Integrated Children’s System: enhancing social work and inter-agency practice: a summary of the main findings of the implementation of the Integrated Children’s Systems in Children’s Services

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Metadata Record: https://dspace.lboro.ac.uk/2134/3515

Publisher: Centre for Child and Family Research, Loughborough University

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Funder
The Treasury through its Evidence Based Policy Fund, with matched funding provided since 2002 by the Department of Health, the Welsh Assembly Government and the Department for Education and Skills (now the Department for Children, Schools and Families).

Where to find more evidence

This CCFR Evidence paper forms part of the Outcomes for Vulnerable Children research programme.

The findings suggest that because the ICS means that practitioners have to learn new processes and systems, practice temporarily deteriorated.

The ICS had a varied impact on social work recording in relation to the quantity and quality of information. For example, recording for children in need of protection has improved with the increased focus on the child. However, some aspects still need to improve, such as the assessment of the long term progress of children looked after which remains inconsistent.

The ICS supported developments for increasing the involvement of children and young people in care planning and reviewing and their attendance at child protection conferences and reviews.

Practice needs to be routinely monitored. Line managers need to ensure the development and progress of children placed in long term care is regularly assessed and that the information from these assessments is linked to the current robust system for reviewing the needs and care plans for looked after children.

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Children’s social care needs to ensure that changes in the amount of information recorded reflect improvements in practice rather than inadequate IT systems that require practitioners to re-enter the same data.

Children’s social care needs to consider developing systems to produce outputs that support both practitioners and managers in their tasks and which can more appropriately be shared with children and families.

**Project aims**

This study explored the extent to which the ICS provides the foundation for achieving better outcomes for children. It aimed to identify how the system impacted on direct work with children and families; inter-agency working and information sharing; and to provide information to those preparing for implementation of the ICS.

**Methodology**

Data were gathered both before and after implementation of the ICS. The methods used included an audit of social work case files; a scrutiny of blank recording formats used by partner agencies, such as health, education, police and youth justice, to record information on individual children; interviews and questionnaire surveys with service providers and looked after young people; multi-agency workshops; and field trips to explore the IT used to support the system.

Follow-up data were collected from three authorities at least three months after its implementation. The fourth had not fully implemented by this phase of the research. Data were subjected to both quantitative and qualitative methods of analysis.

**Implementing the ICS**

The authorities were supported by the research team through training and familiarisation days, one-day conferences and the provision of a Training and Resource pack. Over 700 professionals were involved in such events.

To identify the scale of the changes necessary, the pilot authorities audited their existing practice and business processes, IT provision and staff skills. Pilot authorities used existing strategic inter-agency groups and structures to ensure the commitment and involvement of partner agencies.

During the early stages of implementation when practitioners were learning new processes, practice temporarily deteriorated. However, once implementation was complete, the pilot authorities identified a number of positive changes to practice.

**Impact on social work practice**

An audit of the records in 150 social work case files was carried out prior to implementation followed by a second audit of 148 cases three or more months after implementation. This identified the impact of the ICS on social work practice.

The degree of change experienced by practitioners was not uniform across children’s social care. Where the ICS records differed little to current, well-used materials, practice remained relatively stable.

Newly introduced records generally resulted in improvements to practice. For example, recording the outcome of referrals improved and the plan introduced to support initial assessments was routinely and well used. Furthermore, Similarly, the introduction of new formats to standardise the way information on children in need of protection is recorded has resulted in a significant and positive impact on practice.

Where significant changes to well established local systems were introduced, such as those for looked after children, the impact was varied. Generally, Review Chairs welcomed the increased emphasis on outcomes and supported a more child focused approach. The introduction of indicators to assess and monitor the improvement in the quality of outcomes was welcomed, but any duplication of information in the documentation was considered unhelpful.

**Impact on recording: social workers’ and managers’ perceptions**

Since the ICS is supported by IT systems, records of work undertaken with children and families and reports have to be electronic. As a result, managers and social workers should be able to access information on individual children and groups of children more readily.

The findings suggest that although there has been an increase in the overall time social workers spend using IT (some of which results from unresolved problems within newly developed systems), more significantly, there has been a change in the purpose for which it is used. The shift has been away from word processing and emails, towards data entry and retrieval; a change many practitioners welcomed.

Most social workers and managers also reported changes in the reports and assessments received from colleagues within their own organisation; some changes were welcomed (greater focus and less narrative) others were not (unnecessary paperwork).

**Impact on inter-agency working**

The impact of the ICS on inter-agency collaboration was dependant on an existing culture of inter-agency working, the approach to implementing the ICS and how information was currently exchanged. Inter-agency cooperation was more effective when there was a joint commitment and focus across agencies; good and regular communication; joint training; effective policies, procedures and structures; and protocols for information sharing.

The findings suggest that the ICS was having an effect on the work practitioners in agencies other than children’s social care in terms of what was asked of them and the information they received. Some agencies, such as health and education, had started to structure their reports to make relevant sections consistent with the ICS framework.

The changes to the structure of the social work reports and assessments that practitioners received were met with mixed responses; again, the improvements in the quality and focus of information were welcomed, but any duplication of information in the documentation was considered unhelpful.

With regard to broader inter-agency developments and activities, most professionals thought relatively little had changed. However, implementation had often acted as a catalyst for change and once the ICS was embedded in children’s social care, initiatives started to progress.

There was a general recognition for the need to develop a common language and set of definitions to allow appropriate and effective electronic transfer of information between agencies across clear information sharing policies and procedures.

**Impact on involving children and young people**

Thirty-four young people looked after in one local authority who had experienced the ICS, took part in the research. Although the findings must be treated with caution, comparisons with earlier research suggest young people were more likely to be involved in planning and decision making.

Young people held firm views about case planning and reviews. For example, although they were content with the degree of professional involvement they wanted their parents to participate more.

Young people’s reports suggest that most were aware of and understood the reasons why decisions were made as a consequence of their review. However, despite the greater specificity of decisions within the ICS not all young people were confident that they would be implemented.

**Use of information technology**

All the IT systems could output some basic information to support the supervisory role of team managers. However, management information facilities for producing statistics of activity and outcome data were not fully developed at the time of the research. Although case details could be viewed on screen, the facility for practitioners to select, draw together and print off case details was still under development.

The IT systems developed to support the ICS all incorporated workflow management – a system to guide practitioners through the key practice processes.

**Conclusion**

The Integrated Children’s System was developed to support effective practice with children and families by providing a more structured and systematic approach to the processes of direct work and recording supported by good information systems. The pilots suggest that implementation is challenging but that approaching the task with enthusiasm and creativity and the support of managers throughout the organisation was key.

Generally, managers in children’s social care and partner agencies were positive about how the Integrated Children’s System had started to impact on the way they worked together. They welcomed the increased emphasis on outcomes and supported a more child focused approach. They also reported that it had resulted in a more speedy exchange of information, a better awareness of others’ roles and responsibilities and had secured the engagement of partner agencies.