

# ContactPoint

## Early Adopter Case Study

Saving time and supporting faster,  
more joined-up service delivery



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[www.dcsf.gov.uk/ecm/contactpoint](http://www.dcsf.gov.uk/ecm/contactpoint)

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### Case study profile

ContactPoint Early Adopters trained 800 practitioners between May and October 2009. These practitioners work across a range of sectors and agencies, including social care, health trusts (primary care and acute), education, children and family services, youth support, police and local voluntary organisations. Practitioners said that in the light of experience, they wanted and expected to use this tool in their work with children. Feedback was positive and very encouraging, suggesting that even at a very early stage of delivery ContactPoint was making a difference. The practitioner feedback below provides practical illustrations of just some of the benefits of ContactPoint.

### Saving practitioners' time and supporting faster, more joined-up service delivery

Practitioners working with a child need to know about each other and talk to each other, so that they can arrange the most appropriate support quickly, before problems get more serious. Without ContactPoint, practitioners could waste days trying to find out who else was working with the same child or unknowingly duplicate work that was already being carried out by another service. Early Adopter practitioners across a range of sectors found that ContactPoint helped to address this.

*"I'm spending far less time finding other practitioners working with the same child. ContactPoint is helping to make everything smoother, quicker and more efficient. The assessment can be made and phone calls made within a short period of time."*

*"For example, a child came into A&E recently. He lied about his address and phone number as he had run away from home. I went onto*

*ContactPoint and was able to find his correct contact details, enabling us to quickly contact his social worker and let them know he was safe."*

**Anita, Staff Nurse, A&E Department**

*"ContactPoint is a very easy tool to use. It allowed me to rapidly access relevant information about a child in whom there was a suspected non-accidental injury. This information was invaluable in guiding further management and the whole process took less than five minutes whereas previously a lot of time would have been spent making phone calls and trying to track people down for information."*

**Ravi, Consultant Paediatrician, NHS Foundation Trust Hospital**

*"ContactPoint has helped our Personal Advisers to make the right links before starting to work with the pupils, thus ensuring we set appropriate priorities and put the right level of support in place. It will definitely improve joint working practice and therefore ensure better outcomes for our clients."*

*“Working in a city environment where young people move into the area from all over the country, ContactPoint's national dataset has also proved useful to our advisors, and this will be even more useful as more agencies involvements are added.*

*“We had no difficulty in finding staff willing to be trained at this early stage, as all recognised the value of being able to identify other agencies and workers quickly and easily. Our user group is made up of a variety of job roles to allow us to determine the full benefits of the system.”*

**Pam, Operations Manager, Connexions**

### Key points

- At the time that Early Adopter practitioners were using ContactPoint it held information from existing national data sets. This meant that each child record held the name, address, date of birth, educational setting (if registered at a maintained school) and their GP practice.
- The practitioners using it reported that they already found it useful, even with only this basic data available.
- Over time, with the addition of national and local partner data, ContactPoint will be even more useful, particularly where children have additional needs and use services from several agencies.
- Additional case studies are available demonstrating further benefits of ContactPoint.