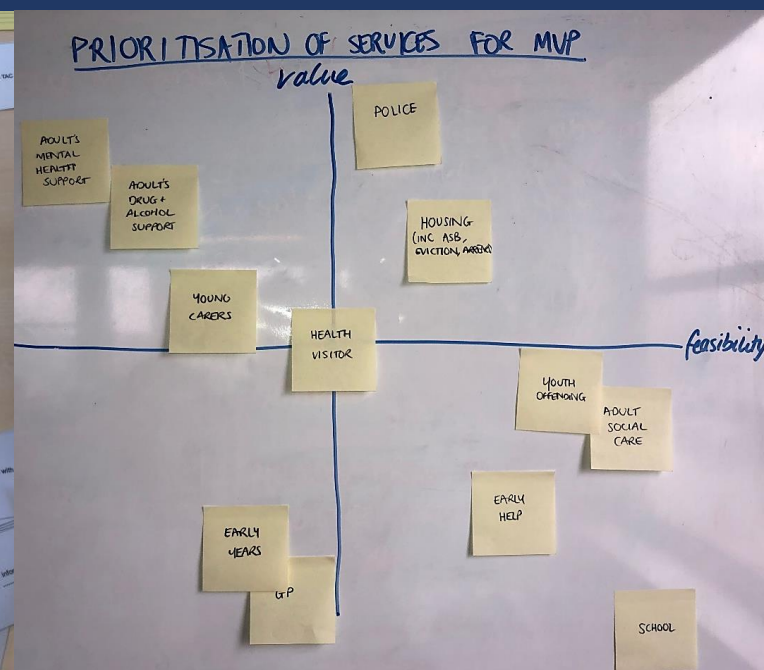
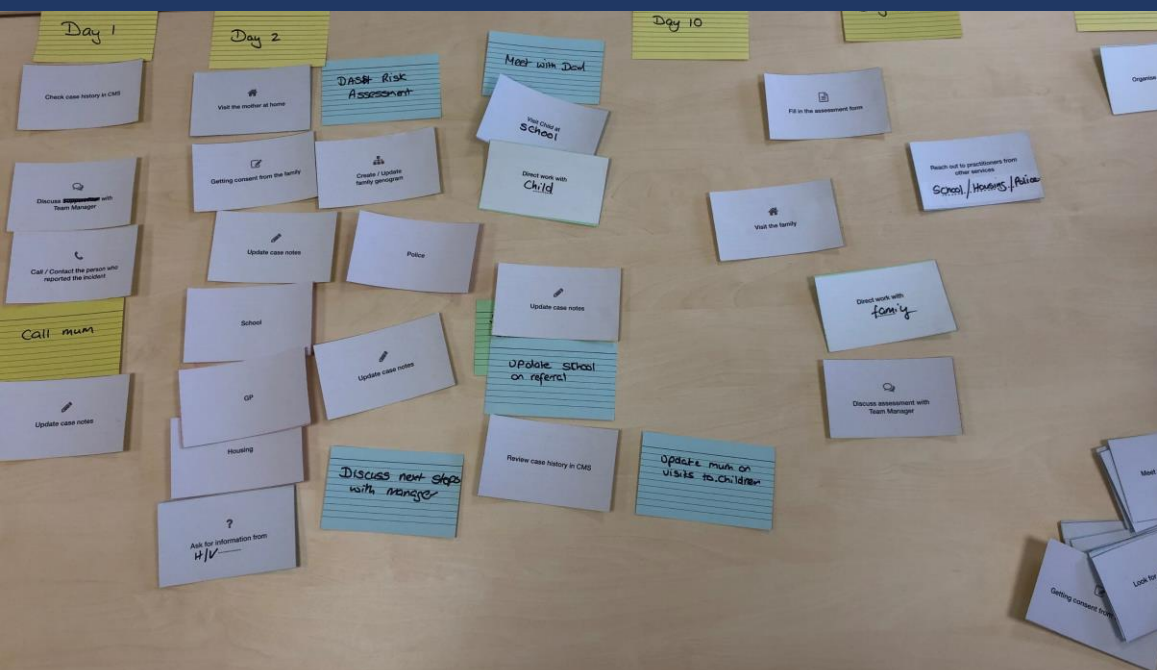


# FAMILY CONTEXT IN CHILDREN'S SERVICES:

## DETAILED REVIEW OF DATA SOURCES FOR THE MVP



# LEARNINGS ON THE VALUE OF SERVICE ENGAGEMENT

We have grouped the learnings from our research on the value of service engagement into the three categories explained below. These learnings helped us decide which services to include in our MVP.\*

## Learnings from user research

**‘Value of the information’** summarises our understanding of how social workers use the information provided by service practitioners. Does it give them a better understanding of risks/needs/strengths? How does it do that? Are there examples?

**‘Status quo’** summarises our understanding of how social workers currently acquire this information. Do they have access to the relevant system? Does it depend on their relationships with other practitioners? Do they just call the front desk at the relevant service?

**‘Effect of the prototype on social worker actions’** summarises our understanding of how the prototype changed the way social workers would acquire information if at all. Would they contact services they would not have known to contact otherwise? Would they contact other services sooner?

*This field will display a relevant statement by a social worker captured during user research.*

*The quotes are anonymised and coded by round and local authority (e.g. R3 S2 = Round 3 Social Worker 2 in Stockport)*

## Learnings from live testing

**‘Additionality of information’ states...**how often our prototype provided additional information on service involvement that was not captured by the referral process (e.g. dad had a police record that was only shown on the prototype).

**‘Effect on social worker action’ observes...**what actions social workers took as a result of the additional information. Did they use it to contact the other relevant practitioners? If so, for what purpose?

**‘Impact on assessment’ asks...**whether this information had an impact on the assessment. If so, what was the impact?

*Where applicable, there will also be a social worker quote from live prototype testing.*

*Not every service came up during live prototype testing.*

## Feasibility of adding service to prototype

**Source:** States where the information is stored in both local authorities.

**Process during live testing:** Explains how the information was acquired for the purpose of live prototype testing.

**Accessibility:** Estimates how difficult it would be to get automated access to the information based on interviews with development managers.

**Data quality:** Estimates the quality of the data based on interviews with development managers and experience from live testing.

\*The reasoning behind which services to include in the MVP was also captured by a 2x2 on slides 73-74 in the Family Context Alpha Overview available on GitHub: <https://github.com/SFDigiLabs/Family-Context-Alpha>.

# ADULT SOCIAL CARE (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Adult social care information helps the social worker understand what support the adults around the child are already receiving. It can also help the social worker identify potential needs faster in situations where the prototype returns no information despite an apparent need for support from that service.

**Status quo:** Adult social care information is not automatically available to social workers unless they have previously worked in adult social care within the same authority.

If the family has previously been involved with children's social services, then there may be some information on adult involvement with social services on the referral form or in previous case notes in the case management system. If the social worker is aware of such involvement early on, they will often aim for a joint supervision.

Otherwise, the social worker has to rely on the family to inform them of any previous contact they had with adult social care or they can contact the front desk of adult social care to ask if they could check their case management system..

**Effect of the prototype on social worker actions:** Social workers will be able to adapt the assessment to the existing support structure much more effectively if there is an adult social care flag right away (e.g. through a joint supervision), or they will be able to adjust the assessment to meet the family's needs much earlier by including an adult social care practitioner in the assessment process.

*"I would definitely call the ASC practitioner if I had the contact details." from R3 S3*

# ADULT SOCIAL CARE (2/3)

## LEARNINGS FROM LIVE TESTING

### Learnings from live testing

**Additionality of the information:** The prototype provided additional information on involvement with adult social care in one case. This information was unknown at referral.

**Effect on social worker action:** The social worker believed that she would not have found out about the adult social care involvement without the prototype. She used the information on the prototype to contact the adult social care practitioner to discuss the family.

**Impact on assessment:** The additional adult social care information on the prototype enabled a conversation with the lead practitioner who knew the family. This helped the social worker better understand the family and their needs.

*"I have contacted ASC practitioner that I wouldn't have contacted otherwise. Very useful to have practitioner name and contact details." from LPT L2*

### Feasibility of adding service to prototype

#### **Source:**

Leeds: The information is stored on the adult social care case management system.

Stockport: The information is stored on the adult social care case management system.

#### **Process during live testing:**

Leeds: A designated admin worker responded promptly to email requests for information on the day of live testing.

Stockport: BI Development Manager had direct access to the adult social care system (Care First) on the day.

#### **Accessibility:**

Leeds: Data is easily accessible because adult social care is run by the council.

Stockport: Data is easily accessible because adult social care is run by the council.

#### **Data quality:**

Leeds: No issues uncovered for data fields used.

Stockport: No issues uncovered for data fields used.

## ADULT SOCIAL CARE (3/3)

### TAKEAWAY

5

### **Adding adult social care to the MVP will provide high impact at minimum cost, because...**

- ✓ ...it enables joint working. This ensures a holistic approach to supporting the family and meeting their needs.
- ✓ ...social workers will almost always want to get in touch with adult social care practitioners *if they are made aware of the family's involvement with the service.*
- ✓ ...data is easily accessible.

# POLICE (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Police information enables better and more timely risk assessment. When a social worker is aware of previous violent behaviour (e.g. when a mother's partner has a history of domestic violence), then they can make a faster, more informed call on whether the child is safe. Police information can also help identify needs, as the police hold records on victims. The records can provide a social worker with a more complete view of the events that may have had an impact on the victim's wellbeing.

**Status quo:** Police information is not automatically available to social workers. Sometimes they may find pieces of information in previous case notes, but those can be incomplete or unclear. In other instances, the notes on police involvement may be stored within a sibling's case notes. On such occasions, social workers may not be able to access the information or may simply not be aware that such information is available.

If the police is not mentioned on the referral form or in the case management system (CMS), then the social worker may try to request information directly from the police or via a triage form from the multi-agency safeguarding hub (MASH). This will often only occur if there are clear indicators of risk.

In the absence of significant risk indicators, the police may not be willing to provide the information if it does not meet a pre-agreed threshold for such requests. Knowing this, the social worker will only request information in clear-cut situations. This means that information is not usually available in cases where the potential risk is unknown (e.g. a parent has a new partner) or in cases where a family member maybe the victim of a crime.

**Effect of the prototype on social worker actions:** Social workers will be able to identify risks and needs where none are immediately evident (e.g. it is helpful to know whether someone in the household exhibits violent tendencies even if the child has not been affected). Both elements (risk and need) of police information will change the way social workers interact with the family from the start, as they will be far more knowledgeable about the family's life.

*"Having a police contact and email – it would make my life much easier." from  
RI LI*

# POLICE (2/3)

## LEARNINGS FROM LIVE TESTING

### Learnings from live testing

**Additionality of the information:** The prototype provided additional information on involvement with the police in three cases. This information was unknown at referral.

**Effect on social worker action:** The prototype provided supporting evidence for the de-escalation of a case from a section 47 to a section 17 (find out about classifications of the Children Act 1989 - [here](#)). It also uncovered a father's previously unknown police record for violent behavior which informed the assessment of risk in the family.

**Impact on assessment:** The information provided social workers with a more complete overview of the history of risk in the family and had the potential to shift the focus of a case from risk to need. It also led to anxiety for one adult who was confronted about his police record by a social worker. This highlighted the need for social workers to be trained on how to use the information appropriately.

*"Police information is the most important, including information about mum as victim" from LPT S4*

### Feasibility of adding service to prototype

**Source:**

Leeds: The information is stored on the West Yorkshire Police system.

Stockport: The information is stored on the Greater Manchester Police system.

**Process during live testing:**

Leeds: A designated Troubled Families police researcher responded to requests for information on the day.

Stockport: A designated MASH police researcher responded to requests for information on the day.

**Accessibility:**

Leeds: Easy – data is accessible through the Troubled Families programme.

Stockport: Medium – access to data for live prototype testing required sign-off from senior lead on the day.

**Data quality:**

Leeds: Fairly good – however, the police station where the offence was registered was not available on the day of testing.

Stockport: Fairly good – however, the police station where the offence was registered was not available on the day of testing and one adult's police record was missed because they committed the offences in a different local authority.

**Adding police information to the MVP will provide high impact at minimum cost, because...**

- ✓ ...it enables a faster response to hidden risks of harm to the child, since it is often hard to determine what qualifies as a section 47.
- ✓ ...social workers will have a better sense of historical risk, which enables more open conversations with the family.
- ✓ ...police data quality is good and the foundation for sourcing it has been established by the Troubled Families programme.



# HOUSING SERVICE (1/3)

## IMPACT ON ASSESSMENT

**Value of the information:** Housing information enables better and more timely risk assessment. In particular, it can help flag issues around domestic violence in cases where it has not been reported to other services. Social workers also reported that they would want to get information on anti-social behaviour from the housing service. The housing service can also contribute to a more complete overview of a family's potential needs by providing information on rent arrears and providing information on domestic violence (perpetrator and victim) and anti-social behaviour.

**Status quo:** Housing information is rarely available to social workers. There is no established process for acquiring information from housing services. If a social worker strongly suspects there may be information crucial to the assessment within housing, they will contact the housing service's front desk and ask for information.

Social workers currently only look for housing information on cases where there are clear risk flags or strong evidence that housing services will be key to the case. They generally tend not to contact housing services in cases where risks are not immediately known. The reasoning for this approach is that 1) a 'blind search' will often not surface any useful information and 2) housing services may feel overburdened by the requests for information.

**Effect of the prototype on social worker actions:** Social workers will be able to uncover risks and needs much faster, and sometimes might uncover hidden risks and needs that they otherwise would not have uncovered. 100% of the social workers we consulted would contact housing services if presented with the information on the prototype.

*"Would contact housing officer that I wouldn't otherwise." from R3 L8*

*"Knowing the housing officer is really helpful." from R3 L7*

# HOUSING SERVICE (2/3)

## FEASIBILITY ASSESSMENT

10

### Learnings from live testing

**Additionality of information:** The prototype provided additional information on involvement with housing services in one case. This was unknown at referral.

**Effect on social worker action:** The relevant case was passed on to another area before the social worker could use the prototype. But, the social worker said in the initial interview that she would have wanted to get in touch with the housing officer. A social worker on a different case found it useful to know that there was no housing officer assigned to the mother because it gave her a better understanding of needs that she should discuss with the family.

**Impact on assessment:** In one instance, the information gave the social worker a better understanding of risks by flagging a anti-social behaviour issue. In the other case, it gave the social worker a better understanding of needs, which prompted her to include a housing officer in a 'team around family' meeting (a meeting of social service professional that work with the family).

*"Housing would be useful if dad is not going to be part of the family going forward." from LPT L2*

### Feasibility of adding service to prototype

#### **Source:**

Leeds: The information is stored on the Academy system.

Stockport: The information is stored on the Stockport Homes system.

#### **Process during live testing:**

Leeds: A Data and Intelligence Manager received direct access to Academy the day before live testing, but needed more time to learn to use it and interpret the information correctly.

Stockport: A designated Stockport Homes admin provided the information on the day.

#### **Accessibility:**

Leeds: Medium – data does not sit with the local authority. But, access was granted for live testing. This indicates that access is possible.

Stockport: Medium – data does not sit with the local authority. But, access was granted for live testing. This indicates that access is possible.

#### **Data quality:**

Leeds: Good.

Stockport: Good.

## **Adding housing information to the MVP will provide high impact at minimum cost, because...**

- ✓ ...it helps social workers flag risks that have not been captured by other systems and are unknown.
- ✓ ...it helps social workers get a more complete picture of existing and potential needs.
- ✓ ...social workers will always want to get in touch if they are made aware of involvement with housing services.
- ✓ ...the data is accessible and of good quality.

# ADULT MENTAL HEALTH (1/3)

## LEARNINGS FROM USER RESEARCH

12

### Learnings from user research

**Value of the information:** Adult mental health information helps the social worker understand what support adults around the child are already receiving. It can also help the social worker identify potential needs faster in situations where the prototype returns no information despite an apparent need for support from the service. This also helps social workers identify need for other service involvement, such as Young Carers.

**Status quo:** Adult mental health information is rarely available to social workers at the point of referral unless there is a previous record of a relevant adult's involvement with mental health services on the case management system.

If a social worker suspects there may be information crucial to the assessment within adult mental health services, they will contact the front desk of the service and ask for information. While the service provider is obligated to respond to such requests, it can take up to two weeks to receive a response. However, in some cases mental health need and related risks are de-emphasised in comparison to, for example, criminal offense.

**Effect of the prototype on social worker actions:** Social workers will get in touch with adult mental health services in instances where they previously would not have. With the prototype, they will be able to better identify need and adapt the assessment process to take into consideration and build-on the work of other services involved with the family.

*“Adult mental health – that is a positive thing that Mum is with them, since it means she has had some help. Often when there isn’t it can be a lot worse.” from R1 S2*

# ADULT MENTAL HEALTH (2/3)

## LEARNINGS FROM LIVE TESTING

13

### Learnings from live testing

**Additionality of information:** The prototype provided additional information on involvement with adult mental health services in two cases. This information was unknown at referral.

**Effect on social worker action:** The relevant case was passed on to another area before the social worker could use the prototype. The social worker said in an initial interview that one of her next steps would be to get in touch with the practitioner from the adults mental health service to learn more about the extent of the service's involvement and whether the needs had been addressed.

**Impact on assessment:** The impact of the information could not be determined within the research setting as the relevant case was passed on to another local authority before the assessment was started.

*“Useful to know that mum is in touch with Healthy Minds ... would like to know more about it.” from LPT S4*

### Feasibility of adding service to prototype

#### **Source:**

Leeds: The information is stored on systems of external adult mental health providers.

Stockport: The information is stored on the on systems of external adult mental health providers (Healthy Minds).

#### **Process during live testing:**

Leeds: Adult mental health information was not available on the day of live testing.

Stockport: A designated Healthy Minds admin provided the information on the day.

#### **Accessibility:**

Leeds: Poor – data sits with an external provider and is currently not available.

Stockport: Fairly poor – data sits with an external provider and access is currently not scalable.

#### **Data quality:**

Leeds: NA

Stockport: Good.

### **Adult mental health is an important service for our final product, because...**

- ✓ ...it can help build a better understanding of unmet needs and their impact on the child.
- ✓ ...having contact details for the practitioner can significantly reduce the response time.

### **But it will not be part of the MVP, because...**

- ✗ ...the data is currently not accessible.

# DRUG AND ALCOHOL (1/3)

## LEARNINGS FROM USER RESEARCH

15

### Learnings from user research

**Value of the information:** Drug and alcohol information helps the social worker understand if adults around the child are already receiving support. It also helps them assess risk and need much faster. It may also provide insight into other risks that are often considered to be linked to substance abuse (e.g. domestic violence, mental health).

**Status quo:** Drug and alcohol information is rarely available to social workers at the point of referral unless there is a previous record of a relevant adult's involvement with the service on the case management system.

If substance abuse is one of the key reasons for referral then the social worker will contact the front desk at the local drug and alcohol service and ask for information. The response time depends on how familiar or acquainted the social worker is with practitioners from the drug and alcohol service (see quote to the right). However, in some cases substance abuse de-emphasised in comparison to, for example, criminal offense.

**Effect of the prototype on social worker actions:** Social workers will be able to act faster in cases that involve substance abuse if they are provided with the contact details of the drug and alcohol practitioner working with an adult close to the child. They will also get a better understanding of previously unknown risks as well as the interaction of risk factors in complex cases. 100% of the social workers we consulted would contact housing services if presented with the information on the prototype.

*“Call drug service for alcohol issues for Mum. I know this service so that it's easy to contact them. Contact front desk to see if there is anyone assigned to her. Did she finish her service and was it fine?” from RI LI*

# DRUG AND ALCOHOL (2/3)

## LEARNINGS FROM LIVE TESTING

16

### Learnings from live testing

**Additionality of information:** The prototype provided additional information on involvement with drug and alcohol services in two cases. This information was unknown at referral. A social worker found additional information on involvement with drug and alcohol for a 3<sup>rd</sup> case, which could not be uncovered as part of the live testing. This was because the information came from a different local authority.

**Effect on social worker action:** The relevant case was passed on to another area before the social worker could use the information on the prototype.

**Impact on assessment:** The impact of the information could not be determined within the research setting as the relevant case was passed on to another local authority before the assessment was started. This highlights the need to share information between local authorities as well. (e.g. if a family moves from Bradford to Leeds, the social worker may not have any information on the family).

### Feasibility of adding service to prototype

#### Source:

Leeds: There is no central location for drug and alcohol data in Leeds. Some of the data was on the case management system, some on Childview and some on Niche (the Drug and Alcohol system for West Yorkshire Police).

Stockport: The information is stored on the systems of external drug and alcohol service providers for people aged 26+ and on the youth drug and alcohol service system (Mosaic) for anyone aged 25 and under.

#### Process during live testing:

Leeds: Adult mental health information was not available on the day of live testing.

Stockport: A designated Healthy Minds admin provided the information on the day.

#### Accessibility:

Leeds: Poor – data is scattered across multiple systems with lots of duplicated information

Stockport: Fairly poor – data for youth drug and alcohol services is available because it sits with children's social care. But, information for people 26+ sits with an external provider and is therefore not accessible at the moment.

#### Data quality:

Leeds: NA

Stockport: Good.



### **Drug and alcohol is an important service for our final product, because...**

- ✓ ...having contact details for the practitioner can significantly reduce the response time.
- ✓ ...it helps social workers get a more complete picture of existing and potential needs.
- ✓ ...social workers will always want to get in touch with drug and alcohol practitioners if they are made aware of involvement.

### **But it will not be part of the MVP, because...**

- x ...the data is currently not accessible.

# GP (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** GPs can provide vital information on the child's welfare such as whether the child is up to date on all vaccines or insight into the child's physical and mental wellbeing. This type of information can help the social worker identify potential needs. It is also helpful for the social worker to know whether the whole family is registered at the same GP. In this instance, the social worker may be able to access risk / need information on about relevant family members (e.g. has there ever been grounds to suspect domestic violence).

**Status quo:** The status quo varies strongly by local authority. In Stockport, there is no formal process in place for contacting GPs and social workers generally do not attempt to contact them. Social workers in Stockport currently do not see GPs as part of the assessment process and rely on the family to share any relevant information about the child's health.

In Leeds, social workers are required to go through an administrative process before sending a letter requesting information from the GP. It can take up to 2 weeks for the GP to send back a letter. Usually the letter will just offer a rough overview of the child's vaccination history and confirm that the child is generally in good health. It does not tend to include the GP's opinion on the child's home environment.

**Effect of the prototype on social worker actions:** Social workers in Leeds will be able to get a GP response much faster. They also appreciated being provided with the direct contact details, as a phone conversation may provide them with more 'off-the-record' views on the child's wellbeing than a standardized letter about up-to-date vaccines. 100% of social workers in Leeds would get in touch with the child's GP.

Because social workers in Stockport generally do not see GPs as part of the assessment process, they did not find value in having the information.

*"GP is pretty bad to get an answer quickly." from R1 L1*

*"Reply tends to take time and it's a physical letter." from R1 L2*

# GP (2/3)

## LEARNINGS FROM LIVE TESTING

19

### Learnings from live testing

**Additionality of information:** The prototype provided additional contact details for GPs in six cases. This information was unknown at referral.

**Effect on social worker action:** GP data was only available in Stockport on the day of live testing. Social workers in Stockport do not see the GP as part of the assessment process and initially did not plan to get in touch with them. One social worker decided to contact the GP following a conversation with the guardian around day 10 of the assessment.

**Impact on assessment:** The impact of providing GP information remains unclear in both Leeds and Stockport. Changes to how social work assessments are conducted may be needed in order for the GP information to be useful.

*“Got details about what GP said from special guardian. Might contact GP later.” from LPT S2*

### Feasibility of adding service to prototype

**Source:**

Leeds: The information is stored on external health systems.

Stockport: The information is stored on external health systems.

**Process during live testing:**

Leeds: GP information was not available on the day of live testing.

Stockport: A designated health visitor liaison offered access to all relevant health systems on the day.

**Accessibility:**

Leeds: Poor – data sits with an external provider and is currently not available.

Stockport: Fairly poor – data sits with an external provider and access is currently not scalable.

**Data quality:**

Leeds: NA

Stockport: Good.

**GP information is important for our final product, because...**

- ✓ ...it gives social workers a faster, unbiased insight into the child's health and wellbeing.
- ✓ ...it enables the GP to be part of the conversation.

**But it will not be part of the MVP, because...**

- x ...the data is currently not accessible.
- x ...the importance of GP data varied depending on the local authority

# EARLY HELP (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Early Help information can provide valuable insights on the child's needs. Early Help practitioners work closely with the child. They have a detailed understanding of the child's interests, strengths and needs. This can help the social worker build a relationship with the child faster and will also provide insights on 'what works' based on previous interventions. The Early Help practitioner may also be able to provide some insight on the family context and the child's home environment.

**Status quo:** Social workers find out about Early Help involvement through old case notes or after talking to the family. It is hard to identify the relevant Early Help practitioner because it will vary depending on the type of support the child is receiving or received. This impacts how long it takes before the social worker becomes aware of Early Help involvement.

Where possible, social workers will aim for a joint supervision. Sometimes a joint supervision is not possible because the social worker was not aware that Early Help is involved with the family until late in the assessment process. Other times, the social worker does not find out about Early Help support at all.

**Effect of the prototype on social worker actions:** Social workers will be able to find out about Early Help plans much earlier in the assessment process and might be able to have a joint supervision with the Early Help practitioner. When provided with the information, social workers generally wanted to at least contact the Early Help practitioners to find out about the type of Early Help support being provided.

*"We'd look at school, what was his early help plan for. I'd get the EH info from listed contact there "*  
*from R2 LI*

# EARLY HELP (2/3)

## LEARNINGS FROM LIVE TESTING

22

### Learnings from live testing

**Additionality of information:** The prototype provided additional contact details for Early Help practitioners in three cases. This information was unknown at referral.

**Effect on social worker action:** The relevant cases were passed on to another area before the social worker could use the information on the prototype. The social worker said in an initial interview that one of her next steps would be to get in touch with the Early Help practitioner to learn more about Early Help's involvement.

**Impact on assessment:** The impact of the information could not be determined within the research setting as the relevant case was passed on to another area before the assessment was started.

*"First thing I would do would be to contact EH based on info sheet."  
from LPT S4*

### Feasibility of adding service to prototype

#### **Source:**

Leeds: The information is stored in multiple locations depending on the type of Early Help support. Some case files are not stored digitally at all, while others are on different types of case management systems.

Stockport: The information is stored in multiple locations depending on the type of Early Help support. Some Early Help information can be found on the case management system, but it is not complete.

#### **Process during live testing:**

Leeds: Data and Intelligence Manager pulled together the information available on Mosaic (not complete).

Stockport: BI Development Manager pulled information available on the case management system (not complete).

#### **Accessibility:**

Leeds: Medium – depends on the type of Early Help support being provided. The data on Mosaic is readily accessible while other data is only stored in hand written case notes.

Stockport: Medium – depends on the type of Early Help support provided. Data is captured in different case management systems.

#### **Data quality:**

Leeds: Good for the types of Early Help data that were available on the day of live testing.

Stockport: Good for the types of Early Help data that were available on the day of live testing.

### **Early Help information is important for our final product, because...**

- ✓ ...it provides insight on 'what works' from previous interventions and helps avoid duplication of work.
- ✓ ...it enables better collaborative working across children's social care.

### **But it will not be part of the MVP, because...**

- ✗ ...the data is spread across multiple systems and locations, which makes it challenging to ensure data quality.
- ✗ ...not all of the data is easily accessible.

# SCHOOL (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Schools are usually one of the first places to be contacted in the process of an assessment because they have a detailed understanding of the child's needs and strengths.

Social workers contact the school to: (1) get a better understanding of the family context (e.g. Is the child accessing Early Help support? Does a parent have a new partner coming to pick up the child? Is there a special guardianship order?), (2) determine if there are any issues the social worker should be aware of before they start the assessment process, (3) get up-to-date contact information for relevant family members.

**Status quo:** Social workers will always want to contact the school (if the child is school-aged). If the school referred the child then the contact information will be on the referral. If the referral did not come through the school, then the social worker may find it on the case management system. However, this information could be out of date if the family has moved.

Social workers may know all the relevant safeguarding contacts at the schools. Otherwise, they may have to go through a directory or an internet search to find the right school and person to contact.

**Effect of the prototype on social worker actions:** 100% of social workers want to contact the school if the child is school-aged. With the prototype, they have a consistent source of up-to-date information. This ensures that they can always get in touch with the school on day 1. This is particularly helpful in cases where they do not have contact information for the parents.

*“Schools are always easier in Leeds because we work in small areas, so I know all the Safeguarding officers in schools.” from R3 L4*



# SCHOOL (2/3)

## LEARNINGS FROM LIVE TESTING

25

### Learnings from live testing

**Additionality of information:** The prototype provided additional contact details for the school in three cases. This information was unknown at referral.

**Effect on social worker action:** Social workers used the information on the prototype to contact schools. Social workers found it more convenient than searching for the information on the internet, etc.

**Impact on assessment:** The social worker needed to get in touch with the child's special guardian. The social worker used the information on the prototype to contact the school to obtain the guardian's contact details.

*"I found the grandmother's  
[guardian] details through the  
school contact on the info sheet"  
from LPT S2*

### Feasibility of adding service to prototype

#### **Source:**

Leeds: The information is stored on the Synergy school system.

Stockport: The information is stored on the Synergy school system.

#### **Process during live testing:**

Leeds: Data and Intelligence Manager pulled information directly off of Synergy.

Stockport: BI Development Manager pulled information directly off of Synergy.

#### **Accessibility:**

Leeds: Easy – data access was been granted for live testing and is already being used for the Troubled Families programme.

Stockport: Easy – data access was been granted for live testing and is already being used for the Troubled Families programme.

#### **Data quality:**

Leeds: Good.

Stockport: Good.

**Adding school information to the MVP will provide high impact at minimum cost, because...**

- ✓ ...it is one of the first points of contact for any social worker, so having the details available right away will always be useful.
- ✓ ...school have up-to-date information on all the relevant family members around the child and can provide a good initial understanding of the context around the child.
- ✓ ...the data is accessible and of high quality.

# YOUNG CARERS SERVICE (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Young Carers service information helps the social worker identify needs. It provides insights on what support the child is already receiving and why (e.g. a single mother has a physical or mental health condition and the service relieves the child of some of the burden of taking care of the mother, or offers emotional support). Practitioners from the Young Carers service can provide the social worker with an overview of which other services may be involved (e.g. adult mental health or adult social care). The practitioners usually have a strong relationship with the child and can help the social worker establish a connection faster.

**Status quo:** Social workers will always want to contact Young Carers services if they believe it's the primary referral reason. If the social worker believes that the Young Carers service needs to be involved (e.g. a parent is disabled), they will make a referral.

**Effect of the prototype on social worker actions:** 100% of social workers want to contact the local Young Carers service provider if they believed that the provider may have more information on needs and family context. The prototype ensures that the Young Carers service is always contacted and helps confirm quickly if there is no service involvement despite an apparent need for support. Access to this information can help the social worker act faster and better coordinate with the relevant practitioner from the Young Carers service.

*“Contacting [the Young Carers service] would give me more information to understand if there are other services that need to be involved.” from R1 S2*

# YOUNG CARERS (2/3)

## LEARNINGS FROM LIVE TESTING

28

### Learnings from live testing

**Additionality of information:** Young Carers service information was not available on the day of live testing in Leeds. There were no relevant referrals on the day of testing in Stockport. Young Carers cases only make up 2-3% of all referrals to child social care.

**Effect on social worker action:** NA

**Impact on assessment:** NA

### Feasibility of adding service to prototype

**Source:**

Leeds: NA

Stockport: The information is stored in the Children's Data Warehouse, which has been set up as part of the Troubled Families programme.

**Process during live testing:**

Leeds: NA

Stockport: BI Development Manager pulled information from the Children's Data Warehouse in the form of reports.

**Accessibility:**

Leeds: NA

Stockport: Easy – data sits in the Children's Data Warehouse within children's social care. However, the data is only updated periodically.

**Data quality:**

Leeds: NA

Stockport: Medium – cannot be interpreted without an explanation

### **Young Carers information is important for our final product, because...**

- ✓ ...it provides social workers with insights on existing support structures and a sense of which other support services may be needed.
- ✓ ...the social worker can establish a connection with the child much faster after a consultation with the Young Carers practitioner.

### **But it will not be part of the MVP, because...**

- ✗ ...some of the data is currently not accessible.
- ✗ ...some of the data is not entirely clear.

# YOS –YOUTH OFFENDING SERVICES (1/3)

## LEARNINGS FROM USER RESEARCH

30

### Learnings from user research

**Value of the information:** YOS information helps social workers identify risk early in the assessment process. YOS practitioners provide social workers with a better understanding of which young family members may pose a risk to the child and why (e.g. an older sibling or the child's young parent). They can also clarify the child's involvement with YOS. In addition to flagging risk, YOS information can also provide clarity on family structures (e.g. when the parents are teenagers with a criminal record and the real caretakers are actually the grandparents).

**Status quo:** Social workers normally find out about YOS involvement through old case notes, talking to the family, or proactively asking YOS. If social workers find out about YOS involvement early in the assessment process they will attempt to organise a joint supervision.

**Effect of the prototype on social worker actions:** 100% of social workers wanted to consult YOS if they believed that the service practitioner there could have more information on risk and family context. The prototype ensures that social workers are always informed about service involvement right at the start of the assessment. This helps involve YOS practitioners early on and enables more joint supervisions.

*“Would try to have a joint supervision with YOS.” from I2*

# YOS – YOUTH OFFENDING SERVICES (2/3)

## LEARNINGS FROM LIVE TESTING

31

### Learnings from live testing

**Additionality of information:** YOS information was available for live testing in both local authorities, but no relevant referrals came through on the day.

**Effect on social worker action:** NA

**Impact on assessment:** NA

### Feasibility of adding service to prototype

**Source:**

Leeds: The information is stored on the Childview system.

Stockport: The information is stored on the Childview system.

**Process during live testing:**

Leeds: Data and Intelligence Manager pulled information from the Childview system.

Stockport: BI Development Manager pulled information from the Childview system.

**Accessibility:**

Leeds: Easy – data sits within children’s social care.

Stockport: Easy – data sits within children’s social care.

**Data quality:**

Leeds: Good.

Stockport: Good.

# YOS –YOUTH OFFENDING SERVICES (3/3)

## TAKEAWAY

32

### **YOS information is important for our final product, because...**

- ✓ ...it imparts knowledge on risk relating to the child as well as young family members.
- ✓ ...early YOS contact facilitates joint working to address the key area for concern.
- ✓ ...can clarify familial relations when the parents are young and grandparents are an active part of the family unit.

### **But it will not be part of the MVP, because...**

- ✗ ...there is some overlap with police data that needs to be investigated first.



# HEALTH VISITOR (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Health visitors can provide vital information on the child's welfare to social workers. This relates primarily to the child's physical health, but extends to the child's general environment. Health visitors usually know the family well and can offer insight on risks and need related to the child and their family. Health visitors also have connections with midwives, which is helpful in cases with unborn children.

**Status quo:** The status quo varies strongly by local authority. In Stockport, social workers can just walk up to the health visitor liaison in the local authority building and ask for the number or email address of the relevant health visitor.

In Leeds, social workers are assigned to specific geographies where they may know all the health visitors, so they can find the right one through trial and error (i.e. calling and asking whether they know the family). Alternatively, they may have to go through a directory or an internet search to find the number of the health visitor service.

**Effect of the prototype on social worker actions:** Social workers will be able to avoid the long, repetitive process of searching for the right health visitor for all young children in a family (see quote on the right). They will therefore also be able to get in touch with health visitors much faster. 70% of social workers would want to get in touch with health visitors to access contextual information on the family regardless of what type of case it is.

*“Would be much easier to get the info than doing all the individual requests of information”  
from R3 L8*

# HEALTH VISITOR (2/3)

## LEARNINGS FROM LIVE TESTING

### Learnings from live testing

**Additionality of information:** The prototype provided additional information for health visitors in two cases. This information was unknown at referral. In one case the information was not provided by the referral or the prototype, because the family had recently moved from another local authority.

**Effect on social worker action:** Health visitor data was only available in Stockport on the day of live testing. For one case with an unborn child, the social worker wanted to call the health visitor, so she could get in touch with the midwife. However, the family had recently moved from another local authority, so the data was not available on the prototype.

**Impact on assessment:** The impact of the information could not be determined within the research setting as the relevant information had not been provided by on the prototype. The social worker's quote suggests that researching the impact of providing midwife data directly may be worthwhile.

*“Midwives usually have a lot of revealing information, so I would find it useful to have that.” from LPT S5*

### Feasibility of adding service to prototype

**Source:**

Leeds: The information is stored on external health systems.

Stockport: The information is stored on external health systems.

**Process during live testing:**

Leeds: Health visitor information was not available on the day of live testing.

Stockport: A designated health visitor liaison offered access to all relevant health systems on the day.

**Accessibility:**

Leeds: Poor – data sits with an external provider and is currently not available.

Stockport: Fairly poor – data sits with an external provider and access is currently not scalable.

**Data quality:**

Leeds: NA

Stockport: Good.

### **Health visitor information is important for our final product, because...**

- ✓ ...it gives social workers a faster, unbiased insight into the child's health and wellbeing.
- ✓ ...it appears to be easier to initiate a conversation with a health visitor than a GP.
- ✓ ...social workers can get easy access to midwives through health visitors.

### **But it will not be part of the MVP, because...**

- ✗ ...the data is currently not accessible.

# EARLY YEARS (1/3)

## LEARNINGS FROM USER RESEARCH

**Value of the information:** Early years practitioners often have a good understanding of the potential risk factors and are among the most common referrers to children's social care. They have an in-depth understanding of the family context around the child (especially when it comes to a parent's new partner). They understand the child's needs and strengths and can help identify potential issues for the family. This information is really helpful when determining what support to provide.

**Status quo:** It can be difficult for social workers to obtain early years information, unless the referral came through an early years provider. The practitioners are weary of sharing information with anyone they are not very familiar with already – this means that the availability of information can depend on who the social worker is. This can vary by local authority and is more applicable to Stockport. In Leeds, social workers are assigned to specific geographies so often know the relevant practitioners. In both instances, social workers often do not contact early years because it is difficult to obtain the information (see quote).

**Effect of the prototype on social worker actions:** Social workers did not change their behaviour significantly when provided with the contact details for a relevant early years practitioner. This stands in contradiction with the value they attached to having that service information.

More research may be needed to clarify whether this is due to an established habit of not contacting early years practitioners or because the value of social workers consulting early years practitioners has been misjudged.

*“Early Years workers don’t have these contact bits – the way to contact them is to go physically there and ask them. You don’t do that often – even if you know you should be doing it.” from R3 S1*

# EARLY YEARS (2/3)

## LEARNINGS FROM LIVE TESTING

### Learnings from live testing

**Additionality of information:** Early years information was available for live testing in both local authorities, but no relevant referrals came through on the day.

**Effect on social worker action:** NA

**Impact on assessment:** NA

### Feasibility of adding service to prototype

**Source:**

Leeds: The information is stored on CCMS, but the system 'has a lot of issues' (according to the BI Development Manager responsible for sourcing live testing data) and is due to be replaced.

Stockport: The information is stored on EMIS.

**Process during live testing:**

Leeds: BI Development Manager pulled information from CCMS.

Stockport: Early years information was not available on the day of live testing.

**Accessibility:**

Leeds: Medium – data does not sit within children's social care, but access was provided on the day of live testing.

Stockport: Fairly poor – data does not sit within children's social care and data was not provided on the day of live testing.

**Data quality:**

Leeds: Poor – data is poor and the system is due to be replaced.

Stockport: NA

### **Early years information is important for our final product, because...**

- ✓ ...it provides important context for family members around the child.
- ✓ ...social workers find the information useful, but difficult to get a hold of.

### **But it will not be part of the MVP, because...**

- ✗ ... some of the data is currently not accessible.
- ✗ ...the data that is accessible is not sufficiently high quality.