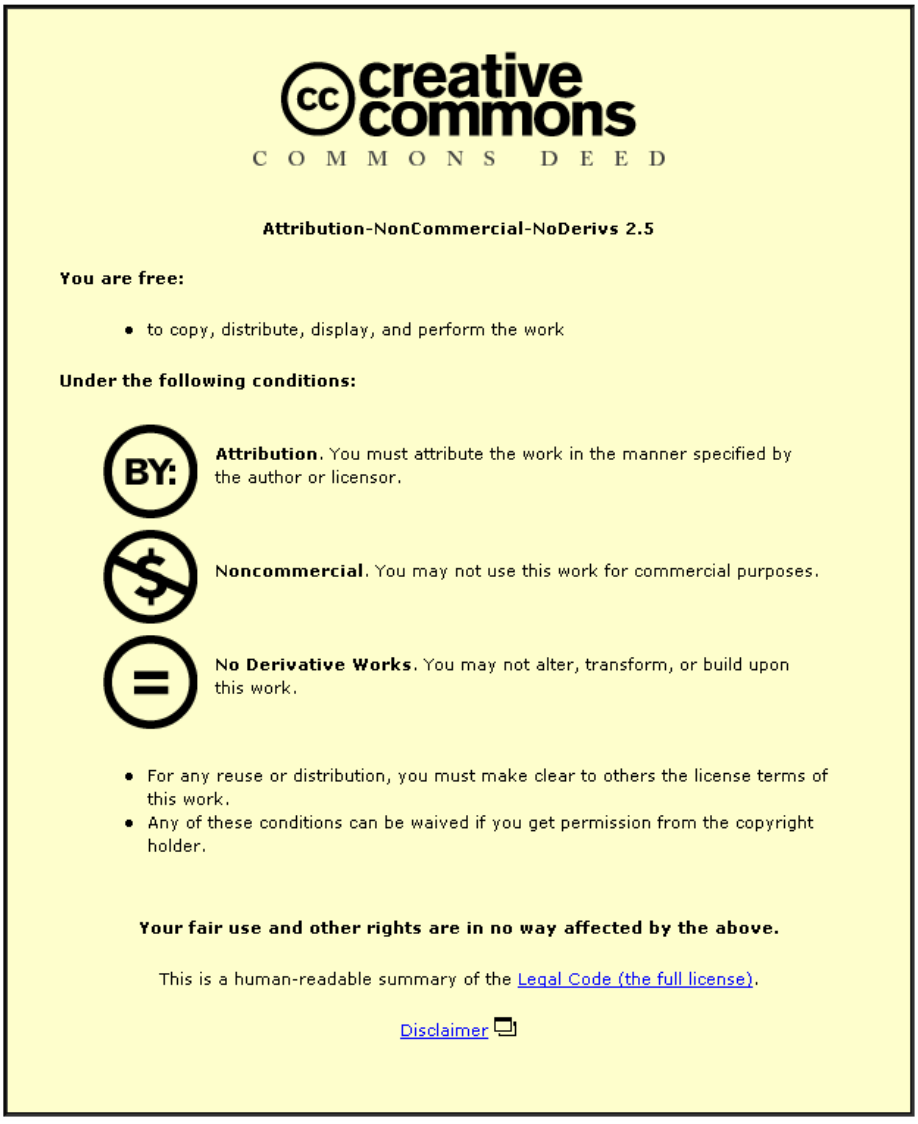

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Research Report DCSF-RW033

Developing Definitions of Local Authority Services and Guidance for Future Development of the Children in Need Census

Mike Gatehouse, Harriet Ward and Lisa Holmes

Centre for Child and Family Research
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ISBN 978 1 84775 145 4

Contents

Introduction

The Children in Need (CIN) Census aims to collect data on all children receiving support from Children's Social Care Services, including children looked after (CLA), those supported in their families or independently (CSF/I) and children subject to a Child Protection Plan. The Census provides evidence on which the Department for Children, Schools and Families (DCSF) can develop policy, make Spending Review bids, allocate resources to Local Authorities, understand the growth in spending on children's services and measure their output in the National Accounts.

The CIN Census was suspended after 2005 but is being reintroduced in 2008-09. The present research was commissioned to discover whether the scope of the Census could be extended after 2009 to include some of the numerous additional services used by Children in Need, including those provided by or in partnership with education, youth justice, Connexions, health services and the voluntary sector.

This study therefore explored whether data on the delivery and use of such services is available, is recorded, can be accessed and could feasibly be systematically collected for the CIN Census. It examined not only the likely quality and completeness of such data, but the practical difficulties of extracting it from various management information systems (MIS) and the constraints of consent, confidentiality and data protection.

Key findings[1]

- This study identified and drew up working definitions for 11 additional services accessed by children in need: **Children with Disabilities; Family Support; Early Years; Special Educational Need; Youth Justice;** Emotional Wellbeing; Drug and Alcohol Services and Health Promotion; Teenage Pregnancy and Sexual Health; Independent Living, Employment and Transitions; Alternative Educational Provision; Young Carers. These definitions were agreed with the participating authorities and could be included in the guidance for the Children in Need (CIN) Census. We recommend that priority for inclusion in the CIN Census be given to the first five of the services listed *(in bold, above)*.

- The principal problem is not the definitions of the services as such, but the myriad different ways in which the services may be named, commissioned, paid for and delivered, even within the same authority, and hence the lack of uniform recording and storage of data. This finding closely mirrors that of the related Mapping Exercise, also undertaken by the Centre for Child and Family Research (CCFR) (Ward, et al., 2008 forthcoming).

- Issues of consent and confidentiality will significantly impede most data collection from outside Children's Social Care, but especially from health-related services such as CAMHS.

- It will not be easy to collect uniform child-level census data on most additional services and it may be necessary to consider alternative ways of collecting data to explain expenditure on these services. Certain additional services (SEN, Youth Justice, Connexions) already provide Government with substantial data collections and, if problems of consent and matching child identifiers can be resolved, it may be possible to extract data from these at national level rather than asking local authorities to collect the same data again for the CIN Census.

[1] A full set of recommendations is provided at p.51

- In many cases it will be possible to determine that a service was provided, but very difficult to obtain a meaningful, consistent and accurate measure of the volume of service provided and therefore of the cost incurred. This is especially true of the wide and disparate range of services comprised by Family Support and Early Years, two areas where we believe that additional research may be necessary.

- The census definition of 'Children in Need' may need to be revised, in line with the Children Act 1989, to include the increasing number of vulnerable children accessing additional services from local authorities without a formal referral to Children's Social Care, sometimes as a result of assessment under the Common Assessment Framework (CAF). An even wider population of children access preventive services partly or wholly funded by Children's Social Care. The question is: should these services and these children be included in the CIN Census?

- The best data on services is available either from financial systems, or where there is a clear relationship between a service delivery and a payment (for instance with looked after placements, short-break care and direct payments for disabled children and Section 17 payments for children in need). In the management information systems (MIS) of Children's Social Care, data on service use is very limited because the Integrated Children's System (ICS) and other practice and recording systems do not establish a formal framework for recording service *deliveries* (as distinct from plans and reviews). Much data is recorded in free text fields from which it cannot feasibly be extracted for a Census.

- Changes to the CIN Census after 2008-09 should be phased in gradually, giving time for consultation and for small-scale pilots to test the new provisions. Experience of implementing electronic data collections suggests that those which require changes to MIS require at least two years to implement.

Other findings

- In the 2005 CIN Census the diary records provided a single, uniform data format for all records on service delivery. In the new Census, especially when additional services are added, data will need to be extracted from numerous different recording systems, each of which uses its own formats, classifications and identifiers, and the process of matching and compiling the data into uniform records is likely to be very onerous, while issues of consent, confidentiality and data protection will be more problematic. A similar challenge is being addressed in work by CCFR to extend the Cost Calculator for Children's Services, due to be completed in 2009.

- It will be difficult to capture non-contact and non-child time associated with additional services, as well as time spent with whole families and with related adults. In the 2005 CIN Census these were partially captured by staff activity diaries. In future it may be possible to estimate them by using the Cost Calculator for Children's Services[2] and other similar tools.

- None of the field work authorities has made significant progress in integrating or even linking their children's social care and education management information systems (MIS) and any plans to do this appeared to be at a very early stage. This was true also for links to MIS in CAMHS, Youth Justice and Connexions.

[2] Details and a demonstration download available at www.ccfcs.org.uk

- It was surprising that almost all local authorities and services rely on time-consuming manual methods to match child identifiers in different information systems. We found only one service (Connexions) which makes use of a software solution, perhaps because it was built into their MIS. For others the high cost of add-on software may be a deterrent.

- ContactPoint should assist to some extent in identifying services accessed by each child, but it will not be fully deployed until Spring 2009, and it will not provide data on the detail and amount of service accessed.

- Most local authorities will struggle to provide the Unique Pupil Number (UPN) of all school-age Children in Need which is required for the 2008-09 CIN Census.

- The paucity of collectable data on service delivery does not mean that no information is being recorded. Much is still recorded on paper. Even where recording is electronic, most of the information is contained in free text fields and notes from which it cannot reliably be extracted other than by time-consuming reading and manual processes. In general, data held on paper or electronically in free-text form is not feasibly collectable for a CIN Census.

- With the exception of statutory visits to looked after children and those subject to child protection procedures, visits by social workers and other staff to children and families are not at present consistently recorded and, where they are, generally only as free-text case notes. Thus visits and travel time and expense, which form a significant part of the cost of service delivery, cannot be captured reliably for the CIN Census.

- Service deliveries should be picked up in the ICS Chronology but, in practice, they are recorded, if at all, in free text fields from which little useful data can be extracted. Some of the practical difficulties of collecting data can be judged by reading the sample case histories *(see p.40).*

- In some local authorities, resource panels (often developed from looked after children placement panels) are being used to authorise packages of services for children in need. If the panel decisions are recorded electronically in a structured way, this offers a promising means of collecting more accurate service usage data in future.

- All local authorities use service level agreements to monitor the services they commission from other providers. If these agreements could be revised to routinely require detailed child-level reporting on service use, they would provide an important source of data for the CIN Census. The advantages gained would have to be weighed against the cost of supplying the additional information.

Background

The Children in Need (CIN) Census (DfES, 2000) was the first attempt to collect data on the numbers of children identified as being 'in need' *(see definition, p.42)* and the services provided to them by local authorities. The census was repeated in 2001, 2003 and 2005 (DfES, 2005a) and provided quantifiable, cost-related data on the numbers and characteristics of children in need, including those looked after away from home, and the services provided to them by local authorities.

However, the CIN Census was restricted to the collection of data on services provided or funded by local authority social services departments. Although it collected comprehensive data on social services activity and expenditure, it provided little quantified information on the exact type of services being received, a point raised by the Atkinson Review (2005, 11.62). Moreover, changes introduced by the Every Child Matters agenda and the Children Act 2004 have meant that the original data collected through the census no longer meets the needs of stakeholders. Children's social services are now set within the broader structures of children's services departments; at least in theory, these have introduced greater integration of services, often underpinned by joint commissioning and shared funding arrangements. A new Census would need to take these issues into account and collect data not only on social services activity, but also on the activities of other children's services such as education, youth justice and health, that now work together at both a general and a specialist level to promote the wellbeing of children in need.

In response to concerns about the burden of data collection laid on local authorities, the new Census is planned to utilise data already collected and held on electronic information systems, rather than requiring special recording for census purposes. In particular, it was hoped that the marked improvements in these systems that have been noted in recent years (Ward, 2004) would render unnecessary the laborious completion of diaries of time spent by all staff working with children in need.

However, to date little has been known about the availability of such data, how items can be stored or retrieved, or the extent to which data held by one agency can be accessed by another. Before a new, extended CIN Census can be introduced it will be necessary to answer some of these questions. The Department for Children, Schools and Families therefore commissioned the present research from the Centre for Child and Family Research, Loughborough University. The aims of the study include a 'scoping exercise on data availability of some additional services and to look at how these are defined across local authorities'. The study was also to 'provide guidance on how local authorities should adhere to these definitions when recording data to ensure consistency across LAs'.

The specific objectives were:

- Development of definitions on additional children's services not covered in the 2005 CIN Census;
- Production of final definitions of these services and guidance on adhering to these definitions for inclusion in the new CIN collection from 2009/10;
- Scoping the availability of child-level data from LAs for these additional services.

The study was limited to data about service use and was specifically exempted from considering the scope and availability of financial data[3] and how the two types of data would

[3] Research by York Consulting "Towards the new Children in Need census" (May 2008, forthcoming) will provide some indication on financial trends on spend on CIN

be combined to 'account for all the resources being spent on children in need' by each local authority (DCSF, 2008, p.3).

This study has benefited extensively from a further study undertaken in parallel by CCFR to map services to children in need (Ward, et al., 2008 forthcoming - hereafter referred to passim as the CCFR Mapping Exercise), as part of a wider project to develop and extend the Cost Calculator for Children's Services. Services identified in the mapping exercise made up an initial set from which to select 'additional services' for the CIN Census, and the local authorities which participated in the fieldwork and the pilot testing in this study were mostly selected from those which participated in the mapping.

We are also indebted to the Durham University Children's Mapping Pilot (Durham, 2007a - in this report termed the 'Durham Mapping Pilot'), whose extensive list of services we consulted and whose draft definitions we used as a basis for the wording of our own definitions of additional services.

The 2008-09 CIN Census

The Department for Children, Schools and Families (DCSF) has introduced a new CIN Census, to be run annually from 2008-09 and to collect data over the entire financial year from 1 April to 31 March. Exceptionally, to give local authorities more time to prepare, the first Census will cover only the six month period from 1 October 2008 to 31 March 2009. This first new census does not include most 'additional services' and will not be affected by the findings of the present study. However, it is necessary to consider the provisions of the 2008-09 Census in some detail, as they are likely to form the base upon which any additions made in subsequent census years will be built.

The main changes from the 2005 CIN Census, as outlined in the Guidance[4] (DCSF, 2008, p.4), are:

- The change of scope from a census week (in 2005 and previously) to an entire financial year (apart from 2008-09);
- Removal of data on finance and unit costs. Instead, CIN data will be used in conjunction with local authority finance returns to calculate unit costs;
- Removal of the diary of staff time spent with children;
- Inclusion of child movement in and out of 'In Need' and 'Looked After' status over the year, and 'Protection Plan' status at 31 March;
- Inclusion of linking to the National Pupil Database (NPD) and SSDA903 return on Children Looked After; and
- The CIN Primary Need Code will no longer capture the main current need during the Census period (a single week, under the old Census), but the 'main reason why the child started to receive services'.

[4] Available at: http://www.dcsf.gov.uk/datastats1/guidelines/children/returns.shtml#cin

Methodology

Research was conducted in 9 local authorities in England, four of which participated in a pilot test for data collection. Interviews were conducted with some 50 key staff responsible for managing and commissioning children's services[5], performance information and management information systems (MIS) deployment.

Selection of participating authorities

Local authorities were selected initially from the pool of sixteen which had already agreed to participate in the CCFR Mapping Exercise. In the event seven of these agreed to take part and a further two were recruited for special visits because they had experience of collecting information on specific services of interest to the study (SEN and CAMHS, respectively). Four of the nine authorities agreed to undertake additional work to pilot test collection of actual data on additional services (see Table 1).

Table 1 - The nine participating authorities

Description	*Visit*	*Special visit*	*Pilot Test*	*No of child cases in pilot*
Shire Counties	1	1	1	*
Inner London Boroughs	2			
Outer London Boroughs	1		1	19
Unitary Authority Inner City	2		1	20
Metropolitan Borough	1	1	1	11**

* Authority G had not been able to select cases prior to the pilot test, but child case records were explored as issues of service delivery were examined.

** Authority D had selected 20 cases, but a number of these were discarded as they were looked after children.

Identification of additional services

We had to define at the outset in what sense services are 'additional'. We understood this to mean all those services other than those which are sometimes described as the 'core' or 'acute' services which were traditionally, and are still in most cases, provided directly by in-house teams in Children's Social Care (CSC, previously Children's Social Services). These acute services are: referral and assessment; child protection; accommodation of looked after children; and adoption. In line with the Children Act 1989 (Sections 17a and c), Children's Social Care also provides services for family support, leaving care and for children with disabilities, although provision for children and young people who require these services is increasingly diverse. Children accessing this range of services were the subject of most of the data in the 2005 CIN Census. The CIN Census 2008-09 is likely to focus more strongly on children requiring services under Section 17a of the Children Act 1989, as it will be collated with data from the SSDA903 return for looked after children and will include data on all children subject to a Child Protection Plan[6].

[5] We did not speak directly to social workers

[6] The CIN Census will collect some information on Looked After Children and those subject to a Child Protection Plan, but it will not replace the SSDA903 or CPR3 data collections, which provide more detailed information on these populations.

We therefore arrived at the following definition of 'additional services':

"Additional services for children in need are services provided by or with the financial or in-kind participation of a local authority, which wholly or in part target and are accessed by children in need for the purpose of helping them to achieve and maintain a reasonable standard of health or development.

"Such services are 'additional' in that they are distinct from and in addition to the key services of looking after, child protection, adoption and those family support and disabled children's and care leavers' services normally provided by children's social care.

"Include all such services...

- *provided directly by children's social care (e.g. by disability teams);*
- *commissioned by and wholly or in part paid for by the local authority;*
- *to which the local authority makes a financial contribution;*
- *to which the local authority contributes by secondment or co-location of staff;*
- *provided by multi-agency arrangements or partnerships in which the local authority participates and to which it makes a financial or in-kind contribution."*

There is some overlap in the areas of family support and services for children with disabilities and care leavers. These were already included in the 2005 CIN Census, at least when they were provided directly by Children's Social Care. As we have already suggested, however, these services are now being provided in more diverse ways and in some cases to children who may not have had a formal referral to Children's Social Care and will therefore not be counted as Children in Need for the purposes of the 2008-09 census.

A number of additional services were named as examples in the research specification. We initially proposed to begin with a wider set of services identified in the CCFR Mapping Exercise. However, that project had found much greater than expected volume and complexity of services: in one authority over 150 services were identified (Ward et al., 2008 forthcoming). It became clear from our first fieldwork visit that asking questions about availability of data for the CIN Census in all the services identified was impossible given the time and resources at our disposal. At the same time, the Mapping Exercise was working on a set of 'core services', defined as 'those most frequently cited and taking up the highest proportion of the [local authority children's social care] budget'.

At an early stage in the research, therefore, we drew up 'a priori' a list of additional services, based on the examples given in the research specification, the services identified in the Durham Mapping Pilot (Durham, 2007a) and the list of core services emerging in the CCFR Mapping Exercise. The following services were identified:

- Children with Disabilities;
- Emotional Wellbeing;
- Drug and Alcohol Services and Health Promotion;
- Teenage Pregnancy and Sexual Health;
- Family Support and Early Years;
- Independent Living, Employment and Transitions;
- Special Educational Need;
- Alternative Educational Provision;
- Youth Justice; and
- Young Carers

The set of services and the definitions we adopted focus on the function and purpose of the service rather than on the specific mode of its delivery. This accounts for some of the differences between our definitions and those in the Durham Mapping Pilot.

The list was validated in the field research, requiring only minor modifications: Early Years was separated from the rest of Family Support and changes were made to the definition of Short-break Care for Children with Disabilities.
The 11 services thus identified correspond closely, but are not identical to those identified as 'Core Services' in the CCFR Mapping Exercise. The parameters for selection and grouping of services differ in the following respects:

- The present study does not group services by Every Child Matters outcome since, whatever the desirability of doing so in other contexts, no such grouping yet characterises either the functional organisation of services, or the collection and storage of their data;
- The Mapping Exercise does not make the same distinction between 'acute' and 'additional' services;
- The present study was not required to collect financial data and therefore did not attempt to rank services according to the proportion of the children's social care budget they consume.

This list of 11 additional services, together with their definitions, and Durham and CCFR Mapping Exercise equivalents is given in Appendix A. The availability of data for each of these services and issues concerning its collection, together with definitions and suggested guidance, is discussed fully below *(see p.26).*

For each additional service the research sought to determine: how is child-level data recorded and stored? Does the data indicate the volume and frequency of service access, which can then be related to cost? Can data held in different database systems be collated? Is it feasible to collect this data for a future CIN Census? If not, what are the barriers?

The Fieldwork Visits

Fieldwork with the 9 authorities consisted of a visit, structured interviews with staff involved in service and information management and follow-up work by post and telephone, using questionnaire-style 'datasheets' to collect details of the recording, storage and availability of child-level data in each of the additional services[7].

The visit used a list of additional services plus two datasheets as a basis for discussion and follow-up work (see Appendix B). The first was designed to discover details of the data recorded in the main Children's Social Care MIS. Where possible, we asked authorities to arrange a meeting with:

- a manager with knowledge of or commissioning role for the wide range of services to children in need;
- the officer responsible for compiling statistical returns to government (who was responsible for the 2005 CIN Census or will be responsible for the 2008-09 Census); and
- an officer with knowledge of the main MIS for children's social care (for instance, Swift or Carefirst)

[7] All data collection instruments were cleared by DCSF's Star Chamber process.

We additionally asked to meet, where possible, with officers responsible for Disability Services, SEN and Family Support and suggested that after the main meeting, separate interviews be arranged with staff in specific additional services.

Following the visit, the MIS datasheet was completed and submitted for checking to the lead officer in the local authority. Service datasheets were left for completion by the relevant officers and were sent subsequently to the research team. While not all the datasheets were completed, the response rate was good. Table 2 summarises the datasheets completed for the project as a whole, and the numbers of service managers, and information/data officers interviewed during the fieldwork visits.

Table 2 - Fieldwork Datasheets & Interviews

	Datasheets	*Interviews*	
		Service Managers	*Info/Data Officers*
Children's Social Care			
Service Management & Commissioning		13	
Information & Performance Management		11	5
Management Information System	9	2	2
Specific additional services			
Children with Disabilities	4	2	2
Emotional Wellbeing	5	1	1
Drug and Alcohol Services and Health Promotion	2		
Teenage Pregnancy & Sexual Health	5		
Family Support	5	2	1
Early Years	2		
Independent Living, Employment and Transitions	6		1
Special Educational Need	5	2	3
Alternative Educational Provision	4		
Youth Justice	5		2
Young Carers	2		
TOTAL	**54**	**33**	**17**

The project workshop

A one-day project workshop was held in Loughborough, attended by 7 out of the 9 participating local authorities. The list of additional services and definitions was circulated and discussed. Participants were asked to rate the relative difficulties of collecting data on the various services and a crude 'collectability score' was computed from the results. This straw poll was used to choose a sub-set of 5 (out of 11) additional services, on which the pilot tests would concentrate.

The pilot tests

Four authorities agreed to participate in the pilot test and were visited a second time. The methodology used required the selection of a small number of cases of children in need, an attempt to identify the services they had accessed during a given time period and examination of the source, quality and accessibility of the data on their service use. The pilot authorities were asked to choose up to 20 children[8] who had been open cases to children's social care for at least part of a recent 6-month period (and hence, would be children in need under the present CIN Census definition), and were neither looked after, nor child protection cases. We excluded children with child protection plans because, although these children also access additional services, their cases tend to be more fully documented than those of other children in need.

The plan was then to examine the data on each of the sample children available in the main Children's Social Care management information system, compile as much evidence as possible from this source on the services they had accessed and then examine, separately, the information available from other sources: resource panel records; financial systems; and the separate recording systems, databases and MIS of the various additional services.

Priority was given to those services which had scored highest in the straw poll conducted at the Loughborough workshop. These were: Youth Justice, SEN, Children with Disabilities, Independent Living and Transitions, Alternative Educational Provision, Early Years and Family Support. The last two were included, despite low collectability scores, because of their general importance and complexity.

It rapidly became apparent that an exhaustive exploration of even 20 cases would have involved a far greater expenditure of time both by CCFR researchers and local authority staff than was feasibly available. Staff in one pilot authority spent 17.5 hours just on a preliminary trawl of case records of 19 children in their main Children's Social Care MIS. To have repeated this exercise in each of the additional services and in the numerous different information systems each employs, would have vastly increased the time spent. However, exploration of the first few cases in each authority quickly revealed issues which were common to some or all of the services and were repeated in the other local authorities. Two templates used for collecting the information are included in Appendix C. The number of cases selected is given in Table 1 *(p. 8)*

CIN data in management information systems (MIS)

Note: Throughout this section, the initials CSC are frequently used to stand for Children's Social Care and MIS for management information system.

In the 2005 CIN Census the primary source of data on service deliveries was the special staff diary records. These records included contact, non-contact and non-child time *(see the discussion of time recording below, p.46).* Although the recording and collection was very onerous, diary records had one significant advantage: they were simple and uniform and, once problems of child identifiers were resolved, required no special processing, whatever the service or provider.

[8] In order to test out the availability of as wide a range of data as possible, the local authorities selected cases of children they thought most likely to have used a number of additional services. The wide range of services provided and the heterogeneity of need in the population served by local authorities suggested that randomisation for such a small sample would not have yielded very helpful results.

The new CIN Census eschews diary records and relies on existing records in MIS. Our research has highlighted a number of obstacles to this method of collecting data on the use of additional services by children in need:

- The main MIS in Children's Social Care at present contain very little consistent and collectable data on service use;
- Most of the data on service use is contained in free-text notes;
- Each additional service may have its own, separate MIS, database, spreadsheets, electronic and paper registers and lists, with distinctive data formats and child identifiers. Therefore a good deal of work, different procedures and software will be necessary to extract the data for each service and recode it in a uniform format for CIN Census collection;
- Issues of consent, confidentiality and data protection may make it harder to obtain data from other providers than was the case with the staff diary records in the 2005 CIN Census; and
- Other means will have to be found for estimating case management, non-contact and non-child time, without which it will not be possible to account accurately for expenditure on services. One promising approach is to use data on standard process and activity times and unit costing tools such as the Cost Calculator for Children's Services *(See discussion below, p.46)*

We will examine in detail the potential for extracting CIN Census data from the main MIS in use in Children's Social Care in the participating local authorities, and then consider briefly what we were able to learn or observe about some of the principal MIS in use in other service providers: Education, Youth Justice, CAMHS and Connexions.

Children's Social Care Management Information Systems

The principal source of data for the CIN Census is the MIS used by Children's Social Care. A considerable number of different software systems are in use, both those systems provided by commercial software developers and those developed in-house by local authority IT staff. Most such systems seek to be compliant, either directly or by means of add-on modules, with the Integrated Children's System and its underlying data model. ICS implementation is comparatively new in all authorities[9], and in the local authorities we visited it was clear that it is not yet being used to its full potential either in the recording or the retrieval of information. However, as noted above *(p.25)*, it does not appear that, even when fully implemented, the ICS will solve the problem of recording deliveries of additional services in a form from which CIN Census data could easily be extracted.

Only one of the nine local authorities visited comes close to being able to retrieve systematic data on use of additional services from its main MIS. This authority has a highly formal system of resource panel approval for most services, uses a coded list of services and is fairly systematic in its use of service deliveries recording in CareFirst, its main MIS. Even here, however, although CareFirst supplies a calendar form on which the number, frequency and duration of session-based services can be recorded, when we looked at the sample child cases, the recording of such details was largely absent.

To understand how data is currently recorded on additional services, it is helpful to read some sample case histories *(see below, p.40).*

[9] The Statement of Business Requirements for the ICS (LAC (2005) 3) laid down that "for 1st January 2006 the priority is to have the IT supporting ICS in place for all new referrals. The systems should be fully operational by 1st January 2007. "

The MIS in use in the fieldwork authorities are shown in the table below:

Table 3 - Children's Social Care MIS in use in the fieldwork local authorities

Local Authority	*CSC MIS*	*Notes*
A	PARIS	Only implemented Nov 2006
B	In-house + ShareCare for ICS	20-year-old in-house system due for replacement soon. Not linked to ShareCare.
C	Framework-I	
D	CareFirst	
E	Framework-I	
F	CareFirst + Recall (document management) + CareAssess + CarePay	Fully electronic case files with all documents attached and managed via Recall Payments for LAC placements, leaving care and S24 managed in CarePay. Not clear whether S17 payments also managed in this way.
G	CareFirst	Only implemented Nov 2007
H	SWIFT + Anite ICS	
I	Protocol	Recent implementation, replacing CareFirst. Children only (not adults). No built-in payments. No document management.

Our research into the MIS in the nine fieldwork authorities can be summarised in the following key issues:

1. Identifying Children in Need

All the MIS can return a list of children who meet the criteria for inclusion in the CIN Census for 2008-09 - being, at some time during the census period, cases open to Children's Social Care. However, there may be some variation in the way different authorities and MIS define an open case. This could mean that some of the special categories enumerated in the 2008-09 CIN Census Guidance (DCSF, 2008: p.2) are not treated as open cases, for example:

- children receiving some provision via adult teams (for example, young people with disabilities who are in transition to adult services; and young carers);
- disabled children whose names are on the disability register, who receive information but no other specific service from the local authority. In Authority G, for instance, the disability register is not held on the main MIS and parents can withhold consent for their child's name to be added to the CSC MIS *(see discussion at p.20)*. However, all families with children on the register receive a newsletter and should therefore be counted for the CIN Census (DCSF, 2008, p.2).

2. Identifying other children who access additional services

In most cases, other children who access additional services without being referred to Children's Social Care cannot be identified in the CSC MIS. In some cases, such children may be entered in the System as contacts. This happens when certain notifications are received in Children's Social Care, for instance when an SEN assessment on the child has been requested; a CAF has been undertaken; or the child has been referred to the Youth Offending Team, following a court disposal. In some authorities such notifications are always recorded, but others were less certain that this is done. Only in authority F are social workers in the Youth Inclusion and Support Programme (YISP) and the Vulnerable Children's Team starting to record their details into CareFirst.

3. Identifying professionals associated with child

Most of the CSC MIS have a section of the child's record where relationships or other professional contacts can be entered. If these are recorded and updated consistently they should provide strong evidence that a child is accessing particular types of service (especially CAMHS, some SEN, Connexions and Youth Justice). Similar hopes are expressed for ContactPoint, once it is implemented[10]. However, such records will give no specifics of the type or quantity of service accessed, nor of dates. A CAMHS manager in Authority A told us that they will not add a child's details to ContactPoint if the parents withhold consent.

4. Key categories of child

Certain categories of children are likely to receive particular additional services. We asked whether these can be identified from simple type or status fields in the main CSC MIS. The answer, in most cases, was that they cannot - either the fields do not exist or the data is not routinely recorded and updated.

Table 4 - Key Categories of Children

Category of child	*Authorities*	*Comment*
Children with disabilities (whether or not defined as children in need)	6 out of 9 cannot identify	In most authorities, the Register of Disabled Children is, for reasons of confidentiality, not held on the main CSC MIS.
Asylum seeking children	F can do so. A with less confidence in reliability of recording	
Young Carers	None	Several authorities said this could only be discovered from Adult Social Services records
Children with Special Educational Needs	I only	See detailed additional services discussion under
Teenage Mothers	F only	
Young Offenders	None	
Children with exclusions from school	None	

Note: some children in these categories may of course be identifiable in other ways, by reading Case Notes, noting team assignment or school type, examining Contact and other records and by recourse to other MIS, databases and lists. But they cannot be identified consistently and easily within the MIS of Children's Social Care.

[10] Note, however, that central government will not have access to nor be able to use ContactPoint for data collection purposes.

5. Availability to and use by staff outside the main offices of Children's Social Care

We also asked local authorities whether their CSC MIS is accessible to and used by all of the relevant staff and service locations. If it is not, then some data on service use is likely to be missing. As the table shows, this is particularly problematic for Family Support and Early Years services.

Table 5 - Use of CSC MIS by additional services

Service type/location	*Access and use in each authority*
Teams of Children's Social Care	All both access and use
Family Centres	Only some: B & F both access and use; in C they have access, but do not use; in D only in-house ones have access, not the voluntary sector ones; in H no access
Children's Centres (Early Years)	Not B; C not sure; D, F and H not at present, but planned; H have their own database. E use their own Access database but will use education MIS UMIS
Emergency Duty Teams	In several authorities, where provision is external, access is read-only
Cluster Teams	Several authorities (F and I) use their own recording systems, for recording CAFs and own service deliveries. Social Workers may have access to CSC MIS.

Note: in multi-agency teams and service locations different staff will often have access to and use the recording system of their own employer. So, in a Cluster Team, the social workers may use the CSC MIS, education workers use the Education MIS, and the Team may have its own systems.

6. Links to and integration with other key MIS

We had expected to find some degree of linkage and integration between the main MIS involved in service delivery to Children in Need and, in particular, between the systems of Children's Social Care and Education since, in all or most local authorities, these services are now under a single directorate. Such linkage would enable CIN Census data to be extracted directly from the other systems or at least would make it easy to resolve matching of child identities.

The research showed that none of the authorities has integrated systems. Only one, G, has some degree of linkage between its Children's Social Care and Education MIS. In this authority, performance information staff for both departments sit side by side in a single office, but each accesses a different system. D has had some discussion about purchasing 'middleware' (software) to effect linkage, while G is considering setting up a 'data warehouse' to pull together data from Children's Social Care, Education, Connexions, Early Years and possibly Youth Justice. H commented that several suppliers of the main MIS software offer middleware products for system linking, but that these are prohibitively expensive.

Data from Adult Social Services may be required to identify services to Young Carers, Asylum Seekers, parents with substance abuse and domestic violence problems and some of the transition services for Care Leavers and Young People with Disabilities. Some authorities use the same MIS for both Children and Adult Social Services, others have different systems. Even where the system is the same, CSC staff may not be authorised to access it and there are data protection issues.

7. UPNs

The key identifier in Education MIS is the Unique Pupil Number or UPN, essential to retrieve data on SEN, Alternative Educational Provision and some nursery provision. All the CSC MIS have a field for UPN, but in most authorities this is recorded only for looked after children and those with Child Protection Plans. Only Authority E currently records most UPNs, while Authority F is beginning to add them. Since the CIN Census 2008-09 requires the UPNs of all Children in Need of school age, all authorities will have to resolve this problem within the next 12 months. The process of adding UPNs is manual in all authorities except G, where there is a partial link with the education MIS for this purpose.

8. Coded list of services

The MIS cannot identify the services accessed by Children in Need unless there is a standard way of referring to each service, normally in the form of a set of codes or a drop-down list of available services. If services are described in free text, reference to them will not be standard and reliable data cannot be collected. We asked each authority whether they have created such a list. Authorities E, F, G and H have such lists *(see* Appendix D - Examples of coded lists of services*)*. Examination of the lists, however, shows that they tend to be very long. Any drop-down list containing more than 10 categories is unlikely to be used well by staff entering data on the computer.

9. CIN Primary Need code

For the CIN Census 2008-09, local authorities have to supply the CIN Primary Need Code for each child, to give the 'main reason why a child started to receive services'. Only Authorities A, B and F currently record this on their CSC MIS for all open cases.

10. Common Assessment Framework (CAF)

A child who receives a CAF assessment may access some additional services without, or prior to a formal referral to Children's Social Care. Cluster Teams *(see p.43)* and multi-agency teams undertaking preventive work, funded at least in part by Children's Social Care, are increasingly using CAFs and may provide some services on the basis of a CAF.

We therefore asked local authorities whether their CSC MIS have records for all children who have had CAFs and whether they show that a particular child has had a CAF. In most cases the answer was negative. Three authorities stated that they are awaiting an eCAF[11] solution, but this may not solve the problem: Authority B has implemented eCAF, but not linked it to its CSC MIS.

[11] An electronic database and forms solution for implementing the Common Assessment Framework. A number of suppliers of MIS software are offering eCAF products, usually linked to an Education, Health or Children's Social Care MIS, and in some cases linked to ContactPoint. Some local authorities seem to hope or expect that central government will endorse a single eCAF product.

Table 6 - Recording of CAFs

Authority	*CAF recording and policy*
A	Recorded in education database. No integration with CSC MIS. Waiting for eCAF
B	Have on-line eCAF system, but not linked to CSC MIS
C	Not using CAFs widely yet. Waiting for eCAF
D	All CAFs notified to CSC and recorded as Initial Contacts. If further action required, passed on for Initial Assessment
E	CAF use highly developed for Team Around the Child teams. Only recorded in CSC MIS if a formal referral is made, as child with complex needs
F	All CAFs copied to Strategy & Development Team and recorded in a separate, Access database. If open case to CSC, actual CAF document is appended to electronic case file. If not, a Contact record is made in CSC MIS
G	Have a separate database. Awaiting eCAF solution
H	Have a separate database. Not necessarily entered as Contact on CSC MIS
I	Not necessarily notified to CSC, unless Cluster Team decides CSC services required and makes formal referral.

11. CIN Plans

Children in Need Plans are a potential source of information about additional services. We asked how these are recorded. In most cases, they are recorded only as free text, or with the services not itemised and described in free text. Not all authorities are completing Children in Need Plans. In Authority F, plans are being made by their cluster (Team Around the Child or TAC) teams and are not recorded in their CSC MIS. Authority H uses Anite-ICS for recording plans, which can itemise plans and identify services from a coded list. However, social workers are not yet making use of this facility.

12. Visits

We asked how visits to the child or family are recorded, as these form a significant part of service delivery, especially for Family Support. In most authorities, visits, other than statutory ones to looked after children and those with child protection plans, are not systematically recorded. Most teams have paper client-event or diary sheets but these are not subsequently entered into MIS. Authorities A and H record visits in Case Notes and in H's SWIFT MIS there is a well structured record including time spent. Neither authority could give us any assurance that visits, other than statutory ones, are being recorded. G records visits as Activities, but only if they are part of an ICS process.

13. Service deliveries

The most crucial issue is whether service deliveries themselves (other than looked after placements) are being recorded and data on them can be retrieved. The research showed that only three of the nine authorities record any service deliveries in a format permitting data retrieval and that even in these the data will give only a partial picture, especially in relation to volume or frequency of service.

Table 7 - Recording of Service Deliveries

Authority	*Type of record*	*Details*
A	Case Note, not itemised	
B	None	
C	Free text	
D	Diary Note, free text	
E	None except for Aids & Adaptations	All S17 expenditure approved by a Multi-Disciplinary Support Panel, but not currently recorded in Framework-I. No data on sessional services
F	Service Elements in CareFirst	Resource Panel Agreement forms are processed by Admin staff and details recorded in CareFirst Service Elements. Also recorded in separate spreadsheet tracked by finance. However, dates and sessions are in free text only. Calendar records available in CareFirst but are often not completed. Not sure if S17 payments are recorded in CareFirst and paid via CarePay
G	Interventions in CareFirst	When agreed by Panel, a Service Agreement is recorded in CareFirst and linked to the Intervention. Calendar can be completed to record session length and frequency. Implementation of system is very new, so it is too early to tell how consistently it will be used. However amounts such as S17 payments are often entered as single amount (e.g. vouchers for groceries and gas and electric) with recurrence not quantified, or only in an attached case note. It may be possible to retrieve exact figures from Oracle-based finance system which will, eventually, be linked to CareFirst.
H	In Anite-ICS Plans, itemised	Services can be recorded as separate actions within the relevant plan, picked from a coded list *(see Appendix D)*. However it is uncertain how widely social workers are using the itemisation. Many records may be free text only. Also, these are only planned, not actual service deliveries.
I	Case Notes, free text only	Considering trying to include service deliveries in Plan Updates to ICS Plan Exemplars

Other Service Provider Recording Systems

It is apparent from the preceding section that much of the required data on service deliveries is not available at present in the MIS of Children's Social Care. The most viable recourse, therefore, must be to seek to extract data from the many separate recording and MIS used by each specific service or service location, whether the provider is local authority or external. The amount of work involved should not be under-estimated, as separate procedures would be required for each source of data.

We already enquired in the preceding section about linkage and integration between the Children's Social Care MIS and those of other principal providers (Education, Adult Social Services, CAMHS, Youth Justice, Connexions) and discovered that even minimal links are mainly absent. Some authorities are starting to discuss ways of linking their Children's Social Care and Education systems, but have been deterred by the cost of the software or 'middleware'.

This problem is also addressed in the Cost Calculator for Children's Services, which includes a data import mechanism designed to import data from different MIS to use in cost calculations.

Consent and data protection

The absence of such links also means that standard protocols for data exchange are largely absent and will have to be specifically negotiated for the CIN Census. These must address issues of consent, confidentiality and data protection which are always difficult and present extremely sensitive issues for all health-related services such as CAMHS and Sexual Health.

Even within the domain of Children's Social Care consent issues can in practice impede access to data. For instance, two authorities told us that, as a matter of policy, their registers of disabled children are not held by their Children with Disabilities Team and are not entered on their Children's Social Care MIS. This is probably the case for most local authorities. The consequence of this is:

- not all children on the register have records on the MIS - they will only have a record if their case is or has been either a Contact or an open referral;
- fields for disability on the MIS may not be complete and may show different data from those on the register;
- the register itself may not contain all children with disabilities, since some parents withhold their consent for their child to be registered;

Thus there may be disabled children accessing services for children in need who are not open cases to Children's Social Care, have no records in the CSC MIS and may not even be on the register of disabled children.

Matching identities

In the absence of electronic links between databases, a key problem is matching identities: how can we determine that the Paul Smith whose CareFirst number is 937042 is the same Paul Smith who appears in the ONE MIS in education with a UPN of H801200001001 or the one whose number in the RIO system used in CAMHS is MRX8027, and so on? Date of birth is helpful, but is sometimes missing or wrongly recorded.

Two questions need to be addressed:

- Are there fields within the various systems for recording identifiers from the others (for instance, does CareFirst have a field for the child's UPN)? Most MIS allow users to create some additional fields. The more important questions are: are the fields completed, how frequently are they checked and updated and who is responsible for this task? As we saw earlier *(see p.17)*, even when fields are provided, they are not necessarily filled. With the possible exception of some education systems, none of the other service databases we observed contained fields for the child's Children's Social Care identifier.
- Do the means exist for matching children in one system to those in the others?

Matching of ID numbers and de-duplication are common problems in all database applications and software is widely available to address these problems. However, we were told of only one instance of such software being used (by Connexions). Elsewhere, several authorities told us of long and time-consuming manual work being undertaken by administrative staff. For instance staff in Authority D reported spending 2-3 days per month to check lists of children received from Youth Justice against the Children's Social Care MIS.

All authorities except C and F are struggling to add UPNs for all Children in Need of school age to their Children's Social Care database, which is a requirement for the CIN Census 2008-09.

Selecting the data on children in need

Finally, assuming that consent has been obtained, there are two possible methods to obtain child-level data for the CIN Census from the MIS of a provider.

1. Children's Social Care would supply a list of children in need with names, dates of birth and perhaps addresses. Staff at the provider would match the list with children in their own system, match identities and then extract the required service provision data, assuming it is available and contains sufficient detail.
2. The Provider would supply service provision data on all children recorded in its system and Children's Social Care staff would carry out the identity matching and extract those records corresponding to children in need.

Both methods present problems. The first would select only children known to Children's Social Care and would exclude others, arguably children in need, who access the service without having been referred to children's social care *(see the discussion, below, on Access Routes, p.43)*. And it would place the onus for carrying out identity matching on the provider. The second method would pose greater problems of consent and confidentiality, as well as potentially involving the transfer of far larger amounts of data. A Connexions data manager, for example, told us that this method would be wholly impracticable.

Education

A number of different systems are in use in the authorities visited, including EMS/One, IDEAR, SENNET, UMIS and IMPULSE. All provide pupil records and use the UPN as the main identifier. None, as far as we could determine, includes a field for the child's Children's Social Care identifier, even if this were known, but all include fields for Child Looked After and On Child Protection Register (or subject to a Child Protection Plan).

All systems, or add-on modules linked to them, provide means of recording a child's SEN status and may give details of SEN services provided. Schools submit pupil data directly to DCSF, but the present study did not investigate whether data could be extracted from this national collection for CIN Census purposes (e.g. to track provision of SEN, Alternative Educational Provision and Early Years services to Children in Need).

The SEN2 national data collection provides numbers of SEN statements issued by each local authority, and the schools, units, early years and other settings in which the statemented children are being educated. But it does not identify the children (so that child-level records could be linked to the CIN Census) and does not provide data on the services (other than special schools) they are accessing.

Whatever the MIS in use in each authority, it should be possible, given a clear specification, for the Education department to provide Children's Social Care with the data required for the CIN Census, and this requirement would contribute to the future integration or linking of Education and Children's Social Care MIS.

CAMHS

We spoke to CAMHS managers in only two authorities. In what might be termed 'clinical CAMHS', most use large NHS recording systems, one RIO, the other LORENZO. Other systems mentioned were CareNotes and MAISIE. The approach in both appears to be modelled on medical case notes and, in theory, very detailed service provision data could be extracted. However, it is clear that serious unresolved issues of consent and confidentiality make this very unlikely. In lower tier, multi-disciplinary CAMHS work a variety of different systems are in use and it was very difficult to identify where the data might be captured.

Youth Justice

Two main systems are in use, YOIS and Careworks RAISE. There appears to be a high level of standardisation in recording. RAISE, at least, has fields for LAC and Child Protection status and returns to the Youth Justice Board require these to be counted.

Whatever the MIS in use in each authority, it should be possible, given a clear specification, for the Youth Justice service to provide Children's Social Care with the data required for the CIN Census, and this requirement would contribute in future to linking or integrating the Youth Justice and Children's Social Care MIS.

Connexions

We interviewed only one Connexions manager, in a London sub-regional service where the present Connexions Customer Information System (CCIS) MIS will be maintained at sub-regional level after most other aspects of the service are devolved to individual local authorities in April 2008.
Although CCIS is supported by software from several different providers, the system itself appears to be highly standardised. Connexions collects and stores in CCIS detailed child-level data on all children aged 13-19 in its catchment area and in addition to any statistical returns, copies its entire database monthly to the Department of Children, Schools and Families. The child-level records do not include any Children's Social Care identifiers, although they may flag children who are looked after. Assuming child identify matching could be achieved, it would be possible to extract child level data for the CIN Census at national level from the data submitted by each Connexions office.

Alternatively, whatever the MIS in use in each authority, it should be possible, given a clear specification, for Connexions to provide Children's Social Care with the data required for the CIN Census, and this requirement would contribute to the future integration or linking of Connexions and Children's Social Care MIS.

Connexions were the one service we encountered in the course of our research who have identity matching and deduplication software available and regarded the task of matching child records in their systems to any list provided by Children's Social Care as manageable.

Other sources of CIN Data

Paper records

We have assumed that, given the scale of data collection required for the new CIN Census (from 2009/10 onwards complete 12-month records on all children in need), any data recorded on paper cannot feasibly be collected.

Free text data

Within MIS and databases used both by Children's Social Care and additional service providers, much data on service use is contained in free-text case, diary, service and event notes and in plans and review records. This means that, in general, it is not possible to tell what the service was, when and what volume of it was delivered, without reading the free text. Even then it may be hard to determine the nature of the service because staff use their own words to describe services rather than a standard coded item from a drop-down list. The implications of free text data recording are clear from a reading of the sample case histories *(see below, p.40)*.

Electronic case files & document management systems

Paradoxically, the use of document management software, scanning and OCR to produce electronic case files can sometimes serve to exacerbate the problem of data retrieval on service deliveries.

One of the pilot authorities has a sophisticated MIS, backed up by wholly electronic case files. Paper documents are all scanned and e-mails, forms and all other case-related documents are managed in a sophisticated and seemingly very effective document management system with excellent information retrieval facilities. Nevertheless, it took staff 55 minutes per child to examine an average of 77 case-related documents on a sample of 19 children, and we were able to verify (by checking records for the same children held in the different systems of two additional services) that the details of additional service use retrieved in this way were incomplete.

It is important to note that although all the records were held and retrieved electronically, because they were, in effect, free text, they could only be processed and information extracted from them by reading each document, searching for evidence of service use, interpreting the information and then recording the result into a pro forma similar to the one proposed in Table 6, above.

This experience confirmed our view that, even where document management software is in place, little data on service delivery can be feasibly extracted from free-text documents or fields. It is important to stress this conclusion, because it is easy to assume that, because documents are stored and managed electronically, it is easy to obtain data from them.

Financial records

The present study was not required to examine financial records and data on the cost of services. However, it soon became apparent that some of the best data on service use is available either in finance systems or because specific payments have to be approved, made and monitored. The data on the placements of looked after children is relatively collectable, complete and accurate because a series of processes is required to approve the placement and its cost; record and monitor the duration; check and approve the carer's invoice; and to process payment.

Additional service usage data could also, in principle, be extracted from financial systems. In most cases these are Oracle-based systems separate from the Children's Social Care MIS. Some authorities use payment modules within or linked to these MIS (e.g. CarePay for CareFirst) to pay foster carers and, sometimes, to make Section 17, Section 24 (care leavers) and Direct Payments. However, payment systems and procedures for other kinds of services are very diverse, depending on the type of payment model, service level agreement, invoicing and contractual arrangements. In many cases the same service (e.g. Short-break care for Children with Disabilities) may be provided partly in-house, where no payment is made, and partly by external providers who are paid against invoices. In such cases service usage data based on payment records alone would be incomplete.

Other services that follow this pattern include Day-care; Section 17, Section 24 and direct payments; aids and adaptations. In each case approval of a service involves approval of a specific expenditure; and payment is easily identified as payment to or for the child or family.

Payment models

For the remaining additional services, however, much depends on how the service is paid for by the local authority. The table below sets out a typology of service payment types.

Table 8 - Service payment models

Payment type	*Description*	*Child-level data?*
Core funding	Annual grant to support a service-providing organisation	Normally none
Funded post	Payment to fund a staff post in the service	Normally none
Secondment and co-location	Secondment of CSC staff to or location of CSC staff at service location	CSC staff may record onto main CSC MIS or other system.
Service grant funding	Grant to a provider to provide a specific service accessed by children in need	Sometimes none. Usually aggregate data on service usage. Possibly lists of child users
Funded places	Provides a guaranteed number of places, sessions, courses, etc.	Counts of users. Perhaps lists of child users.
Invoice for period	Payment against invoice over a period for actual use of service by one or more child users	Will usually identify each child and the amount of use
Invoice for child	Payment against invoice for actual use by a single identified child	Complete

Only for the last two types is the payment system itself likely to ensure the routine recording of child-level data on service use *which is transmitted to the organisation funding the service, in this case Children's Social Care,* although such recording may occur within the service for other reasons connected with good practice and management.

Service level agreements and contracts

Several of the participating local authorities mentioned that reporting on use of services commissioned from outside providers is generally specified in service level agreements. Authority G suggested that it would be useful to tighten up on these and make uniform reporting of child-level data on service use a condition of funding. This would appear to be an appropriate and valuable way forward. It has the advantage that the local authority can standardise and specify the form of report and the exact content of child-level data, including use of identifiers.

ICS Exemplars

By providing a structure for the practice and recording of referral, assessment, planning and review for all children in need, the Integrated Children's System and its exemplars provide detailed data on all the processes of case management which will provide much of what is required for the CIN Census in relation to the work of social work teams within Children's Social Care. However it does not appear that the ICS *per se* will provide similar data on deliveries of additional services.

We asked local authorities about the way they use and record ICS Plans for Children in Need (the Initial Plan, Outline Child Protection Plan and Child/Young Person's Plan). The relevant ICS exemplars provide a grid with cells for 'actions or services to be taken / provided', 'frequency & length of service' and 'Person/agency responsible'. However, implementation of these plan exemplars appears to be at an early stage among the Children's Social Care Teams in the study: planned services are not clearly itemised; the details are generally recorded as free text; and the plans themselves tend to be regarded as single documents rather than structures for recording and retrieving data. Similar considerations apply to Reviews, where recording of service details is even less comprehensive. Reviews, where present, were mostly Word documents containing free text and from which no data could realistically be extracted.

In Anite ICS (the ICS module which accompanies the SWIFT MIS), the details of both plans and reviews can be itemised and services chosen from a drop-down list. However, when we examined some actual plan records in one pilot authority, the details had not been completed. In CareFirst, the Service Deliveries screens allow for completion of a calendar-style service timetable which would allow for accurate determination of the volume of service delivered. However, when we examined the child records we found that these timetables were mostly left blank.

We did not specifically ask local authorities about the way in which they are using the ICS Chronology Exemplar. None, however, mentioned it either as a place for recording service deliveries or from which CIN Census data might be retrieved. During the pilot tests we worked alongside staff in four local authorities to retrieve data on sample cases and in no case was the Chronology accessed for this purpose.

We believe that these ICS exemplars and their electronic implementations are unlikely in the near future to yield collectable data on additional service deliveries.

Resource Panel records

We explored with several authorities the use of Resource Panels to authorise service provision for children in need. Such panels, under a variety of names such as 'Complex Needs Panel', 'Children's Commissioning Panel', 'Single Area Panel', 'Multi-Disciplinary Support Panel' and others, have developed in most cases from Placement Panels used to approve high-cost and out of county placements for looked after children. Panels are likely to be used to approve, in addition to looked after placements, Section 17 payments above a certain level; Direct Payments; all forms of overnight care for disabled children; and possibly other services. It appears that panels, for the most part, authorise only service provision where there will be a specific, identified cost (the last two types in Table 8, above), and payment is made to an external provider.

Authority F stated that their panels would soon consider the full range of services to be provided to a child in need, whether or not these were 'cost-incurring'. In common with other authorities, they used the term 'packages' (of service or care) which is common in adult services and makes it easy to identify service deliveries. This authority provided us with a sample 'Resource Panel & Service Package Agreement Form'. Services included in the package are itemised, coded and costed and the results entered by administrative staff into CareFirst as Service Deliveries.

Authority G's Single Area Panels emerged from former SEN Panels, but now also make decisions about services to looked after and children in need. However, budgets are not devolved to areas, so decisions are not based on cost. Because of the SEN origin of the Panels, decisions are recorded in IDEAR, the authority's pupil information system. Outcomes (which may identify services) are classified for SEN, but not yet for Children in Need.

Authority E is planning to record its resource panel decisions in future in its main MIS, which may enable child-level data to be extracted. Another authority told us that the supplier of their CareFirst MIS is considering developing a care-package approach to recording of children's services.

Thus resource panel records are a useful potential source of data on services, providing the data is held electronically in a suitable form and can be accessed by staff compiling the data. Itemisation and coding is likely to be better than in plan and review exemplars, because these are linked to financial approval and payment processes. However, we believe it could be some years before resource panel recording reaches the required level of consistency and detail in even the most advanced authorities.

Additional services, definitions and data

This discussion of additional services makes no attempt to determine which are the most important in terms of need, effectiveness or budget. Our research did not examine financial data and could reach no conclusion about the proportion of Children's Social Care budgets spent on each additional service. Authority G wondered whether so much effort to collect data on these services, especially those provided externally, would be worthwhile. In their case, total annual expenditure on services commissioned through service level agreements (excluding residential care places for looked after children) amounts to less than 1.25 per cent of their total Children's Social Care budget.

To understand the scale and difficulty of collecting data on additional services, it is helpful to read some sample case histories *(see below, p.40).*

However, we have decided to select out a short-list of those services which could be prioritised for inclusion in a future CIN Census taking into account both the availability of child-level data and the apparent importance of the service. These are:

- Children with Disabilities
- Family Support
- Early Years
- Special Educational Need
- Youth Justice.

We did not include Emotional Well-being and CAMHS, because of the great difficulty in obtaining consent for data sharing. Family Support and Early Years present special difficulties because of the very varied gamut of services they comprise, some of them informal or group-based, and the fact that they are often accessed without a formal referral to Children's Social Care. Part of their work is preventive work with vulnerable children. We believe that further research is necessary to determine how best to map these services and gather the data.

Definitions

The definitions provided for each Additional Service were agreed with participating authorities and could be used in future guidance for the CIN Census if the various problems noted can be resolved.

The way in which we arrived at the list of 11 additional services for Children in Need has been described above under Methodology *(see p.8)*. Definitions of each additional service were drafted, based on those established in the Durham Mapping Pilot (Durham, 2007a) and tested both at the project workshop in Loughborough and in the visits and pilot tests with individual authorities. These definitions are listed at the head of each additional subsection, below, and also in Appendix A. Below each definition, following the Durham pattern (Durham, 2007b), is a list of 'service options', specific examples of service sub-types. While we have tried to include in the options lists most of the common sub-types, these should not be regarded as definitive, especially as there is so much variation both in terminology and in service structures (cf. Ward, et al., 2008 forthcoming).

It became clear that the principal difficulties lie not with the definitions as such, but with the vast and varied panoply of service commissioning and delivery. The difficulties were less in deciding what a particular service is than in simply enumerating all the possible instances of services, essential if complete data is to be collected. There are often different providers for the same service covering different geographical areas within one local authority, and different local names are used.

Some additional services present special problems:

SEN and Alternative Educational Provision Services: funding arrangements are complex, with some service elements financed out of school budgets and some schools then buying back into local authority provided services. We anticipate that relating service data to expenditure will be difficult.

Family Support and Early Years: we took a decision in the course of the fieldwork to separate Family Support services from Early Years, with nursery provision and services provided through children's centres mainly in the latter category. However, it proved to be difficult to sustain this separation in practice, especially as services are focused on the family, which may comprise both school-age and pre-school children. Similarly, children's

centres may supply services to children of all ages. Family Support is a particularly complex area which comprises many types of provision and we recommend that further research be carried out in this area.

Children with Disabilities

Services to support children and young people who are disabled and / or have complex health needs and their families.

Include:
early identification of need through integrated diagnosis and assessment;
early intervention and support;
provision of ongoing care management and support;
support to participate in out of school and leisure activities in the community;
day care and outreach services for disabled children
systems to safeguard disabled children from abuse;
multi-agency transition planning for disabled young people entering adulthood;
palliative care for those who need it;
specific therapies (occupational, physiotherapy, speech and language);
Short-break care outside the home recorded in the SSDA903 return under legal status code V4 (individual episodes not recorded).

Exclude:
short-break care outside the home where each individual episode is recorded in the SSDA903 return under legal status code V3.

Service options:
Day Care; Direct Payments; Home Care; Occupational Therapy; Physiotherapy; Sensory Impairment; Short-break care V4; Specialised diagnosis and assessment; Speech and Language Therapy; Support for specific conditions; Support to safeguard from abuse; Supported leisure activities and trips; transitions to adult life.

Identifying disabled children: Some parents withhold permission for their child's name to be placed on the local authority's register of disabled children and consent issues may inhibit the sharing of information from the register for CIN Census purposes *(see also the section on Identifying Children in Need, p.14)*. One sign that a child is disabled is allocation of the case to the Children with Disabilities (CWD) Team, but some disabled children who are looked after may not be allocated to CWD.

Some disabled children will receive services (especially specific therapies, support for specific conditions and some day care, outreach, befriending and day care) without being cases open to Children's Social Care. Some of these services may be funded wholly or in part by the local authority. Authority F confirmed that this occurs.

Details of each child's disabilities are often absent from CSC MIS records and, where recorded, will not necessarily use the same disability types as the 2008-09 CIN Census.

Recording: in several authorities Children with Disabilities teams have their own separate recording systems. In Authority H this was a detailed financial spreadsheet from which exact service provision could be extracted.

Short-break care: practice in recording Short-break Care varies among authorities. Many opt to use legal status V4, which relieves them of the burden of recording each episode as a separate placement in the SSDA903 return. Authority F, however, which makes placement payments from its main MIS, records each separate episode under code V3, and Authority G is changing over to this procedure. The CIN Census requires recording of each episode in

order to measure volume of service accurately. Details could be collected from financial records showing payments to foster carers and external providers.

In Authorities F and H, Short-break Care is provided partly by in-house residential respite units and the episodes may not be recorded in the Children's Social Care MIS or reported to panels, since no payment is required, although of course the service is not cost free. The units keep paper records of children using the service and the dates. Authority G's units supply weekly registers which are entered into an Access database.

Day-care: Authority F told us of two day-care schemes from voluntary sector providers which receive block grant funding. They return a spreadsheet listing service use, which the Children with Disabilities team enter into the main MIS, but showing cost as zero. Staff who conduct home visits are recruited through an agency whose invoices would be unlikely to show the individual children visited. Authority E records domiciliary care in a separate spreadsheet which lists children, exact amounts, weekly payments and the provider.

Direct Payments: several authorities reported that these are increasing. They are formally agreed and quantified at a panel meeting and finance records should provide accurate data. None of the authorities currently records Direct Payments for disabled children within their CSC MIS. Such payments are normally approved at a panel meeting, recorded in a separate paper form or spreadsheet by the Children with Disabilities Team or Direct Payments Team and passed to Finance. But it should be possible to retrieve complete records from finance systems.

Conclusion: it should be possible to collect most of the data required, although significant amounts of work will be required to integrate data from the CSC MIS, the recording systems of the Children with Disabilities teams and Finance. Recording of Short-breaks will need to be changed to detail each separate episode. Data on Day-care, Outreach, Supported Leisure and some of the specific therapies is likely to be very limited.

Emotional Well-being

> *Services to support and promote the emotional well-being of children and young people, delivered to individual children, the family or groups. May be delivered by CAMHS, other health services or by voluntary sector or multi-agency services.*
>
> ***Include:***
> *psychiatry, counselling, talking, play, drama and art therapies.*
>
> ***Exclude:***
> *SEN, educational psychology or EBD services delivered by schools or education service, which should be classified under Special Educational Need (SEN).*
>
> ***Service Options:***
> *ADHD; Autism; CAMHS; Counselling; Work with emotional and behavioural difficulties; Play, Art and other mental health therapies; Abused children.*

The term CAMHS has been gradually extended to cover a wide range of emotional well-being services for children and young people. Staff in several of the local authorities we visited use the term to describe all work with children with emotional and behavioural difficulties and, in Authority G, area-based Family Solutions teams delivering family support and early years services are sometimes referred to, at least internally, as 'CAMHS Teams'. Elsewhere (in authorities A and F, for instance), a distinction is made between 'Primary' CAMHS on the one hand, and 'Clinical' or 'Health' CAMHS on the other. The former is normally made up by multi-agency teams (e.g. in Authorities A, D, G) including social

workers, health and education professionals, the latter comprises the more intensive clinic- or hospital-based health services supplying specialist psychologist and psychiatric services.

In Health CAMHS, recording is all conducted by means of health service systems, and is likely to include all the detail that would be required for the CIN Census, including date and duration of each appointment and the professional involved. Consent, however, makes it extremely unlikely that the data could be supplied to Children's Social Care. We were told that some health professionals are very reluctant to record child mental health data even in exclusively health-based systems, because of the stigma that attaches to any record of mental illness.

In Authority F, a Health CAMHS information manager showed us the structure of contact records in their RIO MIS, which would provide much of the child-level data required for the CIN Census. Specific service type was not identified, but could be inferred by looking at the professionals with whom the child had contact. However, the manager estimated that it would take approximately one day to examine the records of 40 children.

In Authority A, Primary CAMHS teams, including 7 posts funded by Children's Social Care, does much training and support work with schools, teachers and school nurses. Most of this time is non-contact and preventive, and it would be very difficult to attribute any of it to individual children. Clinical CAMHS could retrieve details of which children are 'known to' CAMHS, whether the case is open or closed and what workers are involved. It could not, however, provide details of the exact type and duration of interventions. These, at present, are available only on paper and will probably remain as free text, even when their new CareNotes system is implemented.

Consent issues are determined by Caldicott principles[12]. The CAMHS manager in Authority A believed that the difficulty might be less than imagined, as staff obtain parental consent at the assessment stage and it would be possible in future to add a specific question about the CIN Census.

Conclusion: it is likely that consent issues will inhibit collection of data on CAMHS and other Emotional Well-being services. If these problems can be overcome, Clinical CAMHS could be asked to supply data from their own systems. Collection of data on Primary CAMHS is likely to be very difficult and may best be undertaken as part of Family Support.

Drug, Alcohol and Health Promotion

> *Services which work with and support children and young people who themselves abuse or are at risk of smoking or abusing drugs, alcohol or other substances.*
>
> ***Include:***
> *preventative and educational work, intervention and treatment;*
> *services provided to substance abusing parents or carers where it is possible to identify the child and the child benefits from the service;*
> *health promotion services for diet, fitness and exercise targeting children at risk of ill health except where these are delivered by schools (in which case, classify under Alternative Educational Provision).*

[12] Six general principles for the safe handling of personal-identifiable information within NHS organisations and in sharing information with non-NHS organisations. These were established in the Caldicott report, published in December 1997. These principles work hand-in-hand with the Principles of the Data Protection Act 1998, which came into force on 1 March 2000. They both cover information held in whatever format - electronic, paper, verbal, or visual. The six Caldicott Principles must be adhered to when collecting, transferring, or generally working with personal-identifiable information.

Service options:
Diet, nutrition & obesity; Fitness and exercise; Needle exchange; Preventive work, information and advice; Smoking cessation; Substance abuse information and advice; Targeted personal, social and health education (PSHE); Therapy and rehabilitation.

In Authorities C, E, G and H Drug and Alcohol services are provided through teams and projects which do not record directly into the CSC MIS. At best the latter might show a record of the referral or a Relationship record with the professional involved. Substance abuse teams in Authority E use an MIS called CCS, which is also used by CAMHS. The similar team in Authority H uses a database called POPPY which contains the full details of interventions, dates and duration which would be required for the CIN Census. Monthly returns are submitted to the National Drug Treatment Monitoring Service (NDTMS). The service is open to all children with identified need, not only those whose cases are open to Children's Social Care, and uses its own child identifiers. Matching child identities, together with confidentiality, would be a significant problem. Authority D has a similar database and is discussing integration with ICS records in Children's Social Care.

Some services (e.g. Needle Exchange) may not even record, let alone divulge the names of their users.

Conclusion: Forms of provision are very varied and consent and confidentiality a major issue. It is unlikely that any useful amount of data can be collected.

Teenage Pregnancy and Sexual Health

These services provide education, advice, counselling and support to young people most at risk of pregnancy and their parents and carers; to teenage parents; to young mothers with their children; and sex education, screening and sexual health advice and contraception for young people at risk.

Service options:
Mother and child services; Parenting support/programmes for parents of young people most at risk of early pregnancy; Peer mentoring programmes; Services for young parents (including back to school/into work); Sexual health advice, counselling and intervention for young people most at risk of early pregnancy; Sexual health education and preventive services; Specific sexual health screening and support (e.g. Chlamydia); Teenage pregnancy services.

Only Authority F could specifically confirm its ability to identify Teenage Mothers. Most authorities will know which of their open cases are mothers, especially if they are looked after, but we could not confirm this.

Authority A has a Teenage Pregnancy Support Service located in Children and Families (not in Children's Social Care) and delivered through Children's Centres. Records of these young women are not recorded in the CSC MIS.

Authority D has a similar service giving advice on health, benefits and housing, counselling and parenting. The service maintains its own database with details of the type of service provided but not the duration. Confidentiality is an issue, but they plan in future to link in with recording in CareFirst.

Sexual health services are mainly universal, walk-in or self-referring. Authority I provided details of a number of separate services, a RISQ Counsellor and Outreach Service, Contraception and Sexual Health Advice Clinics, a Chlamydia Screening Programme a

Sexual Health Outreach Worker for looked after children. None of these records data in a form likely to be collectable.

Conclusion: It is unlikely that any consistent data can be collected for the CIN Census.

Family Support

Services designed to help keep families together, while coping with problems that affect them. May be delivered in the home (home care and domiciliary services) in centres or clinics, at 'cluster' locations or though outreach work.

Include:
information and advice, home support, individual/family therapy, parenting training, and crisis services.

Exclude:
services for families where no children are involved;
services specific to pre-school children and/or their families which should be classified with Early Years/Children's Centres.

Service options:
Children's rights (Include independent advocates, support in meetings, advice and access to other services and events to promote the involvement of young people in improving services); Domestic violence; Family Centres; Mediation; Parent support and Parenting; Refuges and Hostels.

Area / Cluster Teams

Authorities E, F, G and I all described their increased reliance on area-based multi-agency Cluster Teams with a variety of names and functions (Team Around the Child, Family Intervention Service Teams, Family Solutions Teams, Intensive Support Teams, Behavioural and Education Support Teams and others). All do some preventive work with 'Tier 2' or vulnerable children. Some use CAFs as their assessment tool and there is a presumption that formal referral to Children's Social Care and opening of a CSC Case will only take place when increased, acute or complex needs and/or child protection issues require it. Initial referrals for services may be provided by the Teams. In many cases these teams replace or work alongside Family Centres.
Elsewhere, as in Authority D, some Family Centres and projects are provided by Barnardos, NCH and other voluntary sector organisations. These tend to be more concerned about consent and are wary of sharing data with Children's Social Care.

Recording arrangements are very diverse, with some Cluster Teams and Family Centres, as in Authority G, having their own systems or spreadsheets. There is some ongoing work to ensure that recording uses CSC MIS but these systems are designed primarily for the ICS and the workflow of mainstream Children's Social Care teams, and are not easily adapted for this more varied family support work.

Section 17 payments

These are usually recorded on the CSC MIS (especially if actual payments are processed by finance modules linked to the system, such as CarePay), in Resource Panel records and in finance systems.

Parenting support and group work

Authority I have a Healthy Schools and Parenting project, working with parents of children in the 8 to 13 age bracket at risk of anti-social behaviour. Referrals are made by TAC cluster teams, via a CAF assessment. It is unlikely that child-level data is recorded and very unlikely that it is recorded in the CSC MIS.

In a separate project, the same Authority is working with women and children affected by domestic violence. Services delivered include a crèche for under-5s, an after-school club, and art therapy in weekly groups. It is unlikely that child level data will be available.

Conclusion: Except for services where distinct, child-related payments are made (Section 17 payments) it is unlikely that consistent child-level data can be collected for the CIN Census, especially on the range of preventive services, the work of cluster teams, parenting classes and support and group work. Further research is required to map Family Support and Early Years.

Early Years

> *Support for pre-school children and their families, including childcare, early education, nursery places, health and family support, parenting support specifically for parents of babies and young children.*
> ***Service options:***
>
> *Child and family health; Child-minding places (specific places for children in need financed or subsidised by local authority); Child-minding support (support and training for child-minders); Home visiting; Information services (information and signposting about childcare, early education, family support and resources for those with additional needs); Mother and child groups; Nursery places (specific places for children in need financed or subsidised by local authority); Parenting support (specific support for parents of babies and young children); Pre-school SEN and Portage; Support for pre-school children with special needs.*

We had great difficulty in separating Early Years from Family Support and education services. Much of the service is delivered via schools or nurseries. In Authority G it is 'regarded as an education matter' and recorded in a separate module of their Education MIS. Authorities D and G both have current projects to integrate the data flows for Early Years with those of Education and Children's Social Care.

Child minding

Authority G report that child-minding places paid for by Children's Social Care are recorded in CareFirst as Service Agreements.

Children's Centres

The main access point for Early Years services is Children's Centres, and many of their service users may be walk-in, self-referred or referred by GPs, health visitors, and nurseries. Formal referrals may not be required and CAFs will not necessarily be carried out. In most authorities (G and H for instance) there is a mixture of school-based and separate centres, some of the latter attached to local authority nurseries, some operated by voluntary sector providers.

In H, Children's Centres are managed by the Children, Young People and Learning Directorate. Data is recorded in separate database for each of four geographical areas. They record all children registered with the Centre, whether or not they are Children in Need, although some parents withhold consent for recording. However, staff at the Centres can also record onto the CSC MIS and it is hoped to move all recording onto Anite-ICS.

Authority A records into the E-Start MIS used by some health services, and health visitors record directly into the PCT systems. Two Centres are provided by NCH and these may use separate recording systems.

Nursery places for CIN

Most authorities provide free nursery places for Children in Need who are open cases. In Authority G these are recorded as Service Agreements in Carefirst, with dates, number of hours, frequency and payment. They believe that the nurseries invoice for payment. In Authority H, nursery places are recorded in their CSC MIS as a special kind of schooling episode, so that it should be relatively easy to retrieve some data, though not the number of hours or cost of attendance.

Conclusion: Except for services where distinct, child-related payments are made (child-minding and nursery places) it is unlikely that consistent child-level data can be collected for the CIN Census. Further research is required to map Family Support and Early Years.

Independent Living, Employment and Transitions

> *Services delivered under the provisions of the Children (Leaving Care) Act (2000), excepting those delivered while the young person is still legally looked after.*
>
> ***Include:***
> *services and payments promoting training and employment, independent living, housing, inclusion and all grants and direct payments made for these purposes.*
>
> ***Exclude:***
> *services (e.g. Supported Lodgings) where young person is still Looked After and episodes are recorded in the SSDA903 return.*
>
> ***Service options:***
> *Connexions; Continuing assistance to care leavers; Entry to employment services; Equality and diversity (Services which promote inclusion and deal with issues of equality and discrimination affecting; young people in relation to gender, race, disability and sexuality); Information, Advice and Guidance; Supported lodgings; Targeted youth work; Tenancy support; Transition to adult life services.*

Leaving Care support

There may be some uncertainty about whether to include in the CIN Census young people over 18 who are still receiving support from Children's Leaving Care, particularly as the transition to Adult Services may take place gradually and it may be hard to determine who is paying for a given service. In Authority G, for instance, we found a young person with learning difficulties, looked after in Residential Care under a Section 20 voluntary agreement, then allocated to the Leaving Care Team and transferred to an adult voluntary sector residential home for women with learning difficulties. It appeared that Adult Services were paying for the care costs, but there was some ongoing work from the CSC Leaving Care Team.

Authority D has a Young People's Support Service which uses CareFirst to record case status and statutory reviews and a spreadsheet used to log staff activity and items such as supported lodgings. Further integration with CareFirst is being considered. Authority C pays an agency to provide floating support for care leavers, but it is unlikely that child-level data is collectable. Most other forms of support and advice are unlikely to yield child-level data on service use.

Section 24 support and payments

Data on payments and direct cost-incurring services should be relatively easy to collect, as the payments will be shown in records of the teams or panels that approve them and in finance systems. Payments may include supported lodgings, equipment, household set-up, a leaving care grant, and possibly some financial support for care-leavers going to University.

In Authorities A, E and F payments are recorded only in their CSC MIS. In C, data can only be retrieved from their finance system. In B, records are kept by their provider, NCH AfterCare, in D on a YPSS spreadsheet maintained by the Supported Lodgings Team, in H by the Leaving Care Team and in I by their 16+ Panel. In Authority G we found a payment to a care leaver recorded in CareFirst as a Service Agreement with full details.

Connexions

Connexions is a universal service to all children aged 13 to 19. Connexions advisers work in almost all schools and they maintain a huge CCIS database. Recording covers all contacts and sessions. The advisers deliver most services but refer children to other agencies for Counselling and Sexual Health services. Funding comes via the local authority and, from April 2008, the service is being devolved from regional Connexions offices back to the local authority and will be part of an Integrated Youth Service within the Children and Young People Directorate. There may in future be efforts to link or integrate with both Education and Children's Social Care data.

Authority G sends to Connexions a quarterly list of all looked after children aged 13 and over. Connexions returns the same list with details of current service activity and status filled in. In theory the same procedure could be operated for all Children in Need, although the additional work to match child identifiers would be substantial. Connexions in Authority F said that they do not usually know the LAC status of children.

Connexions uses sophisticated identifier matching software and could in principle use it to match any list of Children in Need sent to them from Children's Social Care, and return a list of contacts with each child. There may be issues of consent.

Conclusion: It should be possible to collect Section 24 payments data either from finance systems or the CSC MIS. Connexions data could be supplied by the Connexions service if provided with a list of Children in Need, and could possibly be collected nationally from the complete CCIS Connexions data already submitted monthly.

Special Educational Need

Assessment, statementing and support for children with learning disabilities and/or emotional and behavioural difficulties in accordance with statutory duties.

Include:
disability and specific impairment services only when provided within or via the school setting (otherwise categorise with Disabled Children).

Exclude:
pre-school (categorise with Early Years/Children's Centres);
School Action and School Action Plus, which are financed from within school budgets.

Service Options:
Assessment; Educational psychology; Educational welfare; Specific learning disabilities; Specific physical disabilities (in school/college).

Key Notification: When an Assessment of Special Educational Needs is initiated, Children's Social Care should be notified and invited to take part in the assessment process. As this constitutes a clear indicator that a child may have SEN needs, we asked detailed questions about how this notification is processed. Ideally, the following process sequence might be followed:

1. Education notifies Children's Social Care that an SEN assessment of the child will be carried out and invites CSC to take part.
2. The SEN inquiry is recorded on the child's CSC MIS record:
   a. If the child is already known to Children's Social Care, a flag is added to the child's record;
   b. Otherwise a Contact or other record is created for the child, indicating SEN Inquiry as the type of Contact.
3. CSC responds to Education, indicating:
   a. Whether the child is already 'known' and their current status.
   b. Whether CSC wishes to participate in or contribute to the assessment.
4. Education records the response and the child's current status in CSC (Looked After, Child in Need, and so on).
5. Education notifies CSC of the result of the assessment, including SEN services to be delivered.
6. CSC records the result of the assessment and SEN services on the child's case record.
7. Education notifies CSC of any changes to the child's SEN statement and services.
8. CSC records the changes on the child's case record.
9. CSC notifies Education of any changes in the child's CSC status.
10. Education records changes in the child's CSC status.

Whether and how such a process sequence is followed will determine what data can be retrieved from the Education MIS and what from the CSC MIS.

Authorities A, C, D, F, H and I record SEN assessment notifications as Contacts for all children not previously known to CSC. B and G do not do so, and E is doubtful whether they are consistently recorded. It is not clear whether and how the SEN assessment is flagged on the cases of children already known.

Only Authority I stated that they record a child's SEN level and status on the child's CSC Case record and update it regularly, on the basis of a monthly listing provided by Education. Authority F has no field for current SEN status in Carefirst, while Authority H has such a field but does not consistently record it.

Authority G has 4,127 children with current statements, of whom approximately 20 per cent are open cases to CSC. They have a software routine linking the IDEAR education MIS to CareFirst. They could use this to extract details of the SEN setting (type of school/unit), additional tuition and amount of hours of classroom assistance for a given list of children in need.

Quantifying SEN services

Previously, SEN statements led to a specific decision to provide a given number of hours of classroom support to a child within a mainstream school, or full-time support at a special school. More recently there has been a move away from this method of quantifying support. Much of the work of SEN teams is now professional support for and preventive work with schools and teachers, which cannot easily be attributed to the individual child.

In Authority F, the result of an SEN statement is measured in Bands, each band denoting a successively higher amount of support grant payable to a school to finance additional support for a child (£7,000, £9,000, £11,000 or £13,000 per annum). Schools should provide up to 15 hours of support per child from their own budgets, under School Action and School Action Plus, and they may also use their own budgets to buy back into Educational Psychology and other SEN support provided services. We did not determine whether other authorities follow the same pattern.

Placements at residential and out of county SEN special schools and units are normally approved by an SEN panel and records of cost should be available.

Conclusion: a decision must be made as to whether to include in the CIN Census all SEN children or only those who are otherwise open cases to Children's Social Care. In the former case, detailed child-level data on all SEN children should be obtainable from the MIS of Education. In the latter case, Children's Social Care would furnish a list of Children in Need to Education who would provide the necessary data. Although it will not be easy, full SEN data should be collectable and the work to provide it should benefit local authorities in improving the integration or interface between their Children's Social Care and Education MIS.

Alternative Educational Provision

Educational provision for school-age children outside of normal schooling in maintained schools.

Include:
pupil referral units;
behaviour improvement and educational provision for children with emotional and behavioural difficulties;
wholly or partly subsidised places at Independent school, boarding or special schools;
tuition in hospital;
home tuition for disabled or excluded children;
special provision for asylum seeking children;
special provision for particular groups such as traveller children;
holiday and extended school services.

Exclude:
post-school and FE college provision (classify with Indpendent Living, Employment & Transitions);
pre-school and early years provision.

Service options:
Behaviour improvement; Educational welfare (work to support regular school attendance and diminish truancy, including targeted social work with families); Extended school (Access to year-round childcare; parenting and family support; study support, sport and music clubs referral to specialist services such as health and social care); Home tuition; Hospital tuition; Independent school places school and special school places in the independent or voluntary sector paid for by local authority; Learning promotion for

traveller and other groups (work to support particular ethnic minority group or traveller children; includes special educational teams, assessment of language skills, teaching support and advice, training and home/school liaison support); Pupil Referral Units; Support for excluded children.

Possible notification: child excluded from school. We did not find evidence that Children's Social Care are routinely notified of school exclusions, except for those of looked after children.

Most authorities report that data on a child's attendance at a PRU would only be apparent on their CSC MIS if the PRU is recorded as being the child's current school. As many PRU referrals are for a limited period, it is likely that the system would not be updated to reflect the change.

Authority G reported that additional tuition recorded on their IDEAR Education MIS could possibly be accessed via a link from CareFirst. For statistical returns on looked after children and child protection cases, Children's Social Care asks Education to provide data on exclusions and Pupil Referrals Teams. A joint team between Education and Children's Social Care provides educational support for Looked After Children.

Authority C would have to request information from Education as little, if anything, would be recorded on their Framework-I CSC MIS. Pupil Referral Units might maintain their own databases of children referred to them.

Conclusion: little or no data or even evidence of referrals is available on CSC MIS, except for looked after children. The only means of collecting such data is from Education MIS.

Youth Justice

Support for children and young people who have offended or are at risk of offending.

Include:
police and court diversion and liaison schemes; the work of Youth Offending Teams; Youth Inclusion and Support Panels and other agencies concerned with young offenders and potential offenders.

Service options:
Appropriate adult service; Bail supervision; Community sentences; Court duty; Early intervention programmes; Preventive work with children at risk of offending; Restorative justice; Youth Offending Team; Youth Inclusion and Support Panels.

Key Notification: Following a court disposal, a young person is referred to a Youth Offending Team and Children's Social Care is normally notified, although this is not mandatory. We did not discover how Children's Social Care deals with the notification. Arguably a Contact Record should be created for any child not previously known and a note or flag for 'Youth Justice case' added to the record of a child who has previously been referred to Children's Social Care.

Children's Social Care in Authority G supplies their YOT team with a quarterly list of children known, which YOT uses to check whether their current cases are 'known'. It is unclear how they record the fact, if a child is known, or whether they notify CSC when a known child has a YOT referral.

YOIS, the recording system used by Authority D, records assessments, plans, court reports and each individual contact with the young person (time and duration). The main difficulty in sharing information with Children's Social Care is administrative rather than one of confidentiality. They anticipate in future achieving links between YOIS and CareFirst.

Authority F described the difference between their YOT and Youth Inclusion and Suport (YISP) teams, the latter dealing with children and young people at risk of offending. They have approximately 100 YOT cases open at one time, and about 30 YISP. They estimate that between 80 and 90 per cent of their clients are not cases open to Children's Social Care. Their MIS, Careworks RAISE, has fields to flag if a child is Looked After or a Child in Need but these are not consistently recorded (despite the requirement to count children in both categories for a return to the Youth Justice Board). Contact records in RAISE would supply most of the detail on service use required for the CIN Census.

Conclusion: it should be relatively easy to collect information on use of Youth Justice services for the CIN Census, as most of the detail required is in the Contact records maintained by both the main MIS in use. It may be possible in future to collect this data nationally from returns to the Youth Justice Board, but currently these do not include detailed child-level records.

Young Carers

> *Support for young people who have caring responsibilities for a relative with a long-term illness or disability.*
>
> ***Include**:*
> *information and advice, recreational respite, advocacy, a befriending service and therapeutic support and support for the families.*
>
> ***Service options:***
> *Advocacy and advice; Befriending service; Family support and home care; Supported social and leisure activities.*

Most authorities cannot easily identify Young Carers from their CSC MIS. Authority G suggested that data is more likely to be available in Adult Social Services although it might only appear there in Case Notes. Authority H may be able to identify young carers if they are caring for a disabled sibling known to the Children with Disabilities Team, although there is no specific field to denote young carer and it would be necessary to read through case notes. Authority G has a Young Carers Project to which referral could be detected in CareFirst. The Project maintains its own records.

Conclusion: Most authorities cannot at present identify young carers or the services they may access. The CIN Census or another collection will need to encourage or require local authorities to create records for all young carers which clearly identify them as such.

Children in Need: some case histories

In the pilot phase of research for this study we examined the cases of a number of children in need. We include a couple of examples below which serve to illustrate some of the problems of identifying the services these children access.

Child A

- Referred because Mum found drunk.
- Family history of domestic violence involving others.
- A in de facto care of friends.
- A has initial assessment.
- Initial Plan includes referring Mum for Alcohol services.
- No record of Mum under Adult Services, but specific rehabilitation service may be provided by PCT.
- Case notes include:
  - 'Work undertaken around issues of domestic violence and alcohol abuse'.
  - Some 'individual work' with A around what is her responsibility (not clear who undertook this work)
  - Decisions to make visits, but no formal visit records (these probably exist on paper).
- Supervision notes include:
  - SW to undertake behavioural work with Mum
  - Mum to go to Mellow Parenting (class at a children's centre) but did not attend (would have gone as a Request for Services to a Panel).

Child B

- Young person referred after being the victim of an alleged assault.
- Case initially treated as Child Protection, but CIN Primary Need Code recorded as Acute Family Stress
- No clear record whether case progressed as S47 Investigation or S17 Assessment. MIS record states 'Refer to paper records'.
- All ICS exemplars held on paper in this team.
- Core Assessment not electronically completed.

Child C

- C is possibly a young carer (no field to record this), as CIN Primary Need Code given as N3 (parent ill or disabled).
- CAF recorded on system, but largely blank apart from basic information. Staff suggested a fuller, paper record might exist in case file held by team.
- A Child with Additional Needs Meeting had been held, but no details provided.
- Free text description of services being provided, but this would be impractical to access for CIN Census.
- C had had an SEN assessment, but her UPN was not recorded and only details of outcome were in Diary Notes.
- No other details available electronically, yet the case was active and receiving social work support.

Child D

- D was looked after and now lives in supported lodgings.
- Considerable support is being provided but information on services only available in free-text boxes.
- D's CareFirst record includes his UPN and National Insurance number.
- D had had an SEN assessment.
- A Pathway Plan exists, but only on paper.
- Free text notes reveal that D had had a major psychological assessment and may be learning disabled.
- Disabled flag on child's record in CareFirst is not being used in this local authority.
- Financial systems (not integrated) would probably provide details of lodgings payment and possibly other S24 payments.
- D is in transition to adult services. Diary notes show that he will be classed as a vulnerable adult and that a community care assessment has been requested.
- D clearly accesses a number of services, but the detail can only be supplied from free text diary notes and financial records.

Concept and practice: discussion of key issues

The research for this study continually raised both conceptual and practical dilemmas which were closely inter-related: What is a Census? Which children are Children in Need? How are services accessed? What is a 'service'? Which services are services to 'Children in Need'? How can we measure 'volume of service'? These questions are relevant because of the great changes which have taken place in the structure, funding, commissioning and delivery of services for children in the seven years since the introduction of the original CIN Census. It is beyond our brief to suggest how these matters should be resolved, but we felt it important to bring them to the attention of our readers.

What is a census?

Usually a census is a snapshot at a point in time or over a limited 'census period'. However, the 2008-09 CIN Census seeks to collect 6 months of continuous data and in subsequent years data will be collected for a full twelve month period. Thus the collection, repeated annually, will be of *all* the specified data on a given population. This has considerable implications for the volume of data and the scale of the undertaking.

We found only one other service provider where a similar requirement exists, Connexions. However, in that instance, instead of selecting and processing data for a census, Connexions offices simply deliver a complete copy of their entire CCIS database monthly to the Improving Information Sharing and Management (IISaM) Team at DCSF. Presumably this operation is useful because all Connexions services in England use the same CCIS specification. No comparable degree of system and data standardisation exists in Children's Social Care.

Which children are 'Children in Need'?

Section 17 of the Children Act 1989 states that:

> "A child shall be taken to be in need if --
> (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services *by a local authority* under this Part;
> (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
> (c) he is disabled."

The related report on the Mapping Exercise (Ward, et al., 2008 forthcoming) has identified a blurring of the boundaries between those children identified as 'children in need' and those who are not (a group often described as 'vulnerable children'). This shift is in response to the implementation of policy initiatives such as Refocusing Services (DfES, 2004) and Every Child Matters (DfES, 2003) that aim to increase early intervention and to refocus attention away from an over-concentration on child protection towards a stronger emphasis on family support and a greater integration of children's services. However it has considerable implications for the Children in Need Census.

The Children in Need Census is not a census of all those children who might be identified as in need under the terms of the Children Act 1989, but of all those children *receiving support* under this provision. Moreover it is clear from the CIN Census guidance that the services provided by a local authority for children in need required by the Act are envisaged as those delivered by social services (now Children's Social Care). The guidance for completion of the 2005 CIN Census, preserved in the CIN Census of 2008-9 states that:

> "The CIN census covers all children *receiving support from Children's Social Care Services*…
> "The census will include *cases that were open* …
> "*Local Authorities* should maintain records of all cases of children in need that were open during the collection period."

However the blurring of the boundaries has made it increasingly difficult to identify who these children are. The significance of this became apparent the moment we began to consider children with Special Educational Need, one of the additional services we were specifically asked to examine. Will the CIN Census in future collect data on all children with a special educational need, or only those who are *also* 'receiving support from Children's Social Care Services' and are 'open cases'? Arguably, both populations of children are 'in need' under the terms of the Children Act 1989; and the services they require are provided by a local authority. Moreover, since the implementation of the Children Act 2004, these services are now provided by integrated Children's Services Departments.

However the research showed that, despite increasing integration on some fronts, MIS for Education and Children's Social Care remain separate, and local authorities do not know for certain how many SEN children are also children in need whose cases are open to Children's Social Care. We asked some of the participating authorities and were given estimates of between 10 and 50 per cent. Authority G, a large shire county, has about 4,000 children with SEN statements and estimates that only about 800 of these are open cases to Children's Social Care. Adding the other 3,200 to Children in Need would raise the total number from 8,000 to 11,200. All authorities agreed that the inclusion of all SEN children in the definition would substantially increase the number of children in need enumerated in the Census.

Access routes to services

A related problem concerns the routes by which children in need access services. Previously it was reasonable to assume that there were three principal divisions of service for children, health, education and social services, institutionally separate and each accessed through a different and well-defined route. In particular, children's social services was the sole gateway for services of this type and therefore the CIN Census, by enumerating all children who were currently open cases and the services these children accessed, was likely to capture at least the great majority of service deliveries.

However, the research suggests that this is no longer true. The impact, and arguably the intention of the Children's Act 2004 and the introduction of Every Child Matters has been to blur the boundaries, and to increase co-operation and integration between the three divisions. At least five of the fieldwork authorities described to us trends in their work, the structuring of their teams and the provision of services which make it no longer safe to assume that all or even most children who access services for children in need will be open cases as currently defined in the CIN Census.

In particular, several authorities have set up locality-based 'cluster' teams. These are multi-disciplinary, multi-agency teams delivering a range of family support, early years and emotional well-being services and often based on a school cluster (a secondary school with its feeder primaries and sometimes also a nearby special school).

These teams often rely on CAF (Common Assessment Framework) rather than ICS assessments and provide or refer to some services directly without formally 'opening a case' in Children's Social Care. It will be increasingly difficult to decide whether the children accessing services in this way are 'children in need' or merely 'vulnerable children'. This finding was confirmed by the Mapping Exercise (Ward, et al., 2008 forthcoming, p.7). One authority described to us a rigid gate-keeping procedure whereby cluster teams would only refer on to Children's Social Care children deemed to have 'complex needs', and only these children would become open cases in CIN Census terms. In practice this seemed to mean that in this authority only children requiring 'acute' services - child protection, looking after or adoption - would be counted as children in need.

Clearly, this will cause difficulties for the CIN Census. Cluster teams are at least partly funded by Children's Social Care (it was beyond our brief to explore the details of funding and commissioning), and include social workers and sometimes other staff directly employed under their budgets. If their work is excluded from the CIN Census, then the Census will fall short of at least two of its explicit objectives, to 'identify the causes of growth in spending on children's services' and to 'measure the output of Children's Social Services in the National Accounts' (DCSF, 2008).

Tiers and thresholds

This point is closely related to the question of tiers and thresholds and, in particular, the distinction between Tier 2 and Tier 3 services and their target populations of children. This has been extensively discussed in the Mapping Exercise report (Ward, et al., 2008 forthcoming). Here it is sufficient to say that the field experiences of both studies have been very similar. We found local authority staff often using tier terminology with great confidence, but it soon became clear to us that between authorities and even within one authority there can be great differences in the definition and application of the tiers and the several models in health and social care on which they are based. The key difference is between Tier 2 and Tier 3, which usually marks the transition from 'vulnerable' to 'in need'.

What is most important is whether a child, however described and categorised, accesses a service partly or wholly funded by Children's Social Care and, if so, whether s/he has been referred to them and becomes an 'open case'. We suggest that the CIN Census will in future need to account for the increasing number of children accessing such services without necessarily being referred to Children's Social Care.

Targeting

A similar dilemma presents itself in relation to the access group (universal / targeted / intensive / specialist) of services. Some services (e.g. nursery places) may be universal but are provided free to children in need and accounted to the budget of Children's Social Care. Other services (e.g. sexual health preventive and educational programmes such as Chlamydia screening) may be universal and yet also target children in need.

Group vs individual access

Some services are delivered one-to-one while others involve sessions with groups (either siblings in one family or groups of children with similar needs such as some Early Years and SEN provision). Recording of group work may not identify the individual children or, if it does so, cannot easily be collected and related to the child's records in Children's Social Care. Yet such services may be partly or wholly funded from the Children's Social Care budget.

For the CIN Census, therefore, we suggest that neither the framework of tiers nor that of access groups is likely to be conclusive in distinguishing children in need. It is important not to exclude services delivered to groups rather than individuals. Lastly, the present 'open case' criterion may need to be reconsidered if additional services are to be fully captured in future Censuses.

What is a service?

Similar dilemmas relate to the nature and definition of services. Each of the eleven additional services identified in this study comprises a number of different service sub-types. The default paradigm for services to children has been looked after placements. These are discrete, well-determined, paid for in a generally uniform way at a given rate per night. It is evident what kind of service the child had and how to measure the quantity of service delivered. The same general rules apply to all the types of placement, whether in a foster or residential home, within or outside the local authority area and provided by the authority itself or an agency. Unfortunately this uniformity is not found among additional services and their sub-types.

Particular difficulties apply to distinctions between preventive and remedial services; in deciding which services are services for children in need; in distinguishing between contact time, non-contact time, case management and non-child time; in accounting for non-service contact time; and in dissecting the reality behind the common social-work phrase 'doing some work with'.

Preventive services

One of the four key themes of Every Child Matters is 'Ensuring necessary intervention takes place before children reach crisis point and protecting children from falling through the net.' (DfES, 2003). All local authorities are now devoting a considerable and growing proportion of their resources to services designed to prevent children from suffering harm as distinct from remedial services to mitigate the effects of harm which has already occurred.
It was beyond the scope of this study to attempt to quantify this trend. However, the difficulty for the CIN Census is that much preventive work, almost by definition, takes place with 'vulnerable' or even wider populations of children, and such preventive services are commonly delivered with funding from, but without the need for a formal referral to Children's Social Care. This is particularly true of Family Support and Early Years services. It seems probable that the present CIN Census may not succeed in identifying many of these children and the services they access. As noted above *(see Access Routes to Services)*, therefore, the Census risks missing its objective to explain the expenditure of Children's Social Care.

Which services are Children in Need services?

We discussed above *(see Targeting)* the fact that the same service (e.g. pre-school Nursery) can be both universal and a service for children in need. In the latter case, the important distinction is that Children's Social Care often pays for nursery places for children in need. Other services are clearly designed for children *because of their needs* (services for sight and hearing impaired children, for instance), and may be accessed either directly by the family or via a referral from Children's Social Care. Only in the latter case would the child be counted in the CIN Census 2008-09 as a child in need, and even then only if the referral followed an assessment, was not treated merely as sign-posting and the case remained open. In general, the distinction between universal, targeted and specialist/intensive seems to be no longer sufficiently precise to determine which services are services for Children in Need (cf. Ward, et al., 2008 forthcoming, p.7).

So, is a service a Children in Need service only when it is paid for wholly or in part by Children's Social Care? Even here the picture is complex: payment *(see Payment Models, below)* may be for the individual child to receive a determined amount of the service, as in a nursery place for a child in need; or it may be simply a grant given to a voluntary organisation to provide a service which may be accessed by some children in need or that is simply deemed to contribute towards family support and therefore be valuable for preventive reasons. Also, there may be some services accessed by children in need in which the local authority has no financial participation at all. Arguably the latter type should be excluded from the CIN Census unless they are included for completeness but designated as zero-cost.

Some services which are included wholly or partially in the 2008-09 Census are also considered as additional services in this study. These are: Family Support (Section 17); Section 24, 'Leaving Care' Support; and Disabled Children's Services. This is because these services or components of them are sometimes delivered by multi-agency teams and/or are commissioned from other providers and therefore fall partly or wholly outside the in-house provision of Children's Social Care. It may be that in practice the 2008-09 CIN Census will gather only some of the data for these services. We suggest if additional services are incorporated in the 2009/10 CIN Census onwards, any overlaps will need to be identified in order to avoid double-counting.

Our working definition of additional services has been given above *(see p.9)*.

Case management

The Mapping Exercise has sought to distinguish between '"case management", whereby a social care professional manages and supports the day to day needs of a case; and "additional services", such as attendance at groups or sessions aimed at addressing specific needs. In some cases, the additional service will be provided by the same team as the "case management", in other cases it may be provided by another team or agency.'

The Mapping Exercise is closely related to work to extend the CCFR Cost Calculator for Children's Services to provide unit costing of all services to children in need. The research team plan to use interviews and focus groups with members of Children's Social Care teams to map the various processes involved in case management and then, for each process step, establish the time spent on it by each staff post holder. Diaries of time spent on some specific cases will be completed to collect activity data that might corroborate that collected through the focus groups.

Other problems of time recording

In the 2005 CIN Census this methodology was replicated by the diary time-sheets recorded for the Census period by each member of staff. These sheets could readily account for all the time spent and distinguish between contact and non-contact time for specific children and, additionally, 'non-child time', divided into 'leave, management meetings, staff sickness, training and other'. Several local authorities emphasized this point during the field work for this study. It is not evident how this will be resolved in the future CIN Censuses.

There are, in fact, a number of ways in which staff time is spent, and therefore cost accrued, which are not easily captured either in MIS or in the future CIN Census, e.g.:

- Non-contact time spent on case management and administration, recording, supervision, case conferences, travel, conferring with other colleagues and professionals,
- Non-child time service spent on management meetings, commissioning and planning, training, etc;
- Non-service contact time, especially that spent on visits to children and families and travel to such visits, where the activity is not readily classified as part of a specific service;
- Group work (common, for instance, in some areas of SEN and Youth Justice delivery and the less intensive forms of CAMHS and Family Support such as play and art therapies);
- Work with whole families;
- Work with adults which directly benefits the child (for instance parenting classes; therapies with substance abusing parents; respite for young carers).

In the course of the research we found no evidence that either non-contact or non-child time is recorded in the MIS of Children's Social Care nor in those of any additional service with the exception of Connexions (see below) and possibly Youth Justice.

A good deal of research has been carried out in other studies to estimate typical times spent on some standard processes (e.g. Cleaver, Walker & Meadows who estimated times required to complete initial and core assessments). In addition, the Cost Calculator for Children's Services is attempting both to estimate these times for a wide range of services to children in need, and to provide local authorities with the means of estimating their own activity times to facilitate accurate unit costing. Thus the Cost Calculator could be used to provide child-level estimates of these times for the CIN Census. Guidance would need to be drawn up to set out how this should be achieved.

Visits

An important part of this non-service contact time consists of visits by staff to the child's home and/or other locations such as school, college, PRU or detention centre. Such visits also constitute a significant part of the delivery and cost of such services as Family Support, Early Years, Emotional Well-being, Children with Disabilities and Young Carers. Together with travel time, visits account for significant amounts of social work staff time, and will have been captured in the diary records of the 2005 CIN Census. We did not at the outset appreciate the importance of visit records and therefore did not include a specific question about them in the MIS Datasheet. However, we asked the question during the pilot tests and later research visits. None of the authorities as yet consistently records visits, with the exception of statutory visits to looked after children and those with child protection plans.

The results were as follows:

Table 9 - Recording of Visits

Authority	*MIS*	*Visit recording*	*Comments*
A	Paris	Recorded, if at all, as Case Notes	Even statutory visits not separately recorded in PARIS yet, but recorded on client-event diary sheets (presumably paper)
D	CareFirst	Visits recorded as Case Notes. Free text with no recording of duration.	A few visits recorded as Events, perhaps in error.
F	CareFirst	Only LAC and Child Protection visits recorded in CareFirst. Assessment and other child in need visits not recorded.	Workers keep paper contact sheets which are saved in Recall document management system, but recording would in effect be free text.
G	CareFirst	Recorded as Activities, not events. Have special fields for Child Seen and Child Seen Alone, but do not record duration nor travel time.	Not known whether consistently recorded.
H	Swift	Special type of Case Note. Good structure with date, time, who present, purpose	Probable that only LAC teams use consistently, and only for statutory visits

Visit records in the MIS are generally a type of diary or case note. One system we examined provides an excellent visit record as a special type of case note, with fields for date, duration, who was present and purpose. However, examination of sample cases suggested that visits were not in fact being routinely recorded. The problem is that except where a performance indicator requires the record (for statutory visits), visit recording is not part of any formal process. It is likely that, as one authority told us, visits are recorded in contact records, client-event diary sheets and similar paper forms and practice may vary among teams.

It would be helpful, both for the future CIN Census and for practice, safeguarding and caseload management, if a standard format for visit recording could be developed. The principal MIS should be able to accommodate such recording with very little difficulty.

Measuring ‘volume’ of service

The final, and most critical problem is how ‘volume of service’ can be measured in such a way as to account for expenditure. Again, the paradigm has been placements for looked after children which have the virtue of being easily measurable: they have a start-date and end-date; the number of nights spent can be calculated; and the providers (foster carers, kinship carers, agency or residential home) charge at a fixed rate per night. Moreover, the way in which the service is commissioned and monitored ensures that, in general, invoice and financial records will follow the same pattern: a charge for a precise volume (so many nights) of service, attributed to a single, identified child.

Module 5 of the 2008-09 CIN Census, 'Service Provision', assumes this same data structure: child identifier, service type, service provider, start date and end date. This will provide only an approximate indication for volume of service (through start and end dates) and no indication of expenditure. The pilot tests showed that for most additional services with the exception of Short-break Care for Children with Disabilities, End Date is seldom recorded and Start Date, if recorded, probably indicates the date of referral to the service rather than the date when service delivery commenced. It would be worth giving further consideration to the specification of a data structure better adapted to capturing volume of service.

Payments

Data on payments is easy to quantify and collect, because (with the possible exception of smaller Section 17 payments made from team petty cash) there will generally be both authorisations and payment records which record the specific sum and the child for whom the payment is made (see below under Sources of CIN data). So an amount of money will be an adequate measure of volume of service for Section 17 and 24 payments and in most cases also for Aids and Adaptations.

Direct payments: fieldwork authorities told us that direct payments to the families of children with disabilities are becoming increasingly common and that data on these, too, should be easy both to quantify and collect.

Sessional services

Many services are delivered in the form of sessions or courses: fifteen minutes with a consultant psychiatrist; a half-hour appointment for physio- or occupational therapy; an hour with a speech therapist or in play or art therapy; two hours with a play-group; a half-day leisure trip for a disabled child; an evening's respite for a young carer; a day in nursery or day-care; a six week course of twice weekly anger management sessions; and so on.

In general the cost of the service will depend on the number and length of the sessions, the service sub-type and perhaps the specific professional conducting the session. The pilot tests confirmed that such detail is almost never provided in the MIS of Children's Social Care and could only be retrieved from the numerous different recording systems, both paper and electronic, of the various providers and service locations. For health and safety reasons most service locations maintain attendance logs. But the task of retrieving such data for the CIN Census would be impossibly onerous.

We briefly discussed a possible service provision record structure at the project workshop in Loughborough, but we were unable to test it. If CIN Census Data Module 5 is to capture additional services, the required structure might be as follows:

Table 10 - Service Provision Record Structure

Field	*Content*
Child Identifier	
Additional Service	EW=Emotional Well-being; DA=Drug and Alcohol Services and Health Promotion; YC=Young Carers; TP=Teenage Pregnancy and Sexual Health; CWD=Children with Disabilities; FS=Family Support; SEN; AEP=Alternative Educational Provision; YJ=Youth Justice; ILT=Independent Living, Employment and Transitions; EY=Early Years
Service sub-type	Sub-types would need to be determined for each additional service, based on those identified in Appendix A
Service provider	
Start Date	
End Date	= Start date for single session and one-off services and payments
Volume measure	D=No of days / nights; M=Money amount; S=No of sessions
No of days/nights	
Money amount	
No of sessions	
Length of session (hours)	
Type of professional conducting session	

The arguments advanced above about non-contact time and non-child time apply equally within additional services and it would be extremely difficult to collect such data for services provided by the local authority. For services provided by other agencies, where these are costed by the hour or session, it is reasonable to suppose that non-contact time and other overheads are reflected in the sessional fee.

Recommendations

1. The rationale for the CIN Census (DCSF, 2008: p3) needs to be revisited to clarify the boundaries of the 'spending on children's services' and the 'output of Children's Social Services', which the Census seeks to explain. The boundaries of 'children's services' and the reach of their budgets have become blurred by recent changes in structures and commissioning.

2. The definition of Children in Need in the CIN Census 2008-09 needs to be re-examined: at present it excludes most SEN, many children in the Youth Justice system and those children who access Family Support, Early Years and other services provided or funded by the local authority, without having been formally referred to Children's Social Care.

3. Consideration needs to be given to whether and how the CIN Census should capture preventive services to vulnerable children, which are partly funded from the budget of Children's Social Care.

4. Discussions should be held with other government departments to see whether child-level data already collected nationally (e.g. for SEN, CAMHS, Connexions and Youth Justice) can be collated with data from the CIN Census, thus relieving local authorities of the onerous task of collecting data on these services.

5. DCSF should give special attention to the problems of consent, confidentiality and data protection which impede data collection on CAMHS, Teenage Pregnancy and Sexual Health and other health-related services.

6. Adjustments should be made to the CIN Census to capture the short-break care episodes of children in those local authorities which opt to record these under legal status code V4[13]. The definition of additional services to children with disabilities should be revised accordingly *(see pp.28 and 55)*.

7. The draft definitions of additional services proposed in this study should be scrutinised, refined and then, if appropriate, adopted.

8. Changes to the CIN Census after 2008-09 should be phased in gradually, especially if additional services are added to the scope of the Census and the census definition of children in need is widened. Time should be given for consultation and for small-scale pilots to test the new provisions. Experience of implementing electronic data collections suggests that those which require changes to MIS require a minimum of two years to implement. If data on specific additional services (e.g. Youth Justice and SEN) can be collected from the MIS of the relevant service without requiring major changes to the system, a faster timetable may be possible for these particular services.

9. The Service Provision Record (Data Module 5) will require revision before it can accommodate recording of additional services. In particular, additional fields may be required to record payments and other measures of 'volume' of service.

10. The Cost Calculator for Children's Services and other similar tools should be examined to see whether they can provide a means of accounting for non-contact and case management time. The CIN Census will need to establish how such time should be incorporated into child-level records.

[13] V4 is a legal status code defined in the SSDA 903 Guidance Notes as 'Accommodated under an agreed series of short-term breaks, when agreements are recorded (i.e. NOT individual episodes of care)'.

11. Additional research is required on Family Support and Early Years, which present special problems for the CIN Census. These important services are hard to delineate and define and are very varied in the manner and funding of their delivery.

12. Efforts should be made to encourage and facilitate the linking or integration of major MIS, especially those used in Children's Social Care and Education.

13. Recording of all visits to children and families by staff of Children's Social Care should be formalised and improved.

14. Local authorities should be encouraged to use Service Level Agreements to require other service providers to return full child-level records of service use.

15. The use of resource panels and service packages by local authorities should be examined to see whether standardisation is desirable and might yield useful data on service delivery.

16. The recording of service delivery in the Integrated Children's System (for instance in the Chronology exemplar) should be re-examined and extended to provide the data required for the CIN Census.

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Appendix A - Additional services accessed by Children in Need and their definitions

..\Workshop\Additional Services to Children in Need v3.0.pdf

I. GENERAL DEFINITIONS

A. Children in Need

(Children's Act 1989, Section 17(10))

"A child shall be taken to be in need if:

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
(c) he is disabled."

B. Additional Service

(Definition proposed by this study)

"Additional services for children in need are services provided by or with the financial or in-kind participation of a local authority, which wholly or in part target and are accessed by children in need for the purpose of helping them to achieve and maintain a reasonable standard of health or development.

"Such services are 'additional' in that they are distinct from and in addition to the key services of looking after, child protection, adoption and those family support and disabled children's and care leavers' services normally provided by children's social care.

"Include all such services...

- provided directly by children's social care (e.g. by disability teams);
- commissioned by and wholly or in part paid for by the local authority;
- to which the local authority makes a financial contribution;
- to which the local authority contributes by secondment or co-location of staff;
- provided by multi-agency arrangements or partnerships in which the local authority participates and to which it makes a financial or in-kind contribution."

II. ADDITIONAL SERVICES

Additional Service	CIN Census 2008-09 Categories		C-Score*	Other mapping equivalents**	
	Service Type	**Open Case Status**		**Durham**	**CCFR**
Services for Children with Disabilities	D, AI, P	NCH, NKH, NAS, D	17	Disabled Children's Services	Services for Children with Disabilities
Definition	Services to support children and young people who are disabled and/or have complex health needs and their families. Include: • early identification of need through integrated diagnosis and assessment; • early intervention and support; • provision of ongoing care management and support; • support to participate in out of school and leisure activities in the community; • systems to safeguard disabled children from abuse; • multi-agency transition planning for disabled young people entering adulthood; • palliative care for those who need it. • specific therapies (occupational, physiotherapy, speech and language). • Short-break care outside the home recorded in the SSDA903 return under legal status code V4 (individual episodes not recorded) Exclude: short-break care outside the home where each individual episode is recorded in the SSDA903 return under legal status code V3				
Includes service options:	Day Care; Direct Payments; Home Care; Occupational Therapy; Physiotherapy; Sensory Impairment; Short-break care V4; Specialised diagnosis and assessment; Speech and Language Therapy; Support for specific conditions; Support to safeguard from abuse; Supported leisure activities and trips; transitions to adult life.				
Notes:	Excludes short-break care which is recorded as 'looked after' and entered in SSDA903 return under code V3. V4 coded short-breaks will still need to be collected as they are not quantified in the 903 data. Day Care and Supported leisure activities may not be recorded.				
Emotional Well-being			1	Emotional well-being	
Definition:	Services to support and promote the emotional well-being of children and young people, delivered to individual children, the family or groups. Include psychiatry, counselling, talking, play, drama and art therapies. May be delivered by CAMHS, other health services or by voluntary sector or multi-agency services. Do not include SEN, educational psychology or EBD services delivered by schools or education service, which should be classified under Special Educational Need (SEN)				
Includes service options:	ADHD; Autism; CAMHS; Counselling; Work with emotional and behavioural difficulties; Play, Art and other mental health therapies; Abused children.				
Notes:	Major difficulties with confidentiality, esp. for CAMHS.				

Additional Service	CIN Census 2008-09 Categories		C-Score*	Other mapping equivalents**	
	Service Type	**Open Case Status**		**Durham**	**CCFR**
Drug and Alcohol Services and Health Promotion			5	Drug and Alcohol	
Definition:	Services which work with and support children and young people who themselves abuse or are at risk of smoking or abusing drugs, alcohol or other substances. This includes preventative and educational work, intervention and treatment. It also includes services provided to substance abusing parents or carers where it is possible to identify the child and the child benefits from the service. Include health promotion services for diet, fitness and exercise targeting children at risk of ill health except where these are delivered by schools (classify under Alternative Educational Provision).				
Includes service options:	Diet, nutrition & obesity; Fitness and exercise; Needle exchange; Preventive work, information and advice; Smoking cessation; Substance abuse information and advice; Targeted personal, social and health education (PSHE); Therapy and rehabilitation				
Notes:	Some of these will be drop-in or not child specific. Others allow/encourage users to make contact anonymously and/or would require specific consent to share information.				
Teenage Pregnancy and Sexual Health			1	Teenage Pregnancy and Sexual Health	
Definition:	These services provide education, advice, counselling and support to young people most at risk of pregnancy and their parents and carers; to teenage parents; to young mothers with their children; and sex education, screening and sexual health advice and contraception for young people at risk.				
Includes service options:	Mother and child services; Parenting support/programmes for parents of young people most at risk of early pregnancy; Peer mentoring programmes; Services for young parents (including back to school/into work); Sexual health advice, counselling and intervention for young people most at risk of early pregnancy; Sexual health education and preventive services; Specific sexual health screening and support (e.g. Chlamyidia); Teenage pregnancy services.				
Notes:	Sexual health services: major confidentiality problem. Some group work.				
Family Support	Y		5	Family Support	
Definition:	Services designed to help keep families together, while coping with problems that affect them. Include information and advice, home support, individual / family therapy, parenting training, and crisis services. May be delivered in the home (home care and domiciliary services) in centres or clinics, at 'cluster' locations or though outreach work. Exclude services to: • families where no children are involved; • specific to pre-school children and/or their families which should be classified with Early Years/Children's Centres				
Includes service options:	Children's rights (Include independent advocates, support in meetings, advice and access to other services and events to promote the involvement of young people in improving services); Domestic violence; Family Centres; Mediation; Parent support and Parenting; Refuges and Hostels				
Notes:	Complex area. Unlikely to capture child-specific data in commissioned services, except for disabled children. Some drop-in and group work. Difficult in practice to separate from Early Years				

Additional Service	CIN Census 2008-09 Categories		C-Score*	Other mapping equivalents**	
	Service Type	**Open Case Status**		**Durham**	**CCFR**
Early Years			5	Children's Centres	
Definition:	Support for pre-school children and their families, including childcare, early education, nursery places, health and family support, parenting support specifically for parents of babies and young children				
Includes service options:	Child and family health; Child-minding places (specific places for children in need financed or subsidised by local authority); Child-minding support (support and training for childminders); Home visiting; Information services (information and signposting about childcare, early education, family support and resources for those with additional needs); Mother and child groups; Nursery places (specific places for children in need financed or subsidised by local authority); Parenting support (specific support for parents of babies and young children); Pre-school SEN and Portage; Support for pre-school children with special needs.				
Notes:	Difficult to separate from Family Support. Drop-in services hard to collect. Doubtful that much is recorded, especially about volume of service. Recording mostly local, in children's centres, etc.				
Independent Living, Employment and Transitions	Z	TP	10	Leaving Care	
Definition:	Services delivered under the provisions of the Children (Leaving Care) Act (2000), excepting those delivered while the young person is still legally looked after. Include services and payments promoting training and employment, independent living, housing, inclusion and all grants and direct payments made for these purposes. Exclude: Services (e.g. Supported Lodgings) where young person is still Looked After and episodes are recorded in the SSDA903 return.				
Includes service options:	Connexions; Continuing assistance to care leavers; Entry to employment services; Equality and diversity (Services which promote inclusion and deal with issues of equality and discrimination affecting; young people in relation to gender, race, disability and sexuality); Information, Advice and Guidance; Supported lodgings; Targeted youth work; Tenancy support; Transition to adult life services				
Notes:	Connexions should be collectable, with transition to adult life, continuing assistance to care leavers and supported lodgings. Problems matching Child IDs; Drop-in services hard to collect				
Special Educational Need (SEN)			18	Special Educational Need (SEN) Support	
Definition:	Assessment, statementing and support for children with learning disabilities and/or emotional and behavioural difficulties in accordance with statutory duties; include disability and specific impairment services only when provided within or via the school setting (otherwise categorise with Disabled Children); exclude pre-school (categorise with Early Years/Children's Centres); Exclude: School Action and School Action Plus, which are financed from within school budgets.				
Includes service options:	Assessment; Educational psychology; Educational welfare; Specific learning disabilities; Specific physical disabilities (in school/college)				
Notes:	Almost all data in separate, education MIS. Some in school systems. Difficulty in defining scope as some services paid for by schools.				

Additional Service	CIN Census 2008-09 Categories		C-Score*	Other mapping equivalents**	
	Service Type	**Open Case Status**		**Durham**	**CCFR**
Alternative Educational Provision			7	Alternative Provision	
Definition:	Educational provision for school-age children outside of normal schooling in maintained schools. Include: • pupil referral units; • behaviour improvement and educational provision for children with emotional and behavioural difficulties; • wholly or partly subsidised places at Independent school, boarding or special schools; • tuition in hospital; • home tuition for disabled or excluded children; • special provision for asylum seeking children; • special provision for particular groups such as traveller children; • holiday and extended school services; Exclude: • post-school and FE college provision (classify with Indpendent Living, Employment & Transitions); • pre-school and early years provision				
Includes service options:	Behaviour improvement; Educational welfare (work to support regular school attendance and diminish truancy, including targeted social work with families); Extended school (Access to year-round childcare; parenting and family support; study support, sport and music clubs referral to specialist services such as health and social care); Home tuition; Hospital tuition; Independent school places school and special school places in the independent or voluntary sector paid for by local authority; Learning promotion for raveler and other groups (work to support particular ethnic minority group or raveler children; includes special educational teams, assessment of language skills, teaching support and advice, training and home/school liaison support); Pupil Referral Units; Support for excluded children				
Notes:	Almost all data in separate, education MIS. Some group work.				
Youth Justice			20	Youth Justice Services	
Definition:	Support for children and young people who have offended or are at risk of offending; include police and court diversion and liaison schemes; the work of Youth Offending Teams. Youth Inclusion and Support Panels and other agencies concerned with young offenders and potential offenders				
Includes service options:	Appropriate adult service; Bail supervision; Community sentences; Court duty; Early intervention programmes; Preventive work with children at risk of offending; Restorative justice; Youth Offending Team; Youth Inclusion and Support Panels				
Notes:	Mainly YOT work. Preventive work harder to identify/collect. Problems matching child IDs.				

Additional Service	CIN Census 2008-09 Categories		C-Score*	Other mapping equivalents**	
	Service Type	**Open Case Status**		**Durham**	**CCFR**
Young Carers		YC	1	Young carers' service	
Definition:	Support for young people who have caring responsibilities for a relative with a long-term illness or disability; includes information and advice, recreational respite, advocacy, a befriending service and therapeutic support and support for the families.				
Includes service options:	Advocacy and advice; Befriending service; Family support and home care; Supported social and leisure activities.				
Notes:	Advocacy may be difficult to capture. Some work carried out by adult services and may not be known to children's services.				

Notes:

* C-Score: a notional 'collectability score' based on a straw poll of the 8 local authorities which attended a project workshop in Loughborough on 29 November 2007. A higher score implies that data is easier to collect.

** Other mapping equivalents: while the services and their definitions were based originally on those identified in the Durham mapping project, they have been substantially modified in this study. The equivalences noted are only approximate and one additional service may equate to several Durham categories. Likewise the equivalences with the CCFR Mapping Exercise are only approximate. The differences are discussed above *(see The Identification of additional services, under Methodology).*

Appendix B - Local Authority Visit MIS and Service Datasheets

CIN CENSUS DATA AND DEFINITIONS PROJECT

MIS DATASHEET

Version 3.0 October 3 2007

DCSF has asked us to find out what data is available on the 'additional' services delivered to and used by individual children in need. The results of this work will be used to inform the development of the new CIN Census from 2009/10 onwards.

'Additional' means in addition to the routine referral, assessment, planning and review work of the teams of children's social care, and including any services, either solely or jointly funded or commissioned by the local authority (not necessarily by children's social care) to meet the needs of children in need as defined under Section 17 of the Children's Act 1989. (See the List of Additional Services*). Data on some of these services may have been captured by the 2005 CIN Census, because they were paid for through the children and families budgets. Others (e.g. SEN) were not captured because, although they were used by children in need, they were 'not funded by Social Services'.*

A good starting point is the main MIS (SWIFT, CareFirst, Raise, In4Tec Paris or other) used by social workers and the teams of children's social care to handle looking after, child protection, adoption and the routine referral, assessment, planning and review activity associated with children in need. We need to know what, if anything, is recorded about additional services and how it is recorded.

Afterwards we will ask separate questions about each service (see Additional Service Datasheet), as in many cases the data in the CSC MIS will be sketchy or absent and only by accessing recording in the specific service (e.g. CAMHS) will it be possible to discover which children used the service, when they used it, the specifics of that use and some measure of volume —how much of the service they received (e.g. how many sessions, visits, etc.)

Please return the questionnaire as soon as possible to Mike Gatehouse, Research Associate, CCFR, Schofield Building, Loughborough University, Loughborough LE11 3TU. Or, preferably, by e-mail to: Mike.Gatehouse@phonecoop.coop

Please answer the questions below in relation to the main MIS in current use in your authority

CHILDREN'S SOCIAL CARE MAIN MIS	
KEY: CSC = Children's Social Care; Edu = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT	
Local authority	
System MIS in use in CSC	❑Swift ❑Carefirst ❑Raise ❑Paris ❑Other _____ ❑Developed in-house, called _____
Changes Do you plan to change this system in the next 3 years? (to what? when?)	

CHILDREN'S SOCIAL CARE MAIN MIS					
KEY: CSC = Children's Social Care; Edu = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT					
Integration & Linkage Is the CSC MIS electronically integrated with/linked to systems in other main services?	*System*	*Integrated with*	*Linked to*	*Details*	
	EMS	❑	❑		
	YOIS	❑	❑		
	CAMHS	❑	❑		
	Other PCT/Health	❑	❑		
	Connexions	❑	❑		
What plans for change in the next 3 years?					
Extent Is the main MIS available to and used by…?	*Team/Project*	*Details*			
	All CSC Teams?				
	Family Centres?				
	Children's Centres?				
	Health locations?				
	Other?				
Identifiers Does each child's record include the following ID's	*Identifier*	*Comments (e.g. if available only for some children)*			
	UPN				
	NHS No				
	YOIS No				
	Other				
Children Does the system contain records for some or all of, and in what circumstances?	*Child-type*	*All?*	*Some?*	*Details (when and why recorded)*	
	Children in Need?	❑	❑		
	Disabled children?	❑	❑		
	SEN children?	❑	❑		
	Vulnerable children?	❑	❑		
Adults	Is your system capable of recording a service delivered to an adult (parent or carer) as part of work to meet child's needs[14]				
Services	Does the System include a table or list of services to children in need?			*(if so, please include a print-out of list)*	

[14] e.g. anger management or substance abuse therapies for parents with violence, drug or alcohol problems.

CHILDREN'S SOCIAL CARE MAIN MIS					
KEY: CSC = Children's Social Care; Edu = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT					
Contact records i.e. records of first contact with children prior to any formal referral	How are initial contacts recorded?				
	Do they have a unique ID?				
	Does the Contact ID become the child's ID if the child proceeds to referral and assessment?				
CAFs	Are all CAFs notified to and received by CSC?				
	How are CAFs recorded in the main MIS?				
	When a CAF is recorded, what action is taken?				
SEN children	Are all children entering SEN processes notified by Education to CSC?				
	Are all SENs recorded at least as Contacts?				
SPECIFIC SERVICES Is the delivery of a particular service to a child in need recorded as a separate item[15], or simply included in free text[16]? Are services picked from a standard, coded list?	*ICS Stage*	*Item-ised?*	*Free text?*	*Service coded?*	*Details*
	Child in Need Plans[17]	❑	❑	❑	
	Referrals by CSC for specific services	❑	❑	❑	
	Actual delivery of services	❑	❑	❑	
	Reviews	❑	❑	❑	

[15] i.e. distinct services are presented as separate items in a list
[16] i.e. embodied in text in case notes, diary entries or in the 'How will these needs be responded to' box in the various ICS exemplars which contain or embody plans.
[17] In the ICS, these include the Initial Plan (part of Initial Assessment); Child/Young Person's Plan; Outline Child Protection Plan; Pathway Plan and any modifications to plans introduced by the various reviews.

CHILDREN'S SOCIAL CARE MAIN MIS		
KEY: CSC = Children's Social Care; Edu = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT		
Service deliveries Are the following recorded in the MIS?	Start and end dates?	
	Specific visit/session dates?	
	Session/visit durations?	
	Details of cost?	
	Details of outcome?	
Direct Payments	How are these recorded?	
Short-break respite care	How is this recorded?	
Day-care respite and support	How is this recorded?	
Continuing assistance for care leavers[18]	How is this recorded?	
The EMS System	Does it identify LAC children?	
	Does it identify CIN children?	
	Does it include CSC-MIS child identifier?	
The YOIS System	Does it identify LAC children?	
	Does it identify CIN children?	
	Does it include CSC-MIS child identifier?	
The Connexions System	Does it identify LAC children?	
	Does it identify CIN children?	

[18] Any assistance under the Leaving Care Act (2000) to children no longer looked after which is not recorded in the SSDA903.

CHILDREN'S SOCIAL CARE MAIN MIS		
KEY: CSC = Children's Social Care; Edu = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT		
	Does it include CSC-MIS child identifier?	

It would be very helpful if the above, once completed, could be shown to a manager in each of the services below and their comments sought and recorded:

Service	***How is data on the use of 'additional' services by individual children in need recorded in the main children's social care MIS and/or separate databases or MIS that you use? Could such child-level data (on the date, type and amount of such service use) be retrieved for a future CIN Census?***
Referral /Assessment Teams	
Disability	
Family Support	
Children's Centres	
Early Years	
SEN	
YOT	

Service	***How is data on the use of 'additional' services by individual children in need recorded in the main children's social care MIS and/or separate databases or MIS that you use? Could such child-level data (on the date, type and amount of such service use) be retrieved for a future CIN Census?***
Leaving Care	
CAMHS	
Connexions	

CIN CENSUS DATA AND DEFINITIONS PROJECT
ADDITIONAL SERVICE DATASHEET

Version 3.0 October 3 2007

DCSF has asked us to find out what data is available on the 'additional' services delivered to and used by individual children in need. The results of this work will be used to inform the development of the new CIN Census from 2009/10 onwards.

'Additional' means in addition to the routine referral, assessment, planning and review work of the teams of children's social care, and including any services, either solely or jointly funded or commissioned by the local authority (not necessarily by children's social care) to meet the needs of children in need as defined under Section 17 of the Children's Act 1989 (See the List of Additional Services*). Data on some of these services may have been captured by the 2005 CIN Census, because they were paid for through the children and families budgets. Others (e.g. SEN) were not captured because, although they were used by children in need, they were 'not funded by Social Services'.*

We have already asked questions about the main children's social care MIS (see MIS Datasheet). Now we need to ask questions about each service, as in many cases the data in the CSC MIS will be sketchy or absent and only by accessing recording in the specific service (e.g. CAMHS) will it be possible to discover which children used the service, when they used it, the specifics of that use and some measure of volume - how much of the service they received (e.g. how many sessions, visits, etc. and how long these lasted).

Please complete one of these sheets for each additional service accessed by Children in Need. Each additional service may, in your authority, comprise several different services. If so, please complete a datasheet for each and provide the local name you use. If there is more than one source of data for a service (for instance data is recorded both by Children's Social Care and the service provider) please indicate or complete a separate sheet for each.

Please return the questionnaire as soon as possible to Mike Gatehouse, Research Associate, CCFR, Schofield Building, Loughborough University, Loughborough LE11 3TU. Or, preferably, by e-mail to: Mike.Gatehouse@phonecoop.coop

KEY: CSC = Children's Social Care; EDU = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT

Local Authority	
Additional Service	
Specific service name	
Local service details	
Service Provider	❑ CSC specifically ❑ EDU ❑ Local Authority ❑ PCT ❑ Multi-agency ❑ Other: _____

KEY: CSC = Children's Social Care; EDU = Education; EMS = MIS in use in Education; YOIS = MIS used by YOT	
Record Keeper	❑ CSC ❑ EDU ❑ PCT ❑ Provider ❑ Service/Project ❑ Schools ❑Other:
Recording medium	❑ Electronic ❑ Paper ❑ Other
Type of record	❑ Casenote/Case file ❑ Headcount ❑ List ❑ MIS record ❑ Other CSD database ❑ Service database ❑ Spreadsheet Details:
Child Identifiers included in record	❑ CSC MIS ID ❑ NHSNo ❑ UPN ❑ NINo ❑ Provider ID ❑ Service ID ❑ Other
Other details recorded	❑ DoB? ❑ Whether CIN? ❑ CIN Need Code? ❑ Other Details of child's need?
Referral What is recorded about the referral to this service?	❑ Date? ❑ Referrer Details:
Delivery What is recorded about the actual delivery of this service to the child?	❑ Start/End Dates ❑ Session/Visit Dates ❑ Session/Visit duration Details: Specific type of service delivered? 'Amount' of service delivered? Details of process followed? Outcome measure?
Access to data If the data is not in the main CSC MIS, does CSC have access to it? If not, what are the barriers?	Details ❑ Technical/IT ❑ Confidentiality ❑ Data protection ❑ Administrative ❑ Organisational culture Details
What changes are planned to data access in next 3 years?	

Appendix C - Pilot Test Templates

CIN CENSUS DATA & DEFINITIONS PROJECT

PILOT FIELDWORK GENERAL QUESTIONS

A. MAIN CHILDREN'S SOCIAL CARE MIS	
Identifiers recorded	
Open Case status recording	
Reason for referral recording	
CIN Primary & Secondary Need codes recording	
How do you identify children in need?	
How will you cope with the CIN Census 2008-09	
B. ABILITY TO IDENTIFY CONSISTENTLY PARTICULAR CATEGORIES OF CHILDREN (who are likely to receive appropriate services)	
Disabled children	
SEN children	
Young carers	
Asylum seekers	
Teenage mothers	
Young offenders	
Children with school exclusions	

C. SHORT-BREAK CARE	
How are disabled short-break stays recorded in SSDA903 records (V3 or V4)?	
…if V4, is data available on each individual episode so that costing is possible? e.g. via Finance?	
How is day care recorded?	
D.SERVICE DELIVERY	
Where are actual service deliveries recorded?	
Do plans itemise services to be delivered?	
Are planned services referred to a resource panel?	
Are panel decisions recorded? Are they itemised?	
Are reviews recorded? How? Are services delivered recorded?	
Are itemised services coded (available from a drop-down/standard list)? (Ask for list of codes)	
How is non-contact time measured and recorded?	

How are visits (to child/family home) recorded?		
Is visit time recorded?		
Is travel time for visits recorded?		
E. FINANCIAL DATA AND INTERFACE WITH CORPORATE FINANCE SYSTEMS		
Section 17 payments?		
Section 24 payments (transition plans and care leavers)		
Payments for short-break care		
Nursery places for CIN		
Any other child-level payment data?		
Do your contracts/SLAs require reporting of child-level data on service use?		
F. KEY NOTIFICATIONS		
When certain notifications are received, are child records (contact or case) created in the main CSC MIS (and, if not, what happens to the notifications)?	SEN assessment	
	School exclusion	
	Referral to YOT	
	Disabled register	
	CAF undertaken	

G. CAFs, TIERS & THRESHOLDS	
How are CAFs undertaken and used? Do they cover some children in need (as opp. Just vulnerable)?	
What services can children access via a CAF (i.e. without a formal referral to and assessment by CSC)?	
What system of tiers and thresholds do you operate?	
Are all CAFs notified to CSC?	

H. SPECIFIC ADDITIONAL SERVICES									
Service(s) to which child referred	***Service type***	***Provider***	***Actually received?***	***Start/ End dates?***	***Frequency/ Amount/ Cost***	***Recording: P/E/EFT/ EIT/ECD[19]***	***Financial info? Where?***	***In CSC MIS?***	***In own Service info system?***
YJ									
SEN									
CWD									
ILT									
AEP									
FS									
EY									

[19] P = Paper; E = Electronic; EFT = Electronic free text; EIT = Electronic itemised; ECD = Electronic coded

H. SPECIFIC ADDITIONAL SERVICES									
Service(s) to which child referred	***Service type***	***Provider***	***Actually received?***	***Start/ End dates?***	***Frequency/ Amount/ Cost***	***Recording: P/E/EFT/ EIT/ECD[19]***	***Financial info? Where?***	***In CSC MIS?***	***In own Service info system?***
DA									
EW (CAMHS)									
TPSH									
YC									

YC = Youth Justice; SEN = Special Educational Need; CWD = Children with Disabilities; ILT = Independent Living, Employment & Transitions; AEP = Alternative Educational Provision; FS = Family Support; EY = Early Years; DA = Drug & Alcohol; EW = Emotional Well-being & CAMHS; TPSH = Teenage Pregnancy & Sexual Health; YC = Young Carers

CIN CENSUS DATA & DEFINITIONS PROJECT

PILOT FIELDWORK CHILD CASE PRO FORMA

Local Authority: _____ Date: _____ Sample Case No: _____

Child Identifiers found:	MIS No ❑	UPN ❑	YOT ❑	Other
Comment				
Origin, date & details of referral				
What makes this an 'open case'?				
Reason for Referral? Need code?				
Vignette summary of case				
What 'work' is being undertaken with child/family?				
Plan to provide service & how recorded				
Decision to provide service & how recorded				
Resource panel decision				

Service(s) to which child referred	***Service type***	***Provider***	***Actually received?***	***Start/ End dates?***	***Frequency/ Amount/ Cost***	***Recording: P/E/EFT/ EIT/ECD[20]***	***Financial info? Where?***	***In CSC MIS***	***In Service info system***

[20] P = Paper; E = Electronic; EFT = Electronic free text; EIT = Electronic itemised; ECD = Electronic coded

Appendix D - Examples of coded lists of services

Authority F *Types of Service Package (drop-down on Resource Panel & Service Package Agreement Form*	*Authority F* Service Types (drop-down on Service Elements screen in CareFirst)	*Authority G* *Service Types (drop-down in Service Elements screen in CareFirst)*	*Authority H* *Service Types available in SWIFT (this is a subset of a list of over 600!)*
Agency Daycare Children Direct Payments Discretionary Payments Family Support Foster Care Agency Foster Care Home from Home Independent Assessment Residential Care Translation Transport	Adoption Allowance After School club Bed & Breakfast child Bus Pass 16+ Team Carer 1hr/all night Carer Services Carer Services - Ext Child with Disabilities Childminders Children's Home - Ext Children's Home - Int Cpn Support Day Care - Ext Day Care - Int Equip ongoing cost Ext S/T Client Block Ext Transport - Child Homecare Practical Interim Placement LA Arrange - Child Long Term - Agency Long Term Fost Care Misc Mother & Baby Assess Moving and Handling - Mb Other Service Outreach - Int Outreact - Ext Playgroup Playscheme Private Land / Tenant Psychiatry Residence Orders Residential School Respite Respite Child -Int Respite Child -Ext Seating Section 17 Secure Accommodation Support Housing Support Lodgings Task Based - Agency Task Based Foster Care Zzext lt Fostering Zzin House Lt Fost Zzin House St Fost	Accomm/Housing Asyl Seek Acc <16yrs Asyl Seek Acc >16yrs Bed And Breakfast Living With Friend Leaving Care Voluntary Hostel Secure Accom Welfare Secure Accom Remand Intentional Homeless Adoption Allowance Carer Support Day Care Service Out of Sch Hrs Clb Child Minder Therapeutic Sevices Creche Holiday Scheme Nursery Outreach Play Group Social Activities Sessional Day Care Independent Visitor Placement Plus Education Plus Prevention Plus Sup Contact In Hse Sup Contact Ext Group Family Confer Support Worker Asy Seek Sub <16 yrs Asy Seek Sub >16 yrs S17 Money Financial Assistance Ch with Disab Parent LC Education LC Independence Grnt LC Personal Allownce Bus/Rail Fares Approved Lodgings EX Foster Care Ext Foster Care Ext OOC Placemt with Parents Foster Care In House Foster Care - Rtnrs Adolescent Scheme Approved Lodgings IH Kinship Care Short Term Break IH Short Term Brk Rtnrs	Accommodation Costs-S17 Activities-S17 Child Care Centre LA in LA-S17 Child Care Centre LA in OLA-S17 Contact-S17 Continuous Payment-S17 Day Care *-Named Child Only Carer Equipment-S17 Family Centre/Mother and Baby Unit *-Residential Placements Food-S17 Gas / Electricity-S17 Grant Obtained-Financial Assistance-Financial Allocation Child-Independent Living *-Other Placements Child Out of School Scheme - LA-S17 Child Out of School Scheme - Private-S17 Child-Outreach Support *-Support Services Child Payment to Carers-S17 Child-Saturday Club *-Day Care Child Sponsored Childminder-S17 Child Sponsored Play Group-S17 Child-Supported Residence *-Residential Placements Child Transport / Travel-S17

Authority F *Types of Service Package (drop-down on Resource Panel & Service Package Agreement Form*	*Authority F* Service Types (drop-down on Service Elements screen in CareFirst)	*Authority G* *Service Types (drop-down in Service Elements screen in CareFirst)*	*Authority H* *Service Types available in SWIFT (this is a subset of a list of over 600!)*
		Day Sitting - In hse Day Sitting -Extnl Supp Parents (CWD) Home Care Laundry Service DP Home Care DP Inclus + Independ DP Short Term Break Residential School Childrens Home Ext Childrens Home Ext OOC Family Assessment Short-Term Resp Ex Childrens Home InHs Short-Term Resp IH Transport Air Travel Escorted Service Hired Vehicle School General School Taxi School Vol Driver Taxi Non School Voluntary Driver DP Assistive Tech SO DP OT Equipment SO DPSenSup Equip AudSO DPSenSup Equip VisSO Assistive Tech SO OT Equipment SO SenSup Equip Aud SO SenSup Equip Vis SO Assistive Tech CA OT Equipment CP SenSup Equip Aud CP SenSup Equip Vis CP DP Assistive Tech CA DP OT Equipment CP DPSenSup Equip AudCP DPSenSup Equip VisCP Equip Maintenance Childrens Home Ext	

Ref: DCSF-RW033

ISBN: 978 1 84775 145 4

www.dcsf.gov.uk/research

Published by the Department for
Children, Schools and Families

department for
children, schools and families