

Complete this form to Self-Certify for AXS00 - Basic Awareness of Integrated Working Training

This document contains the essential information you need about the AXS Pathway.

Those in supervisory roles or who have regular contact with children and young people may also require a higher level of training. This should be discussed with your manager - but we would ask that you still complete this form to confirm your knowledge.

Integrated Working all staff's responsibilities:

- To work collaboratively with children and young people, their families and carers.
- To positively encourage a culture of integrated working both inside and outside of the organisation in which you work.
- To actively contribute when asked or required by other agencies to processes which seek to achieve better outcomes for children and young people.
- To refer children and young people to other agencies when there is a need, including and without hesitation to Safeguarding (Child Protection) Services where doubts about a child/young person's welfare is of concern.

Integrated Working – Why is it important?

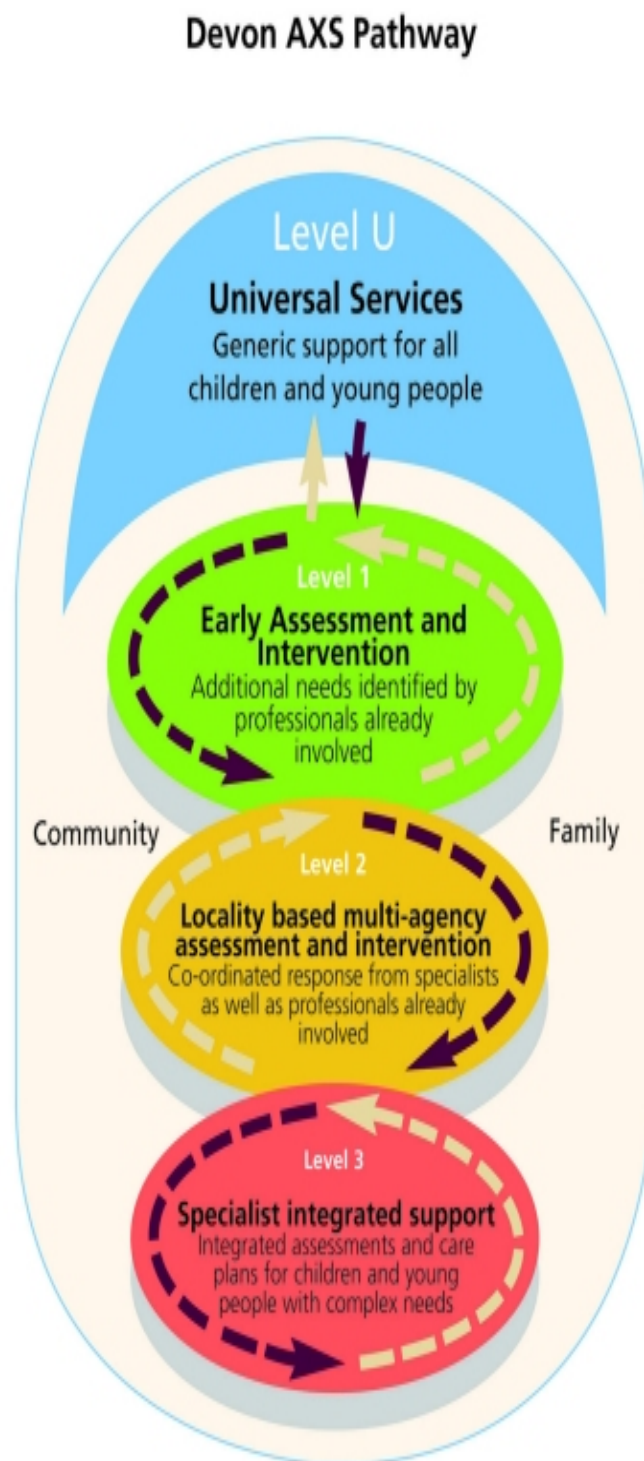
Integrated working requires radical change in how all children's services work. It is achieved when everyone supporting children works together effectively whenever children or young people need more than one agency to meet their needs and improve their lives.

When front-line staff combine their professional expertise, knowledge and skills, and involve the child, young person or family, they can identify needs earlier and deliver a co-ordinated package of support. This support must be centred on the child or young person, and help them to secure better outcomes. Integrated working is achieved through collaboration and co-ordination at all levels, across all services, in single and multi-agency settings. It requires clear and careful leadership and management. Integration will be helped by adopting shared service delivery models, tools and processes, for example the Common Assessment Framework (CAF), Lead Professional, Information Sharing Protocol and ContactPoint.

Integrated Working - Devon AXS Pathway

In order to achieve the 5 universal outcomes for children and young people, 1) be healthy, 2) be safe, 3) enjoy and achieve, 4) make a positive contribution and 5) achieve economic wellbeing, all local authorities in England and Wales are required to deliver 'Change for Children' and embed integrated working tools and processes in practice, (Every Child Matters 2004).

- Most children and young people will have their needs met by universal services, like schools, playgroups, health centres. In fact about 70% of children in Devon will most probably have their needs met at Level U, see Devon AXS Pathway diagram.
- Level 1 Services are those which are offered to children and young people where an additional need is identified but can be met easily and the situation can be improved without the need for further intervention. Example – A child generally doing well at school and at home, but has a stutter requiring a referral to speech and language therapy. There would be no other needs to be met.
- Level 2 of the AXS Pathway is where changes have been made to the way people have worked up till now. Children and young people who have been identified as having additional needs, but not serious enough for specialist services, may now have their needs met by practitioners and families working in a multi agency coordinated way. This level is where the processes and tools of Integrated Working will be most used – Common Assessment Framework (CAF), Team Around the Child (TAC), Lead Professional. See appendix 1 for examples of CAF cases.
- Level 3 Services are for those children and young people who have complex additional needs and require support from specialist services like: Social Care, Youth Offending Team, Joint Agency Services and Children and Adolescent Mental Health Services.



Integrated Working - Tools and Processes

- **Information Sharing (IS)** – enables effective information sharing so practitioners know when and how to share with and between agencies. Sharing information is essential to enable early intervention for people who need additional services to achieve positive outcomes, (Information sharing guidance fact sheet, CWDC 2008).
- **ContactPoint (CP)** – a mandatory national signposting data base. This basic online directory will be available to authorised staff who need it to do their jobs. If practitioners working with a child know about each other they can find the right support quickly, before problems get more serious', (ContactPoint fact sheet V3, CWDC 2009).
- **Common Assessment Framework (CAF)** – a process to support holistic assessment using a standard form to record information and action planning. The aim of the CAF is to identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving, and provide timely and co-ordinated support to meet those needs, (Common assessment framework fact sheet, CWDC 2008).
- **Team Around Child (TAC)** – a virtual team of family and practitioners who work together to support the child/young person and their family.
- **Lead Professional (LP)** – someone who co-ordinates the delivery of services and acts as a single point of contact. Lead professionals take a lead role in the co-ordination of provision for children and young people with additional (including complex) needs, (The lead professional fact sheet CWDC 2008).
- **Service Directory (SD)** – directory of information, resources and support for children, young people and their families. Online local-area service directories enable practitioners to access up-to-date details of the services available to meet the needs of children and young people, (Service directories fact sheet CWDC 2007).

Where can I find out more?

- Visit the Integrated Working section of Devon Children's Trust website - <http://www.devonchildrenstrust.org.uk/axs/index.html>

Once you have read this information and are happy to self certify; sign and keep this section, and return the tear-off section below. Your manager may also wish to retain a copy.

Self Certification returned:

Date:.....

Name:.....

Signature:.....

Integrated working: AXS00 Self-Certification

I confirm that I am aware of integrated working, and where to seek further help if required.

Name:.....Assignment Number:.....

on the top left corner of your payslip

Directorate:..... Post Held:.....

Signed:..... Date:.....

Thank you for completing this tear-off slip. We have a responsibility to keep records of CYPS staff awareness of Integrated Working. Information will be used to compile anonymous reports on compliance and identify gaps. Please return this tear off slip, using the internal mail, to:

CYPS Audit
Children's and Young Peoples Services
Devon County Council
Room 12, Ringswell Centre,
Ringswell Avenue,
Exeter,
EX1 3EG

cyps-audit@devon.gov.uk

Appendix 1

Case study 1

Background

16 year-old M was in the final year of secondary school and predicted to do well at GCSE. She had applied to a Further Education (FE) College to do 'A' levels. In December she gave birth to a baby, B. She was referred by the school Child Protection Officer to the Connexions Personal Advisor. During this meeting a number of issues were identified and it was agreed that a CAF be completed.

The CAF: identified additional needs:

- The family was in debt and could not afford to buy basic essential items for B
- Benefits were going directly to M's mother and will continue to do so, but this meant that M had no money to buy things for herself
- M's mother looked after B whilst her daughter was school. Her caring responsibility and the stress of the financial situation had a negative impact on M's mother's health and she was signed off work
- M got no time for herself after spending all day at school and every evening looking after B; she felt angry and depressed.
- She lacked confidence in her parenting skills and had a general lack of self-esteem and concerns about her body image;
- She was worried about attaining predicted grades and the affordability of college.

Team Around the Child meeting

The TAC meeting was attended by M, her mother, a Connexions Worker, a Health Visitor, the AXS Pathway Co-ordinator, the School Child Protection Officer, and a Surestart worker from the Children's Centre

The following actions were agreed;

- Funding, from the Budget Holding Lead Professional (BHLP) fund which supports the CAF process, was awarded to purchase essential items for B.
- BHLP Funding was awarded to buy a 6 month gym membership to help address M's body image concerns and allow her some time for herself.
- M agreed to attend a young parents' group at Surestart whenever possible, to meet other young people in similar situations and to learn new skills.
- Her mother agreed to investigate debt counselling organisation and discuss with her GP a supported and phased return to work.
- Her mother agreed to ask her sister to care for B during the day, to enable her return to work when well enough. Connexions worker to look into possible financial incentives.
- The Connexions worker agreed to support M in applying for a place for B in the college crèche and for funding to pay for the crèche.
- B would access childcare taster sessions through Surestart, to help prepare him for attending the crèche in September.
- The health visitor agreed to investigate subsidised holidays available through the Mothers Union and Family Holidays Association to reduce the family's stress and enable them to spend some quality time together.

Review and outcome

The case is ongoing but some of the immediate concerns have been addressed. For example:

- M received essential items for B and signed up at the local gym for a 9 month membership.
- She is attending school and has selected an alternative course which she thinks she will still enjoy but will be more suitable for her.
- B has a place at the FE college crèche and M has applied for the Education Maintenance Allowance; the Connexions worker is supporting with the Care to Learn application which may fund the crèche place.
- M's mother has had debt counselling.
- M has decided to attend the young parents group when she finishes school and she is working with the Health Visitor, who has applied for the Healthy Start vouchers.

The family's financial position is more stable as a result of debt management strategies put in place following debt counselling sessions. M felt supported in her role as a student and parent, through the practical and financial help provided. She also felt that the concerns that she and her mother raised were heard and taken seriously. She has particularly valued being provided with some time for herself and the gym membership.

Case study 2

Background

10 year old SK is new to Devon and lives with his parents and 6 year old sister in a caravan park. He had difficulty working in groups at school and disrupted lessons frequently. He was seeing the Community Paediatrician who was investigating Attention Deficit Hyperactivity Disorder (ADHD). SK's grandmother died recently, he was very upset by her death because they had been very close. SK had no obvious friends in or out of school but is a bright boy who had taught himself to play the keyboard and is a skilled dancer and singer.

The CAF: identified additional needs

A CAF was completed by the Special Educational Needs Co-ordinator (SENCo), SK and his parents. It was agreed that SK needed:

- to learn the skills necessary to work in groups, particularly as he would find the transition to secondary school difficult without them;
- the opportunity to explore and express his feelings following his grandmother's death;
- opportunities to develop his skills as a performer and his social skills, both of which would help him make friends

Team Around the Child meeting

A TAC didn't take place because the Action Plan could be completed with the family and taken forward by professionals in the school.

The following actions were agreed:

- The SENCo would become the Lead Professional.
- School/home contract to be drawn up to improve classroom behaviour; a weekly keyboard lesson to be provided (the number of minutes provided would depend on behaviour in school) and would be used to reinforce good behaviour.
- 6-8 sessions of counselling were purchased so SK did not have to wait a term for counselling and he was referred to the Social and Emotional Aspects of Learning (SEAL) group running during the autumn half term break.
- SK would join dance class at different school one evening per week.

Review and Outcome

The case is ongoing but SK's behaviour at school showed improvements over the autumn term and he was regularly able to earn his full 60 minutes of keyboard tuition a week. However, it was felt that he was able to manipulate the contract by getting good marks with his usual class teacher whilst still misbehaving with other teachers. The contract was strengthened in the spring term to focus more on his behaviour with the other teachers; this would improve his transition to secondary school where there is a different teacher for each subject. To strengthen the reinforcement, a new keyboard was promised if he met certain agreed levels of behaviour and he has been successfully working towards these in the spring term.

SK saw the counsellor for seven sessions and they both agreed that they did not need more. He also joined the dance class and attended the SEAL group, and enjoyed them both.

SK's behaviour improved in the classroom and strengthening the contract enabled him to generalise this improvement to a range of classes. This prepared him to deal more effectively with relating to different teachers. SK benefited from the opportunity to explore his feelings of bereavement following his grandmother's death. Unexpected outcomes reported by SK's parents were a reduction of challenging behaviour at home, and an improved relationship with his sister.

Case study 3

Background

7 year old B lives with his mother and supportive stepfather (referred to below as his parents), and older brother T, aged 11 years, who is on medication for ADHD. B has difficulties with behaviour at home and at school; he can be aggressive, shouts, throws and will sometimes break things (especially those belonging to T). B and T fight frequently. B is often demanding of his parents' attention. He soils and wets himself regularly both day and night, although not at school. The impact of B's behaviour and soiling dominates almost every aspect of family life. B's mother recently had time off work due to stress. There were concerns about B's ability to cope with transition to secondary school.

Identified additional needs

The CAF identified the following additional needs:

- the relationship between B and T is a cause for concern;
- B needed to be able to express his feelings in less disruptive ways;
- B's soiling gives him control over the rest of the family and causes a great deal of anxiety. The soiling and wetting needs to reduce.

Agreed Action Plan (at TAC and reviews)

Child and Activity Support Programme (CASP) worker, AXS Pathway Co-ordinator (PWC), Home School Liaison Officer (HSLO), SENCo, mother, stepfather, B and T were present at the Team Around a Child meeting. The following actions were agreed;

- B and T would go climbing at a local outdoor centre, to build a closer and more trusting relationship.
- CASP would work with B to explore how he feels and how he behaves.
- B and T would find a separate interest, to develop their own identities and to give each some special time with their parents; the HSLO would help T to find an activity and PWC will help his mother to find something for B.
- Some continence pants and a mattress cover would be ordered.
- The SENCO would continue to monitor progress at school.

The Pathway Co-ordinator agreed to be Lead Professional.

At the review meeting (8 weeks after TAC)

- The practical help of the continence pants had enabled the family to go out "like a normal family". The family had been on holiday and overall B's soiling and behaviour were dominating the family less, and she felt there had been a reduction in soiling and wetting.
- The boys had enjoyed the outdoor sessions and although sometimes B's behaviour was difficult the boys had managed to work together on the activities.
- It had taken a little while to get the CASP work underway and as this had only started it was decided to continue with it.
- T had been attending sports clubs with the support of the HSLO, and this will continue.
- B had not wanted to take on a new activity and his mother felt it was not a good idea to battle about this: B was not ready and he was enjoying the extra time with his mother.
- The parents had decided not to pursue the offer of a family group conference. They felt things were changing and they didn't need the extra support.

At the second review meeting (26 weeks after TAC)

- Working with CASP was reported as very supportive. B's attitude towards his brother is improving although it is still difficult at times. Parents' attitudes have changed and B is not longer seen as the cause of the family's difficulties.
- T's behaviour is now causing difficulties and the family feel they receive very little support for this.
- Ongoing support from CASP and some sibling work through a local outdoor project (GOYA) funded by Budget Holding Lead Professional funding was agreed.

Outcome

There was a reduction in the soiling and wetting, some improvements in behaviour and control at home and at school. Work continues on the relationship between the brothers, although some improvements have been reported by the family.