# Quick Reference: How to Use Information within Local Authority

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| Subject | Description |
| What does ‘Access to Service’ information mean for Children’s Social Care workers? | * Any NHS healthcare worker who accesses the CP-IS Service will have their details automatically recorded and sent to the Local Authority within 24hours * for which child * when * which organisation * which clinician * Consideration should be given to how to use the Access to Service information; * The frequency of a child’s record being accessed * The different locations where a child’s record had been accessed * The Access to Service information will also be made available to NHS healthcare workers |
| Child protection information and Acknowledgement Responses | * Responses from the CP-IS service to confirm which files and records have been successfully updated * Consideration required as to how these responses need to be handled by the children’s social care team |
| Child protection information and Unborn Babies | * When a child is born (with a Child Protection Plan) the NHS number of the newborn will be made available to the Local Authority * Where required the children’s social care team must provide an update to the mother’s record where the Child Protection Plan information was held, using the mother’s NHS Number * The children’s social care team must also provide child protection information for the newborn baby |
| Inactive NHS numbers | * Upon identification of invalid NHS numbers, the children’s social care team should be informed of the new NHS number. When this occurs, CPP/ LAC information should be resubmitted using the new NHS number. |

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# CP-IS Storyboards

These storyboards have been designed to provide the reader with a more detailed understanding of how the CP-IS could operate in real-life scenarios. In particular the storyboards serve to highlight the boundaries of the CP-IS.

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* Emergency Department, Wrightington, Wigan and Leigh NHS Foundation Trust for the review and validation of storyboard content.
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* Safeguarding Children Services, Homerton University Hospital for review and validation of storyboard content

## Child Protection Plan in Emergency Department

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| **Scenario** | Visit to an unscheduled care location which has a PAS integrated CP-IS solution by a child with a child protection plan (CPP) |
| Key Personnel: | Child, Parent/ Guardian, NHS Healthcare Professionals, Children’s Social Care worker |
| Systems: | Children’s Social Care System, Patient Administration System (PAS) Child Protection Information System (CP-IS) |
| **Storyline** | |
| Local Authority and Social Care System Supplier | Johnny is a 5 year old child whose parental care was deemed neglectful during a Local Authority child protection conference. A Core Group Meeting is held every 6 weeks and the local GP is invited to this, along with Johnny’s mum and step-father, his aunty, his teacher, his social worker, health visitor, school nurse and the after school centre worker. The core group is made up of the key people around Johnny who are all involved in helping his life be safer and where possible this should include extended family.  The next Child Protection Review (CPRC) conference is planned in the next five months, If it the CPP is stopped, it is likely that Johnny will have a Child in Need (CIN) Plan for a further 3 months, just to help guide the family and members of the core group that the changes his parents have made are being sustained. The child in need plan stops when Johnny’s care is deemed ‘good enough’ by the social worker.  The local authorities are using CP-IS and so the record of the creation of a CPP for Johnny was uploaded to the CP-IS the day after it was activated. |
| CP-IS Service | Acknowledges receipt of the electronic record of the child identity and CPP creation details and stores the information securely on CP-IS |
| Patient | A month after the CPP was created Johnny attended the local hospital on Friday night around 8pm with his mum Sharon and step-father, Bruce. |
| Emergency Department (ED) | Upon registration of Johnny on the Patient Administration System (PAS) at the Emergency Department (ED) reception the system flags Johnny as a child with an existing electronic medical record and NHS number.  This ED department has CP-IS integrated with its PAS so the latter conditions prompt an automatic query of CP-IS to see if the child has a CPP |
| CP-IS Service | A CPP record is found for Johnny on CP-IS. The registration clerk also sees the CPP start date and the local authority responsible for Johnny’s care together with the organisations contact telephone number based on the information originally uploaded to CP-IS by the local authority responsible for Johnny’s welfare. |
| Emergency Department (ED) | The registration clerk informs the attending ED clinician of the existence of Johnny’s CPP. Sharon told the nurse in ED that Johnny had fallen down the stairs and scraped his face on the carpet during the fall. He has grazes on his left cheek that do appear to be slight burns and possibly caused by a carpet burn.  As Johnny is now known to have a CPP he is seen by a senior consultant. Since the visit is out of normal hours the consultant creates a paediatric referral and writes a letter to Johnny’s GP. Johnny’s burns are treated, following discussion with Paediatric Consultant who is happy with explanation, Johnny is discharged. |
| CP-IS Service | Triggered by ED staff accessing Johnny’s record on CP-IS an automatic electronic alert is sent from CP-IS to the social care system of Johnny’s local authority. Alerts are batched and sent out on a daily basis. The alert message details date and time of visit, location of visit and name of the health care professional that viewed Johnny’s record on CP-IS. |
| Local Authority and Social Care System Supplier | The social care worker routinely reviews the case histories of children under their care. As a result of collaboration between the social care system supplier and the local authority, the CP-IS alert results in notification to the assigned social worker of Johnny’s attendance at an unscheduled health care setting in this case the hospital ED.  The social worker will need act on this and contact the health professional for further information about why Johnny went to hospital, who took him, and what the hospital staff said about the visit, and any follow up visits needed.  The social worker has visited the family home a few times, and does not remember seeing carpet on the stairs or in the hallway. Sharon’s explanation to hospital staff therefore doesn’t fit with what the social worker’s knowledge about the house.  This causes her to be worried that Johnny has been unsupervised and has had an accident, or possibly worse, that he hasn’t fallen done stairs as explained, and the injuries to his face were caused by something else. This visit can’t wait for the next Core Group meeting. She makes a note of this in her visiting book, and calls Sharon to arrange a visit to the house to see her, Johnny and Bruce. |
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| **Outcome** | |
|  | For Johnny, CP-IS has ensured that key information is shared between the ED department and the local authority responsible for Johnny’s welfare. The dialogue that ensued with the ED department led to the social worker connecting the story told at the hospital ED department with her knowledge that there is no carpet on the stairs at Johnny’s home.  The social worker later found out that Johnny had been pushed by Bruce, in his bedroom, and this had caused the grazing on his face.  This was reported back to the core group and review child protection conference and the CPP continued for a further six months with more frequent visits to Johnny’s home by the social worker and members of the core group. His auntie became a significantly more active visitor to the family keeping an eye on Johnny’s safety. The social worker updates the GP and ED department on the outcome. |
| **Take Home Message** | |
|  | CP-IS ensures the electronic sharing of vital information regarding a child’s CPP status between Local Authorities and the unscheduled care location. CP-IS is however a small piece of the overall pathway of care. A successful outcome is heavily reliant on all professionals with responsibility for the child’s health and welfare delivering their expected duty of care. |

## Looked After Child Status

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| **Scenario** | Visit to an unscheduled care location which has a PAS integrated CP-IS solution by a child with a Looked After Child (LAC) status |
| Key Personnel | Patient, Patients Parents/Guardians, NHS Healthcare Professionals, Children’s Social Care Worker |
| Systems | Children’s Social Care System, Patient Administration System (PAS)Child Protection Information System (CP-IS) |
| **Storyline** | |
| Local Authority and Social Care System Supplier | Lucy is 12. She became looked after by the local authority because she was sexually abused by her older brother and after much social work and police help, her family wouldn’t believe her. There was strong evidence that this had occurred, and it wasn’t safe enough for Lucy to be living with her family. She has lived with foster carers, the Smith family, for 2 months now. Lucy has a Looked after Child Plan (LAC Plan) and this is the plan that guides her and everyone around her about her schooling, her health needs, where she lives, and the contact she has with her family.  The contact with her family is supervised, because she is still very upset when she meets them. The LAC plan was written by the social worker before she went to live with the Smiths and a LAC review meeting happened 28 days later. The LAC plan was reviewed by an Independent Reviewing Officer (IRO). This is important because the plan needs to be really clear that all of Lucy’s care needs are considered. The first 28 days in care is enough time for this to happen.  Key people, such as social workers, teachers, foster carers, and doctors and health staff, need to have a copy of the LAC plan, and they can help promote resilience for Lucy and importantly a safe and enduring connection with her family while she lives with the Smiths. Research shows us that shifting attention away from a focus purely on problems, towards a focus on developmental strengths of looked after children and young people enables them to better cope with how difficult life in care can be. The LAC plan is a key document for this to be clearly explained and then reviewed by an Independent Reviewing Officer.  The local authority is utilising the Child Protection Information System (CP-IS) and so the fact that Lucy has a LAC Plan on their social care system is registered with CP-IS together with other details that uniquely identify Lucy and the authority responsible for her care |
| CP-IS Service | Acknowledges receipt of the electronic record of Lucy. The child identity and the LAC Plan details are stored securely on CP-IS |
| Patient | Last weekend, Lucy complained to Mrs Smith about having sore ‘privates’. Mrs Smith took Lucy to the local Emergency Department (ED). |
| Emergency Department (ED) | The ED doctor accessed Lucy’s electronic patient record on their Patient Administration System (PAS)  The ED PAS is integrated with CP-IS and so accessing a child record in an unscheduled care location results in an automated query to the CP-IS |
| CP-IS Service | Since the local authority registered Lucy’s LAC Plan with CP-IS the system detects Lucy is a Looked after child with a LAC-Plan  CP-IS does 2 main things here both of which are triggered by a healthcare professional accessing the electronic medical record of a child at an unscheduled care location:   1. CP-IS alerts the healthcare professional via the PAS system if the child in front of them has a LAC-Plan or CPP 2. CP-IS sends an electronic alert to the local authority responsible for Lucy’s welfare that Lucy’s electronic medical record has been accessed in an unscheduled health care setting. CP-IS Alerts are batched and sent out on a daily basis, outlining the date and time of visit, the location of visit and the name of the health care professional that accessed Lucy’s record. |
| Emergency Department (ED) | The person accessing Lucy’s electronic patient record is alerted to the fact that Lucy is a Looked After Child with a certain Local Authority, but they cannot see Lucy’s case history. If the person accessing the record is not the ED doctor then the ED doctor seeing Lucy is informed that she has a LAC-plan.  After checking Lucy’s medical history the ED doctor diagnosed a Thrush infection and gave the foster carers some cream for Lucy. The ED doctor saw no evidence for significant concern for Lucy’s welfare beyond treating the Thrush infection but knowing she has a LAC-plan and following a discussion with a Paediatric Consultant makes a referral for Lucy to see a paediatrician.  Lucy’s electronic patient record is updated and Lucy is discharged. |
| Local Authority and Social Care System Supplier | The social care worker routinely reviews the case history of children under their care. As a result of collaboration between the social care system supplier and the local authority, the CP-IS alert results in notification to the assigned social worker, of Lucy’s attendance at an unscheduled health care setting, in this case the hospital ED. The social worker can see the date and times that ED staff accessed Lucy’s record and the name of the ED service used  The social worker called Lucy’s mum and arranged a visit with her and the family. In the meeting the social worker explained that Lucy was seen by a hospital doctor, and some cream for the thrush infection was being applied by the foster carer. Lucy’s mum then said that “this means there was no sexual abuse, just thrush”.  The social worker was able to explain that the thrush infection does not mean that Lucy had not been sexually abused by her older brother. The social worker helped Lucy’s mum understand how hard this is for Lucy and the family, and that there is evidence to say that sexual abuse happened. |
| **Outcome** | |
|  | The hospital seeing Lucy treated Lucy’s clinical problem but saw nothing that would give them concern over Lucy’s wider welfare as a looked after child. In these circumstances most ED staff would not call the Local Authority responsible for Lucy’s welfare but they would refer to a paediatrician.  CP-IS automatically informs the Local Authority system, responsible for Lucy’s welfare, that her records were viewed from within an unscheduled care location. The social worker on reviewing Lucy’s case history is alerted to the visit and can then liaise with the ED department involved and act accordingly given their detailed knowledge of Lucy’s case history.  The social worker went to the next contact session just to make sure that Lucy’s mum didn’t make any comments to Lucy or in front of her about the sexual abuse. Contact went well, and everyone was happy. The next LAC review is scheduled to occur in 3 months and the social worker will update the LAC plan with this event, and remind everyone in the network to tell the social worker if they hear mum or anyone else make these sorts of comments. |
| **Take Home Message** | |
|  | In this scenario CP-IS forms a vital function in ensuring that an alert is communicated to the systems of the local authority responsible for Lucy’s welfare each and anytime she receives care at an unscheduled healthcare location. This communication happens regardless of whether the clinical circumstances are deemed suspicious or not by clinical staff.  CP-IS therefore plays a small but vital communications role in ensuring Lucy’s wellbeing. It is evident from the storyboard that CP-IS is however a small piece of the overall pathway of care. A successful outcome is heavily reliant on all professionals with responsibility for the child’s health and welfare delivering their expected duty of care. |

## Unborn child with a Child Protection Plan

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| **Scenario** | Mother and unborn child with a child protection plan coming into contact with emergency services. |
| Key Personnel | Mother (with unborn baby), Paramedic/Emergency Medical Technician (EMT), Registration Clerk Emergency Department (ED), Emergency Department Consultant, NHS Midwife, Children’s Social Care Worker |
| Systems | Children’s Social Care System, Mobile Data Terminal, Ambulance Emergency Operations Centre System, PAS/ED Systems  Child Protection Information System (CP-IS) |
| **Storyline** | |
| Mother of unborn child, Local Authority and Social care System Supplier | Tracy is a 19 year old pregnant mother, resident in a hostel in Birmingham, who is receiving on-going methadone treatment for drug addiction. The local authority social services convened a child protection conference to review Tracy’s case. The outcome of the conference was that Tracy’s unborn baby was assessed to be at risk of significant harm and as a result a child protection plan (CPP) was initiated for the unborn child. As the child is unborn the CPP is associated with the mother’s health record.  The CPP is recorded as part of Tracy’s electronic case history on the social care system.  The local authority utilise the Child Protection Information Service (CP-IS) and so the details of the start date of the CPP together with other details that uniquely identify Tracy and the authority responsible for her welfare and that of her unborn child are registered with CP-IS. The detailed case history remains within the social care systems. |
| CP-IS service | Acknowledges receipt of the electronic record of Tracy’s CPP. The information is securely stored on CP-IS |
| Paramedics and Mobile Data Terminals and ED PAS | Some weeks later paramedics are dispatched to a park in East London, late on a Monday evening, as a result of a call to emergency services from a passer-by who has observed a heavily pregnant young woman apparently alone and staggering around the park..  Information is shared with the local Emergency Department (ED) via Mobile Data Terminal (MDT). The attending paramedics have no prior knowledge of the subject. On arrival they find Tracy, who is now 8 months pregnant, intoxicated. She manages to tell the paramedics that her baby is due in 4 weeks, and she was slurred in speech and swaying. Tracy said that she had been given methadone by a ‘friend’ as she was trying not to use street drugs. She said she was on a high dose of methadone and she explained that she had taken another dose at 6.00pm.  The paramedics transfer Tracy to the ED department. An hour later she was more coherent and able to explain her name, address and situation. When asked about social services involvement Tracy said that a social worker was involved because Tracy missed a number of antenatal appointments, and was accused of being intoxicated on one visit to her doctor. Tracy denied this, and said that she doesn’t need a social worker, and “they are just meddling in her life”. Tracy does not mention the CPP |
| ED-PAS and  CP-IS | The hospital ED department Patient Administration System (PAS) is NHS spine connected and integrated with CP-IS. CP-IS integration means that access to any child record in an unscheduled care location will trigger a query to CP-IS to see if the child is a looked after child or if the child has a CPP. The PAS search finds Tracy and confirms Tracy’s clinical details including NHS number and usual place of residence but because Tracy is 19 and not a child no automatic query to CP-IS is initiated to look for a CPP. |
| ED Consultant and Midwife | It is late evening now. The ED consultant assesses Tracy and transfers her to the maternity unit to manage her care. The maternity unit tries to contact the out of hour’s service for Birmingham children social care.  The hospital maternity service has put an internal protocol in place to cover these kinds of circumstances and after assessing Tracy and her unborn child the midwife logs onto CP-IS and searches using Tracy’s registration details. Only certain NHS roles can have individual CP-IS accounts to securely access and search CP-IS directly, midwife is one of those roles. |
| CP-IS  Local Authority  And Social Care System Supplier | Returns the CPP details uploaded by Tracy’s local authority in Birmingham confirming that Tracy’s unborn child is subject to a CPP, the name of the organisation that initiated the CPP. At this time a telephone contact number is not provided by CP-IS.  CP-IS would also send electronic notification to Birmingham that Tracy’s CP-IS record had been accessed at an unscheduled care location in London. As a result of collaboration between the social care system supplier and the local authority, the CP-IS alert results in notification to Tracy’s assigned social worker. The alert identifies the organisation that treated Tracy and the identities of any healthcare professionals that accessed Tracy’s CP-IS record. |
| Midwife | The midwife alerts the named midwife for child protection regarding the new information from CP-IS which identifies that Tracy’s unborn child is subject to a child protection plan and the local authority in Birmingham and the name of the social worker responsible for Tracy’s welfare.  Toxicology reports showed methadone in Tracy’s blood, but not the increased levels that had made Tracy ‘out of it’ in the park. |
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| **Outcome** | |
|  | Tracy is stabilised and moved to an Inpatient bed. After a few days monitoring Tracy is discharged and transport arranged to get her back to the Birmingham hostel where she re-engages with her social worker and the local NHS.  Tracy admitted to travelling to London in order to acquire methadone on the street to top up her prescribed methadone  The social worker’s role is in this situation is to assist and intervene with Tracy’s behaviour but not to interfere. Until the baby is born the courts can’t hear an application to have baby placed in a safer situation, possibly foster care, so until then the social worker tries to support Tracy. |
| **Take Home Message** | |
| In this scenario the situation is complicated by the fact that the CPP for the unborn child is actually associated with the mother who is over 18 and so not a child herself. The CP-IS integration with the PAS system is primarily designed to automatically query CP-IS for a CPP if a child’s record is accessed in an unscheduled care location. So in this scenario the automatic querying of CP-IS is not triggered. This is the first generation CP-IS services and as such the scope of services is quite focussed.  To get the most out of CP-IS it is important that it is integrated appropriately into the clinical and welfare processes of the organisations and systems using it. In this instance the London hospital had put in place internal protocols to ensure a manual check could be made by a midwife on CP-IS for a CPP placed on the unborn child of an adult mother.  CP-IS still plays a small but vital communications role in ensuring Tracy’s wellbeing. It is evident from the storyboard that CP-IS is however a small piece of the overall pathway of care. A successful outcome is heavily reliant on all professionals with responsibility for the child’s health and welfare delivering their expected duty of care. | |