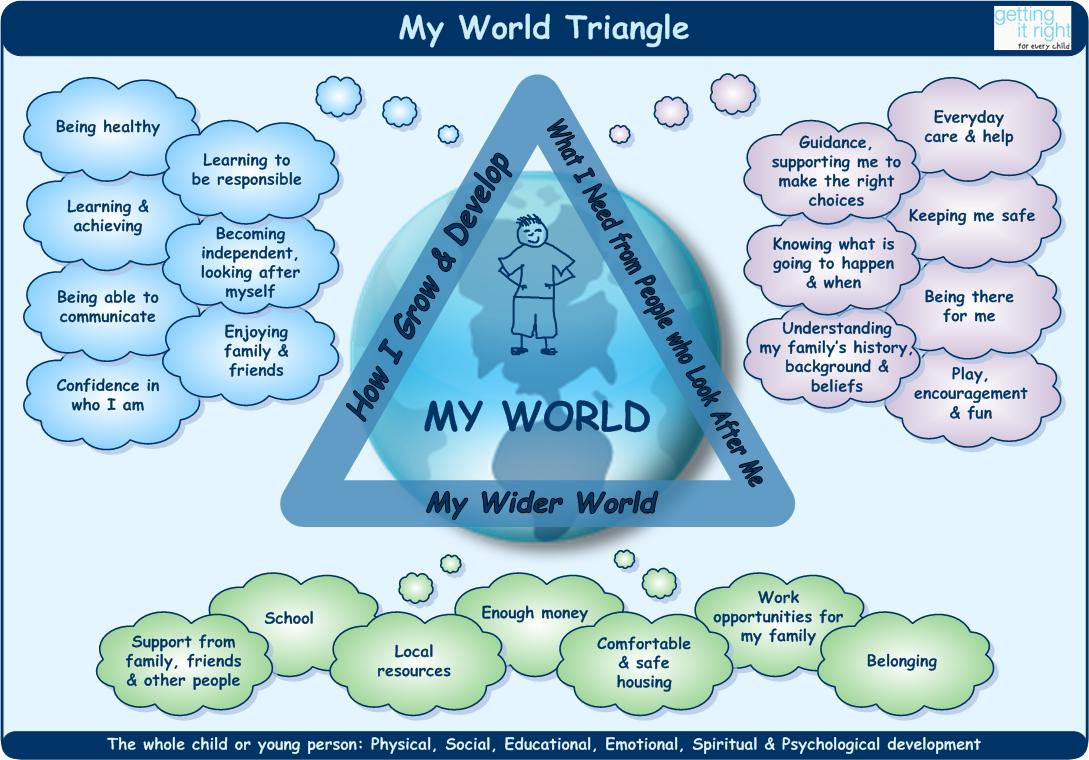
1. Front Sheet – Selection of Layer 1 Data from the Record to avoid duplication
2. Main Body – Content as specified within The Getting it Right for every child Guidance (2008)
3. Specifically required Data– Additional Data that may be required to fulfil legislative requirements.

During 2009 -10 further work will be carried out to determine the requirements for the Record and Plan.

Where the same data is required in different ‘modules’, these should be combined and recorded only once.

The Layers of Data associated with the CVSR will be dealt with in associated Standards documents dealing specifically with that Layer. Further discussion is required on the requirements for Layer 3 Data.

**Appendix 1**



**Appendix 2**

**Event types**:-

**Life Event** - An event in a child’s life which has, or may have, a significant effect on the child, but which does not involve a support agency, and is not included under any category below. Examples might be: the death or illness of a carer or person important to the child, birth of a sibling, a fall, another type of accident. It is up to professionals to decide which events are significant and worth recording.

**Service Event** - An action or expression of opinion by one or more professionals in a public agency which affects or is related to a child. Categories Include - Professional intervention or action (Medical events should be recorded under the relevant category, not here), Home visit, Establishment visit, Children’s Hearing, One-off Service Delivery and Other service event(s).

**Medical Event** - Any event where the medical status of a child changes as a result of the opinion or intervention of a clinician (apart from death) Service events involving medical staff should be recorded under the relevant service event heading, rather than under ‘Other Medical Event’. Categories Include - Medical diagnosis, Immunisation, Medication prescription, Medical treatment and Other medical event(s).

**Hospital event** - A child visiting a public or private hospital as a patient, or being admitted or discharged as an inpatient. Categories Include - A & E attendance, Outpatient attendance, Hospital inpatient admission, Hospital inpatient discharge and Other hospital event(s).

**Educational event** - An event relating to primary, secondary or tertiary education attendance by the child. Categories Include - School exclusion and Other educational event(s)

**“Statutory” event** - The chid becoming subject to a statutory order, ceasing to be subject to an order where this is significant (e.g. a Guardianship order is revoked), or being subject to a custodial sentence where this does not involve a statutory order applying to the person.

**Locally defined event type** - An event which does not fall into any of the above categories

**Concern :-**

A concern can be described as an event, or series of events or attributeswhich affects the welfare, potential, or happiness of a child that leads to anxiety or unease in the person identifying the concern.

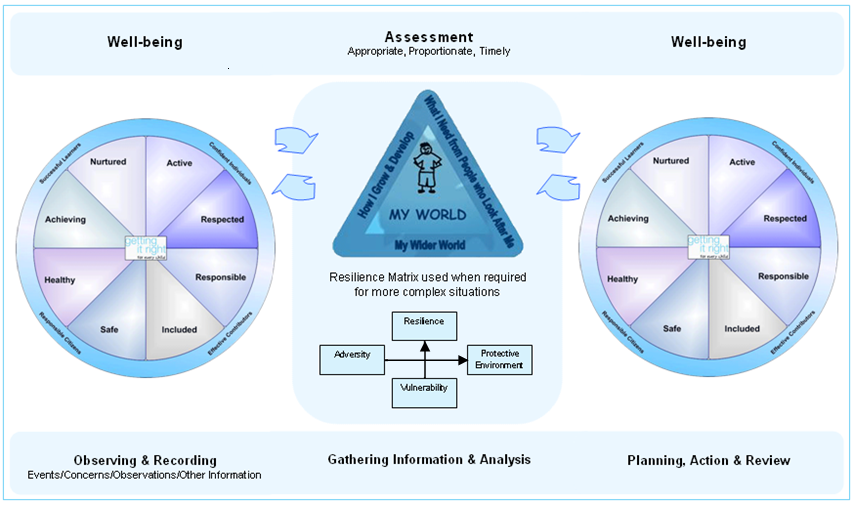
A professional’s concern for the welfare or safety of a service user can arise from a number of things, for example:

* A particular event which on its own causes concern,
* a pattern or cluster of events which cause concern when they are all put together but where any individual event might not cause concern if taken on its own. (This will probably be recognised through a chronology where the cluster can be identified),
* an attribute or characteristic of the service user or a fact about them which does not take the form of an event (i.e. something that might make them vulnerable),
* an attribute or characteristic of someone associated with the service user or a fact about someone associated with the service user which does not take the form of an event (again something that might make them vulnerable),
* something about the service user’s environment that puts them at risk – e.g. homelessness, some combination of these – where again the Concern may only arise when different factors are put together.  For example, combination of homelessness with a service user having a disability might give rise to Concern when either of these factors taken separately would not be enough to do so.

When an event and/or concern has been established in the practitioners mind this should be recorded.. It could be appropriate **that the event and/or concern is shared with others and information requested from other agencies to assist in any decision making**. This should be discussed with the child/family/carers unless this places the child at risk.

**Where an event and/or concern occurs with regard to a person associated with the child and this has *an impact on the child*, the concern can be recorded and linked to a well-being indicator, and if the concern is an event, this can be recorded (when appropriate to do so) using one or more of the Event Types above.** For more information on Process, Events and Status Episodes see [Process, Event, and Status Episode Types for eCare Framework V1.1. Feb 2007](http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare/Events)

**Appendix 3 Practice Model**



1. *Getting it right* for every child Overview: General Information and Responses to Questions [↑](#footnote-ref-1)
2. Children’s Databases – Safety and Privacy. A Report for the Information Commissioner, Foundation for Information Policy Research, (2006) [↑](#footnote-ref-2)
3. Sharing Information About Children at Risk, Scottish Executive, 2003. [↑](#footnote-ref-3)
4. Framework Code of Practice for sharing personal information, ICO, 2006 [↑](#footnote-ref-4)