

MU 2.9: Understanding partnership working in services

For children and young people

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Partnership refers to public agencies and professionals working together by sharing information and expertise knowledge to provide a comprehensive and holistic service to meet the needs of children and young people.

- Referrals to public agencies and professionals will usually be made when concerns are shared about a child or young person's health, learning or home circumstances.
- Referrals to public agencies and professionals can be made by practitioners, parents and carers and by the child or young person themselves.
- Referrals are made to different agencies by the care or educational setting manager who will complete a Multiple Referral Form or Common Assessment Framework form (CAF). Before completing the form, parents or carers consent has to be obtained.

The table below shows the functions of different agencies and professions and the support that is offered by them.

Partnerships

| Agencies and Professionals | Function | Reasons for making referrals |
|--|---|--|
| Doctors (GP) | <p>Diagnosis potential medical conditions.</p> <p>Referred by carer, nursery, school, health visitor</p> | <p>Child who is failing to communicate may be referred to a GP for test to identify problems such as a hearing impairment.</p> <p>Delay in walking or for a medical condition.</p> |
| Health Visitors | <p>Visit and gives advice on feeding, weaning on new births</p> <p>Gives support to new parents</p> <p>Works with other professionals to retain the overview of the health and well-being of children and family in the area.</p> <p>Trained on safeguarding of children</p> | <p>Child who is not eating may be offered advice and information on how to encourage children to eat.</p> <p>To check and monitor the physical developments of new born babies.</p> <p>Provide specific support – post natal depression.</p> <p>Provide families with specific support around health areas of concern.</p> |
| Social Services | <p>Provide co-ordinated service to families who have a range of issues.</p> <p>Referred by nursery carer or school setting, health visitor, GP, police</p> | <p>Child who is being abused is referred to social services</p> <p>Signs of abuse Safe guarding issues</p> |
| Speech & Language Therapist | <p>Work to improve communications.</p> <p>Referred by Local Education Authority or GP</p> | <p>Child who has difficulty talking may be referred to a speech therapist.</p> <p>Delay in language development</p> |
| SENCO (special educational needs coordinator) | <p>Coordinates with other professionals to provide the necessary support for the child. Ensuring that needs of pupils with special educational needs are met.</p> <p>Provides additional support for children with special educational needs and challenging behaviour. Also liaise with parents.</p> <p>Every school has a s.e.n.c.o policy and a SEN coordinator.</p> <p>If parent has any concern over child's progress, then they can contact the SEN coordinator</p> | <p>Child with special educational needs: cerebral palsy or autism, asperges syndrome or dysphraxia</p> <p>Child who behaves aggressively towards others in the setting.</p> |

| | | |
|---|---|---|
| Educational psychologist | If child has special educational needs, nursery or school will discuss issues with parents and any interventions. If no progress then child will be referred to the educational psychologist after receiving permission from parents. School contacts the Local Authority who arranges for an educational psychologist to carry out an assessment on the child. | Dyslexia and learning difficulties |
| Paediatricians | Has expertise knowledge and skills to support children with a range of issues. Referred by a GP after assessment. | Dyspraxia ADHD (attention deficit hyperactivity disorder) Developmental impairment Developmental delay Medical conditions such as epilepsy, asthma, obstructive sleep apnoea, genetic syndromes and cerebral palsy |
| Physiotherapist | The role of the physiotherapist is to assess and manage children and young peoples with movement disorders, disability or illness. Provide physical intervention, advice and support. Referral can be made by any health professionals: paediatricians, GP, health visitor or school nurse. | Delay in physical and motor development Physical disability Cerebral palsy (impaired motor function) |
| Child psychologist | Provide counselling and other forms of therapy A child psychologist specializes in understanding thought processes and actions of children and interpreting them to guide appropriate mental health treatment. Referral from GP, hospitals, social workers | Emotional behavioural problems: excessive anger, bed wetting or eating disorder, cries, mood and depression Social isolation or trauma events or abuse. withdrawn worried and stressed sulky or tearful Insomnia , poor appetite, academic or social functioning |
| Identify other partnerships within YOUR work setting | Describe the function of the partnerships in your setting | Outline the support provided by the partnerships in your setting |
| | Find out how referrals are made in your setting and describe the process step by step. | |

**Characteristics of partners working together
and barriers to partners working together**

| Characteristics of partners | Barriers to working together |
|---|---|
| Have expertise knowledge | May lack experience or not be specialised enough. |
| Have good communication skills | Using jargons and terminologies that are familiar. May not be a good listener. |
| Be non-judgemental | May only speak English |
| Be empathetic | May be too opinionated. Unable to understand the needs of others |
| Show respect | Maybe rude or arrogant. Maybe be ignorant of other culture. |
| Identify other characteristics below | Describe barriers to working together |
| | |
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| | |

Reasons for partnership between carers and parents

- Parents can provide comprehensive information about their child, such as background, preferences and so forth.
- Carers can support parents with emotional or social problems
- Carers can give parents confidence in their parenting skills
- Carers can encourage parents to engage in their children learning

Can you think of anymore?

Barriers to developing partnership

- Stressful lives and circumstance - poverty, disability, illness or single parenthood
- Language barriers - some parents may lack confidence in speaking English if it is not their first language.
- Work pressure – long hours and unpredictable work patterns

Can you think of anymore?

Information sharing between partners

Data Protection 1998 information requires personal information to be securely stored and used only for the purpose stated. All information should be up to date, accurate, relevant and retained only as long as necessary.

| Policies for information sharing | Conflicts and dilemmas in relation to sharing information |
|---|---|
| <p>Personal records: name, address and admissions form are confidential and cannot be shared with other parents.</p> <p>Medical records are confidential and cannot be shared with other parents</p> <p>Accident records / incidents reports have to be kept confidential and locked in a secure drawer.</p> <p>Developmental records such as Observation , planning and photographs are confidential, but parents can have access to them if needed.</p> <p>Every matter relating to safe guarding is confidential. Staff in the work settings have responsibility to share information with other agencies in order to safe guard children.</p> <p>The head of the centre or designated staff member will disclose any information about child to other member of staff on a need to know basis only.</p> | <p>Children have a right to privacy and confidentiality. Staff should not pass on any information to other parents for them to gossip or talk about.</p> <p>Parents need to feel confident that their child will not be topic of playground gossip.</p> <p>Children and young people need to feel secure that their personal information is kept confidential and protects them from being teased or bullied in the educational settings</p> <p>A parent may want to take photographs of their children playing with other children. But this would not be permitted due to confidentiality and safeguarding policy</p> <p>Parents may want address of other children in the nursery because they want to send them an invitation to their children's birthday party. Teacher or carer are not permitted to divulge this information, but may provide phone numbers after receiving permission from parents.</p> <p>Parents may not agree to their child being referred to a specialist (child psychologist or an educational psychologist), but if it is in the interest of the child, the nursery or school setting can override parents decision.</p> <p>If a nursery carer or school teacher observes repeated signs of physical abuse, then he/she must report it to the manager. Parent's consent is not required as it may place the child at greater risk.</p> <p>After assessing the child, manager reports the abuse to social services who will report it to the police too without the need of parent's consent.</p> |
| <p>Identify the policies in your work setting that include details of information sharing.</p> <p>For each policy describe the procedures for information sharing.</p> | <p>Draw from your work setting to give an example of where there may have been a conflict or dilemma in relation to information sharing</p> |

Importance of clear communication and recording information that is legible, grammatically correct, clear and accurate:

- Prevent misinterpretation
- Prevent misunderstanding
- Prevent any confusion
- Information is read correctly
- Save time and stress

How communications and records are recorded and securely stored meeting data protection requirements:

All children's records and communication via email, note pad, letter, referral forms or application forms are recorded and secured in the following ways:

- Information recorded and saved in a computer is accessible by person in authority and with the use of a pass word.
- Paper-based information should be stored in a locked cupboard and access by manager or other authorised person.
- Information should not be kept longer than necessary and shared by relevant partnerships with the consent of the person.

