



Course Companion

for T Level Technical Qualification
in Education and Early Years

Element 6: Working with Others

Update v1.2, August 2023

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Teacher's Introduction

This course companion is for **Element 6: Working with Others**, part of the NCFE Cache T Level Technical Qualification in Education and Early Years (603/5829/4). The aim of this resource is to guide students through the core content of this unit, providing them with in-depth information that covers each of the specification points. This resource aims to provide students with the knowledge and skills that will help them succeed in the assessment for this element of the Paper A examination, which involves demonstrating an understanding of how additional needs are determined and how support can be provided to those with additional needs.


Remember!

Always check the exam board website for new information, including changes to the specification and sample assessment material.

For clarity and ease of use, the content of this course companion matches the order of the specification points. The content is structured as follows against the element's learning aims:

- **6.1** – how agencies and services support children, parents/carers and wider families
- **6.2** – the role of other professionals in supporting children, parents/carers and families
- **6.3** – how to work collaboratively with other agencies and professionals
- **6.4** – why practitioners establish and maintain professional boundaries and relationships with children / young people, families and other professionals

Throughout the resource, there are key features to keep an eye out for:




Keywords: used to draw students' attention to various keywords throughout the unit.




Did you know?

Provides further information and additional content to inspire students.

Case studies




Help students to apply the issues identified in the resource to real-world scenarios.



Applied activities encourage application of knowledge to the case studies or to real-world scenarios in the health and social care sector.

Research activities inspire further research and stretch and challenge higher-ability students.



Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework. Most of the activities included are suitable for any of the two occupational specialisms – Assisting Teaching or Early Years Educator. If an activity is more suited to one of the specialisms, this has been identified.

There is also a set of **revision questions** provided at the end of each section (with answers included). These questions should help students recap their knowledge throughout the course companion, and will ensure that they have understood what they have read.

November 2021

Update v1.1, October 2022 (to match specification changes for first teaching September 2022)

Added 'Educational Mental Health Practitioner' as an additional role to pages 14 and 23.

Update v1.2, August 2023 (to match specification changes for first teaching September 2023)

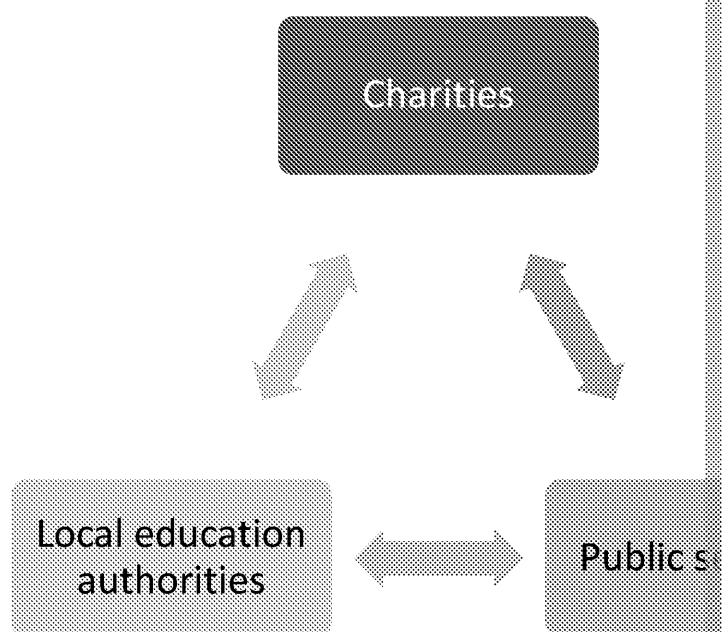
- Reference to 'Education and Childcare' has been amended to 'Education and Early Years' throughout.
- Reference to 'GDPR' has been amended to 'UK GDPR' on pp. 29–30, 37, 50 and 52.
- References to specific roles have been updated; for example, 'Local Authority Designated Officer (LADO)' has been added to pp. 14 and 23.
- References to services which have changed names since last publication has been updated; for example, 'Child and Adolescent Mental Health Services (CAMHS)' has been updated to 'Children and Young People's Mental Health Services (CYPMHS)' on pp. 5–6, 12, 14 and 46.

Chapter 6.1: How agencies and services support parents/carers and wider families

The first chapter of this course companion aims to introduce a range of agencies that support parents/carers and wider families. Each of the organisations will relate with each other in different ways. For example, the communications and the relationship that a schoolteacher may have with a parent may be different from those they have with the child's parent or carer.

The agencies and services outlined in this chapter focus on those included within Component 6: Working with Others, but it is important to emphasise that many of these are also relevant according to the situation and context.

The following diagram illustrates the three groups of agencies and services that support parents/carers and wider families:



Charities

Family Action

Family Action was established in 1869 and is a national charity that supports in excess of 1 million families through a network of over 160 community-based services. It has over 700 employees plus a large number of volunteers. Many more are also helped with financial assistance through education grants. The charity's head office is in North London, but it operates a network of local branches across the country, providing services within the geographical area.

The charity aims to change lives for the better by offering support to families suffering from social disadvantage and poverty. The support offered varies but can be financial, emotional, or practical.

The charity works by empowering individuals to change. It works with parents-to-parents groups, as well as in schools and other professionals within the sector.

The charity's work is carried out by volunteers who are facilitated by employees.

- children's centres
- support in schools
- specialist therapeutic work
- family support
- relationship support
- services to help with mental health
- training and coaching for practitioners
- financial grants

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Family Rights Group

This charity was founded in 1974 as a result of concerns by the founders about how families were treated by social services if they became involved with their children. Often children were removed from the family unit with no consultation with the family/parents, and the family/parents had limited rights.

The charity specialises by working with parents/guardians whose children are at risk, in need or in care. It also supports non-immediate family members who may be raising children who are unable to live at home for various reasons; for instance, an aunt who is bringing up a niece due to an inappropriate home environment.

The charity always puts the child at the heart of its work. Over the past 40–50 years changed – local authorities can no longer remove parental rights without attending an active role in cases involving children.

The charity played a key role in preparing the Children's Act 1989, which established a framework in partnership to secure the best interests of the child.

Applied activity:

Why is it often considered better for the child if they live with their parents/family?

Create a mind map to show the benefits for the child by remaining living with their family.

The services that Family Rights Group offers include:

- a specialist legal and child welfare practice advice service which is offered free of charge
- finding new family-led ways to develop child welfare
- supporting families to have a 'voice' so that they can help shape services to the family justice system
- lobbying and research for policy and legislative changes
- supporting local authorities via the supply of training, resources and consultation

As a charity, Family Rights Group relies on donations from the public to fund its work.

Action for Children

Action for Children was formerly called NCH Action for Children / National Children's Home (NCH) for many years and changed its name in 2008 to reflect the growing range of services offered. The charity has been operating for over 150 years and was founded in 1869 by Thomas Bowman Stephenson, who opened the charity's first children's home.

Over the years the charity has operated several children's homes throughout the country. It is a registered adoption agency and operates fostering programmes. The charity also provides nurseries, children's centres, family hubs and early years support programmes.

Many children's centres were created almost 20 years ago and were set up by the then Labour government. Initially many were run by local authorities, but over time they were transferred to charities such as Action for Children. Children's centres were set up so that parents can access a range of services, including parenting advice, drop-in services, housing and employment. Children's centres also offer childcare which is aimed at supporting parents in their work. In some areas, children's centres have been replaced by early help services.

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The charity offers services to protect children who have suffered abuse or neglect in their homes. The charity operates residential short breaks for disabled children and young people and adoptive homes for vulnerable children. In 2019/20 the charity's fostering and residential services were declared to be 'Outstanding' or 'Good' by Ofsted, which are the two highest ratings.

Action for Children established its first residential children's home in 1869 but has changed the type of provision as the senior leaders feel that small family homes better suit the needs of children. There are still some homes offered, such as Our Place in Yatton, North Somerset.

Services for children with mental health challenges are a key part of Action for Children. Examples of mental health services such as Build Sound Minds Derby and Derbyshire, and The Literacy programme for students in Year 9 and their teachers.

Applied activity:

Most organisations create a logo to help people remember the organisation and its values. Many charities create logos, and a charity's logo is often one of the key things that people remember.

Without looking online, try to sketch the logo for the following charities with an adult.

- Family Action
- Family Rights Group
- Action for Children

Now look online – were you correct?

Research activity:

The charities named in the T Level specification are only a few of those who work to support children and their families. Some other leading charities are listed below:

1. Barnardo's
2. National Society for the Prevention of Cruelty to Children (NSPCC)
3. Save the Children
4. Children's Society
5. Child Poverty Action Group
6. The Trussell Trust
7. The Childhood Trust
8. YoungMinds

Carry out some research to find out the following information:

- a) What are the aims of each charity, and how might their staff support children and their families?
- b) What services does the charity offer?

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Public services

National Health Service (NHS)

The NHS is one of the most well-respected public services in the UK, especially after its role in 2020 at the start of the Covid-19 pandemic. The NHS is responsible for the health of all young people, and is, therefore, a vital support service. It employs a range of professionals to meet the needs of any young person. The NHS was established just after the end of the Second World War.



The NHS includes:

- GP surgeries
- hospitals
- mental health care
- dental care
- opticians
- some ambulance services
- other healthcare/advice services, such as sexual health guidance clinics and
- prescriptions for medication, which are coordinated and funded by the NHS

Many NHS services are now offered online or via apps or the 111 non-emergency NHS services are funded by the taxpayer via National Insurance (NI) contributions that are deducted from workers' salaries. The NHS also receives funding from central government and some charitable donations. As it is a public service, the NHS is always seeking new ways to operate more efficiently so that it can offer more from its limited resources. The NHS is part of the **public sector**.

The Covid-19 pandemic was very challenging for the NHS. The staff were very much on the front line during this stressful time when all services were stretched. One positive to come out of the pandemic has been the increased public awareness of the work of the NHS from the media coverage. There is said to be an increase in people wanting to work for the NHS, and many people who lost their jobs due to the pandemic have retrained and moved to work in the NHS.

Public services are funded by the taxpayer via National Insurance (NI) contributions that are deducted from workers' salaries. The NHS also receives funding from central government and some charitable donations. As it is a public service, the NHS is always seeking new ways to operate more efficiently so that it can offer more from its limited resources. The NHS is part of the **public sector**.

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Research activity:

Visit <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> and discuss the NHS.

Make a 10-minute presentation to deliver to the rest of the class to outline the key factors that impact services for children / young people.

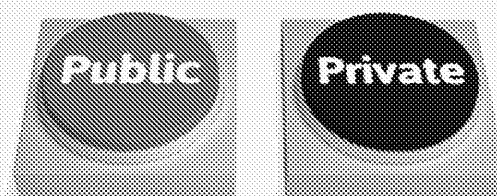
During modern times, many healthcare services have been privatised out of the **public sector** businesses, e.g. many ambulance trusts operate in the private sector and hospital wards. Dental services are also commonly provided privately.

Applied activity:

Research the differences between the private and public sectors.

What are the advantages and disadvantages of healthcare services being offered in the public and private sectors?

Make a poster to outline your thoughts. Alternatively, hold a class debate to explore which are better operated by the public sector or the private sector.



Children and Young People's Mental Health Services (CYPMHS)

CYPMHS (previously CAMHS) is an NHS service which offers support and treatment for children and young people with mental health, emotional or behavioural issues. Children and young people are usually referred to CYPMHS by another professional, such as a teacher or a GP, or by their parents/carers.

CYPMHS offers support for children and young people suffering from a range of different challenges, including:

- eating disorders
- sleep problems
- **depression**
- **anxiety**
- self-harm
- abuse
- anger
- **bipolar disorder**
- **schizophrenia**
- coming to terms with a traumatic experience
- sadness

Depression
mood
months
will not
that the
low self
Anxiety
uneasiness
sometimes
to do
Bipolar
experience
elation
Schizophrenia
disorder
beliefs

The CYPMHS service is run by a multidisciplinary team which includes:

Nurses	Provide care to patients as advised by doctors and other professionals and maintain records about a patient's condition and also
Child and adolescent psychiatrists	Medical doctors who specialise in supporting children and young people with mental health issues.
Psychologists	Support patients to overcome various mental health issues by using psychological therapies.
Social workers	Social workers aim to help improve life outcomes of children and young people. They ensure that the child / young person is kept safe through challenging times.

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Research activity:

Research other professionals who make up the multidisciplinary teams that work in a role for supporting children, parents/carers and their wider families.

After being referred for CYPMHS services, most children / young people undergo an appointment where services can be planned to best meet their needs and to help the professionals understand their condition. Often parents/carers attend this appointment with the child / young person of age. Usually the appointment is held at the CYPMHS clinic, but it can take place via Skype, Teams or similar. Sometimes an interpreter attends the appointment if their family do not speak English, or someone to help with sign language if the child has difficulties. It is important that services are accessible for all.

After this appointment, the CYPMHS team will offer guidance as to what services are available and plan any future appointments with relevant professionals. CYPMHS will support the child / young person – often their needs are complex, and it is important to involve the whole family network to maximise recovery.

The nature of the support offered will vary from person to person, but could include medication, hospital or talking therapy. Talking therapy is like counselling, during which the individual talks to a professional about their thoughts or feelings. Sometimes art and play therapy are used, especially in younger age groups, where the individual is encouraged to express their feelings through drawing or play.

At the age of 18 most individuals move from the CYPMHS service to the Adult Mental Health Service. The transition is purely down to age, and both services work closely together to change discreetly and in conjunction with the young adult.

Mental health is a growing issue which many people are now more aware of. Mental health conditions no longer have the negative **stigma** that was attached to them in the past, and more people are comfortable to be open about the struggles they have faced with their mental health.

Stigma is an old way of thinking.

Many children / young people struggle to initially admit that they are having issues with their mental health. Some fear that their parents/carers will think that they are a failure, that their friends will leave them any longer or that they will be in trouble. It is important that the professionals offer support and help, and that it is perfectly fine.

Children's Services

Children's Services used to be called social services, and is a service provided by a local authority or county council. Children's Services are responsible for supporting and protecting children and young people, keeping them safe from potential harm.

Children's Services are large departments based within the local authority offices.

- social workers
- senior leaders within the local authority
- administrators
- support workers
- legal specialists

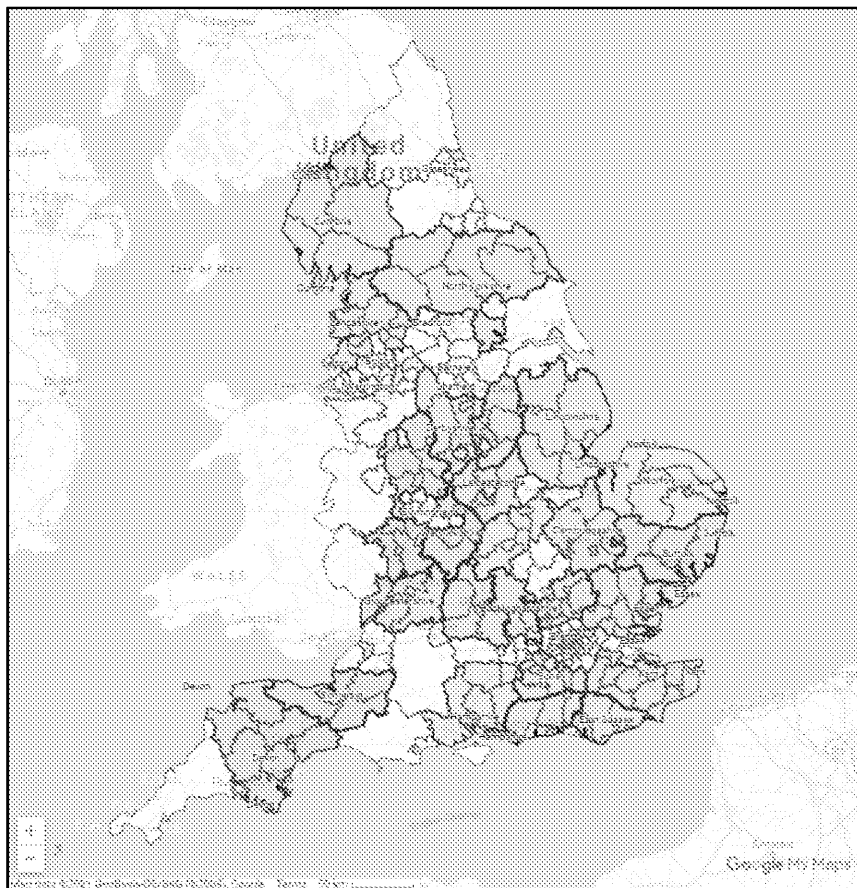
As Children's Services are operated by each individual local authority, the organisation and services offered (and their names) can vary, so it is a good idea to research how services are provided in your area. The following map illustrates how local authority areas are divided across the country.

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Research
Carry out research on Children's Services in your local area and report on the responsibilities that can be placed on you.

Adoption
When a child is placed with a parent, the parent is responsible for arranging care for the child. **Fostering**
When a child is placed with a parent, the parent is responsible for arranging care for the child. **Fostering**
When a child is placed with a parent, the parent is responsible for arranging care for the child.



Children's Services are provided in line with the current law which dictates what

The types of service that are provided by Children's Services include:

- **fostering**
- **adoption**
- leaving care services
- child protection
- social work
- support for young carers
- specialist support for children with disabilities
- providing emergency accommodation for children who can no longer live with their families

Many services offered are universal for all, but some specialise in supporting children in extreme situations, such as obtaining court orders to remove the individual from harm or abuse. Staff within Children's Services work very closely with other professional agencies/organisations, so partnership working is critical.

Local education authorities

Local education authorities are local councils in England and Wales and are responsible for the education that children and young people receive.

Schools and colleges

Schools and colleges are responsible for educating children and young people to gain qualifications and life skills to progress to university or start work.

Children in the UK have to start full-time education when they reach compulsory school age, which is the child's birthday:

- 31st December, 31st March or 31st August following their fifth birthday – which is the child's birthday.

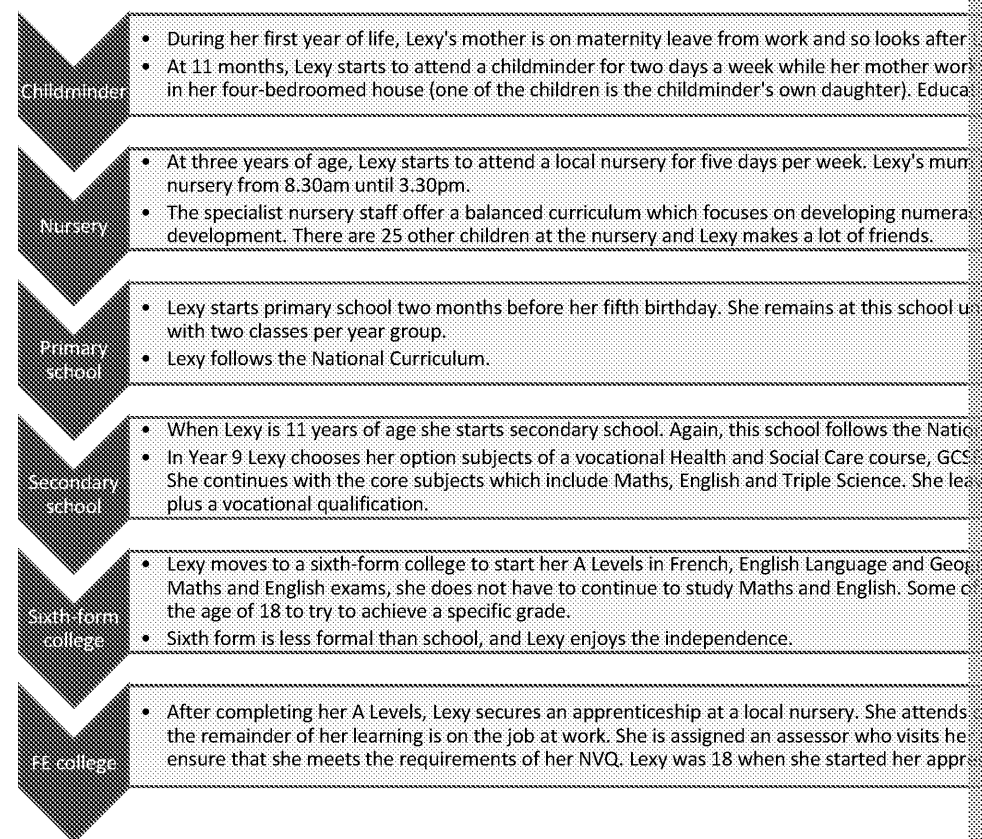
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All children must then remain in education until they are 18 years of age. Full-time education in a school is compulsory in the UK until the child is 16 years of age and sat their GCSE examinations (or equivalent) at the end of Year 11. After this point a child must engage in some form of education, but this does not have to be full-time. For instance, some young people start an apprenticeship after Year 11 which typically involves an element of learning (e.g. towards a qualification relevant to their career path) alongside paid employment.

Case study

This case study follows Lexy's education journey during the first 18 years of her life.



The employees who work within the education sector play a key role in supporting wider families. Many schools/colleges have taught several generations of the same family for some experienced teachers to have taught a child's grandparent and parent. This makes the family (and extended family) very well and, therefore, makes them well placed to support the family. Education providers are often the first to notice changes in a child emotionally or behaviourally and families to other professionals/agencies.

Education providers employ many professionals, including:

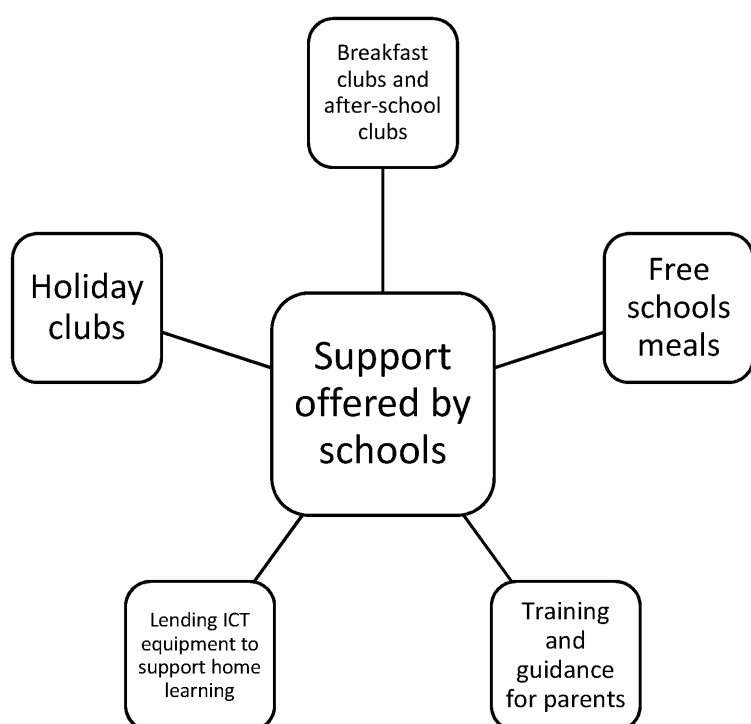
- teachers
- special educational needs coordinators (SENCOs)
- teaching assistants
- trainers/assessors
- administrative staff
- catering staff
- domestic staff, e.g. cleaners and caretakers
- health and well-being advisors, e.g. counsellors, chaplains, medical staff

All of these employees will have daily interactions with children and their families to offer support.

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The additional support that schools can offer children, parents/carers and wider catchment area of the school (as schools located in more financially deprived areas enable them to offer specialist services), age group served, skills of staff and den



- ✓ **Breakfast clubs** provide childcare for children of working parents before the
- ✓ **After-school clubs** offer support for working parents who may finish work at Clubs may be targeted towards special interests, e.g. a football club to coach music club.
- ✓ **Free school meals** are offered to eligible children, and ensure that targeted each day.
- ✓ **Specialist training and guidance** may be offered to parents, e.g. support to homework tasks, household budgeting, signposting parents to financial ben good parenting classes and English classes for non-English-speaking parents
- ✓ **ICT equipment** may not be available in all homes, and schools can often len to parents so that their children can complete homework tasks. During the charities and schemes were set up to enable individuals with unwanted ICT to support their learning. Some schools incorporate the use of devices, e.g. daily learning both inside and outside school, and all children are issued with

Research activity (Assisting Teaching):

Explain how the support offered by schools outside of traditional hours, e.g. breakfast clubs, supports a child's emotional, physical and academic development.

You could present your work in a table, like the one below:

	How it supports a child's emotional development	How it supports a child's physical development
Breakfast club		
After-school club		

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Special educational needs (SEN) review team

This team was created with the aim of ending the differences in the quality and availability of services for children with special educational needs (SEN) across the country. Huge differences were identified, and resources were allocated by the government to try to change this, so that all children have access to the same quality of services.

Children (and young people up to the age of 25 years) may have an Education, Health and Care (EHC) plan. This plan will specify the individual needs that will be supported. The plan is normally prepared by the local authority and a health professional (if aged 16 years or above) or their parent/carer, or by another professional health visitor.

Research activity:

The quality and availability of public services is often believed to be a 'postcode lottery'. What does this mean? What is meant by this term, and what has led individuals to use this term.

The SEN review team is responsible for coordinating services to support children and young people, ensuring that those who require them can access them. The team also reviews the effectiveness of these services.

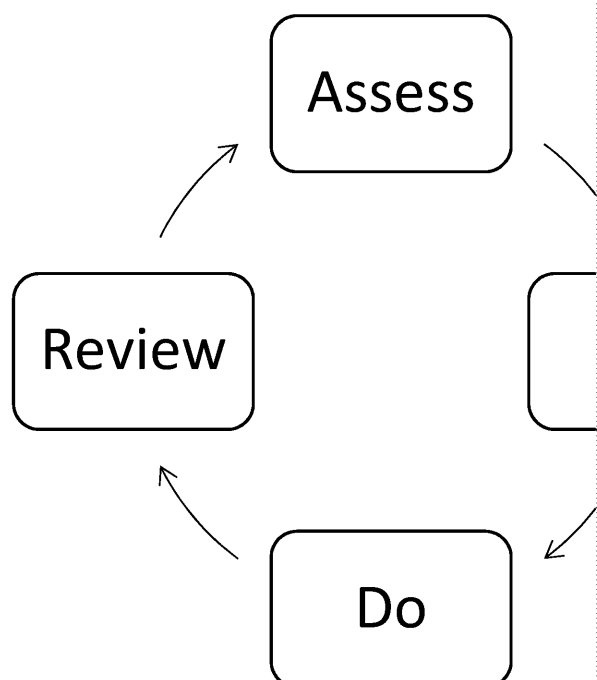
Again, this service is offered by the local authority, so the exact details can vary across the country. However, this team is often made up of:

- senior leaders within the local authority who are responsible for SEN
- administrators
- educational psychologists
- specialist teachers
- family workers

The professionals work very closely with families to ensure that the correct type of support is provided for their child / the young person. They work on assessing needs and ensuring that the appropriate educational plan is prepared.

The action plan is based on the principles of:

1. Assess
2. Plan
3. Do
4. Review



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Firstly, an assessment is made of the individual's needs – what can they do/complete? What does the child or young person need? This may involve special assessments carried out with the help of, or liaising with other professionals who work with the child / young person, such as an occupational therapist.

An action plan will then be drawn up with clear SMART objectives. The plan will specify what support will be provided to help the child / young person to meet the objectives.

Over time, the action plan will be put into practice and the interventions and support implemented. The professionals will work with the child / young person and help them make progress.

The action plan and objectives will then be regularly reviewed. The child / young person will be monitored to see if they are making progress and be on target to meet the objectives set. Alternatively the child / young person may not be making progress and additional interventions or support to help them achieve the objectives set, e.g. more time with a specialist professional. Either way, a new assessment will be carried out to support a new action plan. If a young person has achieved all the objectives, they will be set new, more challenging objectives. If the child / young person requires additional support, a plan will be put together to provide that support and revised objectives.

The assess–plan–do–review cycle is an ongoing process which is never fully complete. It leads to new actions to support the further development of the child / young person.

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6.1 Revision questions

1. Give **two** charities that work to support children / young people and their families.
2. Apart from delivering education, explain **one** way that schools can support the children they work with and their families.
3. Give **four** types of issue that Children and Young People's Mental Health Services may support a child / young person with.
4. Explain the difference between adoption and foster services that are offered.
5. Explain **one** type of support that the CYPMHS service may offer for a child seen in school.
6. The population of children who will start school over the next 12 months is expected to increase by 16.5%. Last September, over 15,500 children started school.

Calculate how many children will require a school place next September. Express your answer to one decimal place.

7. Which stage of the National Curriculum is normally studied by children up to Year 6?
8. Xander is three years of age and has been living with his mother and father. His father and abusive mother left the family home to move in with her new boyfriend. Xander has received a letter from Children's Services to say that they will be rehoming Xander with his mother. Explain why this is not safe.

Explain how Family Rights Group may be able to help.

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Chapter 6.2: The role of other professional children, parents/carers and families

The role of other professionals

The first chapter of this course companion considered how agencies and services support children and wider families. A number of charities and other public services were considered, including the local authority (LEA). However, there are several other professionals who support children and their specific roles will be considered in detail within this chapter.

Other professionals

The professionals listed below are some of the key professionals who support children and their families.



However, there are several other professionals who also support children, parents and families, including:

- **Teachers and teaching assistants** in schools who may notice care, healthcare needs or other issues
- **School matron / healthcare assistant**
- **Specialist consultants** within a hospital setting, e.g. paediatrician
- **Professionals within charities** that work with children and young people, such as Mencap

Research Activities:

Visit the Prospects website (www.prospects.ac.uk) and research the entry qualifications for the professions mentioned in Chapter 6.2 that work with and support children / young people. Select the professions that are of most interest to you personally.

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Educational psychologist

An educational psychologist, often referred to as an EP, typically works with children up to the age of 19 years. The EP promotes the social and emotional well-being of young people using **psychological** theory, techniques and research.

The role of the EP includes:

- working in partnership with other professionals
- investigating any issues and problems that a child / young person may be experiencing with regard to their learning
- suggesting strategies or **interventions** to help reduce/overcome the issues or problems that the child / young person may be experiencing with regard to their learning

The EP often works with children with learning difficulties to help assess their needs and recommend interventions which they will then monitor and evaluate, e.g. **exam concessions** to support public examinations and/or different methods of accessing learning in order to recommend that a child would benefit from attending a specialist school, such as a school for dyspraxia, which may better understand their needs and will be equipped with resources to support them.

Research activity (Assisting Teaching only):

There are lots of different exam concessions that a student can be offered to support their learning and provide a fair opportunity at an assessment.

1. Describe what the following concessions may involve.
2. Explain how each concession may help a student to have a fair opportunity to show their learning. What issues may this concession help to address?
 - a) Scribe
 - b) Reader
 - c) Extra time
 - d) Rest breaks
 - e) Modified papers
 - f) Separate room

EPs are extremely well qualified and typically complete a three-year postgraduate doctorate qualification. They usually work in conjunction with other professionals. Teachers typically refer a child / young person to the EP. For instance, a child may display learning/developmental issues from birth, and an EP is part of the multidisciplinary team that supports them from an early age. Sometimes a teacher or other professional may notice that a child is experiencing issues with learning and/or completing tasks, and they may refer them to an EP for full assessment.

The EP will not assess a child's needs alone. In addition to the assessments that they carry out, they will usually gather additional information/reports from the child's teachers, SENCO, teaching assistants (in some cases) to get a full and rounded picture of the child's performance. They then recommend strategies for the learning and learning environment so as to make appropriate strategies.

EPs are often employed by the local authority children's services team, the NHS, or a private company. However, some EPs work on a self-employed basis and are contracted to work with schools as required.

In addition to working with children on a one-to-one basis to assess their needs, EPs provide advice to schools/teachers and whole-school training workshops on relevant topics such as dyslexia. As part of a consultancy service, an EP may offer guidance as to how to adapt resources or teaching strategies to support learners better.

There is growing demand for EPs to work with children and young people, and demand is beginning to outweigh supply.

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General practitioner (GP)

A general practitioner (GP) is a doctor who treats and diagnoses a variety of medical conditions in their local area. GPs often work as a part of a medical practice with a group of other GPs. They often know the families within a specific town/city.

GPs play a key role in supporting the health and well-being of children, parents/carers and mental health needs. The GP practice often cares for all members of the family and consequently often knows the family well (including many generations of the same family).

GPs will often be the first port of call for a number of mild and moderate childhood illnesses.

- cold/flu
- sore throat
- earache
- rubella / chickenpox / German measles
- mumps
- aches/pains



It
for
as
m

They will also arrange further investigation and support for more severe illnesses.

- cancer
- broken/fractured bones

For serious conditions the GP will often refer the child to another professional for further investigation or treatment, such as a specialist within a hospital.

GPs can offer guidance and advice to parents/carers and the wider family to support the well-being of the child, e.g. healthy eating to support key developmental milestones. They also administer the standard vaccination programme for children, e.g. the MMR injection at one year (first dose) and at three years four months (second dose), which provides protection against measles, mumps and rubella. They also play a key role in safeguarding a child / young person as they can often spot signs of abuse or neglect as part of their consultations.

Research activity:

Visit the website of your local GP practice/surgery. Make a leaflet for parents to show what GPs offer families with children aged 0–16 years. How do these services support children's health, emotionally, physically and academically?

School nurse

School nurses are public health nurses who typically work with children of school age. They work with the child / young person and their parents/carers to promote good health. They help to facilitate communications between home, the school and the local authority. They are employed by the NHS, local education authority or schools/academies directly, and they work within.

The school nurses work towards some general aims such as reducing childhood obesity, reducing pregnancy rates and supporting positive mental health. In 2013, local authorities were delivering school nursing services in England, which has led to a different approach across the country.

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The specific tasks carried out by the school nurse can vary between areas and also but may include:

- home visits to specific families
- supporting immunisation clinics
- offering health and well-being guidance and advice, e.g. healthy eating and
- delivering health education and guidance
- signposting to other professionals and sources of information
- conducting health assessments
- supporting safeguarding

During the first year of full-time schooling, all children and their parents are seen for a health assessment, which incorporates a hearing test and an eye test. They often work with health visitors and children to help them access additional services. Advice can be offered on a range of conditions such as asthma and diabetes, and school nurses often work closely with other professionals such as GPs and nurses. School nurses can be based in a GP surgery, a school or a health centre.

Health visitor

Health visitors work within the community and are often registered midwives/nurses who have undergone additional training. They generally work with preschool children and their families to promote the child's well-being and support key developmental milestones. A couple of weeks after a baby is born the midwife will hand over the family to a named health visitor who will work with the family until the child is about five years of age.

Health visitors are often very busy with up to 1,000 children on their caseload.

Case study

Interview with Anil, health visitor

Can you tell me about your job role?

Yes; I am a health visitor and I have worked in my current role for the last 18 months. I am based in the Community Health team within Willow Surgery, which includes a GP practice, a pharmacy and a nursing team.

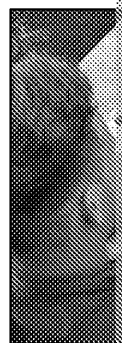
How did you become a health visitor?

I originally qualified as a midwife, but decided to move roles and become a health visitor. This change involved further training, but was worthwhile. I love my job because it is varied and rewarding to see the difference that I offer.

Who do you work with?

I work with a range of people – firstly, my colleagues at Willow Surgery. We have a meeting every Friday afternoon, and also meet as a Community Health team every Wednesday. We work closely with other professionals such as midwives, GPs, children's centre staff, speech therapists, occupational therapists, nursery nurses and teachers (to name but a few) to support families.

I often initially get involved in supporting a family at the antenatal or pre-birth stage. Parents are often nervous but excited about their expanding family. These visits tend to be about providing information and still be supporting the new parents. I work with the family on the physical and emotional aspects as they prepare for, and welcome, their new arrival into the world. Once the baby is born, I continue to support new parents to support breastfeeding and supporting the baby's development. I also support parents with experience challenges, and I commonly work with new mothers experiencing postnatal mental health issues. It is important to offer timely and targeted support to ensure the experience of the parent and new baby is enhanced.



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At Willow Surgery I am involved with coordinating the weekly 'baby well clinic' and this clinic involves me supporting a range of issues, including:

- the baby's general development
- regular weight checks
- oral healthcare
- sleep management
- diet and exercise
- parents' return to work
- child starting nursery or school
- mental well-being

What do you most and least like about your job role?

I love the variety of the job role, and also seeing the family and child develop. He has a strong bond with the families they work with as they support every step of the way from birth to many years of the child's life.

There is a lot of paperwork and administration to do. This is my least favourite part as detailed record-keeping is essential to provide families with a high-level service.

Applied activity:

Anil said that his job role as a health visitor involves completing a lot of administration.

1. What sort of administration might a health visitor need to complete? Try to think of the records that may need to be kept about a child or young person.
2. Why is it important for a health visitor to keep these records?
3. How can a health visitor manage their time to reduce the burden of lots of administration? What management advice could you suggest?

Social worker

Social workers generally work for the local authority social services team, and often specialise in working with a specific type of client, e.g. children and young people, or adults with a physical difficulty, as each type of client often has individual needs/requirements. Those who work with children and young people aim to protect them from harm and offer support for social and interpersonal challenges.

Social workers who work with children and young people may work with 'looked after children' who are children that are in care, those with health needs (which may be physical or mental health issues), young offenders, or children that are at risk of abuse. The social worker will often work with the wider family and/or carers as well as support the fostering or adoption process.

The key tasks carried out by social workers are:

- preparing personal care/support plans for children / young people
- offering counselling and guidance
- writing reports and keeping accurate records
- referring cases to other professionals and supervisors
- working closely with other professionals, communities and families
- holding meetings and assessments to accurately diagnose the needs of children and young people and make appropriate recommendations
- taking action to keep children / young people safe

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Case study**A day in the life of a children's social worker**

Charlotte is a children's social worker in a rural area of Petershire. Charlotte is aged 25 and started her current job role two years ago after graduating from university. She works full-time and is very committed to her busy job role. No two days are ever the same, and Charlotte's work can be emotionally demanding, so she is keen to maintain a healthy work-life balance.

**6.30**

- My alarm goes off. I wake up and eat my breakfast, ready for a busy day.
- I drive 30 minutes from home to County Hall, which is my office base. I aim to be there as early as always possible. All social workers have a hot desk in the office and use a laptop.

8.30

- I log on to my laptop and check my emails. Overnight, 15 emails have arrived. Two colleagues are off on long-term sick leave and their tasks have to be divided between us.
- After the briefing I spend some time updating myself on the details of two cases.

10.30

- I leave the office for two Child Protection home visits. I travel to the appointments. I use my tablet computer to access and make notes.
- The visits are near to each other, which reduces my travel time.

12.30

- During the final home visit my mobile phone rang twice. I was unable to answer. In my car I listen to the voicemail messages from the police about a case regarding a woman living with a new partner and her three children (one of whom has learning difficulties).
- I visited the home last week, and will need to return later this week.

13.30

- Return to the office. Grab a sandwich at my desk while I read the emails that have arrived. I have a one-hour lunch break but this is not possible due to the deadlines that I have.
- I take a telephone call from an anonymous member of the public who is concerned about a child involving a seven-year-old boy.

14.30

- Drive to a local FE college to attend a meeting with the college's Head of Studies to discuss the support that a 16-year-old girl will need when she starts her course at college. I have worked with her for the last three years since her parents were killed in a car accident.

16.30

- Return to the office to prepare notes and finish a report for a court case that I have been working on.
- I will not be in the office tomorrow so I need to ensure that I have everything in place.

18.30

- Leave the office for the day. Looking forward to a healthy evening meal and time with my family.
- I rarely leave the office before 6pm and have been known to work until midnight. The job role is varied and it is satisfying to think that I am making a difference to children's lives.

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Hot-desking: A working practice where an employee does not have their own personal desk, but works at a 'bank' of several desks with other employees. Personal belongings may be kept in a locker.

Applied activity:

What skills and personal qualities do you think are important to be an effective social worker?

Create a mind map to illustrate the range of skills and personal qualities.

Do you think you would make an effective social worker? Why / why not?

Area SENDCO

SENDCO stands for special educational needs and/or disabilities coordinator. SENCOs specialise in supporting children with special educational needs and/or disabilities and their families.

All early years providers must offer appropriate support for children with special educational needs and/or disabilities at a local level. Equality of opportunity for all children in their care is incorporated into UK law and as some children will have specific needs there needs to be tailored and individualised support as appropriate.

Those providers that are funded by the local authority in the private, voluntary, maintained and independent sectors must follow the special education practice. This code of practice offers statutory guidance on the policies, procedures and the Children and Families Act 2014 and the associated regulations within England and young people with special educational needs (**SEN**) and disabilities.

A member of staff with qualified teacher status (**QTS**) must be nominated by all providers. This person will act as a SENDCO. Every new SENDCO in a maintained school must be awarded the National Award for Special Educational Needs Coordinator within the first three years.

Childminders are also encouraged to select someone to act as a SENDCO. If the childminder agency or a member of a childminder network, they can share the role.

Area SENDCOs are the specialist teachers who then offer support to local SENDCOs who work within a specific setting / group of settings. They will cover all settings within a specific geographic area.

The role of the Area SENDCO involves:

- Providing training for local SENDCOs, and also chairing meetings and visits to providers.
- Offering guidance and support for all early years providers/settings in the geographic area to identify any special educational needs and/or disabilities in a timely manner and then arranging/planning appropriate support to maximise the child's potential.
- Liaising with specialist early years educational psychologists within the multi-agency identification and support in the early years (**MAISEY**) process.
- Working with colleagues and professionals delivering education and health services to children with special educational needs and/or disabilities.
- Working in partnership with parents and the wider family to deliver services.
- Contributing to the strategy for early years and education services within the area.

The Area SENDCO will typically be employed by the local authority and will cover a geographic area. Where the area is large, it may be divided between two or more colleagues.

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Youth worker

Youth workers typically work with children and young people aged 11–25 years. They support the social development of young people by facilitating a range of different activities. They work with children in childhood and adulthood, and young people within this phase can face many challenges which youth workers support.

Youth workers cover a range of different roles and they may be based in a school, an outreach centre, or a charity such as the YMCA.

Youth work tends to be transformational. The youth worker aims to guide, empower and support the young person to develop and make appropriate decisions. Youth workers do not 'fix' problems; their work is an educational process whereby the young person discovers more about their own identity, their community and the world around them so they can make positive and appropriate decisions to meet their own needs and support their personal well-being.

Trans
or im
or aff

Youth work is often most successful when the young person wants to participate in the activities. The views of the young person are listened to and respected by the youth worker, who respects differing viewpoints / ways of life, treats others with respect, celebrates differences and encourages people to use their voice.

Applied activity:

It is important for a young person to want to participate in the activities offered by the youth worker. Consider the following questions:

1. Why is this important for the youth work to be successful? What might happen if the young person does not wish to participate?
2. What strategies/actions could a youth worker take to try to encourage a young person to participate in the activities they have organised?

Counsellor

Counsellors work in a range of settings. They may be self-employed or employed by (and work directly for) one or a group of schools, college, local authority or the NHS. They work with a child / young person in a confidential environment and encourage them to speak about their issues to help them face up to any difficulties and choose solutions to better cope. The counsellor will listen, emphasise and encourage the individual to face up to the issues that they face.

Counsellors may work with very young children in creative ways, e.g. through art or play, as their language development may not be sufficiently advanced.

The range of issues that a counsellor may support are varied and include depression, anxiety, self-harm, relationship issues and troubles at home. Counsellors need to be non-judgemental and create a safe environment where children / young people feel comfortable to speak clearly and honestly. They should not advise children / young people but should help them to find their own solutions. They should refer children / young people to professionals and agencies for more specialist support.

Counselling can take a range of formats; for instance, face to face, over the telephone, or through written communication. Usually counselling is one to one, but it can take place with a group of individuals facing a similar situation.

A counsellor needs to:

- be a good listener
- quickly put the child / young person at ease and gain their trust
- be patient as not all problems are quickly fixed
- not be easily embarrassed or offended
- keep confidential records
- help the child / young person to face the future positively with a range of strategies

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Counsellors may charge for the provision of their services, but often children / young people are referred to a counsellor free of charge via their school/college.

Research activity:

The work of a counsellor can be varied. They can help a child or young person with a mind map to show the range of issues that a counsellor may support a child or young person with. They can also support a child or young person who is grieving after the loss of a parent or grandparent.

Occupational therapist

Occupational therapists (OTs) work with individuals of any age, but many specialise in supporting children and young people. They work mainly with children with sensory, physical or **cognitive** challenges with the aim of helping them to become more independent. Occupational therapy may involve the children carrying out exercises and practising carrying out tasks that are taken for granted, e.g. getting dressed, learning to write or brushing hair.

Cognitive
skills,
mental

Occupational therapy can benefit children and young people with a range of issues, including those living with or recovering from:

- cancer
- broken/fractured bones
- birth defects
- autism
- learning difficulties
- juvenile rheumatoid arthritis
- mental health and behavioural challenges
- sensory processing disorders
- post-surgical complications

Some special schools employ teams of OTs; for instance, the author of this course is a specialist independent school for children with dyslexia, dyspraxia and dyscalculia alongside speech and language therapists and teachers to develop integrated support for children, parents/carers and wider families. The children had regular OT sessions alongside their main educational curriculum. They would visit the therapists' building.

Occupational therapy can help to develop a child's / a young person's:

- thinking (cognitive) skills
- **sensory processing**
- **fine motor skills**
- **visual-perceptual skills**

Sensory
individual
to sensory
touch

Fine motor
of small
to support
person

Visual
ability
eyesight

OTs work in a range of settings (e.g. hospitals, health centres) and/or travel, working with the child and their parents/wider family at home.

Generally, children have to be referred by another professional to an OT. In the UK there is often a waiting list to access this service via the NHS, which may be about 12 months. The referral can be made by any one of a number of professionals but could be a GP, SENDCO or health visitor. Some children and families are fortunate to be able to afford to pay for private OT sessions. After an initial assessment, which could cost a few hundred pounds, the OT will charge for sessions, which may cost in the region of £60–150 each.

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Speech and language therapist

A speech and language therapist (SLT) can work with individuals of any age, although more commonly with children and young people. They can offer support with communication, swallowing and feeding. They are often called in if a child's speech is slow to develop.

Speech and language therapy can benefit children and young people with a range of issues, including those living with or recovering from:

- stammering
- cleft lip and palate
- language delay
- mild, moderate and severe learning difficulties
- hearing challenges
- voice disorders
- autism
- dyslexia
- specific challenges in making sounds

Applied Activity:

Think about the following issues that a child could face. Describe how each of these issues might affect speech and language development.

- Deafness
- Cleft lip and palate
- Dyslexia
- Stammering

Educational mental health practitioner (EMHP)

It has been reported that one in six children aged 5–16 is likely to have a mental health problem in the last three years.¹ Given the prevalence of mental health problems in children and young people, more roles have been created to advise and support children and young people. They often spend a lot of their time in schools. An educational mental health practitioner works in education and offers mental health support to children and young people – their main aim being to support children and young people in schools and prevent mental health problems in the future.

They may do the following:

- Advise, educate and support children and young people on ways to cope and manage their mental health, such as sleep hygiene and how to problem-solve
- Support educational staff to recognise signs when a child or young person may be struggling with their mental health and give information to direct them to appropriate support
- Offer interventions, such as self-help guidance and **cognitive behavioural therapy (CBT)** for those with mild depression, anxiety or behavioural difficulties

Cognitive behavioural therapy (CBT) is a type of talking therapy that helps people with mental health problems by changing the way they think, feel and behave.

Local Authority Designated Officer (LADO)

A LADO is a role within each local authority that is designated to deal with allegations against individuals who work with children. They are a point of contact and responsible for the safety and well-being of children and young people. They are responsible for coordinating responses from agencies, such as the police and child protection services, offering advice, support and guidance to those involved in the case, maintaining accurate and confidential records of all cases, and implementing safeguarding practices to prevent future incidents.

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people>

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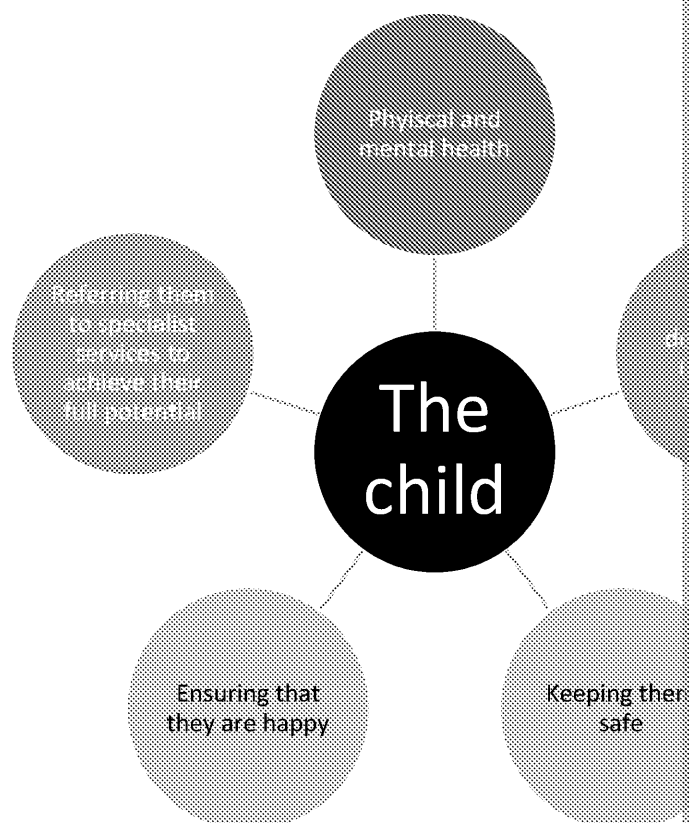


Benefits of working collaboratively

There are several benefits when professionals work collaboratively with other agencies. These benefits will be considered in this section.

Working towards shared goals

Despite working for different organisations, most professionals working to support children and young people share common goals. These goals often focus on promoting the child's well-being, keeping the child safe and able to develop to their full potential.



When professionals start to work together they often agree common shared goals to ensure that they work together in the same direction to maximise the support and works towards a different goal (which may oppose the goals that the other professionals have). This can frustrate everyone's efforts. For example, one professional may want to help the child to achieve their full potential, therefore, arranges for them to attend a specialist programme designed to stretch them academically; however, this programme may not be in the child's best interests if they have mental health issues, and the pressure of attending this academically demanding programme may exacerbate the mental health issues. By working together the professionals can discuss the child's needs and agree a plan to support them to achieve demanding academic goals in the future, but this must be balanced against the child's other needs, such as mental health issues that they are also experiencing.

Once common goals are agreed and prioritised among the professionals working together, it is important to ensure that all interventions are aligned so that the work of each professional supports the agreed goals. These goals will form part of the individual plan that each professional will work towards. Regular shared reviews so that all of the professionals can contribute their opinions/view on the child's progress is making towards the shared goals.

Common goals should be SMART. This acronym stands for:

Specific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound

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Applied activity:

Think about the following situations, and prepare a SMART goal/objective for each.

1. A child in Year 11 needs to be assessed by an educational psychologist to agree GCSE exams this summer.
2. A child is coping badly with the break-up of their parents' marriage and needs a counsellor.
3. A GP would like a three-year-old patient to have an operation on their eye by the age of five.
4. An occupational therapist aims to work with a child once a fortnight for the next six months.

Accessing advice and support

Sometimes a professional will not know all of the answers, as the issue may be outside their expertise. However, by working with other professionals they will be able to speak to colleagues for support that they need and/or refer the child and family appropriately.

Professionals are aware of the specialist services that others can offer; therefore, if they are in a situation / an issue that they do not feel qualified to support, they can quickly refer to an appropriate professional. Often there are waiting lists for the support of other professionals. The nature of the referral these waiting lists may be overcome.

Sharing skills, knowledge and expertise

Each professional will have a different set of skills and knowledge. Each area is the result of years of specialist study, leading in many cases to postgraduate qualifications in their area. For example, e.g. GP and educational psychologist are just two examples of professions that involve specialist study. Each professional is, therefore, very qualified and experienced in their area. When these skills and experiences can be pooled, which can often lead to better outcomes. As the saying goes, 'two heads are better than one' and this is certainly true when professionals work together.

Working together may help the professionals solve problems more quickly, e.g. a GP and a counsellor whose grandparent recently died. This child may be struggling to cope with this loss. The GP's child's attachment to their grandparent was so strong due to a challenging home environment. The GP can have a drug or alcohol problem and so the counsellor can work with, and refer the child to, to support them improving the home environment.

Improving referrals

The services that many professionals offer can only be accessed if the child or family is referred to a professional or agency, e.g. a GP may notice that a child's speech and language development is delayed and refer them to a speech and language therapist for an assessment and specialist support. Professionals can better understand the services that each other can provide and refer families more efficiently.

By working together the professionals can ensure that referrals are more appropriate. They can brief colleagues and brief them about the child's/family's situation so that specialist support is provided promptly. Knowing the professional that a child is being referred to personally can lead to a better outcome than a 'cold' referral.

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6.2 Revision questions

1. Give **two** tasks that a social worker may carry out.
2. Explain **one** benefit of professionals working collaboratively.
3. Give **two** types of issue/condition/illness that an occupational therapist may person with.
4. Explain the difference between an occupational therapist and a speech and
5. Explain **one** task that a school nurse may carry out.
6. Give **three** types of exam concession that an educational psychologist may re
7. Two-year-old Tara is suffering from mumps. Name the professional who may
8. Herbi is interested in becoming a youth worker. Explain the type of work that

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Chapter 6.3: How to work collaboratively with parents and professionals

The first two chapters of this course companion introduced you to the range of children and professionals that work together to support children, parents/carers and families on a regular basis and there are various principles that must be followed to succeed. This chapter will examine these principles in detail.

Principles to follow when working collaboratively

When collaborating with other professionals, it is important that those working with wider families follow specific principles to ensure they provide the best service. The child or young person must always be the key priority and at the heart of all decisions made. There are the following four principles:

- Maintaining confidentiality and protecting sensitive data
- Gaining parental consent when appropriate
- Reporting concerns and referrals
- Following relevant policies/procedures

However, other principles that are not mentioned specifically within the specific

- Respecting professional boundaries
- Operating in line with legislation
- Respecting judgements and points of view held by others



Applied activity (Early Years Educator only):

Can you think of any other principles that you feel should be followed when working within an early years setting, e.g. a nursery? Write them in your notes.

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Maintaining confidentiality and protecting sensitive data

All professionals working to support children, parents/carers and families have access to personal data. Such data is essential to help the professional carry out their job effectively. Date of birth is an example of sensitive personal data but is essential to make decisions that are in the best interests of the child and also to know what services/support the child may be entitled to (as many services are age dependent).

Applied activity:

Identify examples of sensitive data that the professionals in the following situations would need in order to support the child, parents/carers and wider family.

- A school nurse supporting a seven-year-old child who has fallen over in the playground and has a broken leg.
- A counsellor working with a 15-year-old child who is self-harming.
- A GP who has an appointment with a three-year-old child with mumps.
- An educational psychologist assessing a 16-year-old child for exam concessions.

It is essential that all sensitive data is kept confidential. **Confidentiality** means that the data/information is not shared with anyone who does not need to be aware of it.

It is important to keep **sensitive data** confidential for a range of reasons, including:

- to prevent identity theft – if someone knows too much information about an individual they could steal their identity
- to reduce the risk of accounts and/or systems being compromised (it also protects the commercial interests of the organisation)
- to prevent legal or reputational damage
- to prevent a fine / financial penalty or, in extreme cases, a prison sentence
- it is the right thing to do, morally and professionally

Confidentiality is not the same as **sensitive data** as sensitive data does not always need to be confidential.

Sensitive data is often personal data as the subject is a living being / human and, therefore, is covered by data protection regulations.

In addition to holding personal data about children, young people and families, professionals also hold personal data about other stakeholders, such as employees. Employees' data must be held in a confidential and safe manner for all of the reasons already outlined, plus:

- It would destroy employee trust, which could lead to employee complaints/employees leaving.
- It could make it challenging to recruit new employees as individuals will be put off working for an organisation that does not keep personal data secure and confidential.

Case study – UK GDPR

The UK General Data Protection Regulation (GDPR) – accompanied by the Data Protection Act 2018 – was launched in 2018 and is the key regulatory framework to cover data protection. It applies to all individuals that store data (including education and early years providers) to ensure that data is stored securely for only as long as it is needed.

All education and early years providers store personal data, and examples of just some of the data they store include:

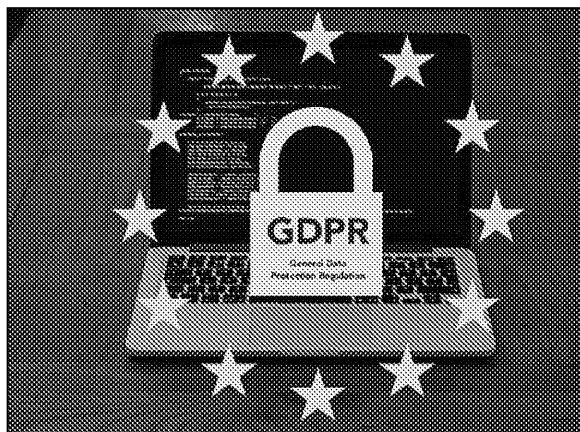
- the names, medical data and dates of birth of the children they care for
- contact details for parents and other responsible adults
- the names, addresses, qualifications and DBS results for all employees
- the names and telephone numbers of volunteers

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The personal data held by education and early years providers is critical to support and enable an efficient and safe service to be offered. However, it is important that all providers follow the relevant data protection legislation.

The UK GDPR regulations are still in force even though the UK has left the European Union. The UK has strengthened the provisions in the former Data Protection Act 1988, which it replaced with the GDPR, giving individuals more freedom over how their personal data is stored and used. There is now greater



The general principles require that:

- data be collected for legitimate purposes only (which are specified, e.g. under the individual's consent, to fulfil a legal obligation or to protect the organisation)
- no more data than is absolutely necessary be collected to carry out the legitimate purpose
- data is processed in a lawful and transparent manner
- data is kept up to date and accurate
- data is processed for a limited range of reasons which are transparent, adequate and necessary
- data is processed and stored in a secure manner
- data is stored for the minimum time necessary to fulfil the task for which it is collected

Organisations which hold personal data, such as education and early years providers, must register with the Information Commissioner's Office, which is a body that oversees the management of personal data and investigates potential data breaches. Organisations that process personal data are regulated by the General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Under the Data Protection Regulations 2018 (the Regulations) the organisations must also pay an annual data protection fee, which is exempt. This fee is paid to the Information Commissioner's Office, and the value of the fee depends on the turnover or size of the organisation. Failure to register will result in a fixed penalty for offence. The school or childcare provider must appoint a data controller who is responsible for ensuring that the regulations are followed with regard to the processing and storing of the data. This person must be a member of the administrative staff, e.g. the officer manager, or the owner of the organisation.

Organisations should produce a privacy policy to outline how data is collected, how it is stored, how it can be disclosed and what to do if the individual wants to see the data stored about them. The privacy policy should be readily available to all relevant staff and should be displayed to display a copy on the organisation's website and at the entrance to / in the reception area. The organisation should ask all new service users / parents to read and sign a copy, which is then saved with their data. This enables all parents and visitors to be aware of how the organisation processes personal data.

It is good practice to review how data is processed and stored to ensure that they are in line with the legislation, and also offer employee training so that all staff know the key principles of data. Some education and early years providers hire an external trainer to deliver this training from the local authority (especially in the case of a school).

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Research activity:

Research the role of the Information Commissioner's Office.

- What actions does the Information Commissioner's Office require organisations to take?
- What is the current annual data protection fee range? Which types of organisations are exempt?
- What would happen if there is a data breach? What steps does an organisation need to take in the event of a data breach?
- What are the penalties for an organisation?

Applied activity:

Consider each of the following situations and state whether the organisation has acted responsibly, and if so, why.

1. A nursery's application form asks questions about the child's parents' weight and health.
2. A childminder stores data about the children he cares for on the family laptop. The data includes details of teenage children and his wife.
3. A GP practice asks new patients questions about any known allergies that they have and adds them to the register to become patients.
4. A charity asks parents of the children it works with to review all data held on their children and contact details, every year.
5. A social worker collects the date of birth of all children they work with.
6. A school does not have a privacy policy as it feels that by following the principles of GDPR, it is acting responsibly.

Access to data

UK GDPR legislation states that only individuals who actually need access to the data should have access to it. Individuals/employees should be authorised to access only the minimum data needed to carry out their job role effectively, and no more.

It is good practice to draw up rules surrounding the collection and storage of, and access to, data. These should be created by senior managers and adhere to the UK GDPR regulations as they are communicated to all staff that access data so that they are aware of the procedures and follow them in an appropriate way.

When new employees join the organisation, or employees are promoted / change roles, their access should be re-evaluated. The data that they need to be able to access and remove any privileges that they do not need. They should not be allowed to access additional data as required.

Sharing of data

When working with children/ young people and their families, data may sometimes be shared. It is at the heart of the nature of the work to safeguard everyone. However, the situations in which data sharing is acceptable are limited.

Data can be shared with others in a range of ways, e.g. the professional may tell another professional about a situation as part of a referral to help the individual access the services of another professional. A document could be seen by an unauthorised person or someone may overhear a conversation. From the various examples, the data may be shared intentionally or unintentionally.

To maintain confidentiality it is essential that sensitive data is protected. Only the minimum information required should be held. The actions to protect the data will vary depending on the type of data. This section will consider different types of data in turn.

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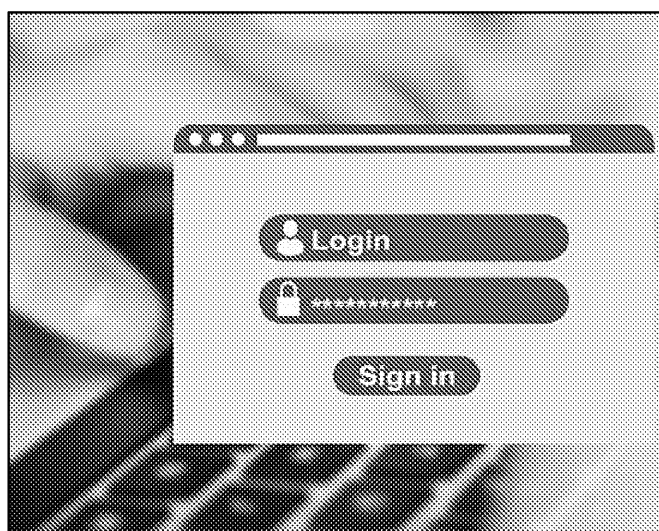


Computer data

Professionals working with children, parents/carers and wider families normally hold data that will be stored on a computer. Usually the data will be held on an online system by a number of individuals and to ensure that the user has access to the latest version

Risks	Actions to protect the data
<ul style="list-style-type: none"> Viruses/hacking 	<ul style="list-style-type: none"> Up-to-date antivirus protection Training offered to employees so they are aware of risks and how to minimise the risk of a virus entering their computer Access to secure websites only Creation of firewalls
<ul style="list-style-type: none"> Someone / a fraudster obtaining the password of the user and gaining unauthorised access 	<ul style="list-style-type: none"> Restrict access to the data to only those who need it Use of strong passwords e.g. passwords Audit trails to monitor who accessed the system Use of strong passwords by professionals to prevent password being 'guessed' Force users to update their password at regular intervals User policy to restrict access to the data when not in use
<ul style="list-style-type: none"> Data loss, e.g. server crash 	<ul style="list-style-type: none"> Regularly back up all data held on a server Ensure that regular maintenance tasks are carried out Take steps to minimise the risk of a virus or malware
<ul style="list-style-type: none"> Someone reading data from the user's screen, e.g. someone sitting behind a user on public transport 	<ul style="list-style-type: none"> Create policies/procedures that forbid employees from displaying sensitive data in a public place, e.g. banning mobile phone use on public transport Provide visors to screens to blur content Offer training so that employees are vigilant and aware of their shoulder

When spreadsheets and databases are designed there can be different levels of access for individuals from accessing more data than they need to. Access to data can be managed so that those who need specific types of data are given the password. This is a way of ensuring that only those who can access what data.



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Paper-based files/data

Most data was historically stored in paper form. Although there has been a move to digital, much sensitive data is still stored in paper form, e.g. printouts from computers and

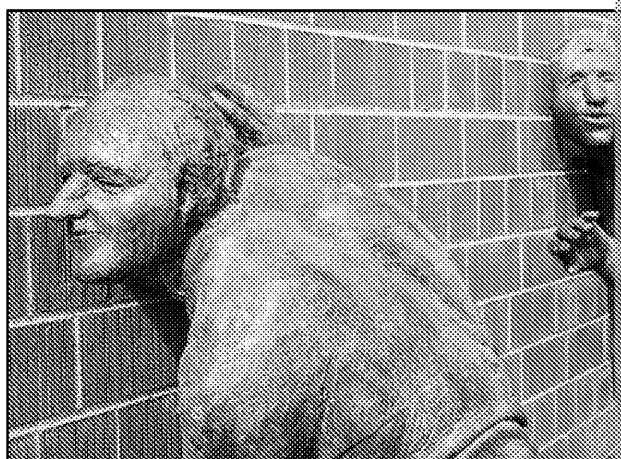
Risks	Actions to protect the data
<ul style="list-style-type: none"> Data can be read by an unauthorised person 	<ul style="list-style-type: none"> Confidential shredding of papers after use Store paper-based records in lockable filing cabinets Restrict access to the keys to authorised personnel Key access may be monitored by the user system Access in an auditable way Users to clear desks at the end of the day
<ul style="list-style-type: none"> Papers may be disposed of in error, e.g. papers enter a recycling bin in error 	<ul style="list-style-type: none"> Place recycling bins away from desks so that users do not intentionally place papers within them (though they may accidentally fall into a bin)



Verbal data

Professionals often have to discuss cases for legitimate reasons to carry out their work. This data is verbally transmitted, e.g. by telephone, Skype call or face to face.

Risks	Actions to protect the data
<ul style="list-style-type: none"> Someone may overhear the conversation between the professionals 	<ul style="list-style-type: none"> Ensure a closed door for face-to-face conversations or a secure line for telephone call or headset use for that may involve sensitive data Ensure only those professionals who need the data are present
<ul style="list-style-type: none"> Someone's identity is obvious 	<ul style="list-style-type: none"> Encourage employees to use pseudonyms for the individual, e.g. by using a code or the individual in context



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Applied activity (Assisting Teaching):

In the following four situations, sensitive data has been compromised. What advice is involved to resolve the situation? What could they have done differently to prevent this?

1. Stacey is a reception teacher and is travelling home to Bath after a conference. The train is delayed by four hours due to an accident, and she has an urgent deadline to complete a report for a four-year-old child in her class. She therefore decides to work on her laptop. A fellow passenger, who is seated behind her, reads the report and takes photos of it to share on social media.
2. Freya is a teaching assistant and accidentally leaves her notebook, which contains information about a child that she supports, at the home of her friend.
3. Dev is a speech and language therapist in a specialist school. He is working on a case for a child's door to his brother. Dev's brother calls him two weeks later and mentions that he has heard about Dev's work. Dev's brother asks him why the child needs speech and language therapy and about the child's condition in confidence because he trusts his brother.
4. A fire breaks out in a school and a paper-based file about a child is destroyed. The teacher who created the file, a number of months, but was on leave from work during the week of the fire. The teacher is unable to locate any notes relating to the case from a locum colleague. As he has been away from school for many of the specific details of the case, which is hindering his ability to make informed decisions.

**Gaining parental consent**

Generally the consent of the parent, or legal guardian, of the child (under 18) must be obtained to store, process and share data about the child. Children under 18 are considered to be **minors** in the eyes of the law and, therefore, lack the **legal capacity** to make certain decisions. Parental consent can help to overcome this issue as the parent/guardian assumes the responsibility for the consent required.

Data may include video footage and photographic images of the child. Before staff can take photos or video images of a child which it plans to publish for its prospectus or website, written permission from the child's parent or guardian must be obtained.

The written permission should state the following:

- type of data to be collected/stored
- purpose for collecting the data
- length of time that the data will be used/kept
- how the data will be disposed of at the end of use

The professional is advised to ask the parent or guardian to sign/date the document. The date the permission was given on a specific date and that the parent or guardian fully understood the implications. The documentation should then be stored by the organisation for as long as required until the consent was obtained.

Minor
of 18
Legal
individual
decision
18 years
legal capacity

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Reporting concerns and referrals

All professionals working to support children, parents/carers and families have to share sensitive data from time to time in order to carry out their job role effectively. The safety and well-being of the child and family is always at the centre of their work and in order to achieve this concerns have to be raised and referrals have to be made. In specific situations this can be overridden for the safety and well-being of the child and family; for example, if a parent is being physically abused by a parent, their **safeguarding** duty overrides all other duties and they must report their concern by following the designated procedure. The report/referral must be confidential information which is necessary to facilitate an investigation and organisational support/services efficiently. The professional must be committed to the well-being of the child and do not break their confidentiality (as in the case of the child suffering physical abuse) unless it causes significant harm as nobody will be able to intervene. In extreme cases the professional could be held to be covering up a parent's wrongdoing.

When a child makes a disclosure to a professional, safeguarding policies require the professional to report the concern. They cannot guarantee total confidentiality as they may have to share some details with other professionals.

Case study: safeguarding

All professionals who work with children / young people and families have to follow policies and procedures which aim to protect all children equally from harm. Safeguarding policies promote the physical and mental well-being of children / young people and protect them from harm. This may cover:

- stopping harm/delay to a child's development or health
- protecting a child / young person from maltreatment or abuse
- ensuring the child / young person achieves the best outcomes

Safeguarding includes child protection which outlines the processes to follow when a child / young person, which may involve disclosing information. Child protection policies are based on laws to cover it.

Multi-agency working is critical to effective safeguarding. Most children and families involve many professionals and agencies throughout the child's life, and it is important that all professionals know the child's background so that they can offer the most effective support. This often involves agencies sharing information. Case reviews throughout the UK show that it is important for agencies to collaborate effectively to help professionals to understand any potential/past risks. Multi-agency working can involve a referral.

To keep all children safe, the professionals have a duty to disclose all information about a child's being and welfare, and/or the ability of adults in the family unit's ability to care for the child, known as reporting a concern.

When reporting a concern, the professional should follow the organisation's safeguarding policy. They should stick to the facts only and avoid their own personal beliefs. They should report the concern. Any concerns should be reported immediately as even a few hours of the risk remaining could put the child at serious risk of harm. Many organisations have a dedicated safeguarding officer.

If a child makes a disclosure to a professional, due to safeguarding, the professional must break confidentiality as the nature of the disclosure may need to be shared with another professional. The professional can explain this to the child and help them to understand how this helps to keep them safe.

More information about safeguarding is covered in other elements of this course.

Safeguarding
well-being
and young people

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Following relevant policies/procedures

All professionals working to support children, parents/carers and families work with **policies/procedures**. Such policies and procedures govern and shape how they operate.



Policy
outline
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Policies and procedures are important for a number of reasons:

- **To ensure that legislative requirements are met** – When a policy/procedure checks that it meets the minimum requirements of the law. When key laws review all relevant policies/procedures at that point.
- **Equality** – By all professionals following the same policies/procedures, the family can be sure that they are treated in the same way as others in the same service. There is always a risk that some individuals are treated more favourably. Following policies/procedures helps to overcome this risk. Following a policy/procedure as a defence if a professional is accused of favouritism or of behaving inappropriately. If a policy/procedure has been followed, it is likely that equality can be demonstrated.
- **Efficiency** – The policy/procedure ensures that the task is carried out in the most efficient way. This is essential in the modern climate where many services for children, parents/carers are operating within tight budgets.
- **Customer focus** – The policies/procedures typically lead to customer satisfaction. The child/parent/family is in mind.
- **Professionalism** – The policy/procedure can help develop a positive reputation. It can be signposted to the steps/actions to take in a specific situation. Having policies/procedures demonstrate that the service is well managed. Regulators such as Ofsted often look for evidence of this.
- **Reputation / brand image** – The policy/procedure may help to strengthen the reputation and/or brand values / image (especially if a private sector organisation).

The following table offers some examples of policies and procedures that may be found in a childcare setting. Please note that there are numerous examples of policies and procedures that a setting should write those that cover the core of its operations.

Policy/procedure	Outline
Safeguarding policy	<p>The safeguarding policy outlines the steps that the employee should take to report a concern about a child's welfare, e.g. if they are</p> <p>The safeguarding policy may include sections on:</p> <ul style="list-style-type: none"> • the recruitment and appointment of employees • training required by all staff • use of mobile technology/devices • risk assessments • how complaints and allegations about employees are responded to • record-keeping • maintaining a safe and secure operating environment • administering medicine

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Policy/procedure	Outline
Privacy policy	This document supports the protection of data within that outlines how the organisation collects data, how it is disclosed and what to do if the individual wants to see and/or complain about how their data is stored.
Disciplinary policy and procedure	<p>This is an employment policy which outlines the behaviour of all employees, and the consequences and actions if they do not meet the expectations.</p> <p>The disciplinary procedure outlines the steps/actions taken to improve an employee's conduct. These steps vary in severity depending on the nature of the incident and/or whether it is a first offence. If the procedure is exhausted, and there is no improvement, the employee may be dismissed from their employment. For some serious offences, an employee may be dismissed immediately (gross misconduct).</p>
Grievance procedure	A grievance procedure outlines the steps that an employee can take to make a complaint regarding how they have been treated by the organisation or an employee lodging a complaint.
Health and safety policy	The policy which outlines the organisation's commitment to providing a healthy operating environment for all stakeholders, including their parents/guardians, employees and visitors.

Research activity:

For incidents that are deemed as 'gross misconduct' an employee may be fairly dismissed from their employment with immediate effect.

Research the types of situation that may be fairly considered to be gross misconduct – offer examples relating to the early years and/or childcare sectors.

Organisations such as Early Years Alliance and PACEY offer guidance to help managers write relevant policies and procedures. All organisations will want to personalise their culture and operations, but it is often helpful to base an initial draft on a template.

Policies and procedures need to change over time, which is perfectly natural to organisations due to changing legislation, new technology or new ways of approaching tasks. It is, therefore, important to date every year to review the accuracy of all policies and procedures and make necessary changes. Often organisations add the date for the next review as a footer to the documents. It is also important to ensure that all stakeholders that a system is in place to ensure that all policies and procedures are up to date.

Policies and procedures can, therefore, give other professionals confidence when working with a specific organisation as they understand how they stand regarding a specific issue. Organisations may choose to work only with those that share similar policies and values to them, ensuring a safe and diverse environment or the environment.

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6.3 Revision questions

1. Give **two** principles to follow when working collaboratively with other professionals.
2. Explain **one** benefit of keeping personal data confidential.
3. Give **two** types of policy and/or procedure that professionals working with children should follow.
4. Explain **two** reasons why policies and procedures are required by organisations.
5. Explain **one** general principle of the UK GDPR legislation.
6. Give **three** reasons why data may be shared by professionals as part of their work.
7. Viruses and hacking are risks for data held in which format?
8. Sarah is a social worker, and a child that she is working with discloses that he is 19 years of age, and the child is 10 years of age.

Explain how Sarah must respond to the child's disclosure.

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Chapter 6.4: Why practitioners establish professional boundaries and relationships

Establishing and maintaining professional boundaries and relationships

The final chapter of Element 6 considers why practitioners must establish and maintain professional boundaries and relationships with children / young people, families and other professionals.

Why are professional boundaries and relationships important?

Establishing and maintaining professional boundaries and relationships is important for practitioners working with children / young people, families and other professionals. Maintaining appropriate boundaries is often a key focus within the initial training that many professionals undergo before they start to practice. The specification lists the following reasons why professional boundaries are important:



Facilitating partnership working

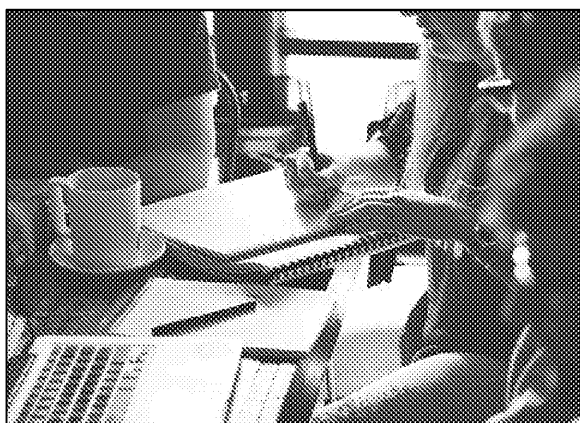
All professionals working to support children, parents/carers and families often have to work with other professionals to provide the best service to meet all the needs of the child. Practitioners should consider the range of job roles, agencies and organisations that provide different services and collaborate to effectively meet the needs of the child / young person.

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When collaborating, each professional will play their own role, using the skills and professional background. It is, therefore, important that each professional respects the boundaries towards a case and resists any temptation to interfere with the work carried out. A teacher may work with a speech and language therapist to support a child who has communication issues due to a stammer. The teacher must remember that their role is to support the child, and they must respect the speech and language therapist's interventions for their stammer. It is not the teacher's place to offer opposing exercises or to tell the speech and language therapist. The interventions by both parties must mutually benefit the maximum benefit.



Protecting emotional well-being

A lot of the work that practitioners support can be emotionally challenging. The issues and this can be emotionally challenging for the practitioner as well as the child. Details, e.g. rape cases or child abuse. Maintaining professional boundaries can prevent becoming too emotionally involved. The individual needs to do their job and not get involved in the situation. The practitioner needs to know the difference between their work life and their personal life. It can often be very hard when working with human beings, but it is something that they need to maintain sufficient emotional resilience to cope.

If professional boundaries are broken there is also a risk that the child / young person may become too much. A kind practitioner may go beyond their role as an act of innocent kindness and take a person a lift home. However, such an act may be misinterpreted by the child / young person and develop inappropriate feelings towards the practitioner (e.g. a crush) or become a dependency. Both situations could then harm both parties emotionally and could have been avoided if the boundaries of their job role / tasks.

Respecting children's and young people's privacy

All children / young people and their families are entitled to privacy. Practitioners must always respect privacy at all times. Professional boundaries help to maintain privacy by ensuring that a practitioner should go when working with a child / young person. The practitioner must know where their job role starts and ends, and anything beyond this risks breaching privacy. Practitioners must not discuss issues that do not concern them and their job directly, e.g. the family's financial problems. This is not the work of a school nurse, and it would be an invasion of their privacy if they asked for such information.

Avoiding distraction from the practitioner's role

All practitioners need to be fully focused on the important job that they are required to do for the person and family. Remaining within the professional boundaries prevents the practitioner from becoming involved in tasks/responsibilities outside the remit of the job role.

Distraction can also arise if the practitioner's relationship with the child / young person becomes too personal, e.g. if the practitioner is friends with the family outside work, or is asked to do things such as showing favouritism in some way or carrying out additional tasks/services outside their job role. They could also become deeply emotionally involved with the situation, especially if they are working with a stranger. These distractions can divert essential resources from other cases.

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When working with children / young people, families and other professionals, all are potential sources of conflict. The following list contains some examples of possible sources of conflict:

- if a married couple from different professional backgrounds work together
- if a professional is required to support a child or family that they are related to
- if the professional is friends with, or a past acquaintance of, the child / young person or another professional
- if the professional has had a previous negative encounter / disagreement with another professional in the past, e.g. two professionals previously worked on a case and one of them resented the other for not completing their work to a high standard

Once the disclosure has been made, the employing organisation should carry out a risk assessment to ensure that the risk to the professional carrying out their job effectively. In some cases the professional may need to stop work with the child, and providing they have shared full details about any potential conflicts, they are protected against any criticisms or allegations.

Providing structure and expectations

When starting to work with a new child / young person or family, all professionals should discuss the services they can offer. Professional boundaries limit the range of support and services that can be provided. The practitioner should take care to ensure that the child / young person and family understand the boundaries. A youth worker should not tell a child that they can review whether their asthma medication dosage, as the child's medical needs are the remit of their GP. This would lead to a loss of trust between the child and their family, which will then lead to disappointment when the practitioner cannot provide the service.

Applied activity (Assisting Teaching):

A teacher is working with an educational psychologist to assess the needs of a student who is struggling with a subject and they are starting to be assessed for possible exam concessions.

1. List the roles/responsibilities of the teacher.
2. List the roles/responsibilities of the educational psychologist.
3. How should the two parties communicate their roles effectively to the child and family to ensure they understand the expectations?

Reducing conflict

Conflict is likely to arise if a professional oversteps their professional boundary and does something that another professional is responsible for. At worst it could lead to a breakdown in the relationship, e.g. a serious argument / disagreement, or at best it could annoy/upset one of the professionals. Professionals should be put on a 'professional front' to hide their feelings to ensure that the child still receives the best possible service.

If the practitioners work together on a purely professional basis, e.g. avoid working on non-work-related matters, the risk of non-working-related matters creating conflict that could harm the service is minimised, e.g. if a husband and wife work together on a case and then split mid-case, it is highly likely that the non-work-related conflict may affect the service offered.

Promoting safeguarding and preventing the misuse of power

All professionals who work with children / young people and families have to follow safeguarding procedures which aim to protect all children equally from harm. Safeguarding procedures aim to promote the physical and mental well-being of children / young people and protect them from harm.

Multi-agency working is critical to effective safeguarding. Most children and families involve multiple professionals and agencies throughout the child's life, and it is important that all professionals are aware of the child's background so that they can offer the most effective support. This often involves agencies sharing information. Case reviews throughout the UK show that it is important for professionals to collaborate effectively to help professionals to understand any potential/past risks. Multi-agency working can involve a referral.

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When working with children / young people there is a balance of power between the professional and the child. The professional is normally in a position of greater power than the child and they must safeguard the child. Many cases of abuse or inappropriate behaviour involving professionals working with children involve the professional leading/grooming or manipulating the child (while the child is in need of specialist support). If the professional feels that the relationship has become inappropriate they should speak with their manager, and, in some cases, ask the child to stop continuing with the case. Many children develop inappropriate crushes on or attachments to professionals who are helping them (kindness can be misconstrued for other feelings), and, if suspected, professionals should immediately remove themselves from the situation. Professional boundaries are about the relationship and the balance of power is appropriate.

Maintaining confidentiality

As part of their role, all practitioners must maintain confidentiality. Confidential data/information is not shared with anyone who does not need to be aware of it. Professionals who support children, parents/carers and families have access to a range of sensitive data that is essential to help the professional carry out their job effectively, e.g. the child's data is sensitive personal data but is essential to make decisions that are age-appropriate and to determine what services/support the child may be entitled to (as many services are / much more than one).

Sometimes, though, confidential data must be shared with other professionals to support the child or the individual. The situations in which this data should be shared will be in line with the professional's role and the practitioner works within. For instance, if a teacher has reasonable evidence of a child in harm in the family home, they have a safeguarding professional duty to share this with the designated safeguarding officer at the school. Due to professional boundaries after the disclosure, the teacher should not hear any further updates regarding the case as they do not need to know the professional's role. This is a professional boundary, and it would be broken if the teacher were to act as a designated safeguarding officer for an update on, or for full details of, the investigation. Even if data is shared, only the minimum required to enable effective service delivery should be shared.

Applied activity (Assisting Teaching):

Identify examples of sensitive data that the professionals in the following situations would need to support the child, parents/carers and wider family.

- A school nurse supporting a seven-year-old child who has fallen over in the playground and broken their leg.
- A counsellor working with a 15-year-old child who is self-harming.
- A GP who has an appointment with a 13-year-old child with mumps.
- An educational psychologist assessing a 16-year-old child for exam concessions.

It is essential that all sensitive data is kept confidential. **Confidentiality** means that the data/information is not shared with anyone who does not need to be aware of it.

It is important to keep **sensitive data** confidential for a range of reasons, including:

- to prevent identity theft – if someone knows too much information about an individual, they could steal their identity
- to reduce risk of accounts and/or systems being compromised
- to prevent legal or reputational damage
- the professional does not have the individual's consent to disclose the data
- it is the right thing to do, morally and professionally

Confidentiality
is not shared with
anyone who does not
need to be aware of it.

Sensitive data
is data that is
personal or confidential.

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Using social media appropriately

Social media is part of everyday life in the UK. Modern smartphones and other ICTs mean that most adults use social media as a primary method of communication. Practitioners, parents, people, families and other professionals have to take care with their use of social media so that it does not compromise their job role.

Social media includes a vast number of applications such as Facebook, Twitter and YouTube, and social networking applications such as LinkedIn and Yammer.



Applied activity:

Name as many social media applications (apps) as you can think of in one minute, either by looking online or conferring with anyone.

Once the minute is up, count the number of apps that you have listed and compare with others. Who has the most? Are there any duplicates?

Social media could be used by practitioners either on a personal level or professionally. Some practitioners operate social media accounts, which the practitioners who work for them control. However, this document focuses on practitioners' use of social media within their private lives.

Applied activity:

Visit <https://blog.hootsuite.com/social-media-health-care/>

Read the article and make notes about how social media can be used positively by practitioners in the healthcare sector.

Practitioners' use of social media

Practitioners' use of social media can be detrimental to their ability to support children, as it can be harmful to:

- professional boundaries
- effective partnership working
- confidentiality
- safeguarding

For this reason, many organisations employing individuals in the sector develop policies regarding ICT / social media. Social media is such a key part of everyday life that it is not practical to expect practitioners to not use any social media platforms – practitioners have a life outside work and need to exercise the same freedoms that we take for granted. True of any group of workers, some practitioners will use social media, whereas others may use it enthusiastically. When it is used, practitioners should be aware of what they post, how they use social media and their general conduct. Even if practitioners do not use social media, individuals must continue to act in ways that will not harm their profession and so must not do anything in their private lives that may bring their profession into disrepute.

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Many professionals, such as teachers, are told not to befriend any students/clients they currently work with or have worked with in the past. They are also told to carefully manage their social media and ensure that all privacy settings are maximised so they can manage who can view their personal information. Profile names should be carefully chosen so as not to reveal their identity and to prevent children / young people and families easily finding their social media accounts. It is recommended that only a first name or full name for the account that only select people would find.

Professional boundaries

All practitioners have to maintain a 'professional face'. This means that the personal views of practitioners with clients must support the professional values that they work to. Sometimes personal views can conflict with their personal views. Social media is a key way that individuals share their views, so practitioners must be careful not to share views that do not support those that they work to. For instance, a social worker may be in the middle of a restructure at work, during which they have to restructure the office and change each employee's job specification. To the clients, the restructure needs to remain positive about the change, even if they personally feel it is a step back in a better service for the children they work with. If comments were posted online that they disagree with the restructure, it would be inappropriate and may compromise the professional boundaries.

Comments made on social media can easily fall outside a practitioner's professional boundaries. If the boundary is inappropriate, it can be a barrier to working with clients.

Many people use informal language in social media posts. Some slang and/or swearing can be offensive by some of the practitioner's clients and would again affect their 'professional face'.

Effective partnership working

Most practitioners work in partnership with other professionals regularly, as outlined in the curriculum. Inappropriate use of social media could put some practitioners off working with other professionals or organisation or industry for fear that the negative implications may affect the reputation of the organisation. If social media is not used (or is used only in an appropriate manner) such a potential barrier to partnership working.

Inappropriate comments could also harm an individual's ability to work with and support clients. If views shared via social media conflict with those of the other practitioner's employer, it can be a barrier to working with clients.

Confidentiality

When working with children / young people and families, practitioners are exposed to confidential information. It is important that these details are kept private and not shared. Inappropriate social media comments could share confidential information about the work of the operations of the employing organisation – information that is not generally in the public domain.

Comments made on social media could make the identity of a child / young person or practitioner shared details of a client they had worked with that day, including their contact details. It may be easy for someone in the general public to guess the identity of that individual.

Many people share photos and/or information about other family members / friends. Practitioners do not share in-depth information about family/friends and/or their support. There have been instances where clients become fixated with a practitioner. They have been kind and supportive during a challenging situation. Clients could develop a dependency on the practitioner. Someone in this mindset could stalk the practitioner and even put the practitioner in danger. For this reason, social media could compromise the confidentiality of the practitioner.

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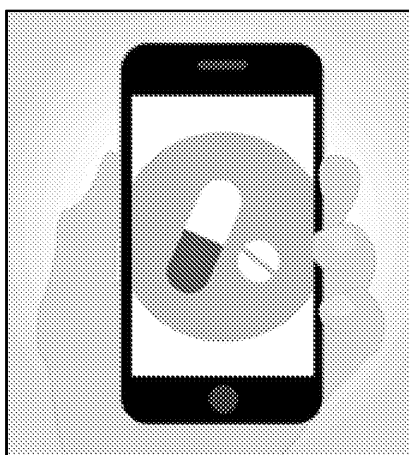
Safeguarding

All professionals who work with children / young people and families must follow procedures which aim to protect all children equally from harm. Safeguarding can promote the physical and mental well-being of children / young people and protect

Many children / young people that practitioners such as social workers work with and their whereabouts may be hidden from individuals who could cause them harm. They should not be allowed to have any access to their child, and if they were to discover where they are, they could abduct/kidnap them. Comments made on social media could make the identity of a child obvious. If a practitioner shared details of a client they had worked with that day (e.g. their initials, it may be easy for someone in the general public to guess the identity of the child given), which could put some children / young people at risk of harm.

Photos of children / young people should only ever be taken if absolutely necessary, e.g. taking photos of a victim of abuse for their file. These photos should only ever be taken by the employing organisation. In no situation should a practitioner ever use the photos of clients they work with as this would be beyond their professional boundaries.

Photos should only ever be stored on secure networks/drives and should be deleted as soon as they have been downloaded in a secure manner.



Photos should never be posted on social media platforms in any situation. This could lead to legal proceedings and also present a safeguarding issue; for example, a photo will be obvious, which could then present a threat (e.g. risk of bullying by others) and/or be used to find someone they are hiding from, such as an abusive family member. Others could find the social media account and use it inappropriately, e.g. edit the image and/or post

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6.4 Revision questions

1. Give **two** reasons why professional boundaries are important.
2. Explain **one** benefit of a professional posting official information via the org
3. Give **two** potential conflicts of interest when working with children and young
4. Explain **two** reasons why professional boundaries can help a professional to family may have about the type of support that they can offer.
5. Explain **one** reason why using social media personally may be detrimental to out their job role.
6. Give **three** types of information that Henry may hold about the children that occupational therapist.
7. Sasha is a counsellor, and a young person has asked for advice about acne. offers some personal guidance. Has a professional boundary been broken?
8. Kirsty is an educational psychologist and has realised that she has been asked neighbour's child.

Explain how Kirsty should handle this situation.

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Answers to Revision Questions

Chapter 6.1: How agencies and services support children, parents/caregivers

1. **Award 1 mark for each correct answer, up to a total of 2 marks.**

Charities may include:

- Family Action
- Family Rights Group
- Action for Children
- Barnardo's
- National Society for the Prevention of Cruelty to Children (NSPCC)
- Save the Children
- Children's Society
- Child Poverty Action Group
- The Trussell Trust
- The Childhood Trust
- YoungMinds

2. **Award up to 2 marks for a developed explanation, which includes any of the following. Award 1 mark for identifying an appropriate method of support and 1 mark for the explanation.**

- **Holiday clubs** – holiday clubs offer enrichment and care for children during school holidays, which allows support parents to go to work and earn money safely in the knowledge that their children are cared for.
- **Breakfast clubs** – breakfast clubs offer care for children while their parents are at work. Parents need to leave for work before lessons start at 8.45am or 9.00am. The clubs provide breakfast to qualifying children, which ensures they have eaten before school.
- **Lending ICT equipment** – schools can often lend ICT equipment (such as laptops) to children, which allows them to learn from home. These devices ensure that children / young people can complete homework tasks.
- **Training and guidance for parents** – specific workshops are often held to help parents with their children or workshops for literacy/numeracy, so that parents are able to support their children's learning.
- **Free school meals** – a free hot meal is offered for all children of qualifying families. This ensures that children have time to ensure that they have eaten something nutritious that day.

3. **Award 1 mark for any of the following, up to a maximum of 4 marks.**

- Sleep problems
- Depression
- Anxiety
- Self-harm
- Abuse
- Anger
- Bipolar disorder
- Schizophrenia
- Coming to terms with a traumatic experience
- Sadness

4. **Award 1 mark for a definition of adoption and 1 mark for a definition of fostering. Award a further 2 marks for a comparison of the two.**

- **Adoption** is a legal arrangement where the child ends their legal relationship with their birth family and becomes a permanent arrangement where the child is cared for by a new family.
- **Fostering** is a temporary arrangement where the child is cared for by a family on behalf of the legal responsibility of the local authority or birth family.
- The key difference is that adoption is a legal and permanent arrangement, while fostering is temporary.
- Legally the child is the responsibility of the adoptive parents with adoption, while with fostering the responsibility of the local authority and/or birth family.

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5. **Award 1 mark for correctly identifying a type of support.**

Award a further 2 marks for the explanation.

Types of support may include:

- Counselling therapy (1) – CYPMHS may refer the child to a counsellor (1) the child beyond the support that CYPMHS can offer directly (1).
- Medication (1) – CYPMHS may prescribe medication for the child to help all health issues (1). The medication may help the child to better cope, but may have side effects (1).
- Referral to a hospital (1) – CYPMHS may refer the child to a hospital to be treated (1). The hospital may have specialist staff (e.g. doctors, nurses and other professionals) and equipment to better support the child's needs (1).

6. **Award the full 3 marks for: 18,058**

Award 2 marks for an answer that is not rounded, e.g. 18,057.5 or that is rounded to 18,058.

Award 1 mark for a correct calculation but a wrong answer.

$$\begin{aligned}\text{Percentage increase} &= 116.5 / 100 \times 15,500 \\ &= 18,058 \\ &= (18,057.5)\end{aligned}$$

7. **Award 1 mark for: Early Years Foundation Stage**

8. **Award 4 marks for:**

- Family Rights Group is a charity that works to promote the child's best interests (1).
- The charity specialises in working with parents/guardians whose children are in care (1).
- Xander's father can obtain help from a specialist legal and child welfare advice service offered free to parents and kinship carers (1).
- The charity can help signpost Xander's father to other professionals who can help (1).

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Chapter 6.2: The role of other professionals in supporting children,

1. **Award 1 mark for each correct task, up to a total of 2 marks.**
 - Prepare personal care/support plans for children / young people
 - Offer counselling and guidance
 - Write reports and keep accurate records
 - Refer cases to other professionals and supervisors
 - Work closely with other professionals, communities and families
 - Hold meetings and assessments to accurately diagnose the needs of children and make appropriate recommendations
 - Take action to keep children / young people safe
2. **Award up to 2 marks for a developed explanation, which includes any of the following. Award 1 mark for identifying an appropriate method of support and 1 mark for the explanation.**
 - **Working towards shared goals** – together the professionals can agree goals for the child / young person which are more likely to be achieved with a collaborative approach
 - **Accessing advice and support** – one professional cannot be an expert in everything, so the team can best meet the needs of the child / young person
 - **Sharing skills, knowledge and expertise** – different people will be able to offer different skills and expertise
 - **Improving referrals** – referrals will be smoother for the child / young person if everyone works well together
3. **Award 1 mark for any of the following, up to a maximum of 4 marks.**
 - Cancer
 - Broken/fractured bones
 - Birth defects
 - Autism
 - Learning difficulties
 - Juvenile rheumatoid arthritis
 - Mental health and behavioural challenges
 - Sensory processing disorders
 - Post-surgical complications
4. **Award 1 mark for a definition of OT and 1 mark for a definition of SLT. Award a further 2 marks for a comparison of the two, e.g.**
 - OTs work mainly with children with sensory, physical or cognitive challenges to help them to become more independent, e.g. getting dressed, learning to write or use tools.
 - SLTs provide support with communication, swallowing and eating/drinking. If a child's speech is slow to develop.
 - The key difference is that OTs help to develop motor, sensory, physical skills while SLTs support communication, swallowing and eating/drinking.
 - The two professionals may work together to meet the full needs of some children.

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5. **Award 1 mark for correctly identifying a task.**

Award a further 2 marks for the explanation.

Types of task may include:

- Home visits to specific families (1) – they may visit the family and child in their home. This will enable a full assessment to be carried out in the domestic environment and give insight into the child's life and care (1).
- Supporting immunisation clinics (1) – coordinating and helping to deliver clinics. Ensuring parental permissions are obtained and also answering any parents' queries during the immunisation clinic in case of any problems (1).
- Offering health and well-being guidance and advice, e.g. healthy eating advice. Advice may be given to help the family live a healthier lifestyle (1) via education and guidance.
- Delivering health education and guidance (1) – the professional may support the family to deliver health education (1) or offer education and guidance as part of their role.
- Signposting to other professionals and sources of information (1) – as part of their role that the child needs specialist support that another professional would provide. They can signpost and refer the child to that service and/or offer information and advice.
- Conducting health assessments (1) – they will carry out health assessments as part of their work.
- Supporting safeguarding (1) – they may be the first to identify a potential safeguarding issue in their work with the child and wider family (1). They have a duty to disclose any concerns the way outlined by their employing organisation (1).

6. **Award 1 mark for each correct task, up to a total of 3 marks.**

- Scribe
- Reader
- Extra time
- Rest breaks
- Modified papers
- Separate room

7. **Award 1 mark for: GP / general practitioner**

8. **Award 4 marks from:**

- Youth workers typically work with children and young people aged 11–25.
- They support the personal and social development of young people by providing a range of different activities.
- Many youth workers start out by volunteering in a role working with young people and then undertake formal qualifications.
- Youth workers cover a range of different roles and they may be based in a youth centre, outreach centre, or charity such as the YMCA.
- Youth workers aim to guide, empower and support the young person to make their own decisions. Youth workers do not 'fix' problems; their work is an educational process where the person discovers more about their own identity, their community and the world around them. They make positive and appropriate decisions to meet their own needs and support the young person to do the same.

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Chapter 6.3: How to work collaboratively with other agencies and

1. **Award 1 mark for each correct principle, up to a total of 2 marks.**
 - Maintain confidentiality and protect sensitive data
 - Gain parental consent when appropriate
 - Report concerns and referrals
 - Follow relevant policies/procedures
2. **Award up to 2 marks for a developed explanation, which includes any of the following:**
 - **1 mark for identifying an appropriate benefit and 1 mark for the explanation.**
 - To prevent identity theft (1) – if someone knows too much information they could steal their identity (1). This could lead to the individual being able to commit fraud (1).
 - To reduce the risk of accounts and/or systems being compromised (1). If confidential data is leaked (or gets into the hands of someone who should not have it) the interests of the organisation. If confidential data is leaked (or gets into the hands of someone who should not have it) the accounts or information systems being accessed by an unauthorised person (1). The data could also be seen by a rival or competitor and be used to their disadvantage (1).
 - To prevent legal or reputational damage (1). The individual about whom the information was given could take legal action (1) as the organisation has not protected their data in line with the law (1). This could lead to a law suit and/or fine (1).
 - To prevent a fine / financial penalty or, in extreme cases, a prison sentence (1). The data is concerned could take legal action (1) as the organisation has not protected their data in line with the UK GDPR, which could lead to a law suit and/or fine, or a prison sentence (1).
 - It is the right thing to do, morally and professionally (1). It is not ethical to share confidential information (1). The person that gave the information trusted the organisation (1), and the disclosure is a breach of their trust (1).
3. **Award 1 mark for any of the following, up to a maximum of 4 marks.**
 - Safeguarding
 - Disciplinary
 - Grievance
 - Health and safety
 - Data protection
 - Lone working
 - Privacy
4. **Award 1 mark for each correct reason.**
Award a further 1 mark for each correct explanation.
 - **To ensure that legislative requirements are met** – when a policy/procedure is developed, the organisation normally checks that it meets the minimum requirements of the law. It is good practice to review all relevant policies/procedures at that point.
 - **Equality** – by all professionals following the same policies/procedures, the family can be sure that they are treated in the same way as others in the organisation. In a service there is always a risk that some individuals are treated more favourably than others but following policies/procedures helps to overcome this risk. Following a policy/procedure used as a defence if a professional is accused of favouritism or of behaving unprofessionally, it is likely that equality can be demonstrated.
 - **Efficiency** – the policy/procedure ensures that the task is carried out in the most efficient way possible. This is essential in the modern climate where many services for families are operating within tight budgets.
 - **Customer focus** – the policies/procedures typically lead to customer satisfaction with the child/parent/family in mind.
 - **Professionalism** – the policy/procedure can help develop a positive reputation for the professional. A professional can be signposted to the steps/actions to take in a specific situation. Having policies/procedures can also demonstrate that the service is well managed. Ofsted often review policies/procedures.
 - **Reputation / brand image** – the policy/procedure may help to strengthen the reputation and/or brand values / image (especially if a private sector organisation).

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5. **Award 1 mark for correctly identifying a principle.**

Award 2 further marks for the explanation.

Types of task may include:

- To collect data for legitimate purposes only (which are specified, e.g. with individual's consent, to fulfil a legal obligation or to protect the organisation)
- To collect no more data than is absolutely necessary to carry out the legitimate purpose
- To process data in a lawful and transparent manner
- To keep data up to date and accurate
- To process data only for a limited range of reasons which are transparent
- To process and store data in a secure manner
- To store data for no longer than is absolutely necessary to fulfil the purpose

6. **Award 1 mark for each correct reason, up to a total of 3 marks.**

- When referring the child for support by another professional/agency
- When reporting a concern / safeguarding
- With parental consent
- When working with other professionals
- To follow a relevant law

7. **Award 1 mark for:** computer data

8. **Award 4 marks for the following:**

- Sarah must explain that anything she is told may need to be disclosed and that she will ensure the child is safe. She must stress that she will respect confidentiality whenever she can but that sometimes the information may need to be shared.
- Sarah must encourage the child to talk openly and honestly
- Sarah must accurately make notes
- Sarah must follow her organisation's safeguarding policy and make an informed decision about whether to involve a relevant person

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Chapter 6.4: Why practitioners establish and maintain professional boundaries

1. **Award 1 mark for each correct reason, up to a total of 2 marks.**
 - Facilitating partnership working
 - Protecting emotional well-being
 - Respecting children's and young people's privacy
 - Avoiding distraction from the practitioner's role
 - Providing structure and expectations
 - Reducing conflict
 - Promoting safeguarding and preventing the misuse of power
 - Maintaining confidentiality
2. **Award up to 2 marks for a developed explanation, which includes any of the following. Award 1 mark for identifying an appropriate benefit and 1 mark for the explanation.**
 - Can help to reach some groups of users
 - An instant way to communicate information
 - It is a common method of communication
3. **Award 1 mark for any of the following, up to a maximum of 4 marks.**
 - If a married couple from different professional backgrounds work together
 - If a professional is required to support a child or family that they are related to
 - If the professional is friends with, or a past acquaintance of, the child / young person or other professional
 - If the professional has had a previous negative encounter / disagreement in the past, e.g. two professionals previously worked on a case and one of them failed in completing their work to a high standard
 - If the professional is working with a next-door neighbour
4. **Award 1 mark for each correct reason.**
Award a further 1 mark for each correct explanation of any two reasons.
 - When starting to work with a new child / young person or family, all professionals should support and services they can offer
 - Professional boundaries limit the range of support and services that can be offered. Practitioners should take care to ensure that the child / young person and family understand the limits. A worker should not tell a child that they can review whether their asthma inhaler dosage, as the child's medical needs are the remit of their GP
 - This would lead to unrealistic expectations by the child and their family and disappointment when the practitioner cannot deliver their promises
 - If the family is dissatisfied they may put in a complaint about the service or the dissatisfaction with others
5. **Award 1 mark for correctly identifying a reason.**
Award a further 2 marks for the explanation.
Reasons may include:
 - Professional boundaries (1) – the use of social media may compromise professional boundaries (1), which could prevent the professional from carrying out their role
 - Effective partnership working (1) – comments posted on social media may damage relationships with other professionals (1). This will prevent the professionals from meeting the needs of the child / young person (1).
 - Confidentiality (1) – a comment on social media may disclose confidential information. This could lead to a breach of UK GDPR legislation or put the commercial organisation at risk (1).
 - Safeguarding (1) – the text or image posted on social media could put a child at risk (1), which could put the child in danger emotionally or physically (1)

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6. **Award 1 mark for each correct type of information, up to a total of 3 marks**
- Age
 - Name
 - Address
 - Date of birth
 - Details of parent(s)
 - Details about their disability or condition
 - Records about the support offered
7. **Award 2 marks for:**
- As a counsellor, Sasha should not give out medical advice as it is outside her role.
 - She should have referred the young person for medical advice from a GP.
8. **Award 4 marks from:**
- Kirsty must inform her manager about the potential conflict of interest and whether it is more appropriate for and/or if she should continue to support the child or whether it is more appropriate for another staff member to do the work.
 - Kirsty must follow the manager's guidance and not overstep any of the boundaries set by the advice offered.
 - If Kirsty is told to continue to work with the child, she must ensure that she does not show any bias so the child is not treated any differently from any other child. Accurately record the advice given and document that no favouritism was shown at any time.
 - She could also have a quiet word with the parents so that they are aware of the situation and remain impartial so that they don't inadvertently put her in a difficult position.
 - She should ensure that she remains in the boundaries of her job role at all times and is not afraid to say 'no'. If she feels unable to follow this guidance she should seek advice from her manager.

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