

Report to Children's Trust Partnership Council (17.09.09)

Integrated Working in Children's Services, Progress Report, September 2009

1. Introduction

- 1.1 This report provides an update on the work being undertaken to embed integrated working arrangements amongst the Children's Trust partner agencies. It:
- Summarises the AXS pathway, which is the core pathway for children, young people and families with additional needs.
 - Describes work to date in developing and implementing the key components of the DCSF 'toolkit' for integrated working.
 - Sets out the vision for 'managed networks' across Devon to ensure that the AXS pathway is implemented consistently and rigorously county-wide.
 - Describes some of the performance indicators being developed to measure progress.
 - Describes the critical role of the Common Assessment Framework with regard to safeguarding.
 - Recommends on the actions required by the key partner agencies to further develop our arrangements for, and governance of, integrated working.

2. The AXS Pathway

2.1



The AXS Pathway in Devon is being delivered through 19 AXS clusters, based on populations of local learning communities. The key principles embodied in the AXS Pathway are to identify needs at an early stage, to prevent the escalation of difficulty by providing a timely and preventative response, either by providing early intervention through multi-agency co-ordination of services or by identifying the need and securing specialist services.

- 2.2 The 19 AXS clusters are grouped into 3 operational areas, Northern, Southern and Eastern. The map in Appendix 1 shows the configuration of local learning communities, the 19 AXS clusters and the 3 operational areas.

3. Developing and Implementing the Integrated Working Toolkit

- 3.1 The DCSF has, within the Every Child Matters programme, defined the key components of the integrated working toolkit as follows:
- a. A Common Assessment Framework (CAF), to be applied when a child/family has additional needs which require the co-ordinated input of two or more agencies. The completion of a CAF usually results in a 'Team Around the Child' (TAC) meeting, involving the child/young person, family members and those working with the family, and the drawing up of a joint plan to meet the assessed needs.
 - b. A lead professional to be identified for each child/family to co-ordinate the CAF and resulting service plan. The lead professional is identified from the group of staff working most closely with the family.
 - c. Budget holding lead professionals. This is an extension of the lead professional arrangements whereby the lead professional can access funding for the individualised commissioning of services to meet the assessed needs. The intention here is to promote creative, flexible early intervention services.
 - d. Effective information sharing. The DCSF has developed detailed guidance for practitioners to inform the appropriate sharing of information about children, young people and families. This has been issued to staff working in DCC, Health and Schools services in June and will be issued to other staff groups later this year.
 - e. ContactPoint. This is a secure on-line directory for practitioners which will help them to quickly find out who else is working with the same child as them. It is a national system which is now being tested with some early implementation sites.
- 3.2 Responsibility for developing and implementing these tools rests with the AXS Board. Progress to date is as follows:
- Multi-agency training on the AXS pathway and supporting tools has now been delivered to multi-agency staff in all 19 AXS clusters. Approximately 1,500 front line practitioners have received 'Integrated Working in Practice (AXS 03) training to date.
 - A total of 1060 CAF's have been undertaken during the period September 2007 to August 2009.
 - The information governance leads from the main Children's Trust partners have established a task and finish group to implement the information sharing protocols in Devon. This includes a common procedure for identifying information sharing incidents/issues and sharing the learning from them.
 - Devon's arrangements for the implementation of ContactPoint are on course, with Devon being in the third wave of implementers and due to be using the system locally from November this year, although full roll-out is planned during 2010.
- 3.3 Whilst there has been steady progress in all aspects of the integrated working toolkit, there are a number of issues requiring particular attention by the AXS Board, notably:
- a. Ensuring full ownership by partner agencies of their responsibilities for integrated working. The Board has developed an integrated working self assessment tool for use by all partner agencies to enable them to self-assess progress on each aspect of the toolkit within their own agency/sector, and to focus on areas requiring particular attention. Progress to date with these self assessments is shown below. A more detailed report on the self assessment programme is attached as Appendix 2.

- b. Ensuring that all staff whatever their setting can access the most up to date information and guidance on the tools for integrated working. This is being achieved through an on-line practitioner toolkit which will be accessed through the Children's Trust website.

4 Establishing 'Managed Networks' for the Delivery of the AXS Pathway

- 4.1 Hitherto the AXS Pathway has been delivered on the basis of collaborative working between partner agencies at local level. Whilst this has worked well for many families, there is emerging evidence that the application of CAF/TAC's, and their quality, is variable across the County. The AXS Board has reviewed the delivery models for integrated working being used elsewhere nationally and has proposed that the AXS Pathway be delivered through a 'managed networks' approach, with responsibility for the co-ordination of the pathway delivery resting with the joint DCC/PCT Integrated Children's Service Delivery (ICSD) branch of children's services.
- 4.2 In order to achieve this, the Integrated Children's Services Delivery (ICSD) branch is establishing two service groupings:
 - a. **Early Response Services.** These will focus on the delivery of CAF's and 'team around the child' plans with the aim of managing as much work as possible at level 2 of the AXS Pathway. They will require the active involvement of a range of staff employed by partner agencies and the three Early Response Services Managers (who are taking up posts in September to cover Northern, Southern and Eastern Devon) will be working closely with partners locally to negotiate the local Early Response Service arrangements.
 - b. **Further Response Services** for children with additional needs. These will focus on work at level 3 of the AXS Pathway with children and young people who have additional needs due to disability and/or emotional health difficulties. They will combine elements of the existing joint agency teams for children with special needs and child and adolescent mental health services. They will sit alongside other services working at level 3 of the AXS Pathway, especially social care services for children in care, in need of safeguarding or at risk of family breakdown.
These groupings are being established within existing resources through the re-defining of existing managerial capacity.
- 4.3 The effectiveness of these Early and Further Response models will be determined by the level and quality of inputs from Children's Trust Partners. The ICSD branch provides the means to establish well managed networks, but is not, by itself, the 'CAF service'.
- 4.4 A successful managed network will require the effective alignment of the AXS Pathway with other key children's services pathways, notably Stepping Stones, social care, early years and IYSS. Detailed work has been undertaken to align these pathways, building on the principle that the CAF and related integrated working arrangements should be at the centre of all multi-agency involvement with children and families, with detailed proposals set out in Appendix 3.

5. Measuring Performance

As part of the processes established in Devon, there are regular reviews made of progress for each child who has undergone a common assessment. At each review, each child/young person, parent and lead professional is asked to give their view on the extent to which the planned outcomes of the work have been achieved.

The data presented explores the extent to which the AXS programme is achieving outcomes set out for children and families. Children/young people, parent and lead professionals were asked at the review stage, '*has the plan worked and all the outcomes been achieved?*' Possible response options were– '*not at all*', '*partly*', '*mostly*' and '*completely*'.

- 5.1 This will be accompanied by a number of output measures, including:
- a. Number of CAF's completed by cluster, child population and IDACI weighting.
 - b. Number of lead professionals by sector.
 - c. Quality of CAF's (more detail)
 - d. Number of adverse information sharing incidents.
 - e. Levels of referral for level 3 social care services.

Further details on this are set out in Appendix 4.

6 The Interface with Safeguarding

- 6.1 Effective arrangements for undertaking Common Assessments/Team Around the Child interventions are essential to the delivery of effective safeguarding. They ensure early identification of need, multi-agency risk assessment and determination of thresholds and the involvement of children, young people and families in problem solving.
- 6.2 The Ofsted inspection will be focused on the local arrangements for CAF delivery, looking at the numbers of CAF's being undertaken, their quality and the interface with the social care referral and assessment processes. This will be a core element of future unannounced safeguarding inspections.
- 6.3 In order to ensure an effective interface between CAF/TAC services and level 3 social care services, some social care capacity will be deployed within the Early Response Services. This will be implemented and tested in Northern Devon.

7. Recommendations

- 7.1 The Partnership Council are asked to:
- a. Note and comment on this progress report, thereby informing the work programme of the AXS Programme Board.
 - b. To endorse, or vary, the recommendations and timescales for pathway alignment which are set out in Appendix 3.

AXS Partnership Agreement - IW Self Assessment Template

Section One: Common Assessment Framework (CAF)

1. How would you describe the current level of understanding of the purpose of the Common Assessment Framework across your service?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
There is a good understanding			1		1	1		3
There is a limited understanding	1	1		1			1	4
There is little or no understanding								0
Don't know								0

2. Which of the following statements best describes the current position in your service with regard to introducing and using the common assessment framework?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have successfully implemented plans to introduce CAF across all children's services in this sector and CAFs are now routinely completed for all children believed to have additional needs						1		1
We have begun to implement plans to introduce the CAF and most children's services are writing CAFs for children they believe have additional needs		1	1	1		1		4
We have plans to implement CAF and have begun to pilot the use of CAF in some aspects of our service with a view to rolling out the plans in the next year	1				1			2
We have plans to implement CAF but have yet to make progress on the ground.							1	1
We have yet to finalise plans for introducing CAF and no CAFs are presently being undertaken								0

3. What proportion of practitioners in your service have received AXS training and are available to undertake CAFs?
From a Total of :

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
None								0
Between 1-25%	1						1	2
26-50%		1						1
51-75%			1		1	1		3
76-99%				1				1
All								0

4. Approximately, how many CAFs have been completed by practitioners in your service?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
0-10				1	1			2
11-20	1							1
21-30			1					1
31-40								0
41+		1				1		2

5. Name the key job roles within your service that are most commonly undertaking CAFs?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Youth Intervention	HV, School Nurses, PMHW	Personal Advisors	Early Intervention,	Prevention Team, YOT	Children's Centre, Pre	

Officers			Court Teams	Practitioners	School, Childminders	
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6. To what extent have you implemented a process to ensure Quality Assurance in the use of the Common Assessment Framework with your service practitioners?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have a robust QA process in place						1	1	2
We are starting to implement a QA process	1	1			1			3
We do not yet have a QA process in place				1				1
Don't know								0
Describe this	Supervisors & YIM's	Yet to be integrated in to care roles		One member of the management team is in the group monitoring the quality of CAF's		Monthly supervision		

**7. In your experience what are the benefits of CAF?
Practitioners now act earlier**

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1							1
Yes, but only anecdotal			1		1	1		3
No clear evidence		1		1				2

Services are more responsive

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1							1
Yes, but only anecdotal		1	1		1			3
No clear evidence				1				1

Services are more appropriate

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1				1			2
Yes, but only anecdotal		1	1	1		1		4
No clear evidence								0

Service delivery is more consistent

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1				1			2
Yes, but only anecdotal			1					1
No clear evidence		1		1				2

Less duplication of effort

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1				1			2
Yes, but only anecdotal			1				1	2
No clear evidence		1				1		2

Greater co-operation with other agencies / services

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1	1			1			3
Yes, but only anecdotal			1			1	1	3
No clear evidence				1				1

More accurate targeting of services

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
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						Centre	Care	
We have strong evidence								0
We are monitoring early signs	1			1	1			3
Yes, but only anecdotal		1	1					2
No clear evidence								0

Makes better use of all of the services available, eg voluntary and community sector

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1			1				2
Yes, but only anecdotal		1	1		1			3
No clear evidence								0

Other please explain

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
NA	NA	NA	NA	NA		

8. What are the most significant challenges to implementing the CAF within your sector / service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Training potentially 3,500 staff who have contact with the public. Other training priorities compete	Capacity of staff, Generic ownership – who has responsibility – are all the managers	Time to complete assessments, accessing resources, reliance on willing agencies	Duplication as we already have our own assessment tools, Within the Court Team there is a concern that a CAF may not result in another agency taking on the role of LP	Encouraging practitioners to make a CAF and start a TAC process when they are already up to capacity case load and don't feel that they have a further capacity to be the LP on a CAF case. There is wide spread belief that whoever calls a TAC will become the LP	Resources? Confidence in staff – Support Evidence of good outcomes	

9. What do you consider to be the key actions required to further support CAF implementation in your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Training	E-CAF – sooner the better, Local management of AXS clusters, Other services use CAF as initial assessment tool	Social care stall at L2, Contribution from all IYSS partners	For each officer to go through the process in order to test out the validity of the above anxieties	To try to have a YOT champion who manages CAF's for Children at the end of their Community Orders, YISP or Final Warning interventions who are at tier two level of need. To then feed back good practice and positive outcomes to the rest of the team in order to try to encourage them to take LP responsibility or at least make a CAF assessment. To provide string anecdotal evidence		

Section Two: Multi Agency / Team around the Child Meetings

1. To what extent do practitioners within your service facilitate multi-agency / Team around the Child meetings in respect of individual unborn babies, children and young people?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
Regularly	1		1	1		1		4
Occasionally		1					1	2
Infrequently					1		1	2
Never								0

What role do they take?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Investigative / prevention / safeguarding	Lead role		Officers call multi agency meetings regularly but not often as a TAC meeting, more likely to be planning and review meetings chaired by YOT officers		Chairing	

2. To what extent does your service attend multi-agency / Team around the Child meetings in respect of individual unborn babies, children and young people?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
Regularly	1	1	1	1	1	1		6
Occasionally							1	1
Infrequently								0
Never								0

What role do they take?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Investigative / prevention / safeguarding	Support planning process, taking lead	Lead professional, contributing professional	See above plus attending any meeting on a chills with whom we are involved	Advisor and practitioner with possible key responsibility		

3. What proportion of settings and teams in your sector now has aspects of their service delivery shaped through Multi Agency / TAC meeting action plans convened by others?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
None								0
Between 1-25%		1		1	1		1	4
26-50%	1							1
51-75%						1		1
76-99%								0
All								0

4. What are most significant challenges to facilitating and/or attending TAC meetings for practitioners in your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Admin support, volume, geography, training	CAF activity not seen as core business, for core business to be ??? through CAF process	Time to convene, Trying to find a way to set everybody around the table at relatively short notice	Capacity, but I would expect attendance wherever relevant	Prevention Service attends meeting been invited too. YOT tends to work with teir 3 and so part of CIN meeting although need to look at 2c children		

5. What do you consider to be the key actions required to further support practitioners participation in TAC meetings from your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Training, admin support	Lack of business support, geography	Role out of AXS	Management support in encouraging the appropriate use of CAF and attendance at TAC's	Feed back on good practice and positive outcomes for young people		

Section Three: The lead professional role

1. How would you describe the current level of understanding of the role of lead professional across your service?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
There is a good understanding			1		1	1		3
There is a limited understanding	1			1			1	3
There is little or no understanding								0
Don't know								0

2. Which of the following statements best describes the current position in your service with regard to introducing and using the lead professional role?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have successfully implemented plans to introduce the lead professional role across all children's services in this sector and a lead professional is appointed for all children for whom a CAF has been completed where appropriate								0
We have begun to implement plans to introduce the lead professional role and there is a growing number of lead professionals appointed for children for whom a CAF has been completed where appropriate	1		1	1		1		4
We have plans to implement the lead professional role and have begun to develop this in some areas of our service with a view to rolling out the plans in the next year					1			1
We have plans to implement the lead professional role but have yet to make progress on the ground.								0
We have yet to finalise our plans for introducing the lead professional role in the local area and no lead professionals are formally in place								0

**3. What proportion of practitioners in your service have received AXS training and are available to operate in the lead professional role?
From a Total of :**

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
None								1
Between 1-25%	1						1	2
26-50%					1			1
51-75%			1			1		2

76-99%				1				1
All								1

4. How many practitioners in your service have undertaken the lead professional role?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
0-10	1			1			1	3
11-20								0
21-30								0
31-40								0
41+			1			1		2

5. Name the job roles within your sector that are most commonly undertaking the lead professional role?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Police stance we will not take LP role in normal circumstances, however where there is policing need we will consider	HV, School Nurses, PMHW	Personal Advisors, Personal Advisor (Information & Planning)	Early Intervention (YISP)	Early Intervention (YISP) / Prevention Team	Other centre staff	Social Workers

6. Are you using a model of supervision for lead professionals in your service?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
Yes			1		1	1	1	4
No	1							2

If yes, please give a brief description

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
		6 weekly with Team Leader		As part of ongoing line management supervisions. Frequent case discussions between practitioners	Monthly 1 to 1	

7. What benefits have you seen from the implementation of the Lead Professional role?

Provides single point of contact

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence					1			1
We are monitoring early signs	1			1				2
Yes, but only anecdotal			1					1
No clear evidence						1		1

Better communication with children, young people, and families

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence					1			1
We are monitoring early signs	1							1
Yes, but only anecdotal			1	1				2
No clear evidence						1		1

Creates more trusting relationships

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								1
We are monitoring early signs	1				1			2
Yes, but only anecdotal			1					1
No clear evidence				1		1		2

Provides for better understanding on needs

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence					1			1

We are monitoring early signs	1							1
Yes, but only anecdotal			1	1				2
No clear evidence						1		1

Supports better co-ordination of services

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								0
We are monitoring early signs	1			1	1			3
Yes, but only anecdotal			1					1
No clear evidence						1		1

Creates less duplication and improved consistency of services

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
We have strong evidence								1
We are monitoring early signs	1				1			2
Yes, but only anecdotal			1					1
No clear evidence				1		1		2

Other benefits – please describe

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
				Access to adult services in conjunction with children services		

8. What are the most significant challenges to implementing the Lead Professional functions within your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
If we did it would be challenging to lose staff for the ??????		Time to undertake role, Accessing resources, Reliance on the willing	Within the Court Team our interventions are time limited and so the role of LP needs to be passed on at the end of the Order. Also duplication of assessments	As for previous sections	Resources issue	

9. What do you consider to be the key actions required to further support Lead Professional implementation in your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
NA		Social care stall at L2, Contribution from all IYSS services	Engagement in the process to see if anxieties are justified	As for previous sections	Implementation of role	

Section Four: Information Sharing

1. What is the current level of understanding in your Service of the legal framework for sharing information with other agencies?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
There is a good understanding							1	1
There is a limited understanding	1		1	1	1	1		5
There is little or no understanding								0
Don't know								0

2. Which of the following statements best describes the current position in your Sector with regard to introducing arrangements for sharing information between children's services?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's	Social	Total
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						Centre	Care	
We have successfully implemented plans to promote sharing of information between children's services and practitioners now routinely exchange information where appropriate	1		1				1	3
We have started to implement plans to promote information sharing and practitioners are increasingly sharing information appropriately				1				1
We have plans to promote information sharing and have started to pilot these in some areas and services with a view to rolling out the plans in the next year.								0
We have plans to promote information sharing but have yet to make progress on the ground.					1			1
We have yet to finalise our plans for information sharing in this local area.						1		1

Comment: What do we mean by 'plans'?

3. What proportion of practitioners in your service have received training on information sharing within the last 18 months?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
None				1				1
Between 1-25%	1				1	1		3
26-50%							1	1
51-75%								0
76-99%								0
All			1					1

4. To what extent are practitioners in your service confident and willing to use their professional judgements in sharing information with partner agencies?

Confidence:

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
Very confident								0
Confident	1		1	1	1	1		5
Don't know								0
Not very confident							1	1
Not at all confident								0

Willingness:

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
Very willing								0
Willing	1		1	1	1	1	Managers	6
Don't know								0
Not very willing							Practitioners	1
Not at all willing								0

5. In your experience, what have been the most significant benefits to your service from sharing information with partner agencies?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Joined up approach, fully informed – better decision making , better outcomes		Improved performance	Assessment and management of risk, multi agency nature of YOTs facilitate info sharing	The ability to make more holistic systematic assessment and intervention which can be supported by a number of agencies		

6. In your experience what are the most significant challenges in developing greater information sharing in your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's	Social Care
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Willingness to share not being frightened		Lack of clarity in what can be shared, who it can be shared with methods for sharing, Lack of willingness of health to share data	Not having a clear policy or agreement between agencies about what info can be shared	Developing a shared understanding around protocols for information sharing and data protection	Centre	
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7. What do you consider to be the key actions required to further support Information Sharing implementation across your service?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
Training, willingness to share		Clarification	Development of policy and training. If there is a risk or safeguarding issue then it is usually quite clear. Not as clear where there is lower levels of risk	Training		

8. Does your organisation have a process in place for a) monitoring information sharing incidents, and b) managing information sharing risks?

a) Monitoring information sharing incidents:

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
There is a process in place	1				1			2
There is no process in place				1		1	1	3
Don't know								0

b) Managing information sharing risks:

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
There is a process in place	1				1			2
There is no process in place				1		1	1	3
Don't know								0

9. How do you monitor compliance with information sharing requirements and best practice?

Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care
All info sharing agreements are vetted by our Data Protection Manager who works to an ACPO approved template			We don't	Trough supervision and team meetings		

10. Do you have information sharing agreements in place for all flows of identifiable service user information between you and partner agencies?

	Police	PCT	Connexions	YOT 1	YOT 2	Children's Centre	Social Care	Total
There are agreements in place	1			1				2
There are no agreements in place								0
Don't know					1	1		2

Proposed CAF Interface with Other Assessments – Pathway Alignment for Devon (June 2009)

This section of the protocol provides guidance regarding the alignment of CAF with key existing assessment and intervention processes in Devon. Part One covers general principles underpinning alignment, and Part Two details specific alignment recommendations per organisational grouping.

Successful alignment is underpinned by effective information sharing between agencies, as per national recommendations

It is recommended that senior managers agree a simultaneous ‘switch over’ to using the CAF as the early intervention single assessment process in Devon, in order to ensure successful alignment and consistency for families. All AXS clusters in the county now have access to the Integrated Working training which managers need to ensure staff attend, along with ensuring that CAF practice is embedded within their organisations.

Part One - Key Principles

1. The CAF is the inter-agency process model of holistic assessment, action planning and review to be used in Devon

- 1.1 The CAF should be used as the common process for assessing and meeting multiple additional need in Devon, and should precede specialist and/ or statutory assessment except where there are safeguarding concerns or where a parent/ carer does not consent to a CAF
- 1.2 The assessment aspect of the CAF should be seen as an intervention in its own right
- 1.3 The CAF form is merely the vehicle to record the collation of information gathered through the process, and should not be confused with the process itself

2. The CAF process is consent based and requires equal partnership between families and practitioners

- 2.1 Where families decline a CAF, practitioners should use single agency mechanisms to ensure assessment of need and subsequent intervention is not delayed
- 2.2 Families should still be able to self- refer to agencies for assessment and intervention if they choose to do so
- 2.3 Practitioners should continue to work to build relationships with families who initially decline support, and should not close cases due to non –attendance/ non -engagement

3. The Team Around the Child (TAC) ethos underpins assessment & intervention planning processes in Devon, and replaces panel based decision making

- 3.1 Existing multi-agency groups in schools should be used only for shared learning and should not be used for referrals, assessments or planning of interventions
- 3.2 The TAC should be made up of both family members/ friends and relevant, appropriate practitioners
- 3.3 The TAC model can helpfully be used to support best practice at both levels 2 and 3 of the AXS Pathway
- 3.4 Individual agency screening and consultation functions should be embedded in the TAC process, through attendance and participation of professionals at TAC meetings
- 3.5 Action plans developed at any level of the AXS Pathway should be personalised using individual commissioning principles, and strive to seek that services fit around the identified needs of the child/ young person/family rather than through a pre-prescribed menu of services

4. Smooth transition between practitioners and agencies ensures better support for families

- 4.1 The CAF process should not be a barrier to early assessment of urgent/ complex need
- 4.2 Unmet need can be identified and supported through the CAF process at both levels 2 and 3 of the AXS Pathway if helpful, and if it does not duplicate assessments or planning already undertaken.
- 4.3 Where Level 3 practitioners have completed specialist single or joint agency pieces of work and are ready to discharge/ close cases, they should work with the family to identify any outstanding unmet need. Level 3 practitioners should then trigger a TAC meeting to ensure a smooth transition to local community based support

Part Two – Alignment Recommendations

1. Education, Schools & Stepping Stones

1.0 Educational Psychology and Behaviour Support Services

CAF is not required for general consultation and support for schools/ settings, but is recommended to precede all individual assessments of children and young people by educational psychologists and support staff where these children and young people present with multiple additional needs

1.1 Code of Practice for Special Educational Needs - Early Years Action or School Action

The Pre-CAF checklist should be used at this stage to identify any multiple unmet needs, and thus trigger a CAF. Whilst Individual Education Plans (IEPs) are seen as a single agency tool at this School Action/ Early Years Action, a CAF aligned IEP format is recommended

1.2 Code of Practice for Special Educational Needs - Early Years Action Plus or School Action Plus

CAF should be undertaken at this stage for all multiple needs, unless this would duplicate specialist Integrated Assessment already in progress. CAF can be undertaken by school staff and a TAC meeting convened. The Individual Education Plan (IEP) should be developed in the context of the wider CAF action plan, using a CAF aligned IEP format

School Action Plus/ Early Years Action Plus should continue to run as a stand alone process if there is no parental consent for CAF, still using a CAF aligned IEP format

1.3 Code of Practice for Special Educational Needs - Statutory Assessment of Special Educational Need

CAF/TAC will precede all requests for statutory assessment of SEN in Devon, except those where a level of complexity of need triggers specialist integrated assessment from the outset and would be duplicated by CAF. Both the CAF assessment section and the outcomes of the TAC interventions action plan will be required as supporting evidence for the request of a statement of SEN

1.4 Pastoral Support Plans

DCSF recommend that CAF is undertaken as part of a PSP in the “Improving Behaviour & Attendance: Guidance on Exclusions from Schools & Pupil Referral Units” (DCSF, 2008). CAF should be offered to all families where there is risk of exclusion in Devon, and a TAC meeting convened to develop a Pastoral Support Plan within the context of the wider CAF action plan, using a CAF aligned PSP format.

The PSP process should continue to run as a stand alone school based process if families decline a CAF, still using a CAF aligned PSP format

1.5 Communication & Interaction Resource Bases, Area Bases and PACCs

CAF will be undertaken for all children and young people accessing support for additional needs within the Stepping Stones programme, using CAF aligned IEP and PSP formats where there is parental/ young person consent

1.6 Link Education and Hospital Education Service

CAF will be undertaken for all children and young people in the Link or Hospital Education based services, unless this would duplicate existing Level 3 integrated assessment. CAFs could be undertaken by EOTAS or by hospital staff as appropriate

1.7 Education Welfare

CAF is recommended for children and young people where there are welfare concerns including school refusal, absenteeism or truanting. Education Welfare Officers can undertake CAFs, and support CAF action plans developed with the TAC.

1.8 Traveller Education

A Statutory Welfare Assessment is conducted on site by a DCC Gypsy Liaison officer who notifies Traveller Education Services of all children and young people present. Traveller Education workers should then use this information where possible to undertake a CAF for any children with multiple additional needs and minimise duplication.

Consideration should be given to timescales, with the CAF assessor and members of the TAC working quickly with the family to develop an action plan. Traveller families should have a copy of the CAF assessment and action plan without delay, which could usefully be held with other related information in the red bag

1.9 English as an Additional Language

CAF is recommended for all children and young people presenting with multiple additional needs, and could be undertaken by the EAL advisor or by school staff as appropriate. It is expected that the EAL advisor will be able to signpost interpreter services as required, to include participation at the TAC meeting if necessary.

1.9 Portage

The CAF assessment will not usually precede Portage involvement, since Portage referrals require Integrated Level 3 assessment which would duplicate CAF. However, the CAF tools can be used to identify additional unmet need at any stage following level 3 assessment and intervention if helpful, particularly in ensuring a smooth transition to community based support through the TAC. Portage workers are ideally placed to support this process given their role supporting both families and schools.

2 Social Care

2.0 CAF should precede all social care referrals ***EXCEPT cases where there is risk of significant harm, in which case practitioners should follow Devon Safeguarding Children's Board procedures and refer to social care without delay***

For all other referrals, where a level 3 social care assessment is indicated, practitioners should complete the Multi-Agency Referral Form Part 1 and send with a completed CAF assessment and any information re TAC to the relevant locality office, assuming there is parental consent to do so. For cases where a parent declines a CAF, referral should be made to social care using both Part 1 and Part 2 of the Multi-Agency Referral Form

For cases where a practitioner is unsure whether social care input is required, it is recommended that consultation with the Threshold Unit is sought over the telephone.

Following referral to social care or consultation via the Threshold Unit, it is recommended that social workers attend and participate in TAC meetings to provide an in-depth consultation and screening function for the family and multi-agency practitioners, regarding all children and young people who present with social needs on the cusp of levels 2 and 3. The social worker will then advise as to whether a specialist social care assessment is required, or whether input is better delivered in the form of support to the TAC and/ or Lead Professional. This will maximise opportunities for best practice through provision of informal training and support for multi-agency colleagues, with an expected associated reduction in referrals for social care initial assessment

Where social care case management at level 3 is concluded, social workers and family support workers should not close the case if there is any additional unmet need which could be supported through the locality based community support using the TAC model. Social care staff should trigger a TAC meeting for families who would like ongoing support, and ensure a smooth handover by attending the initial TAC meeting.

This guidance will be updated further following the introduction of social care staff to Early Response services.

3. Early Years

Early Support Programme

CAF will be used as part of the Early Support Programme if an integrated assessment at level 3 has not already been undertaken. The CAF form will be stored within the Early Support Family File, and the action plan encompassed into the Early Support Family Plan

Children's Centres, pre-schools and childminders

CAF can be used in any early years setting as part of the Early Support Programme as above. It may also be triggered by health visitors through use of the Family Health Needs Assessment. Early Years staff play a crucial role in developing relationships with families and in early identification and support of additional needs

Health

It is recommended that CAF be undertaken by a wide range of health practitioners working in Early Years, including Community Midwives, Specialist Midwives, Health Visitors and paediatric nurses. Health care plans should be developed in the context of the wider CAF action plan or Early Support Family Plan as is most appropriate

4. Integrated Youth Support

4.1 ONSET/ ASSET

CAF should precede referrals to Youth Inclusion Support Panels (YISPs) and will provide supporting evidence for the ONSET assessment.

CAF should not replace ASSET which is a specialist tool used to assess risk of offending, but may be a useful assessment to complement ASSET in order to gain a wider understanding of unmet need - particularly if a young person has not had an ONSET assessment prior to ASSET

As with social care, it is recommended that youth justice practitioners are particularly mindful of using the appropriate CAF tools to identify any unmet need prior to the end of intervention programmes and supervision orders, and should ensure a smooth transition to community based locality support through the TAC process.

4.2 Assessment Planning & Review

It is recommended as per DCSF guidance, that CAF should replace the aspects of the APIR framework that it duplicates. Connexions Advisors should undertake the CAF when they identify additional unmet wider than can be met by their single agency

4.3 Substance Misuse

It is recommended that CAF be undertaken for children and young people at risk of substance misuse, which would then inform a more specialist substance misuse assessment. CAF in these instances could be undertaken by a substance misuse worker or another practitioner such as a youth worker, connexions advisor or school based pastoral worker.

As with other specialisms, referral to substance misuse services should not be delayed if the young person declines to engage with the CAF process, and can be helpfully used at any stage of the identification of wider unmet need.

Part Three: Suggested programme, phase 1: 1 Oct 09 – 31 Oct 10

Pathway	Proposed 'switch off' date, by operational area		
	Northern	Southern	Eastern
<u>Youth Crime Prevention</u> <ul style="list-style-type: none"> CAF/ONSET alignment to precede all YISP referrals 	01.04.10	01.04.10	01.04.10
<u>Stepping Stones, Early Years</u> <ul style="list-style-type: none"> Use of pre-CAF checklist for Early Years Action process Use of CAF/TAC at Early Years Action Plus stage where there are 	Discretionary for early years settings. Guidance to be issued to all settings, available for use from 01.04.10		

<p>multiple needs</p> <ul style="list-style-type: none"> • Use of CAF/TAC prior to request for statutory assessment, to include assessment of wider social and health care needs (with some agreed exceptions) 	01.09.10	01.09.10	01.04.10
<p><u>Stepping Stones, Schools</u></p> <ul style="list-style-type: none"> • Use of pre-CAF checklist for School Action process • Use of CAF/TAC at School Action Plus stage where there are multiple needs • Alignment of IEP's with CAM • Use of CAF/TAC prior to request for statutory assessment, to include further assessment of wider social and health care needs (with some agreed exceptions) 	01.09.10	01.09.10	01.04.10
<p>Discretionary for school settings. Guidance to be issued to all schools, available for use from 01.04.10</p>			
<p><u>Emotional Health and Well Being</u></p> <ul style="list-style-type: none"> • Use of CAF prior to partnership phase of CAPA 	To follow	To follow	To follow
<p><u>Social Care</u></p> <ul style="list-style-type: none"> • Use of CAF/TAC prior to all referrals, for level 3 social care services, other than safeguarding 	01.09.10	01.09.10	01.09.10
<p><u>Targeted Youth Support</u></p> <ul style="list-style-type: none"> • Use of CAF in place of APIR 	To follow	To follow	To follow

AXS Integrated working update June 2009 V.08 - Draft

Performance report June 2009

Section 1 CAF Outcomes

Section 2 CAF Total & Demographics

Section 3 CAF Assessor & LP Roles Breakdown

Section 4 CAF's per 1000 population

Section 5 Predicted CAF's against the IDAQI formula

Section 6 Budget Holding Lead Professional Spend

Section 7 Quality Assurance of completed CAF Forms

Section 8 AXS03 Training data

The Report for June 2009 builds on the previous reports submitted to the AXS board

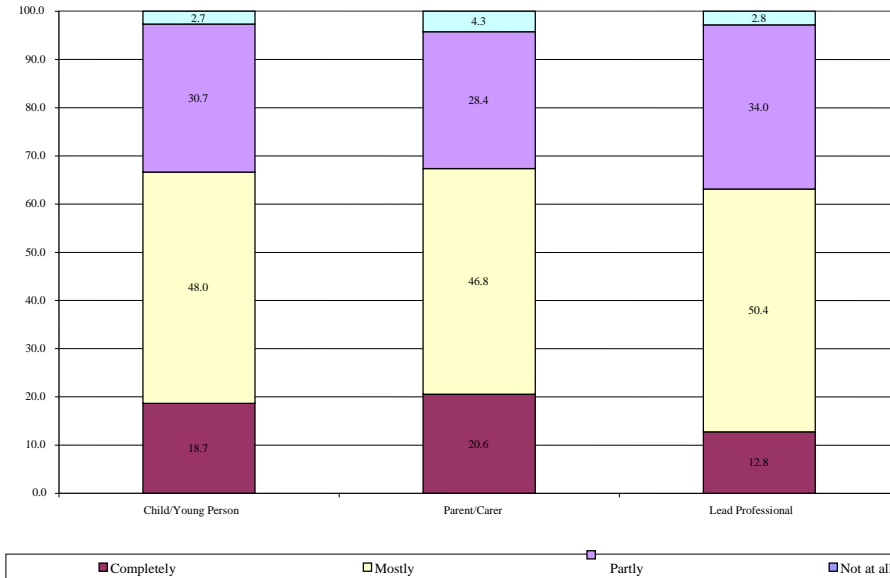
Section 1 CAF Outcomes

Outcome Data from Common Assessment Forms

As part of the processes established in Devon, there are regular reviews made of progress for each child who has undergone a common assessment. At each review, each child/young person, parent and lead professional is asked to give their view on the extent to which the planned outcomes of the work have been achieved.

The data presented explores the extent to which the AXS programme is achieving outcomes set out for children and families. Children/young people, parent and lead professionals were asked at the review stage, 'has the plan worked and all the outcomes been achieved?' Possible response options were- 'not at all', 'partly', 'mostly' and 'completely'.

Figure 1: CAF Review Data



Comment:
The chart shows that child/young person and parent/carer have similar views of the effectiveness of the work undertaken, with lead professionals slightly less likely to report such high levels of success. In total, 18.7% of children and young people, 20.6% of parent/carers and 12.8% of lead professionals reported that the outcomes were completely achieved.

The chart covers the available data relating to Bideford, South Molton & Chulmleigh, Dawlish & Teignmouth, Tiverton, Crediton and Culm Valley

Some of the comments included on the review scoring sheet for Dawlish and Teignmouth,

Month I/A	Age	Child View		Parent / Carer View		Lead Professional View	
		Score	Comments	Score	Comments	Score	Comments
Apr-08	9	4	I've done ok and want to carry on	3.5	Particularly good improvements at home	3.5	Overall improvements at home and school
		3.5	Things have been good except this week a bit of a pain	3.5	Definitely improvements and some way to go	3.5	Some way to go but general improvement
Jun-08		4	I've been doing well at school except for some lunchtimes	4	Behaviour has changed so much at home and school	4	Overall good progress over past year. Huge improvements.
Mar-08	2	n/a		5	The changes have worked very well	5	It's changed O's life – now attending pre-school and able to socialise
Jul-08				3	He is speaking and being understood more. He is coping with people coming to the house.	n/a	

Nov-08		Compl etely	100% happier, a lot has changed, home and personal life has changed.	Completel y	B is 100% better than she was.	Compl etely	I will close my file on B as there have been peaks and troughs but we now feel that we have reached a positive outcome.
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Parent Self Report

The opportunity for parents to provide anonymised feedback has been recently implemented. The results received to date are reported below to give an early indication of feedback about the AXS programme. Parents are asked to report on a number of areas including the following:

Satisfaction Levels

As can be seen in the chart below, parents report high levels of satisfaction with the service received. In total, 95.5% (22/23) of parents report that they are satisfied or very satisfied with the service received

Figure 2: Satisfaction Levels with the AXS Team

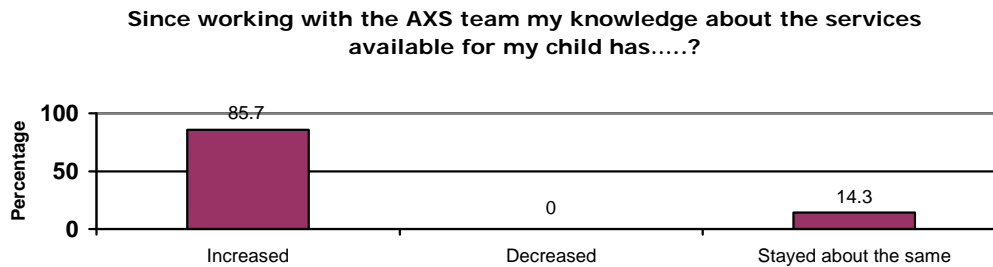


Satisfaction levels are important in keeping a family engaged with a service. However, in order to understand the impact of the service, it is also important to explore whether the service has made any practical difference to the family. The self reported outcomes of the AXS work is considered below.

Increased Knowledge of Services

85.7% (18/21) of parents reported that their knowledge about the services available for their child has increased since working with the AXS team.

Figure 3: Changes in Knowledge Levels

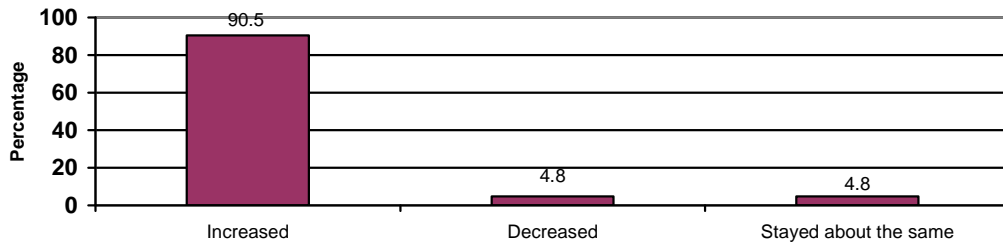


Increased Confidence in Accessing Services

90.5% (19/21) of parents reported an increase in confidence in being able to get the services that their child needs.

Figure 4: Changes in Confidence Levels

Since working with the AXS team my confidence in being able to get the services my child needs has.....?



Improving and Resolving Issues

63.6% (14/22) of parents reported an improvement in the original presenting issues since working with the AXS team. Over a third of parents reported that the original issues had stayed about the same.

Figure 5: Changes in Presenting Issues

Since working with the AXS team the original issues that my child faced have.....?

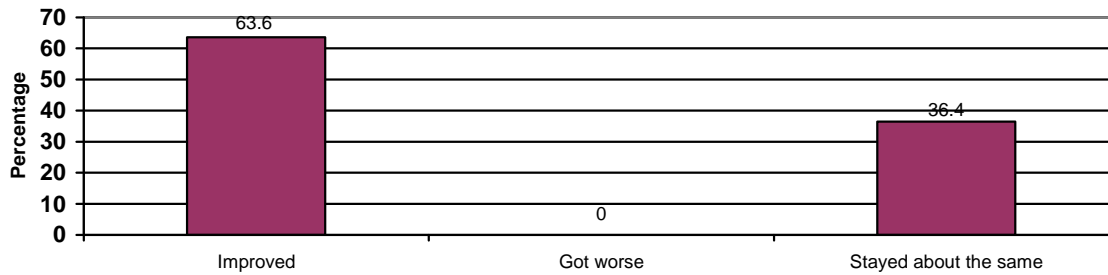
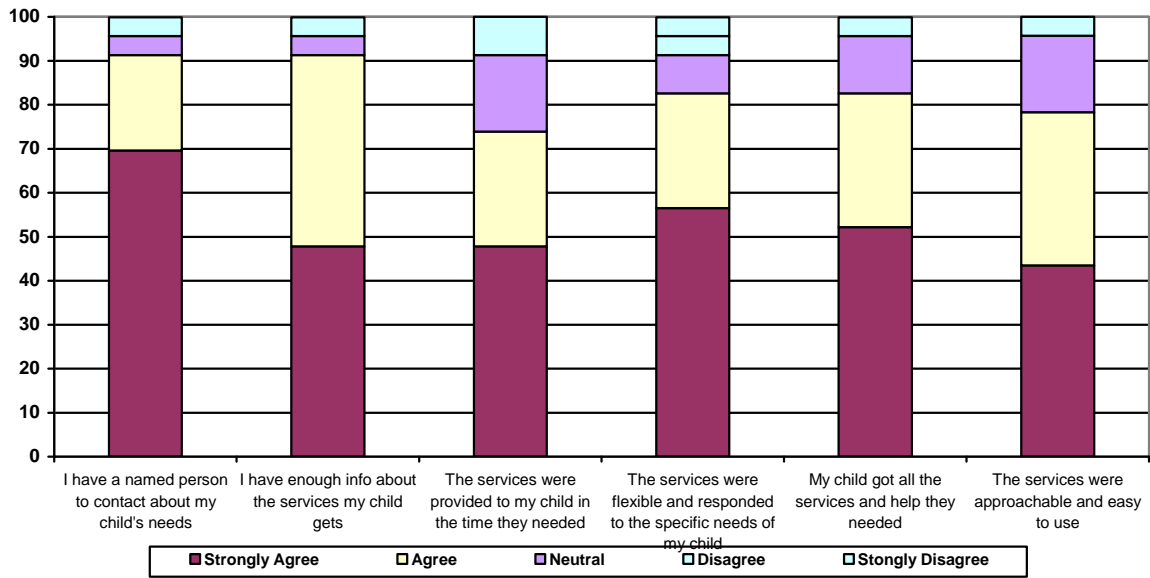


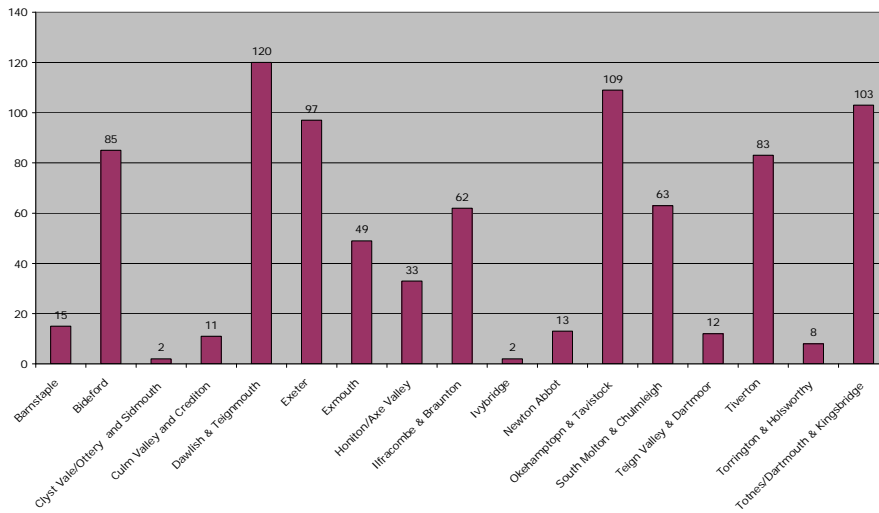
Figure 6 : Experiences of the AXS Programme

It would be expected that the CAF process would be responsive, timely, and provide help as needed under the drive towards personalised services. The questionnaires results are shown in the chart below.



Section 2 CAF Totals & Demographics

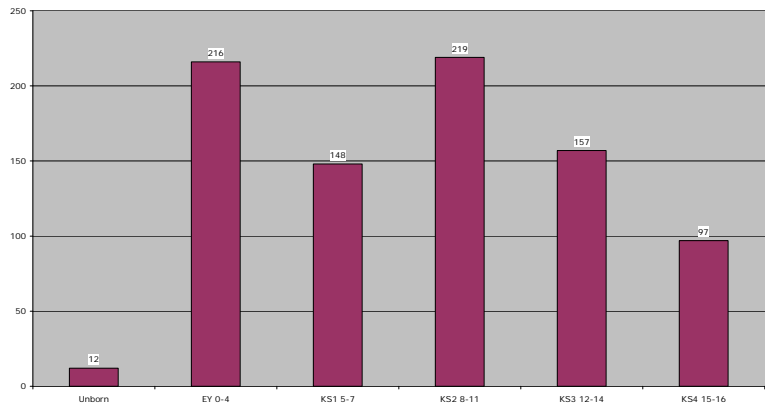
Fig 7 Total Number of CAF's undertaken by Cluster Location - Sept 07 to June 09



Comment:

Total 867 CAF episodes
Variation in numbers across the cluster areas due to a number of factors including initial commencement date, local engagement of services, managers and capacity of practitioners, alongside Pathway Co-ordinator level of engagements.

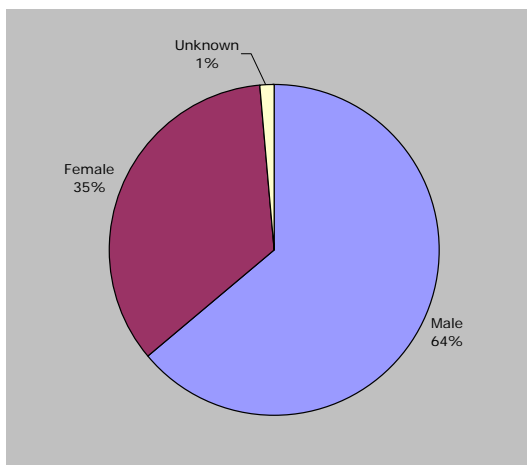
Fig 8 Age breakdown of CYP's having a CAF undertaken



Comment:

The highest number of Common Assessments was undertaken with children in the early year's age group (216), and in Key Stage 2 (219). Only small numbers of CAFs have been undertaken with children at either end of the age spectrum (unborn and 17+).

Fig 9 Gender breakdown of CYP's having a CAF undertaken



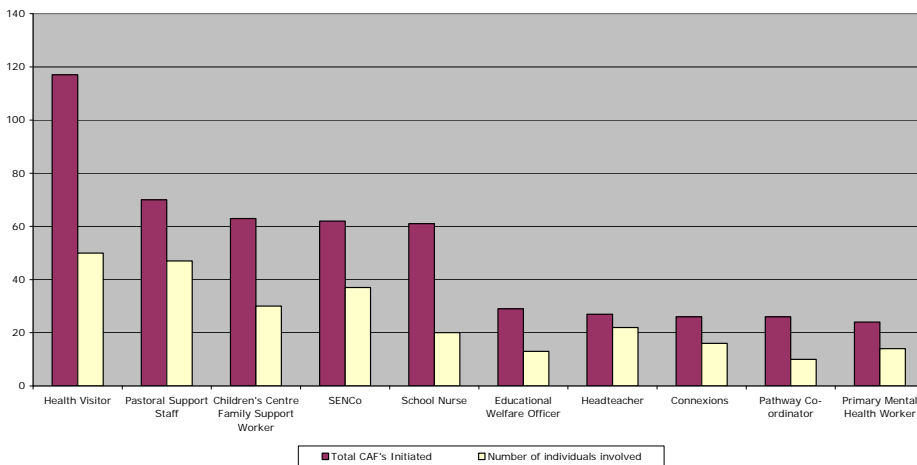
Comment:

Just under two-thirds of all CAFs are carried out with males and just over one-third carried out with females. A small percentage of CAFs are undertaken for unborn children and no gender data is available for these cases.

This gender trend is replicated across the different AXS areas. In virtually all areas, more males than females have been through a Common Assessment.

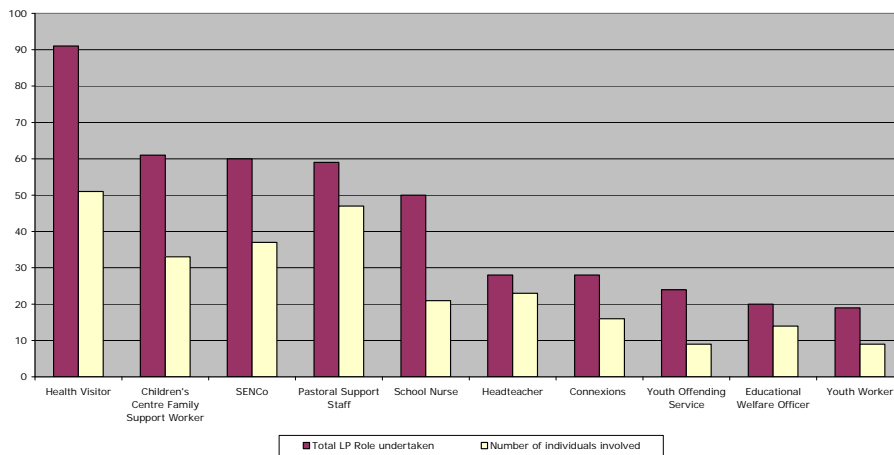
Section 3 CAF Assessor & LP Roles Breakdown

Fig 10 Total number of CAF Assessments undertaken by the number of practitioners initiating those Assessments (Top 10 roles only)



- Comment:** Figures from the CAF IT system
- 0.6% of individual practitioners have undertaken more than 10 CAF's,
 - 9% between 5 – 10,
 - 43% more than 1, and
 - 57% having completed one so far

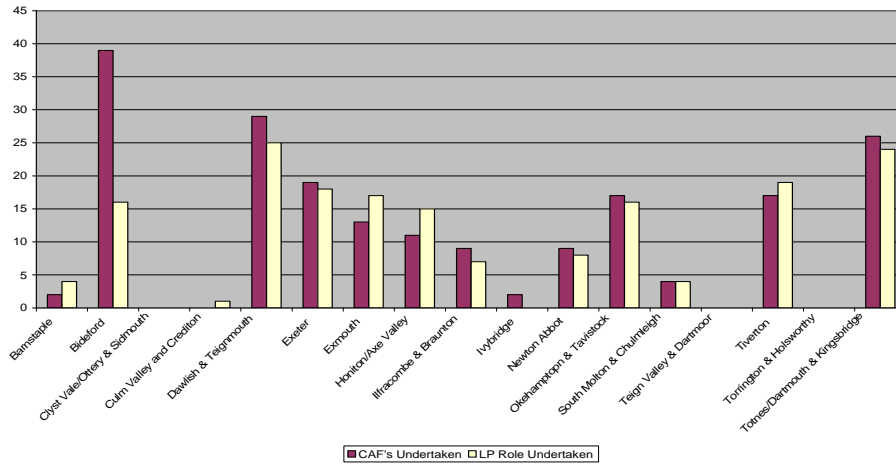
Fig 11 Total number of Lead Professional roles undertaken by the number of practitioners involved (Top 10 only)



- Comment:** Figures from the CAF IT system
- 1% of individual practitioners have undertaken LP role more than 10 times,
 - 7% between 5 – 10 times,
 - 49% more than once, and
 - 59% just once so far

Fig 21 Total number of CAF Assessors & Lead Professional roles undertaken by school based staff in each cluster area

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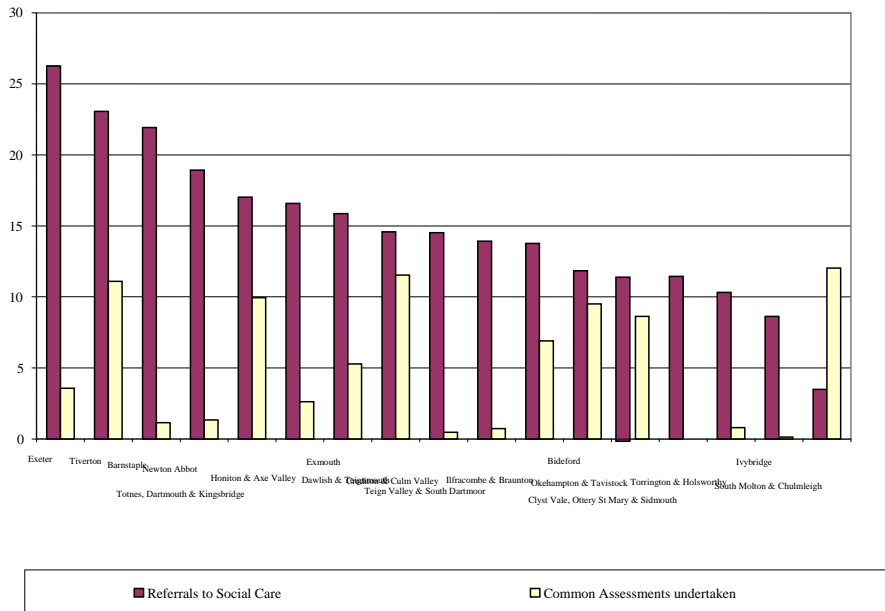
Comment: Figures from the CAF IT system
 Staff roles included in this total are :-
 Head Teacher / Deputy Head
 Head of Year
 Class Teacher
 Advisory Teacher
 Early Years Advisor
 Early Years Professional
 Education Inclusion Worker
 Home School Liaison Officer
 Link Ed Co-ord
 Nursery Plus Teacher
 Other School Based Staff
 Pastoral Support Staff
 SENCO

Section 4 CAF's per 1000 population

To what extent do Common Assessments undertaken to date link with need?

The following data is part of an early model which is being developed to understand to a greater extent whether Common Assessments are being generated in those geographical areas where need might be expected to have been highest. There are a number of elements to the model which include analysis of referrals to social care, and the index of deprivation affecting children (IDAC).

Figure 13: Referrals to Social Care and Common Assessments Undertaken per 1000 Child Population



The chart above shows the level of social care referrals per 1000 child population (0-19 years) by cluster area. Alongside this, the number of CAFs carried out in each area per 1000 child population is also shown. The chart illustrates that the CAFs being carried out to date do not follow any systematic pattern with regard to social care referrals – i.e. common assessment activity does not rise and fall in relation to the potential level of need that referrals to social care might indicate.

Fig 14 CAF's undertaken per 1000 0-19yr by each AXS Cluster - Sept 07 to June 09

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AXS Cluster	CAFs undertaken 09/07 - 06/09	Number of 0-19 year olds (from age range by LC populations)	CAFs undertaken 1000 0-19 year o
Barnstaple	15	9603	1.56
Bideford	85	7153	11.88
Clyst Vale, Ottery St Mary & Sidmouth	2	8366	0.24
Crediton & Culm Valley	11	10665	1.03
Dawlish & Teignmouth	120	8063	14.88
Exeter	97	23301	4.16
Exmouth	49	9089	5.39
Honiton & Axe Valley	33	8033	4.11
Ilfracombe & Braunton	62	7089	8.75
Ivybridge	2	7745	0.26
Newton Abbot	13	8256	1.57
Okehampton & Tavistock	109	10656	10.23
South Molton & Chulmleigh	63	4906	12.84
Teign Valley & South Dartmoor	12	9502	1.26
Tiverton	83	6215	13.35
Torrington & Holsworthy	8	6259	1.28
Totnes, Dartmouth & Kingsbridge	103	9755	10.56
Total	867	154656	N/A

Section 5 CAF's Predicted based on Income Deprivation Affecting Children Index (IDACI) Scores

Fig 15 Predicted numbers of CAF's based on the expected % share of total number of CAFs based upon weighted scores from the IDACI for each cluster area against actual numbers of CAF's undertaken Sept 07 – June09

Cluster	As %	Predicted CAFs as same ratio	Actual CAFs	Difference
Barnstaple	8.40	72.82	15	-57.82
Bideford	10.11	87.64	85	-2.64
Clyst Vale, Ottery St Mary & Sidmouth	0.59	5.08	2	-3.08
Crediton & Culm Valley	2.46	21.32	11	-10.32
Dawlish & Teignmouth	9.12	79.09	120	40.91
Exeter	27.53	238.69	97	-141.69
Exmouth	5.06	43.86	49	5.14
Honiton & Axe Valley	2.09	18.13	33	14.87
Ilfracombe & Braunton	4.48	38.88	62	23.12
Ivybridge	0.23	1.97	2	0.03
Newton Abbot	8.52	73.89	13	-60.89
Okehampton & Tavistock	2.91	25.26	109	83.74
South Molton & Chulmleigh	0.53	4.62	63	58.38
Teign Valley & South Dartmoor	6.07	52.64	12	-40.64
Tiverton	7.25	62.84	83	20.16
Torrington & Holsworthy	1.36	11.76	8	-3.76
Totnes, Dartmouth & Kingsbridge	3.29	28.51	103	74.49
Total	100.00	867.00	867	0.00

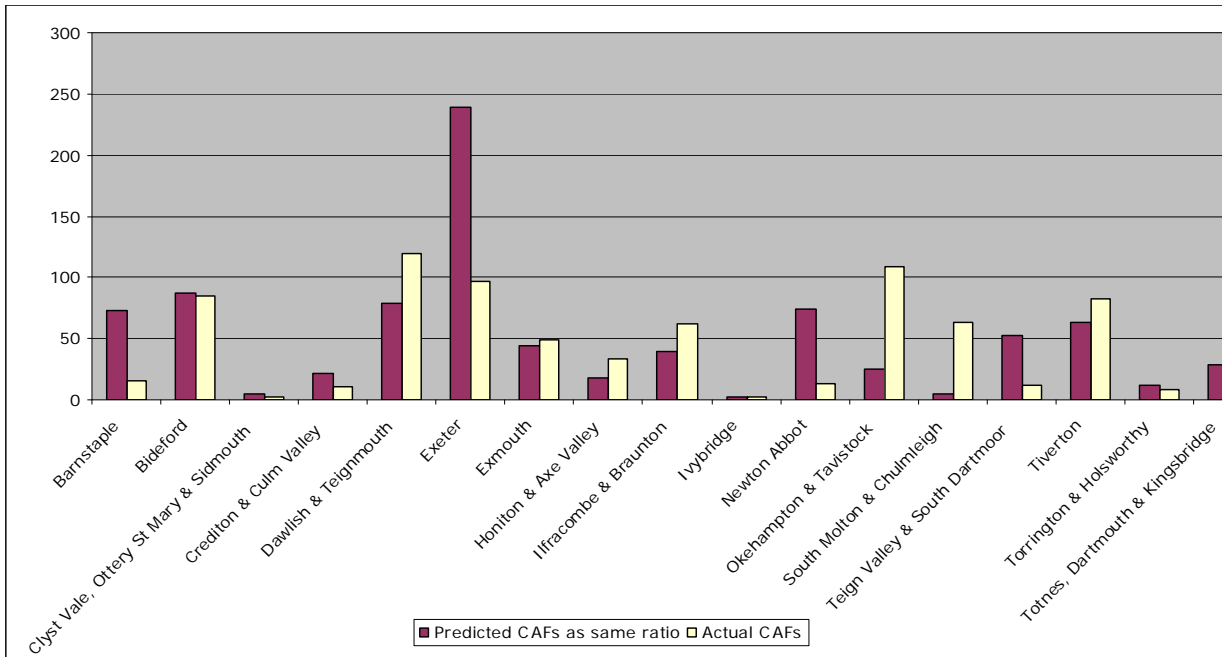


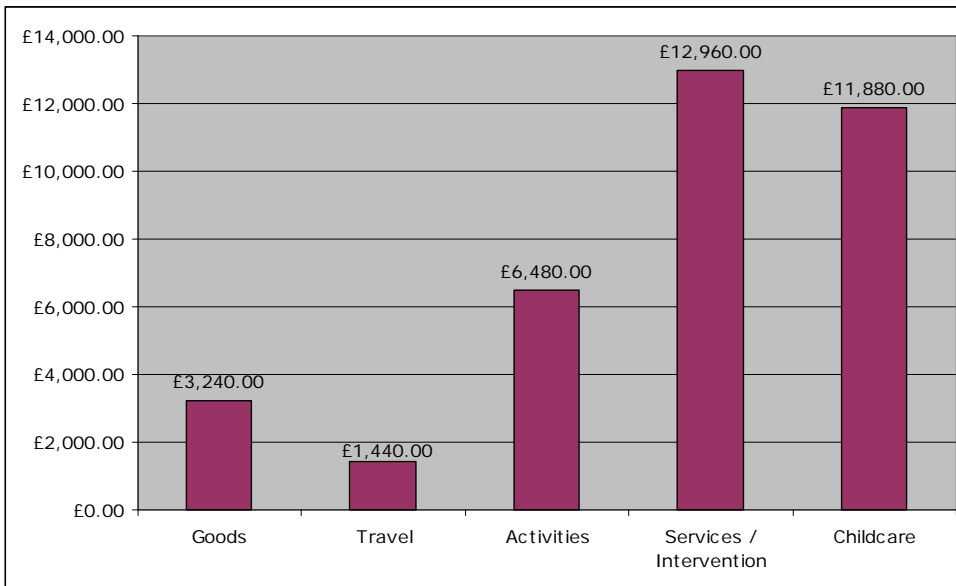
Fig16 Showing predicted numbers of CAF's based on the expected % share of a notional target of 5000 CAFs based upon weighted scores from the IDACI for each cluster area against actual numbers of CAF's undertaken Sept 07 – June09

Cluster	As %	Predicted CAFs as same ratio	Actual CAFs	Difference
Barnstaple	8.40	419.93	15	-404.93
Bideford	10.11	505.44	85	-420.44
Clyst Vale, Ottery St Mary & Sidmouth	0.59	29.31	2	-27.31
Crediton & Culm Valley	2.46	122.94	11	-111.94
Dawlish & Teignmouth	9.12	456.13	120	-336.13
Exeter	27.53	1376.53	97	-1279.53
Exmouth	5.06	252.95	49	-203.95
Honiton & Axe Valley	2.09	104.58	33	-71.58
Ilfracombe & Braunton	4.48	224.22	62	-162.22
Ivybridge	0.23	11.35	2	-9.35
Newton Abbot	8.52	426.14	13	-413.14
Okehampton & Tavistock	2.91	145.67	109	-36.67
South Molton & Chulmleigh	0.53	26.66	63	36.34
Teign Valley & South Dartmoor	6.07	303.57	12	-291.57
Tiverton	7.25	362.38	83	-279.38
Torrington & Holsworthy	1.36	67.81	8	-59.81
Totnes, Dartmouth & Kingsbridge	3.29	164.40	103	-61.40
Total	100.00	5000	867	-4133.00

Section 6 Budget Holding Lead Professional Spend

Total Spend to date – £306,026
 Total Expenditure 08/09 – £152,115
 Year to date Spend - £36,000.00
 Average monthly exp – £15,000
 Highest Spend - £1,346.00
 Lowest Spend - £9.00

Fig. 16 Types of spend by BHLP 1st April to 1st June 2009



Comment:
 The following chart shows that the highest level of spend is on services and interventions with £12,960 being spent to date since April 2009. Childcare is also an area of high spend, with £11,880 being spent over the same time period

Section 7 Quality Assurance of completed CAF Forms

Fig 17 Quality Assurance of CAF Forms by AXS Cluster completed since Sept 2009

	Lowest Score	Highest Score	Average Score
Barnstaple	50%	86%	68%
Bideford	No Data	No Data	No Data
Clyst Vale/Ottery & Sidmouth	No Data	No Data	No Data
Culm Valley and Crediton	No Data	No Data	No Data
Dawlish & Teignmouth	59%	91%	81%
Exeter	57%	90%	68%
Exmouth	No Data	No Data	No Data
Honiton/Axe Valley	89%	97%	85%
Ilfracombe & Braunton	47%	90%	74%
Ivybridge	No Data	No Data	No Data
Newton Abbot	No Data	No Data	No Data
Okehampton & Tavistock	56%	100%	82%
South Molton & Chulmleigh	63%	94%	83%
Teign Valley & Dartmoor	No Data	No Data	No Data
Tiverton	44%	81%	68%
Torrington & Holsworthy	No Data	No Data	No Data
Totnes/Dartmouth & Kingsbridge	No Data	No Data	No Data

Comment: The following information shows the results of a recently developed system which is being used to assess the quality of the CAFs.

This first stage measures the quality of the completion of the CAF form from an objective assessment.

The 2nd part will take a more subjective look into the actual quality of the assessment itself including the TAC process and Action Planning.

So far, the quality of the CAFs in 8 cluster areas has been assessed.

Fig 18 Quality Assurance of CAF Forms by AXS Cluster completed since Sept 2009

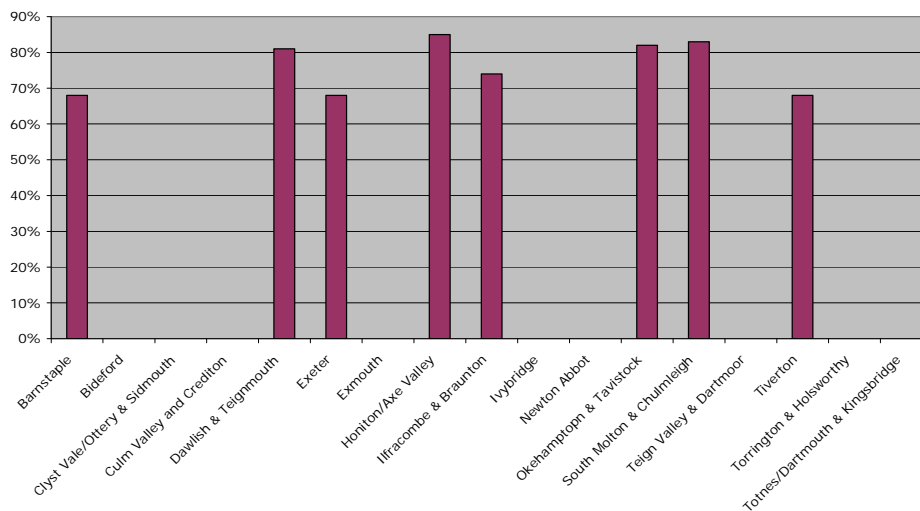
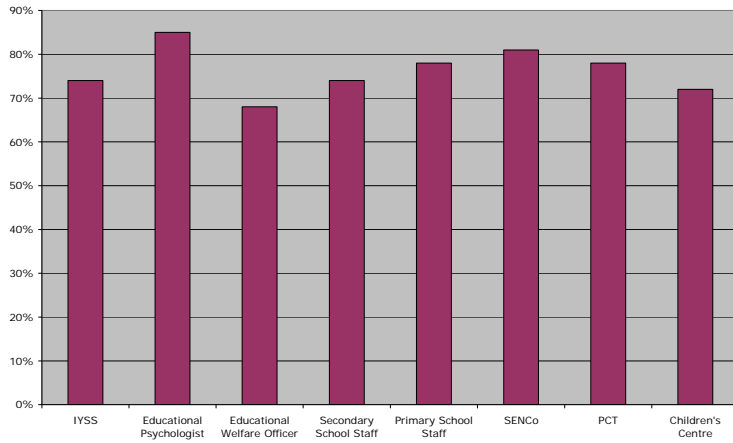


Fig 19 Quality Assurance of CAF Forms completed by service type since Sept 2009



Comment:

Section 8 AXS03 Training data

Fig 20 AXS03 Training by Organisation and Service March 08 to June 09

Organisation	Service Area	T
Admin	Devon Safeguarding Childrens Board	
	East Devon District Council	
	(blank)	
Admin Total		
CYPS	DCC-CYPS-CIS	
	DCC-CYPS-Development Unit	
	DCC-CYPS-Devon Education Services	
	EDUCATION DIRECTORATE	
	Extended Services	
	(blank)	
CYPS Total		
DCC	Admin / Management	
	CHIEF EXECUTIVE'S DIRECTORATE	
	FINANCE AND IT	
	Primary Schools	2
	Secondary School	
	Special Education Team	
	Special schools	
	(blank)	
DCC Total		3
DCC - CYPS IYSS	Connexions	
	EDP Young People's Team	
	Youth Offending Team	
	Youth Service	
DCC - CYPS IYSS Total		1
DEVON PCT	Devon Partnership NHS Trust	
	DEVON PCT	
	Joint Agency Service	
	Mental health	
	Public health Nursing	
	(blank)	
DEVON PCT Total		1
Early Years	Barnardos	
	Childrens Centre	
	Devon Play	
	Early Years	
	Pre School	
	(blank)	
Early Years Total		1
Further Education	Bicton College	
	Bideford College	
	Exeter College	
	(blank)	
Further Education Total		
Learning And Development Partnership	Behaviour Support Team	
	DCC-CYPS-Support and Advisory Teacher	
	EDUCATION DIRECTORATE	
	Education Psychology	
	Education Welfare	
	English as Additional Language	
	Link Education	
	Traveller Education	

	(blank)	
Learning And Development Partnership Total		
NORTH DEVON TRUST	Crediton Hospital	
	North Devon Healthcare Trust	
NORTH DEVON TRUST Total		
Private, Voluntary, Independent Sector	0 – 5's (Early Years)	
	14 + (Youth) – e.g. YSMART, Young Devon	
	15 + (Youth) – e.g. YSMART, Young Devon	
	Family Support – e.g. Homestart, Family Centre's, Women's Aid	
Private, Voluntary, Independent Sector Total		
Social Care	Assessment, Early Intervention Team	
	Children In Need	
	Devon Action for Youth	
	SOCIAL SERVICES DIRECTORATE	
	(blank)	
Social Care Total		
SOUTH DEVON TRUST Total		
Devon & Cornwall Constabulary Total		
District Council Total		
FOUNDATION TRUST RD&E Total		
Higher Education	University of Exeter	
Housing	Housing Association	
NHS Acute Trusts Total		
Schools Independent	Primary School	
Other		
Total AXS03 Training		5