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moving towards Integrated Working

Progress Report 2007

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A foreword to Integrated Working

The Children's Workforce Development Council (CWDC) is committed to making a real difference to the lives of children, young people and their families. Integrated Working is central to this aim by ensuring that the child or young person is at the heart of service delivery.

Over six months (November 06-April 07), we spent time talking and listening to over 800 members of the children and young people's workforce, including parents, children and young people who are currently moving towards Integrated Working on the ground. This 'snap shot study' shows progress towards Integrated Working across the children's workforce.

The study focuses on the Common Assessment Framework (CAF), role of the Lead Professional, sharing of information and multi-agency teams. It seeks views in how they are helping to progress Integrated Working across children's services. We have learned that there is a real enthusiasm to make integration happen across the workforce, but that we also need to recognise that this requires a massive cultural change, with support needed at every organisational level. Different sections of the children and young people's workforce are at different stages. We also learned that we need to do more to involve the Third Sector and the private sector in Integrated Working. Finally, we learned that strong, clear leadership at every level is critical to success.

It is very important that CWDC responds to this feedback and puts in place support which helps improve practice and outcomes for children and young people. Across all of our work we will be addressing the issues raised in this study, but some key specific responses will be:

- Updating the popular Common Assessment Framework (CAF) and Lead Professional guidance to reflect the feedback and good practice we identified.
- Revising the training materials, promoting high quality training and addressing post-training support.
- Continuing our funding for the private and Third Sector at local level – through our WSPP (Workforce Strategies Partners Programme) funding – to ensure that all employers are engaged.
- Continued and increased investment in a range of local and regional projects to support Integrated Working through Occupational Group Funding, CWDC 'Share' and our Participation fund.

- A series of events for particular sections of the workforce so that we can provide targeted support and development.
- Continuing work with the Department for Children, Schools and Families (DCSF) so that all Government strategy, policies and targets support the workforce to deliver *Every Child Matters (ECM)*.

Underpinning all of this is our close working relationship with our partners in the Children's Workforce Network (CWN), particularly the Training and Development Agency for Schools. Together, we are committed to supporting Integrated Working.

Integrated Working is a way of working which enables all of us to improve the lives of all children, young people and families. It is only possible with the engagement of children, young people and families themselves. CWDC is committed to ensuring the views and opinions of these groups are brought to the table. I am grateful to all those who contributed to this report for all their support in implementing Integrated Working and CWDC will continue to do all it can to provide the high quality training, development and support that you need to make it happen.



Jane Haywood
Chief Executive Officer
Children's Workforce Development Council

Introduction and background

Integrated Working (IW) is at the heart of the *ECM Agenda*. It impacts on every adult in England working with children, young people and their families, whether a school teacher, social worker, employee, employer or volunteer.

In 2006, CWDC commissioned Maggie Kelly MBE to undertake a snapshot study into the progress of the implementation of Integrated Working in the children's workforce. This document is based on the findings of that report, and attempts to bring to life the way in which Integrated Working practices are progressing across the workforce.

Integrated Working is everyone supporting children and young people working together effectively to put the child at the centre, meet their needs and improve their lives.

By combining their professional expertise, knowledge and skills, and involving the child or young person and family throughout, practitioners can identify needs earlier, deliver a coordinated package of support that is centred on the child or young person, and help to secure better outcomes for them.

Integrated Working is achieved through collaboration and coordination at all levels, across all services, in both single and multi-agency settings. It requires clear and ongoing leadership and management. At an operational level, it is facilitated by the adoption of common service delivery models, tools and processes (2007 [CWDC] Common Assessment Framework Guidance).

This report highlights that across England there are variations in practice and progress towards implementing Integrated Working. Those who are already undertaking their work within multi-agency teams have moved much faster and with less resistance than those starting from scratch.

Those new to multi-agency working have to deal with issues of language, crossing professional boundaries, territory protection and role understanding. A number of areas rose to this challenge by delivering all training in cross-professional groups. Others organisations trained staff within their own disciplines before moving to multi-agency groups. Where middle managers had been trained only with colleagues in their discreet profession, this had negative effects for front line implementation.

This progress report also looks at the existing tools available to those working towards Integrated Working such as:

- the Common Assessment Framework
- Lead Professional
- Information Sharing resources.

It considers how these are being implemented in practical, everyday situations.

Finally, the document concludes with a response to the findings from CWDC, including an update on our plans to support further implementation of Integrated Working across the children's workforce in the future.

NB. This progress report is entirely qualitative in nature. It is not presented as an academic piece of research nor indeed as indicative of the views of the whole workforce or specific local areas. Rather, it is the views gathered from those attending four national CWDC Integrated Working Conferences, an analysis of the role of the Lead Professional, five focus groups of those working with Disabled Children, Health Workers in Early Years setting, Youth (aged 11 years plus) and the third sector, an analysis of the DCSF (2006) Local Area Readiness Assessment (LARA), plus 30 telephone interviews with local area strategic leads for Integrated Working. Nonetheless, interesting information has been gathered which can be used to shape some of the future thinking and working of CWDC.

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Key messages

1. The vast majority of those consulted in the study believed that Integrated Working, supported by the Common Assessment Framework, the Lead Professional and Information Sharing, would ultimately ensure **enhanced services** for children, young people and their families.
2. There must be recognition that Integrated Working is a **massive cultural change** that needs support from every level of the children's workforce, from senior management through to practitioners.
3. **Participation** – Integrated Working was more effective when children and young people are present and their voices were heard.
4. **Government departments** need to provide **support infrastructures** within which the Integrated Working agenda can be delivered. Specific messages coming through were for the:
 - **Department for Children, Schools and Families (DCSF)** It was reported that it is often difficult to engage all teachers in Integrated Working, although other education staff were often on board. There was a perception on the ground that there was a tension between the demands of the teaching 'Standards' and the *ECM* agenda. There were also questions raised about OFSTED Inspections and the extent to which *ECM* and inclusion played a part in them.
 - **The Department of Health** The demands on health practitioners to commit to *ECM* coincides with considerable cuts in children's services. There was a perception that resources allocated for children's services were diverted into adult care.
 - **The Youth Justice Board** Strategic links between the Youth Inclusion Programme (YIP), the flagship youth crime prevention programme led by Third Sector organisations, and the *ECM* agenda were not clear.
5. The **private sector** needs to be included in partnerships and training locally. **Early Years staff** from the private sector were particularly out of the loop. Nearly all those consulted in this study, whilst being aware of *ECM*, had never heard of the Common Assessment Framework or Lead Professional, despite feeling they were in a strong position to instigate early assessment. Other private sector staff, such as those from residential homes, also reported a lack of engagement.
6. It is important that the **Third Sector** is included in Integrated Working partnerships and training locally. The involvement of the Third Sector throughout was not consistent. Third Sector personnel consulted in the study feel they have a useful role to play, both as a first intervention point and as providers of services. Practitioners commissioning the services of the Third Sector also reported finding them invaluable to Integrated Working.
7. **Leadership** and providing **strategic direction** was a critical success factor in engaging whole service commitment to Integrated Working.
8. Once strategic support is in place it is best to '**get on with it**' rather than wait for the perfect time. Learning from mistakes is better than doing nothing for fear of making them.

9. There must be continued **support after training**. Training was not enough on its own. Multi-agency training was considered to be more valuable than training for single agency groups as it helped to break down barriers at an early stage and build professional respect. Co-location of teams had similar benefits and promoted true Integrated Working. Trainers must come with credibility. About a third of those consulted said the trainers were barely one step ahead of trainees.
10. DCSF **guidance** was well received, especially the fact sheets. **Training materials** had a more mixed response. Those which engaged staff in practical activity particularly introducing case study examples, were deemed most useful. The majority of those consulted were able to adapt materials for local needs.
11. The role of the **Lead Professional** was best embraced when it was presented as a change in focus, incorporating the best of current good practice, rather than an add-on which caused additional responsibility.
12. **Transition points** are times of increased vulnerability when implementing and monitoring Integrated Working and this needs to be recognised.
13. A **mapping exercise** linking the CAF to other assessment tools would be helpful.

Main findings of the report

An overview of Integrated Working

Integrated Working was generally welcomed across the children's workforce. There was evidence of significant but highly variable progress, in both sections of the workforce and in local areas.

Those reporting the greatest progress believed that this was because they had a strong history of partnership working. Some had been trailblazers or pilots for aspects of Integrated Working in the past and had already established multi-agency teams. In some cases these were 'virtual' rather than co-located. Having a clear vision for Integrated Working, which was understood by all and had the support and commitment of senior managers, was also identified as a significant factor in aiding progress.

A common thread throughout was that all the areas taking part in the study had chosen to 'pilot' Integrated Working, particularly the Common Assessment Framework and role of the Lead Professional, in a number of ways:

- with a multi-agency team focused on a specific group of young people
- in a community locality
- in a school cluster
- in a combination of the above.

No area reported having moved to a 'whole' system approach to Integrated Working. This is in keeping with the recently published *DCSF 2007 Effective Integrated Working* report.

Integrated Working is bringing about cultural change at every level, from senior managers to practitioners, and this needs to be recognised and supported.

Integrated frontline delivery

The importance of engaging all sectors of the children, young people and families workforce was stressed. A third of those implementing integrated services at a local area level reported encountering difficulties in engaging two particular groups of professionals particularly, 'health workers' (12.5%) and 'teachers' (87.5%). For health workers, some of the frustrations at not being able to engage in the agenda were raised by the professionals themselves in the focus groups. It appears that it wasn't a lack of willingness but rather organisational constraints, such as:

- reorganisation of the NHS
- conflicting priorities
- resources being diverted from children's to adults' services.

With regard to teachers, specific issues arose such as:

- unable to access multi-agency training
- unable to attend multi-agency meetings
- not having the capacity and/or knowledge and skills to complete a CAF or take on the role of the Lead Professional
- the Standards agenda being more important
- lack of awareness of ECM.

However, there was evidence of school support staff, particularly Special Educational Needs Coordinators, Learning Mentors and some Head Teachers/Heads of Year completing CAFs and taking on the role of the Lead Professional.

Emerging practice example – Reading School

In a school in Reading, a Head Teacher initiated a CAF about a family with nine children who were living in overcrowded Ambulance Trust accommodation. The Ambulance Trust needed to sell the property and the family were unable to purchase it. No agency had been able to find accommodation for the family because of their size. The stress of the situation was causing health problems and affecting the children's education.

A multi-professional meeting was set up and well attended by the parents, health, education and housing services who represented their various perspectives and built a holistic overview of the family's circumstances. A CAF was completed to document the proceedings, and an unprecedented collaborative agreement was reached in the meeting where funds were pooled to allow the family to remain in their accommodation. All partners are of the view that the CAF provided a coordination tool to broker a multi-agency agreement, which is unprecedented in Reading.

The Head teacher who initiated the CAF said: "*I can't imagine how, without the facility of a CAF, we would ever have managed to sit round a table with Housing and other colleagues to reach this solution.*"

Those attending the focus groups identified the main barriers to Integrated Working as a lack of inter-professional trust, poor communication between professionals and a lack of accessible services and equitable provision. Possible solutions to overcome these challenges included the co-location of professionals and development of a core of common language.

There was also evidence across the study of a lot of effort being made to include the wider children's workforce, including police, housing, YOT workers, substance misuse workers, mental health workers and adult services in Integrated Working, however their involvement in practice was highly variable.

Training and guidance materials

The majority, 148 out of 150, of local areas had undertaken some training in CAF, Lead Professional and Information Sharing although the proportion of staff trained varied considerably across authorities (Local Authority Readiness Assessment [LARA]). Most of the training has taken place with those working in the statutory sector, which is a concern raised in the NCVCCO report, *Strengthening the Children's Workforce* (2007).

A number of areas who had trained a low percentage of staff, had chosen to pilot the training with particular groups of staff in geographical clusters and professional similarities.

Multi-agency training was identified as a significant factor in moving towards Integrated Working.

The DCSF/CWDC CAF, Lead Professional and Information Sharing guidance documents, fact sheets and road map were well received. However, many of those participating in the study reported amending, shortening and localising the training materials to meet their needs. The quality of the training was also raised as an issue.

The Common Assessment Framework (CAF)

“ The Common Assessment Framework for children and young people (CAF) is a shared assessment tool used across agencies in England. It was introduced in 2005, as a way of helping practitioners develop a shared understanding of a child's needs, so that they can be met more effectively. **”**

CAF Guidance, updated by CWDC (2007)

Overview

There was a strong belief that children, young people and families were benefiting from the adoption of the CAF as the process requires a holistic approach to Integrated Working which puts the child at the centre of services. They also believed the CAF supported the empowerment and participation of children and young people.

“ *It was hard, often suffocating. My house was always full of people, often whose names I couldn't remember. However, I am really proud of the way Solihull has embraced the idea of early support. As a parent who has recently completed the CAF I can stand here and say first-hand what a valuable tool it is for both parents and professionals alike.* **”**

From a Parent

The CAF was being used in all the areas where the study participants were working, although they were at different stages in implementing the tool. Many reported seeing it as the linchpin of successful multi-agency working.

Although 98 per cent (LARA) of local areas reported delivering some training on CAF, only five local areas in the study reported actual figures on completed assessments; these ranged from 4 to 1000+. (Table 1).

Table 1: Training in Common Assessment Framework

	None	<20	21-40%	41-60%	61-80%	81-100%
Local areas	3	106	17	13	7	6

Source: DCSF (Nov 2006) Local Area Readiness Assessment

A quarter of the areas had set up multi-agency panels, at which CAFs were discussed, action plans drawn up and Lead Professionals appointed.

Frontline delivery

The study showed a very mixed picture of CAF adoption on the frontline, and this is perhaps best demonstrated through the feedback from those attending the focus groups.

1. From those professionals working with children with complex needs, the CAF was seen as an opportunity to gain a holistic picture of the child/young person and not as a tool to assess and respond to a disability. It was also seen to improve the quality of family service plans, and several participants described enhanced support and respite to parents and carers.

“If the CAF became law and was put in place when a child is born, it could then be updated with relevant information as a child developed. This would mean that whether a child had temporary additional needs (something from which s/he may recover) or lifelong complex needs (eg permanent brain damage) the process would be in place and inclusion would be the norm. I apologise if this is going over old ground, but from my experience I strongly believe disabled people absolutely want to be recognised as ‘ordinary people first who happen to have a disability who may need to deal with life in a different way to those ordinary people without a disability’.

”

From a Practitioner

Those who had had experience of a CAF believed it triggered more comprehensive packages of support and provided an effective link to universal services.

2. Of those working with young people (over 11 years of age), more than half of focus group attendees had completed a CAF and a third were Lead Professionals. How this is currently impacting on the way individual professionals were working, and if as a result, it was improving the lives of young people, generated a lot of lively debate. There was a common belief that the CAF facilitated partnership working which was subsequently leading to improved services.
3. Of those working with families with children under 5 years of age, those working in the private and Third Sector had not heard or received training in the CAF, role of the Lead Professional, information sharing or were aware of the *ECM* agenda. However, all respondents welcomed the concept of early identification/support and felt their relationships with families put them in an ideal position to utilise the CAF.

Despite these positive comments, the focus groups raised a number of concerns, including:

- that sometimes there was not a shared understanding or commitment across agencies, and between managers and practitioners
- that CAF had already over-burdened practitioners
- that practitioners were viewing CAF as contributing to a loss of professional identity and skill base.

Suggestions to overcome these concerns included:

- the introduction of E-CAF
- multi-agency training.

The role of the Lead Professional

“ The Lead Professional is the person responsible for coordinating the actions identified in the assessment process. S/he is also a single point of contact for children with additional needs who are being supported by more than one practitioner. **”**

Lead Professional Guidance, updated by CWDC (2007)

Overview

The role of the Lead Professional was welcomed by all participants and was seen to have a significant contribution to make to implementing Integrated Working. There were examples of professionals from across the children and young people's workforce assuming the responsibility, including examples where parents and, in one instance, a young person had taken the lead.

One local area reported young people and families being able to choose their Lead Professional. There were also examples of experienced designated Lead Professionals acting as champions to support/empower others practitioners to take on the role.

However, there was universal agreement that the role needed considerable support, especially in relation to skills development, line management and supervision.

The LARA showed that 144 (95.4 per cent) local areas had completed some training, and that of the seven recorded as having completed no training, three had no plans to do so at this stage (Table 2).

Table 2: Training in Lead Professional

	None	<20	21-40%	41-60%	61-80%	81-100%
Local areas	7	121	14	3	3	3

“ She's been a godsend to me really... she's always at the end of the phone. She has been absolutely wonderful. She really has. I've never known anyone like her. I know I'm hyping her up a bit, but honestly she's been fantastic. She's my friend, my guardian angel. I've got my mum and I've got my friends, but you need a person who's neutral, that you can discuss things with. She was brilliant about fetching everybody together and keeping us informed about what was going on... she's lovely, very easy to get on with. I feel quite sorry for the woman actually putting up with me and Harry [laughs]... I love her visits and Harry loves her visits and it's like I can talk to her about anything, not only Harry... I can tell her my life story. You know, I couldn't ask for a better person. She's been great. **”**

A Parent's perspective, Telford and Shropshire

Frontline delivery

Frontline delivery of the Lead Professional role generated the most discussion on the impact for a practitioner working in the children and young people's workforce.

CWDC conducted a functional analysis of the role of the Lead Professional, alongside the progress check, which suggested three emerging models:

- as a single role, embedded in one person
- as a joint role, embedded in more than one person carrying out the role
- a supported role – one person acting as Lead Professional, supported by another/others.

From the study two local areas had appointed three dedicated Lead Professionals each. One area was utilising the Lead Professional to support a cluster of schools where school staff completed the pre-assessment which was forwarded to the team Lead Professional. The second appointed a Lead Professional to work across the local authority area. However, these were in the minority – most Lead Professionals were an extension of existing roles.

The LARA data identified Social Workers and Health Visitors, closely followed by Special Educational Needs Coordinators, as the professionals most commonly taking on the role. However, in the health workers focus group many expressed concern that reorganisation, job uncertainty, time and capacity was impacting on their ability to continue to commit fully to the agenda.

While there was a lot of enthusiasm for Lead Professionals across those consulted, participants identified a set of factors they felt would need to be in place to make it work effectively. These were:

- a programme of relevant skills-related training
- a programme of client- and issue-related training
- support from senior managers who, in turn, may require training to meet the new demands made by the role
- good line management and supervision
- good understanding of the children's workforce
- good understanding of the Change for Children agenda.

Information Sharing

‘ *Information Sharing is the process for helping practitioners work together more effectively in order to meet children’s needs by sharing information legally and professionally.* **’**

Lead Professional Managers Guide, updated by CWDC (2007)

Overview

There was some confusion around information sharing.

Four of the areas interviewed had developed their own local child indexes and reported usage to varying degrees. Most areas reported there was some way to go before the child index became an automatic first tool for professionals. There was debate as to whether information sharing training should happen before CAF training or the other way round.

The LARA results suggest that 94.7 per cent of local areas have completed some training on information sharing. In 45 per cent of authorities over one-fifth had attended this training (Table 3)

Table 3: Training in sharing information

	None	<20	21-40%	41-60%	61-80%	81-100%
Local areas	8	78	24	20	12	9

Source: 2006 DCSF Local Area Readiness Assessment

Frontline delivery

Nearly all of those taking part in the focus groups reported making significant progress with information sharing in frontline activity. They went on to identify areas which need further attention:

- compatible IT systems
- access to IT
- lack of understanding of the new agenda generated by *ECM*
- lack of awareness of and direction on the legislation which supports the process
- concerns that parents may not share information if other agencies may become aware
- different interpretations of information by different professionals.

They also suggested solutions:

- establishment of clear protocols
- transparency of information being explicitly established with families
- common understanding of the purpose of information sharing
- opportunities to explore success, good practice and obstacles across geographic and agency boundaries.

Transition

Three of the focus groups expressed particular concerns regarding sharing information during transition periods, especially from:

- children and young people's services to adults' services
- primary to secondary school and secondary to further education/employment.

Children and young people's to adults' services

These concerns were primarily expressed by the group focusing on children with complex needs and by health workers. For young people with complex needs or a disability there was a perception that, with the transition from child to adults' services, young people were seen as being less eligible to access services. Participants expressed the view that there should be a maintenance programme which has transition points and that these need to be carefully monitored. This could be instigated by a CAF and overseen by a Lead Professional.

The Children Act (2004) classifies adult status as beginning at 18 years. However, because young people aged 16 and over are often treated on adult wards, their records are not always passed to the appropriate children's services. This particular focus group proposed starting transition at 14 years to enable 'medical' backup to be in place. For some it was noted that some specialist medical children's services retain young people into their 20s as there is no provision for them within adult services.

Emerging practice example – Brent

Brent Local Authority has established posts of transition buddy workers linking adolescent and adult services. These posts aid information sharing across services and departments in the area.

Primary to secondary school and secondary to further education/employment

These concerns were expressed by the youth workforce focus group who work with young people aged 11 years plus. This group felt that leaving school should be regarded as a transition point. Their primary concerns were for 16-19 year old, 'hard to reach' young people, deemed to be at greatest risk. This group is beyond the age of statutory education and is frequently lost in the system. These young people were usually less mature than their more stable counterparts who often have more supportive home environments.

The group proposed a possible solution to actively target this group through good outreach programmes and multi-agency support packages. There was a real fear that CAF and Lead Professionals would fail to be used with this group, especially if resources were limited.

Future plans and activities – CWDC response

CWDC is committed to Integrated Working and to making its implementation easier to do. We will do this by:

1. Building on this snapshot study, with a comprehensive evaluation of the challenges and barriers to Integrated Working. This will be completed by Spring 2008.
2. Providing practical support to practitioners and managers, informed by DCSF's *Effective Integrated Working* report.
3. Funding Integrated Working in each region to promote the voice of children and young people in local workforce reform.
4. Working closely with DCSF colleagues on the development of the Children's Workforce Strategy Action Plan. We are also working closely with our partners in the Children's Workforce Network, particularly the Training Development Agency for Schools.
5. Including specific Early Years focus groups in our evaluation (see 1).
6. CWDC is publishing a Third Sector strategy which will demonstrate that Integrated Working, as with all other CWDC activity, takes into account the needs of the Third Sector. We will support awareness within the statutory sector to engage the Third Sector in Integrated Working.
7. Providing further resources to support the use of the Championing Children's resource book launched earlier this year. We will test CWDC Induction Standards with Early Years, Education Welfare Officers, Connexions PA Staff. We will publish a supervision unit for social care workers in conjunction with Skills for Care, which we will test with other parts of the CWDC footprint.
8. Launching 11 CWDC 'Share' projects which will promote emerging practice through regular updates on the CWDC website.
9. In 2008/09 we will review the effectiveness of the Integrated Working materials available, with a view to further promoting multi-agency training.
10. Updating the guidance for the Lead Professional role and CAF. We will add to the popular suite of fact sheets to highlight the needs of teachers (in collaboration with TDA), Early Years, Learning Mentors, Social Care, Education Welfare Officers and Connexions PAs.
11. We have completed a functional analysis of the role of the Lead Professional which is available on our website.
12. We have raised information sharing as an issue with the CWN Integrated Working policy group and, collectively, we are seeking ways forward to address this complex area.
13. We will consider mapping CAF to other assessment tools in our 2008/09 business plan.

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Further information

There are a number of resources available to support the implementation and delivery of Integrated Working, including:

The Lead Professional: practitioners' guide and the Lead Professional: managers guide

Providing advice and guidance on working with or being a Lead Professional. Available online at: www.cwdcouncil.org.uk/projects/leadprofessional.htm or www.everychildmatters.gov.uk/leadprofessional

The CAF: managers' guide and CAF: practitioners' guide

Guidance on implementing CAF in your workplace and carrying out common assessments. Available online at:

www.cwdcouncil.org.uk/projects/commonassessmentframework.htm or www.everychildmatters.gov.uk/caf

Making It Happen

A booklet supporting the implementation of effective front-line Integrated Working practice. Available online at www.cwdcouncil.org.uk/makingithappen.htm

Local Workforce Strategy Toolkit

For the development of local and organisational workforce strategies. Available online at www.cwdcouncil.org.uk/projects/implementinglocally.htm

Championing Children

A framework for those who are leading and managing integrated children's services. Available online at www.cwdcouncil.org.uk/projects/championingchildren.htm

Information Sharing

Guidance for practitioners and other supporting documents are available online at www.cwdcouncil.org.uk/projects/informationsharing.htm or www.everychildmatters.co.uk/informationsharing

Training materials

National core training materials are available online at www.ecm.gov.uk/iwtraining

Implementation roadmap

Provides a high level view of what is required to implement key elements of Integrated Working. Available online at www.ecm.gov.uk/iwroadmap

Council for Disabled Children

The Council for Disabled Children (CDC) provides a national forum for the discussion and development of a wide range of policy and practice issues relating to service provision and support for disabled children and young people and those with special educational needs. Visit www.ncb.org.uk/cdc

Care Co-ordination Network UK

Promotes and supports care co-ordination and key working services for disabled children and their families. See www.ccnuuk.org.uk for details of resources and publications.

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