

Joint Access Team (JAT) Handbook



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1. Introduction

Together with the Common Assessment Framework (CAF) Handbook and the Pathway to Provision Handbook, the Joint Access Team (JAT) Handbook provides a comprehensive tool for practitioners working with children, young people and families, especially at an early intervention stage.

These three separate Handbooks aim to provide concise and clear guidance to the children's workforce ensuring that there is a consistency of practice across Nottinghamshire with regard to the Joint Access Teams, Common Assessment Framework Process and access to services for children, young people and their families.

Over the last three years, 42 Joint Access Teams have been established across Nottinghamshire, and the Handbook aims to reflect the best practice amongst the JATs. It is important that all children, young people and their families receive a consistent service regardless of the location. The JAT Handbook provides key guidance on a range of areas including:

- The process of a JAT meeting
- The core membership of the JAT
- The roles and responsibilities of the JAT Chair and the JAT Administrator
- Information sharing
- The involvement of children, young people and their families in the JAT process

The intention is that the JAT Handbook will be updated over time in consultation with JAT chairs, practitioners and services. For instance, the section on measuring the impact of Joint Access Teams describes the current evaluation of JATs being undertaken. Key findings from this evaluation will be included in the JAT Handbook.

2. Early Intervention

What is early intervention?

Early Intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people (Early Intervention: Securing good outcomes for children and young people DCSF March 2010).

When early intervention is understood this way, it means that it targets specific children who have an identified need for additional support once their problems have begun to develop but before they become serious.

Whilst recognising that interventions carried out between conception and aged two can reap the greatest benefits, early intervention can help children at any age.

Running closely alongside early intervention is prevention, which focuses on identifying risk factors for children and young people and building their resilience to deal with these factors. Support for parents is key in building children and young people's resilience.

Early intervention should be understood as a process, not an event.

1. Children, young people and families' difficulties are identified before they have reached a point at which the child's development and well-being is compromised.
2. Having been identified early on, the scale and nature of these difficulties are properly understood and a plan for offering help is developed through a process of high quality assessment.
3. Children, young people and families are offered the help they need, in line with those assessments. This support can then address their difficulties or they can accept longer term help to help manage them.

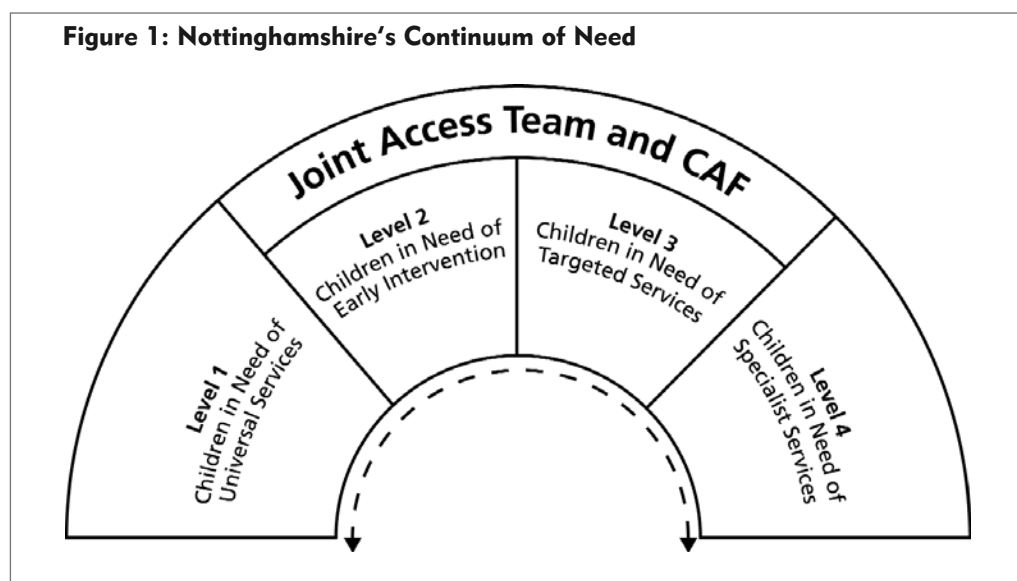
For early intervention to be successful, each step of the process must be carried out well and followed through. For example, there is no point in practitioners completing a CAF and then not acting on the information gathered.

Early intervention is the shared responsibility for all who work with children, young people and families and the role of universal services in this is particularly crucial, as they are likely to be in a position to identify difficulties early.

The whole family approach emphasises the importance of practitioners working with adults who are parents being alert to the implications of family difficulties for children and young people and equipped to know what to do about them. Problems which adults experience such as mental ill health or substance misuse can place children and young people at significant risk of poor outcomes. The significance of the impact of inter-dependent family relationships upon individual children and young people cannot be underplayed. So, whole family approaches have a huge contribution to make to effective early intervention in local areas.

Early Intervention in Nottinghamshire

Nottinghamshire has developed its own continuum of need model which is shown below:



The Joint Access Teams are recognised as the key mechanism for early intervention in Nottinghamshire and support the effective implementation of the principles of early intervention as outlined in the following ways:

1. The 0-19 focus enables early intervention to help children or young people as young as possible or at any stage in their lives that issues may arise
2. The model enables practitioners to consider the needs of the whole family, as it recognises that children and young people are individuals within a wider family unit and supports the active engagement with and participation of children, young people and their families.
3. The JAT model supports practitioners in following the early intervention process.
4. The JATs support professionals in identifying who is most appropriate to work with a family and the role that they should play.
5. The JATs can also generate good local information about where families can access advice about emerging difficulties, which is recognised as contributing to effective early intervention.
6. The JAT model supports the Common Assessment Framework which is also recognised as a key tool for early intervention.

3. The Purpose of the Joint Access Team

Joint Access Teams are the key mechanism for early intervention and provide an opportunity for a single, cross agency, conversation about a child or young person with early intervention or targeted needs

As a result of this conversation there will be:

- Better understanding of the child's or young person's needs
- Advice, information and ideas generated by the team re next steps
- Clarity around the outcomes being sought
- Lead professional identified
- Additional support services identified
- Next steps agreed
- Actions recorded
- Date set for progress review
- A link between input, output and outcomes

The terms of reference for the Joint Access Team can be found in **Appendix A**. The JAT should formally adopt these terms of reference. A wide range of benefits have been identified as a result of the roll out of the Joint Access Teams across the county for the following groups:

Parents and Carers

- Able to build a relationship with one key professional who co-ordinates the response of others
- Not having to share their story over and over with different professionals
- Having an opportunity to share their concerns and gain advice and support from others
- Having quick and easy access to universal and targeted services in their own locality
- Support for the whole family

Practitioners and Schools

- A regular forum for practical information exchange and joint decision making
- Providing the means of identifying who else is already offering services to the family and agree a joined up response
- Giving opportunity to seek and gain advice, share concerns and offer support to each other, making best use of their collective knowledge and expertise
- Opportunities to understand how JAT member's roles and responsibilities both complement and act discreetly from each other
- Time and space to explore together who is best placed to take on the role of Lead Professional

4. Key Principles of Joint Access Teams

The Joint Access Team model is underpinned by the following principles:

- Focus on outcomes for children, young people and families
- A holistic approach
- Enabling the full participation of children, young people and parent/carers in the process
- Building on strengths as well as identifying difficulties
- Agencies need to work together to reduce duplication and unnecessary intrusion into family life
- Social inclusion
- Non-judgemental
- The child or young person’s safety is everyone’s responsibility
- Mutual respect between agencies and a recognition of the different skills that each agency brings

One of the key principles is a strengths based approach when working with children, young people and their families. JATs are committed to taking a strengths based approach in dealing with cases. Training is being offered to all JATs in using this approach. The reason for using this type of approach is that it shifts the balance from generating problem-focussed talk, description and thinking to a solution-orientated focus, which is hopeful, looks at successes and has an expectation of change. **Appendix B** provides further information on the strengths based approach.

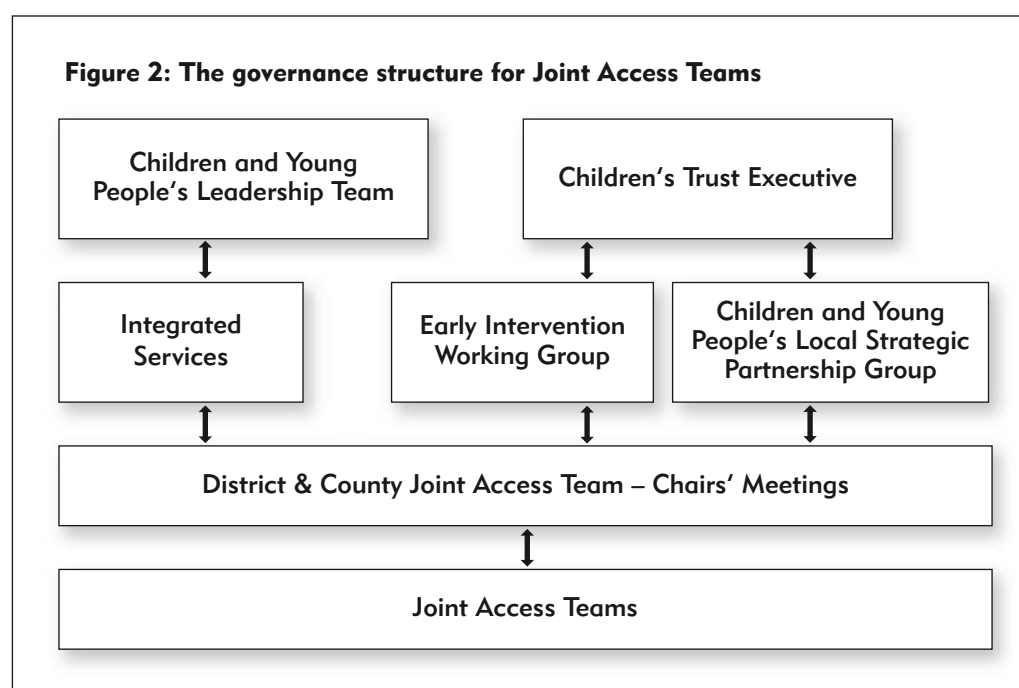
5. Governance Structure for Joint Access Teams

Individual JAT members remain accountable to their own services, and therefore it is important that practitioners are able to contribute fully to the work of the JATs as well as receiving the appropriate support for their work by their own line managers.

Joint Access Teams have two lines of accountability:

- The Children’s Trust
- The Children and Young People’s Services Department

The diagram below illustrates the governance structure for Joint Access Teams:



6. The Joint Access Team Meeting Process

Figure 3: Prior to the JAT Meeting

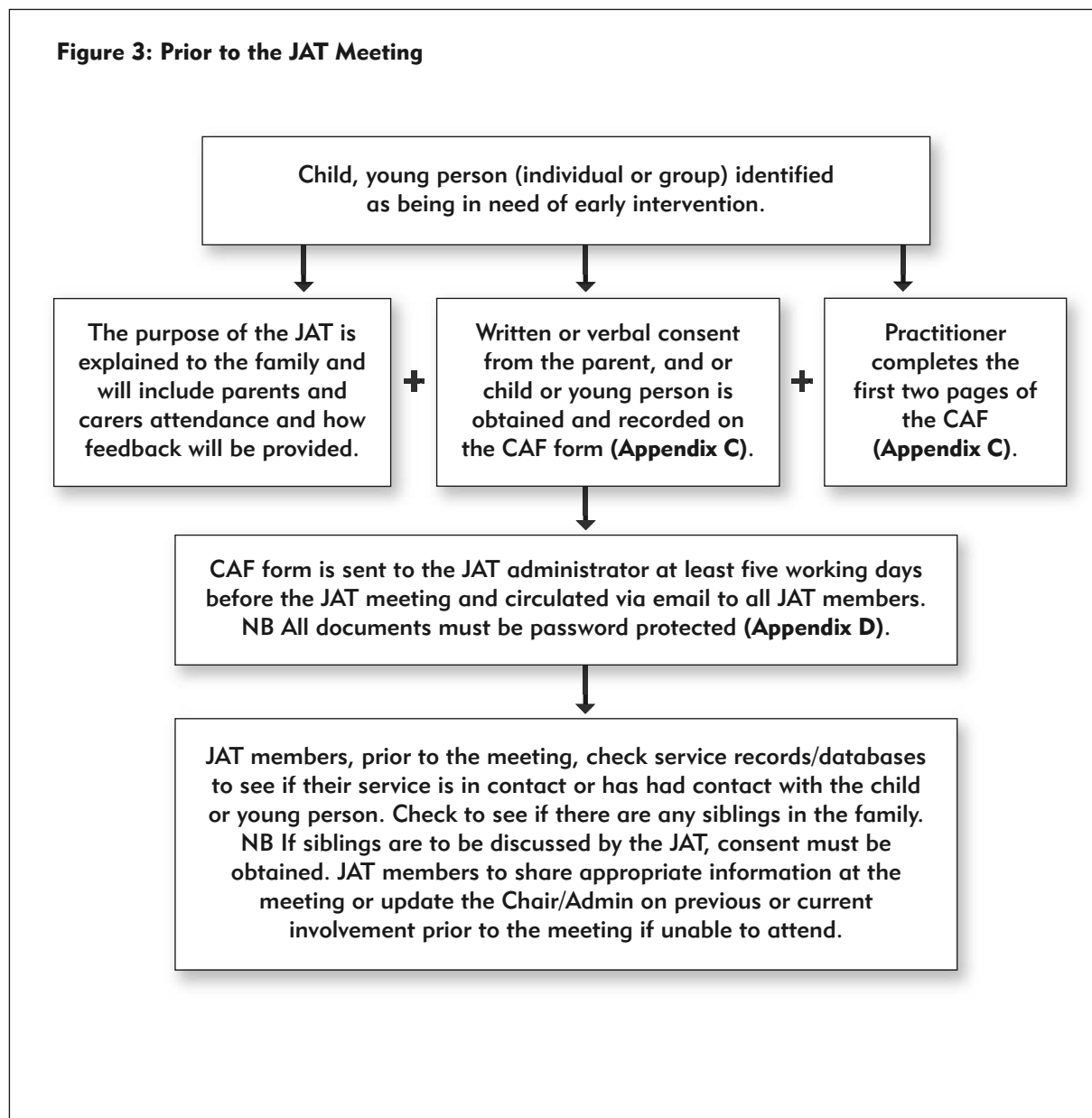


Figure 4: During the JAT Meeting

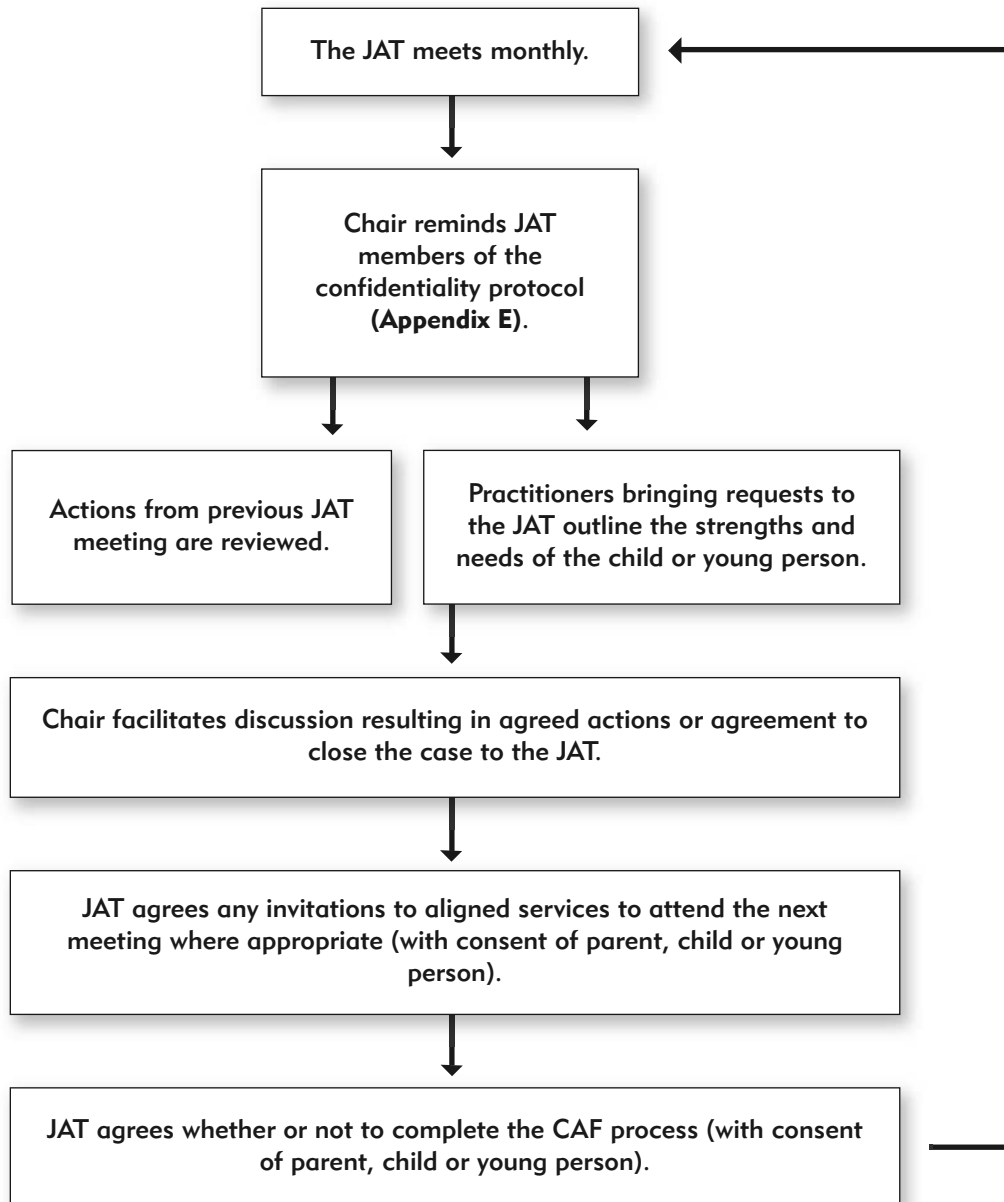
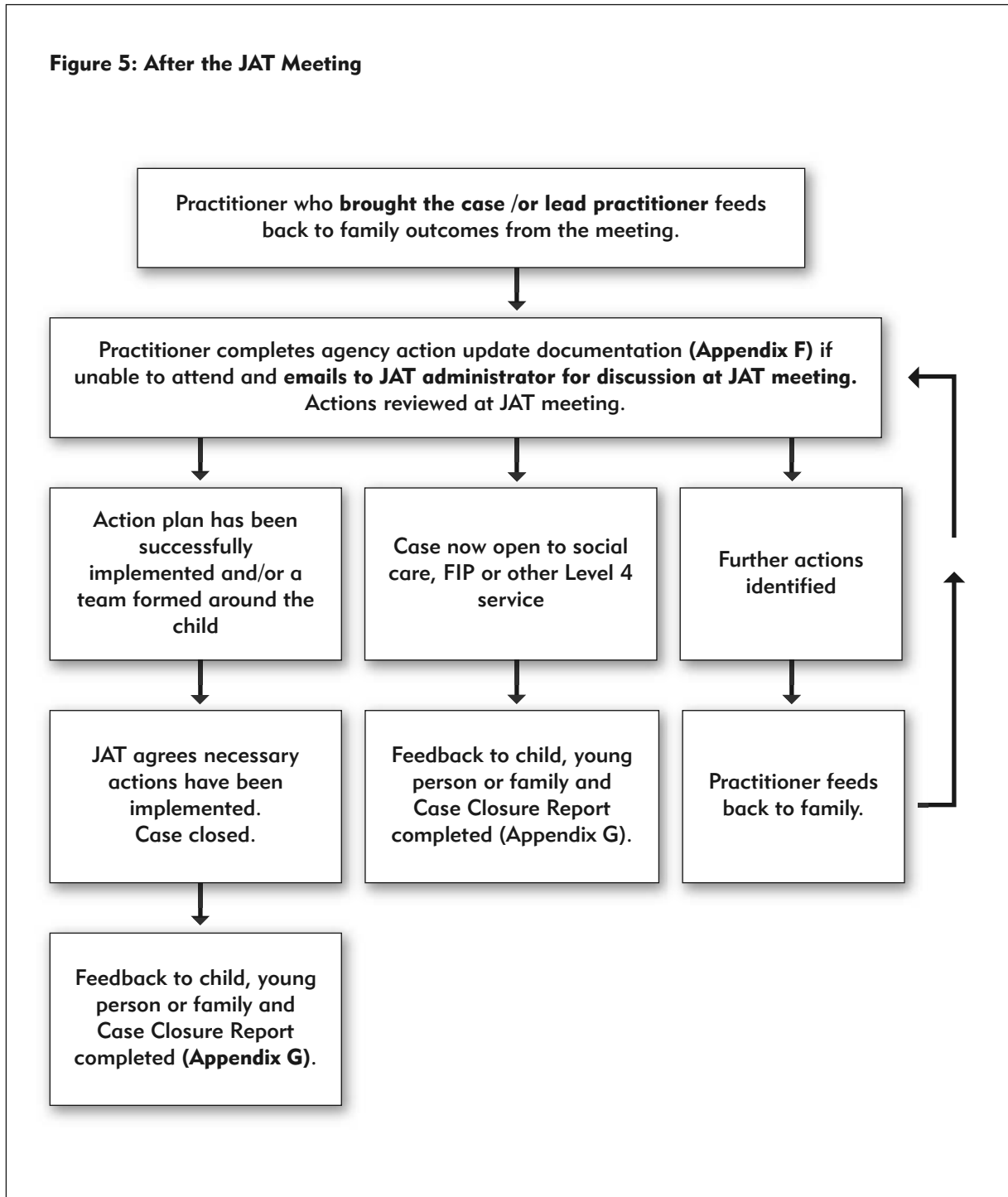


Figure 5: After the JAT Meeting



Prior to the JAT Meeting

a) Deciding who to refer to the JAT

The **Pathway to Provision** has been developed to identify the threshold criteria for accessing services including the Joint Access Team. Joint Access Teams are primarily for children and young people in need of early intervention **and those with more complex needs (level 3) who have not yet been referred to a statutory service**. In addition, it may be appropriate to refer a child or young person to a JAT to support the de-escalation of support from **Level 4** to targeted or early intervention services e.g. following the decision to close by Social Care.

b) Who not to refer to the JATs

The following children and young people should not be referred to a Joint Access Team:

- Children & young people who are subject to a child protection plan and/or are actively engaged with by Social Care. These children or young people will be already discussed regularly by the key agencies involved with them, i.e. if they are subject of a child protection plan, the core group meets at least every six weeks.

There will be some children and young people whose cases are opened and closed by Social Care on the same day as a referral, or may only be worked with by Social Care for a few days. These cases can still be discussed at a JAT. If CAF documentation is circulated in advance, the JAT's Social Care representative will be able to check Framework for Social Care's involvement.

- Looked after Children - this means children who are in local authority care and/or in foster care. Adopted children can still be discussed at the JAT.
- Children & young people whose families are known to be engaged with the Family Intervention Project (FIP) team in the Ashfield & Mansfield and Gedling Districts

c) Engaging the Family with the Process

The first step in referral is to discuss the referral to the JAT with the family concerned. There is a leaflet for parents and carers explaining the role of the JAT, which may be useful in explaining the process. Copies of the leaflet are available from the Integrated Services Team and the NCC website.

Families/children or young people can attend the JAT in order to participate in discussion and practitioners should make families aware of this and also discuss any support that they may need to attend the JAT. If a parent/carer or young person expresses a desire to attend the JAT, the practitioner should liaise with the Chair in order to facilitate this. The JAT team should be informed in advance when a parent/carer wishes to attend a JAT meeting.

Written consent to discuss the case then needs to be obtained from the parent or the young person who is competent to give consent. A young person aged 16 or over, or a child under 16 who has the capacity to understand and make his/her own decisions, may give (or refuse) consent. Children aged 12 or over may generally be expected to have sufficient understanding as based upon the Frazer Competence principle.

When obtaining consent, it is important to let the family know that their case may be discussed at more than one meeting. Practitioners should explain the JAT process and who will be attending the JAT meeting to whoever is giving consent for discussion.

Whilst it is not necessary to obtain both the young person's and the parent's consent, in cases where only parent's consent has been obtained, the practitioner should make every effort to ensure that the young person knows that they are being discussed at the JAT. Families can also have access to notes of such discussions on request and this can be arranged through the JAT Chair.

In line with a whole family approach, any agency, not just those in Children and Young People's Services, can bring a case to a JAT. This must be done with the consent of parent/carer or child/young person, if competent to do so in the practitioner's professional judgement.

Parent and carers can also self-refer to the JAT. Any parent who wishes to self-refer should in the first instance contact the JAT Chair or Integrated Services Team.

d) Completing the Paperwork

Referrals to a Joint Access Team will use the front two pages of the Common Assessment (CAF) document together with a consent section for parents, children or young people to complete prior to discussion at the JAT meeting.

Appendix C has a copy of the CAF documentation or copies can be downloaded at: www.nottinghamshire.gov.uk/commonassessmentframework

Initially the documentation will be paper based or on an electronic template. In the medium term, the eCAF system will be used to support the referral process to JATs, so that it can be used as the system to manage and monitor progress of cases discussed by them as well as holding the CAF details.

The completed CAF form should be sent to the JAT administrator at least five working days before the JAT meeting and circulated via email to all JAT members, so that they have the opportunity to check records and prepare for the meeting. All such information must be sent out password protected (**Appendix D**).

Prior to the meeting, JAT members check service records/databases to see if their service is in contact or has had contact with the child or young person. They should also check to see if there are any siblings in the family.

NB If siblings are to be discussed by the JAT, consent must be obtained. JAT members to share appropriate information at the meeting or update the chair/admin on previous or current involvement prior to the meeting if unable to attend.

The JAT Meeting

At the beginning of the meeting, the JAT Chair should remind all members of the confidentiality protocol (**Appendix E**).

The practitioner presenting the case should attend the meeting in order for an informed discussion to take place.

Following their presentation of the case and discussion, actions agreed at the JAT are recorded in the minutes of the JAT meeting, and in the action plan section on the CAF form and reviewed at the following JAT meeting.

If a JAT member is unable to attend a meeting, they should nominate another representative from their organisation. If this is not possible and they have an action to report on from the previous meeting, an Agency Action Update (**Appendix F**) should be completed and sent to the Chair and administrator prior to the meeting.

Once a successful action plan has been implemented the case will become closed on the JAT records and Integrated Services Team database but can be re-opened if necessary. When a case is closed to the JAT, it is the responsibility of the key worker to inform the parents/carers and complete the Case Closure Report (**Appendix G**) with them to record their experience of the JAT process.

If safeguarding concerns are identified as part of the discussion, then safeguarding procedures must be followed and the case should be referred to social care.

After the Meeting

Feedback to the parent/carer or child/young person must be given by the most appropriate person - either the person bringing the completed CAF paperwork or the

nominated Lead Professional. They should feedback to the family any actions agreed at the meeting and also let them know if the case will be discussed at future meetings. If the case has been closed, the practitioner should complete the Case Closure Report with the family and obtain feedback from them about the process.

Each individual agency will follow its policies and procedures for storing information. The Integrated Services Team will keep copies of all JAT meeting minutes. These will be stored safely electronically. It is recommended that records of children, young people and their families discussed at a JAT are stored for six years either in paper format or electronically.

Spare copies of confidential information taken to a JAT must be shredded by the administrator.

7. Membership of the Joint Access Team

As Joint Access Teams were established across the County, the core membership of each JAT was agreed at the original JAT Practitioner Days.

With all JATs in place, there is a clear group of services which should form the core membership of **all** JATs. A list of these services is provided in **Appendix H**. It is important that these services are represented on each JAT, but the list is not intended to be exhaustive.

An outline of the Social Worker's role on the Joint Access Teams is provided in **Appendix I**.

8. Role and Responsibilities of the Joint Access Team Chair

The role of the JAT Chair is essential to the successful operation of a JAT in a number of different areas. The Chair ensures that the principles of effective early intervention as outlined earlier in the document are adhered to and has a key role in championing the use of the CAF.

Similarly JAT Chairs play an important role in supporting the participation of families in the JAT process and it is assumed that anyone taking on this role will be committed to involving families.

A more detailed outline of the JAT Chairs role can be found in **Appendix J**.

9. Role and Responsibilities of the JAT Administrator

The importance of the role of the JAT administrator cannot be underestimated both in terms of ensuring the smooth running of the meeting and in capturing data, which can then be used to measure the impact and outcomes of JATs.

The minutes that administrators take and the subsequent case logs provide the Integrated Services team with valuable data around age, district, ethnicity, etc as well as providing a means of tracking and monitoring actions and outcomes for children and young people.

Administrators also have a key role play in protecting families' confidentiality, which is essential if families are to have confidence in the JAT process.

A more detailed description of the administrator's role can be found in **Appendix K**.

10. Information Sharing and Confidentiality

Information sharing is key to the goal of delivering better, more efficient public services that are coordinated around the needs of the individual child or young person. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. It is important that practitioners understand when, why and how they should share information so that they can do so confidently and appropriately as part of their day-to-day practice.

The decision to share or not to share information about an individual child or young person should always be based on professional judgement, supported by the cross-Government Information Sharing: Practitioners Guide (updated in October 2008) and informed by training. The safety and welfare of a child or young person should always be considered paramount. The document was published in October 2008 and can be viewed, downloaded or ordered from:

<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00807-2008&>

Seven Golden Rules for Information Sharing

The document provides seven golden rules for information sharing:

1. **Remember that the Data Protection Act** is not a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not want to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the persons and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with the people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it - whether it is to share information or not.

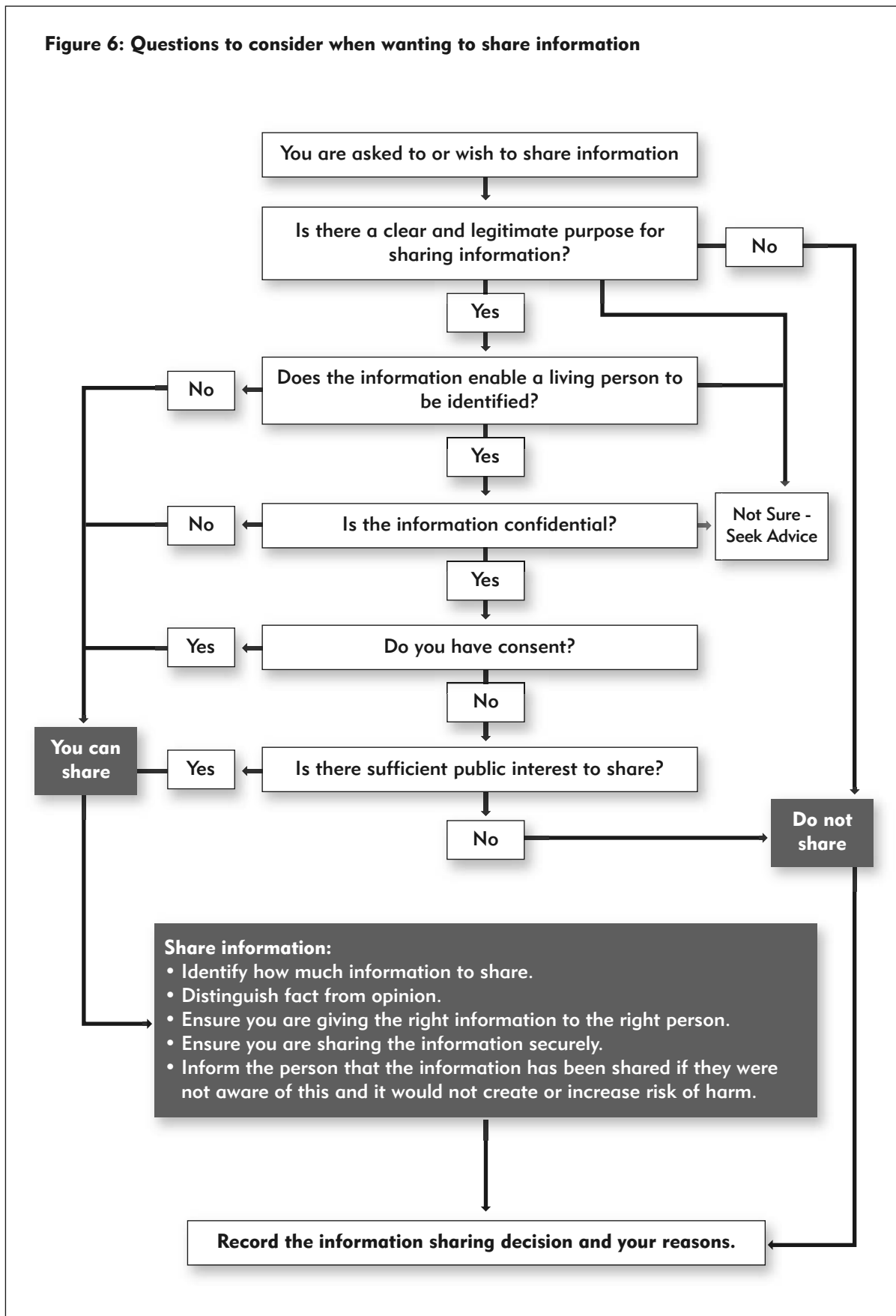
Practitioners should be aware of this cross-Government guidance and use it to support their professional judgement when making decisions about information sharing. It is the responsibility of each organisation within the Children's Trust to ensure that its employees receive appropriate training in information sharing, and that practitioners have access to managerial advice about information sharing.

Information sharing protocols and agreements are **not** required before frontline practitioners can share information about a specific child, as stated in advice from the DCSF in March 2009: 'The decision to share or not to share information about a child should always be based on professional judgement...The lack of an ISA between agencies should never be a reason for not sharing information that could help a practitioner deliver services to a child'. *Statement on Information Sharing Agreements and Protocols (DCSF, August 2008)*.

At the beginning of the meeting, the JAT Chair should remind all members of the confidentiality protocol (**Appendix E**).

The diagram below provides a helpful illustration of what practitioners should consider when thinking about sharing information.

Figure 6: Questions to consider when wanting to share information



11. Involvement of Children, Young People and Families

The participation of children, young people and families is guided by the following principles (based upon the principles of the Nottinghamshire Children and Young People's Participation Strategy):

- All children, young people and families should have an equal opportunity to participate, should they choose to, so we will work to support those who face the greatest barriers
- Children and young people should have the opportunity to participate in an age appropriate way
- Participation needs to lead to positive outcomes which are agreed with and communicated to children, young people and families
- All organisations working with children, young people and families should work together to support and promote participation.
- We value all children, young people and families and will promote their successes.

JAT practitioners have a key role to play in facilitating the participation of families in JATs, as is supported by the number of positive examples of parental participation in the JAT/CAF process beginning to emerge, evidenced by positive feedback from parents and carers themselves.

Before referral to a Joint Access Team, the referral should be discussed with the child, young person and family. The outcomes of this discussion should be recorded on the CAF paperwork (**Appendix C**). Children, young people and their families can attend Joint Access Meetings, and must receive feedback on the outcomes from the meeting, as soon as possible afterwards.

Other steps that Joint Access Teams and their members can take to achieve the involvement of children, young people and their families include:

- Terms of reference (**Appendix A**) for a JAT should include a statement of commitment to participation which all members sign up to.
- JATs should allocate time at an early meeting to develop a shared understanding of participation and agree how the JAT will ensure children, young people, parents and carers are able to influence service delivery.
- When a CAF is initiated, ensure that the practitioner completing the CAF works to a 'checklist' of participative practice (e.g. family friendly time, venue etc.)
- Where children, young people and families do not wish to receive support via a JAT try to establish the reason why and feed this information back to the JAT. (This should also be recorded in the Joint Access Team meeting minutes)
- Ensure that children, young people and families have an input into the type of support package they receive. This can be recorded on the CAF document being completed.
- Give the child, young person or family the opportunity to measure how they are feeling when referred, when the case is closed and at any review points. This can be recorded on the CAF document being completed.
- If a child, young person or parent/carer is attending the Joint Access Team meeting, give consideration to how best this might be done i.e. to allocate a specific time and allow someone to be invited to support the child, young person, parent or carer.
- Discuss the involvement of children, young people and families annually at the Joint Access Team meeting. If there are common themes/issues about living in the locality then this needs to be fed into Local Strategic Partnership's (LSPs) Children & Young People's Thematic groups.

There are particular benefits to involving parents and carers in JAT processes:

- If parents and carers feel involved, they are more likely to engage with early intervention/preventative services and processes, including the CAF
- If parents are fully engaged, they will be clear about what is expected of them in relation to improving outcomes for their child/young person.
- Many difficulties facing children and young people stem from problems experienced by a parent; e.g. alcohol use, mental health issues. Practitioners must be able to establish a relationship with the parent in order to support them in addressing these issues.
- The primary goal of early intervention is about building resilience and enabling families to 'stand on their own two feet'. Services will find it easier to withdraw from families if parents have undertaken the actions necessary to improve their parenting capacity.

In this way, the involvement of parents and carers in JATs should be seen as supporting parents to exercise their parenting responsibilities and ensuring that they have adequate resources to do so.

The table below illustrates the different ways that parents may become involved with the JAT process.

Stage	Parent Participation Opportunity	Evidence
Practitioner identifies family	Practitioner seeks written or verbal consent. If parent chooses not to engage, reasons are recorded	JAT records
Practitioner completes first two pages of CAF	Practitioner working with parent obtains consent and agrees content Parent states their desired outcomes	Parent's signature
JAT Meeting	Parents invited to attend to participate in discussion and offered support to do so If parent is not present, the meeting identifies someone to feedback to parent including any actions for parent	No. of parents attending meetings
Lead Professional identified	Parent invited to suggest who they would like as lead professional	
CAF initiated	Parent consents to CAF and completes this with practitioner. Parent states their desired outcomes Actions are agreed, including actions for parents	CAF forms.
Multi-agency Meeting / Review Meeting	Parent in attendance? Multi-agency action plan developed/reviewed with parent Further actions are agreed, including actions for parents	Minutes of meetings List of agreed actions Completed CAF
Closure of Case	Parent agrees to closure. Desired outcomes and actions are reviewed and the extent to which they have been achieved is agreed Any on-going actions for parents are agreed Any outstanding issues are logged and raised, e.g. at JAT /Local Strategic Partnership's (LSPs) Children & Young People's Thematic groups?	Outcomes recorded Parent feedback recorded Issues log

12. Measuring the Impact of JATs on Outcomes for Children and Young People

Evaluation

The first wave of an impact evaluation of the JATs will be completed by September 2010. The evaluation has used the TDA impact assessment framework as its basis (**Appendix L**). Together with the Integrated Services Team, a group of JAT Chairs were involved in developing the framework. All JATs will be evaluated using the framework over the next couple of years.

The purpose of the evaluation is to measure how well the JATs contribute to children, young people and families receiving high quality, integrated early intervention support which provides easy access to services across Nottinghamshire.

The evaluation will look at the following areas:

1. **Process** - efficient, robust processes and systems consistently being used across all JATs
2. **Full commitment**, engagement and participation of all agencies and services
3. **Use of the CAF and lead professional role**
4. **Support for children, young people and families** which invites their full engagement and participation

The evaluation is based on a wide range of data collected from the JATs including, minutes, agendas, membership proformas, case logs, and feedback forms from families. JAT members have completed questionnaires and some have also attended focus groups to explore issues in more depth and to gather qualitative evidence. Evidence from specific pieces of research around the JAT Chair role and swift and easy access will also feed into the evaluation.

On-going Monitoring and Data Collection

In light of the current financial climate, it is vital for JATs to be able to demonstrate outcomes. In addition, it will become increasingly important to record reasons for referrals and outcomes for children and young people.

The Integrated Services team will continue to collect data from JATs in the form of case logs, minutes, attendance sheets, case closure forms and agendas. This will provide valuable data regarding age, ethnicity, district and nature of need and outcomes arising from the JAT's intervention.

This will also enable the team to provide a quarterly record of the number of cases brought to individual JATs and which agency they came from, which will provide an important performance measurement tool for the JATs.

The Integrated Services team will also gather data from CAF monthly monitoring reports and the CAF database. The data will also form the basis for a quarterly report to the Children's Trust Executive and Local Strategic Partnership (LSP) Children and Young People's Thematic Groups.

There is also an expectation that the role of JAT members will be recognised in individual agency performance management structures.

13. Support available for Joint Access Teams

Joint Access Teams (JATs) across the County are supported by the Integrated Services Team within Children and Young People's Services of Nottinghamshire County Council (NCC). The team offer support on three key themes;

Support for JAT Chairs and Team

Locality Development Managers (LDMs) are employed to support the ongoing development of the JATs.

The LDMs work with the JAT to support the JAT Chair and Administrator to ensure meetings run smoothly and procedures are followed. They work with the JAT to raise the profile of the JAT locally. They provide a link with the district Local Strategic Partnership (LSP) Children and Young People's Thematic Groups.

The Integrated Services Team arranges meetings for JAT Chairs and Vice Chairs on a district basis three times a year. These meetings provide a focus for sharing good practice and raising any issues of concern. These concerns are then fed into the Local Strategic Partnership (LSP) Children and Young People's Thematic Groups and the Early Intervention Working Group of the Children's Trust Executive for resolution and action.

The Chairs and Vice Chairs also come together once or twice a year at a County level to discuss broader developmental issues.

Contact details:

Locality Development Managers within the County are:

Ashfield and Mansfield - Rachel Clark (rachel.clark@nottsc.gov.uk) Tel: 07788 412312

Bassetlaw and Newark & Sherwood - Liz Lowe (liz.lowe@nottsc.gov.uk)

Tel: 07774 014594

Broxtowe, Rushcliffe and Gedling - Anne Murphy (anne.murphy@nottsc.gov.uk)

Tel: 07753 625482

For further information regarding Joint Access Teams, see:

<http://www.nottinghamshire.gov.uk/home/learningandwork/childrenstrust/jointaccessteam.s.htm>

Support with Common Assessment Framework (CAF)

The CAF team within Integrated Services is able to offer advice and guidance on the CAF to anyone involved with JATs.

Contact details:

CAF and Lead Professional Development Manager - Vicki Melling

(vicki.melling@nottsc.gov.uk) Tel: 07852 939912

CAF Project Managers - Claire Flexney (claire.flexney@nottsc.gov.uk) Tel: 07753 625386,

Jenney Hudson (jenney.hudson@nottsc.gov.uk) Tel: 07944 466261

Support with JAT Administration

Support for the JAT administrators is offered by the administration team within Integrated Services.

Contact details:

Integrated Services Administrative Team Manager

Claire Birch (claire.birch@nottsc.gov.uk) Tel: 01623 433425

For sources of local information about services and activities for children, young people and families

Contact details:

Family Information Service

Telephone: 0800 7812168, Web Site: www.parents.info/nottinghamshire

Appendix A - Terms of Reference

Each Joint Access Team will adopt the following Terms of Reference, which will be agreed by its core membership:

- The JAT will meet monthly throughout the year at a venue within the community
- The JAT's Core Membership will be agreed as part of the initial local Practitioner Days
- The JAT's Core Membership will be reviewed at least every twelve months. See **Appendix H** for an example of the core membership of a JAT
- The resources of the JAT are provided by its Core Membership. All Core Members must be willing to contribute and where appropriate to undertake the lead professional role
- All JAT Core Members will agree to abide by the Confidentiality Protocol for JATs, (**Appendix E**) which will be highlighted by the Chair at the beginning of each JAT meetings
- If a member of the JAT is unable to attend any meeting, they will send a representative of their Service, or if this is not possible they will provide a written report to the Chair prior to the meeting on any agreed actions undertaken since the previous meeting
- The JAT will be chaired by a member of the JAT and by an agreed alternative member of the group in his/her absence.
- A member of the Integrated Services Team will support the JAT
- The JAT will accept and deal with requests for support from other Services / Agencies, as well as from children and young people and their families
- The JAT will use the Common Assessment Framework as its primary assessment tool and will provide support and advice in the use of CAF to practitioners where required
- The JAT will agree appropriate actions and support their implementation.
- The JAT through its Chair / Vice Chair will feedback issues re needs of children & young people and their families, and service delivery to the district Children and Young People's Local Strategic Partnership (LSP) groups
- The JAT will be informed by the needs of children and young people and their families and will seek to promote their participation in the planning and delivery of services
- The JAT will feed back on its work to appropriate stakeholders such as school governing bodies.

Appendix B - Strengths Based Approach

The Purpose

The idea of a strengths-based model is to help people identify, develop and share their strengths around a given situation. Coupled with concrete definition of small goals, the creation of possibilities emerge, which are linked to the best hopes we hold for ourselves and the communities we work with. In this way we hope to move situations forward and generate effective outcomes.

We hope therefore that this model will help us to be more effective within group decision making at a multi agency level such as the Joint Access Team.

The Evidence Base

There is a wide evidence base, and it is apparent that lots of people are using the framework. Here are some examples of some of the work that has been done in this area:

- People are more likely to change if they are actively involved (Thoborn et al 1995)
- Positive images lead to positive actions; e.g. the Pygmalion effect (Rosenthal 1969)
- Positive beliefs can create a healing response as powerful as conventional approaches (Cooperrider et al 2003)
- Clients utilising their resources and experiencing a positive alliance with the worker was what made the difference and made work more effective (Hubble et 1999)
- Asking people about their goals in our work helps to engage people (Becker et al 2002)
- Organisations that inquire into what works end up not only learning about what works but also create new knowledge, ideas and new possibilities that had previously not been considered, whilst organisations that focus wholly on problems tend not to change (Barrett & Cooperrider 1990)

What do we mean by Strengths Based Practice?

Strengths-based practice means working in a way in which we:

- Begin with the end in mind by developing clear goals with the people we work with that detail what will be different when things have changed for the better.
- Whenever possible, use the ideas of the people we are working in order to achieve these goals.
- Look out for the strengths, skills and competencies people have and recognise and build on what is working well.
- Show respect for people's strategies for coping and seek to understand and empathise with people's intentions, if not always their actions.
- Engage people and work in partnership, giving people a say in matters, and present them with options in our work.
- Create opportunities in our work to reflect with people about what is working well in our work together and importantly, how the work could be even better.
- Celebrate diversity and remain open to different ways of seeing things and different ideas as to ways forward.
- Be transparent about our responsibilities and make our thoughts and ideas available to others so that they can be discussed and/or challenged.
- Promote autonomy and empowerment, ensuring wherever possible that people give informed consent to interventions; that they are included in information sharing and; are only asked to provide the minimum information required for the task.
- Take steps to use professional power and influence responsibly and keep such power and influence to the minimum required for the task.
- Are free to be creative, to trust our judgment and to make maximum use of our experience and skills.

When reflecting on these principles it is common to feel passionate about this way of working. You may discover that the values you put into practice already resonate with these ways of working. It may be that these principles remind you of why you came into this work in the first place. Try asking yourself questions such as 'when I'm at my very best in my work, what do I notice about myself?' This often leads to a realisation that you are already acting in a strengths-based way. In fact to be more strengths-based in our work it is more a case of building on what is already working, than of having to start doing new things.

Nottinghamshire Common Assessment Framework (CAF)



Safeguarding

If at any time during the course of this assessment you feel that a child or young person has been harmed or abused or is likely to be harmed or abused, you must follow Nottinghamshire Safeguarding Children Board (NSCB) policies and procedures.

Before starting this assessment please ring the Integrated Services Team on 01623 433291

Child or young person: CONTACT INFORMATION	
If unborn baby, write name as 'unborn baby' and mother's name, for example 'unborn baby of Ann Smith'	
Name	Also known as / previous names
Address	Contact phone number
	Gender Male / Female / Unknown
Date of birth (or expected delivery date)	Date CAF started

Child or young person : ETHNICITY				
White British	Caribbean	Indian	White & Black Caribbean	Chinese
White Irish	African	Pakistani	White & Black African	Any other ethnic group*
Any other White background*	Any other Black background*	Bangladeshi	White & Asian	Not given
Any other Asian background*	Any other mixed background*	* If 'other' please describe		
Religion (if given)				

Parents / carers : CONTACT INFORMATION	
Name	Also known as / previous names
Address	Postcode
	Contact phone number
Relationship to child or young person	Parental responsibility? YES / NO
Name	Also known as / previous names
Address	Postcode
	Contact phone number
Relationship to child or young person	Parental responsibility? YES / NO
Does the child, young person, parents or carers have any disability/communication/diversity issues (please give details/requirements)	

Family and home situation Use this space to record any other information about the family that may be helpful. This might include information about brothers, sisters or other relatives.

Assessment information

Why is this assessment being completed:

People who have contributed to this assessment

Practitioner completing assessment and taking the lead role at this stage

Name	Contact phone number
Address	Email
	Role
	Organisation

Services working with this child / young person

Universal Services	Details of services	Phone Number
GP (family doctor)		
Midwife, Health Visitor or School Nurse		
Early Years, Education or Training Provision		
Other services		

Assessment of Strengths and Needs - Development of Child / Young Person

For guidance on completing the assessment factors please refer to Appendix A

(There is no need to comment on all factors - if there are no issues please state this on the form)

Health

Emotional and social development

Behavioural development

How the child or young person feels about his/her self

Family and social relationships

Self-care skills and independence

Learning

Assessment of Strengths and Needs - Parents and carers

Basic care, ensuring safety and protection

Emotional warmth and stability

Guidance, boundaries and stimulation

Assessment of Strengths and Needs - Family and environment

Family history, functioning and well-being

Wider family

Housing, employment and financial considerations

Social and community elements

Action Plan		
Child/young person's goals	Parent's/carer's goals	Practitioner's goals
What does the child or young person want to achieve?	What do parents/carers want for their child?	What is the worker hoping to achieve by completing this assessment?

Agreed Actions			
What needs to be done?	Why are we doing this? How does this relate to agreed goals and next steps	Who will do this?	By when?

How will we know when the action has been successful? What will be different?

How and when will action be reviewed?

Child/young person's comments on the assessment and actions identified

Parent's/carer's comments on the assessment and actions identified

Practitioner's comments on the assessment and actions identified

Child / young person I agree that this is an accurate record of our discussion

Signed _____ Name _____ Date _____

Parent / carer I agree that this is an accurate record of our discussion

Signed _____ Name _____ Date _____

Practitioner completing assessment I agree that this is an accurate record of our discussion

Signed _____ Name _____ Date _____

Consent for information sharing and information storage

I am the child / young person named in this form

I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children and Young People's Department and may be used for monitoring purposes, where all identifying information will be removed.

The reasons for information sharing have been explained to me. I understand those reasons.

I agree to the sharing of information between the services that will contribute to the delivery of this action plan. These services are listed below:

I agree to the sharing of agreed information with these members of my family (for example, parents)

Signed _____ Name _____ Date _____

Consent for information sharing and information storage

I am a parent/carer of the child/young person named in this form

I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children and Young People's Department and may be used for monitoring purposes, where all identifying information will be removed.

The reasons for information sharing have been explained to me. I understand those reasons.

I agree to the sharing of information between the services that will contribute to the delivery of this action plan. These services are listed below:

I agree to the sharing of agreed information with these members of my family (for example, partner/ex partner)

Signed _____ Name _____ Date _____

Appendix D - Password Protecting Documents

These are the instructions on how to password protect any Microsoft file. It is the same for both Word and Excel documents.

Instructions on how to set up a file so that a password is needed to open it

1. Open the document you want to protect
2. Select **Tools** drop-down menu
3. Within **Tools** menu, select **Options**
4. A number of tab options are displayed, click on **Security** tab
5. Within this, you will see
 - *File encryption options for this document*
 - *Password to open*
6. Enter your chosen password in the box and click on **OK**. You will be prompted to confirm this password by entering it again. When you have confirmed the password, you will be returned to the main document **Save the document** - it will now be password protected.

Instructions on how to set up a file so that a password is needed to amend it

This is the same as above, but at step 5, enter your password in

- *File sharing options for document*
- *Password to modify*

Appendix E - Confidentiality Protocol for Joint Access Teams

- Chair to remind all attending of the protocol at the start of each meeting
- Ensure all unwanted papers are shredded
- If parent / children and young people / carer attends allocate time slot (minutes/notes)
- Declarations of interest must be made and noted - person not present during discussion
- Agency profiles if not given by a member of the JAT may be put on agenda so that the presenter can leave before discussion of children and young people.
- Minutes and information may be sent to other agencies as agreed / necessary e.g. to Inclusion Support Group or Head Teachers
- ALL information naming children and young people must be sent password protected
- Agencies are responsible for storing information using their own service protocols

Appendix F - Agency Action Update

JAT	
Date of Meeting	
Report from: Agency Agency Rep	
Name of Child/Young Person	
Update	
Date	

To be submitted to the Chair/Admin when a JAT representative is unable to attend a meeting, but feedback on a previous action needs reporting before the JAT meeting.

Appendix G - Case Closure Report

JAT	
Name of Child/YP	
D.O.B.	
Date Opened	
Date Closed	
Contact/Lead Professional & Agency	
<p>Comment</p> <p><input type="checkbox"/> Open to Social Care</p> <p><input type="checkbox"/> Moved area (info passed toJAT)</p> <p><input type="checkbox"/> CAF completed and multi-agency plan in place</p> <p><input type="checkbox"/> Other:</p>	
<p>Parent/Carer Comment/Feedback</p>	

To be completed by the referrer with the parent/carers.

cc: JAT Administrator
 Integrated Services Administrative Team Manager

Appendix H - Membership of a Joint Access Team Core

The JAT Core membership consists of the following organisations / services:

- School Nursing or Health Visiting
- Youth Support Service
- Social Care & Health
- Primary Schools
- Secondary School
- Behaviour and Attendance Service - from September 2010
- Police or Community Safety
- Emotional Health & Well Being District Team
- Inclusion Services representative
- Connexions
- Family SENCO and / or Secondary School SENCO
- Children's Centre
- Extended Services
- Specialist Family Support Service

NB Voluntary and community sector organisations should also be considered as part of the core membership

Appendix I - Role and Responsibilities of a Social Worker on a Joint Access Team (JAT)

- Each JAT will have a named Social Worker
- Attend the local JAT meeting on a monthly basis.
- If unable to attend the JAT meeting, the Social Worker will provide a written update on any appropriate children or young people being discussed at the JAT
- The main role of social worker on a JAT will be to provide a clear direction for JAT members on the safeguarding of children, and guidance and advice on social care services.
- The JAT will use the Common Assessment Framework as an assessment tool and the completed CAF will accompany most referrals to Children's Social Care, as necessary.
- A Social Worker from a specialist team such fostering/adoption or a disabled children's team, may make a request for discussion via the regularly attending social work representative.

Appendix J - Role and Responsibilities of the Joint Access Team Chair

- Review terms of office for JAT Chairs/Vice Chairs every 12 months
- Receive requests for discussion and agenda items at least one week prior to meetings
- With admin support ensure that agenda, minutes and other necessary information are sent out to members of the JAT and others as appropriate, prior to the meeting
- Ensure that a clear record of meetings is kept and the guidelines on the storage of information are adhered to.
- Clarify agenda at the start of the meeting
- Ensure that a record of attendance is kept and that the appropriate service representatives are engaged and/or attending
- Encourage punctuality and maintain agreed timings of meetings and agenda items
- Remind all members and visitors at the beginning of the meeting of the Confidentiality Protocol (**see Appendix E**); and request any declarations of interest. Together with the JAT administrator ensure all spare paperwork is collected at the end of the meeting and disposed of appropriately.
- Act as a facilitator to ensure that all have the opportunity to speak and all team members show respect to others
- Ensure that the participation of children, young people and families is kept as a focus for discussion.
- Establish priorities and shared views on agreed actions and coordinate the implementation and review of actions **through** the JAT meetings
- Approve the JAT minutes prior to the administrator distributing to the JAT members
- Feedback issues re needs of children & young people and their families, and service delivery to the district Children and Young People's Local Strategic Partnership groups through district JAT Chairs and Vice Chairs meetings.
- Maintain clear lines of communication with the Integrated Services Team
- Celebrate achievements of the JAT
- Attend JAT Chair/Vice Chair meetings
- Provide an induction of new members

Appendix K - Role and Responsibilities of the Joint Access Team Administrator

Prior to the JAT Meeting

- If necessary, check the venue is booked.
- Liaise with the Chair before sending an email reminder to JAT members at least one week prior to the meeting attaching the agenda, minutes from the last meeting and the completed CAF documentation. If a practitioner would like to bring a case for discussion, the front two pages of the CAF document (**Appendix C**) together with a consent section for the parents / child or young person must be completed and emailed through to the administrator, at least five working days before the JAT meeting in order that it can be shared with the JAT members to check their agency involvement.
- All documents containing confidential information (i.e. minutes, completed CAF documentation and agendas detailing names) should be password protected (**see Appendix D**). The password should only be shared with JAT members and it is recommended the password is changed every six months. Confidential information should be stored securely whether electronically or in paper format.
- If a JAT member is unable to attend a meeting, they should nominate another representative from their organisation. If this is not possible and they have an action to report on from the previous meeting, an Agency Action Update (**Appendix F**) should be completed and sent to the Chair and administrator prior to the meeting.

During the JAT Meeting

- On the day of the meeting ensure the room is set out appropriately.
- Spare copies of agendas, minutes and completed CAF documentation should be provided at the meeting. **At the end of the meeting, spare papers should be collected and confidential information shredded.**
- The membership list including the services represented should be used to log attendance at meetings. Any changes in membership should be forwarded to the Integrated Services Team (claire.birch@nottsc.gov.uk) in order to update the central database.
- For the minutes, please note the date of referral, full name of the child/young person, date of birth, the school they attend and name of the referrer. This information should be noted in all future minutes until the case is closed. Record enough information along with actions and responsibilities to enable progress to be logged.
- All visitors to the meeting should seek prior approval of the Chair. Minutes should be emailed to visitors if they are responsible for any actions.

After the JAT Meeting

- Draft minutes should be sent to the Chair for approval before distribution. Minutes should be circulated ideally within one week of the meeting.
- When a case is closed to the JAT, it is the responsibility of the original referrer to inform the parents/carers and complete the Case Closure Report (**Appendix G**) with them.
- The following Integrated Services team members should be included in email distribution lists:
 - **Anne Murphy** (anne.murphy@nottsc.gov.uk) - supporting Broxtowe, Gedling, Rushcliffe District JATs
 - **Liz Lowe** (liz.lowe@nottsc.gov.uk) - supporting Bassetlaw, Newark and Sherwood District JATs

- **Rachel Clark** (rachel.clark@nottsc.gov.uk) - supporting Ashfield, Mansfield District JATs
- **Claire Birch** (claire.birch@nottsc.gov.uk) - for all district JATs in order to keep a central record of all agendas, minutes, referrals, case logs and case closure reports.
- The case log should be updated after each meeting detailing actions and outcomes. Information from the CAF form and the minutes can be transferred into this log. The log should be kept by the administrator. It is not necessary to share it with the JAT members on a regular basis. However, it can be brought to meetings on occasions to review progress if necessary.
- For any queries, please contact Claire Birch (Admin Team Manager) on 01623 433425 / claire.birch@nottsc.gov.uk

Appendix L - Impact Evaluation Framework for Joint Access Teams

HYPOTHESIS	JATs provide an effective early intervention, co-ordinated, multi-agency approach, to support a coherent response to issues affecting C&YP and families		
Final Outcomes	C&YP are safe and achieve a level of well being which enables them to maximise their outcomes	Evidence <ul style="list-style-type: none"> • CYPP data sets, six monthly reports & consultations • Social care monthly referral data • Well Being/Public Health data Inspection outcomes 	
INPUT			
Key features we want to evaluate within JATs		Evidence we already have	Evidence we need
A. PROCESS	Requests for discussion/minutes/ chairing, make up of group, etc	<ul style="list-style-type: none"> • Request for discussion forms • Format for minutes - Central Admin • Confidentiality protocol • Role & Responsibilities of Chair • Terms of Reference • Database for individual JAT admin to populate • Structure of Chair/Vice Chair/Admin/LDM • JAT Good Practice Guidance • Jo Mitchell - Research 	<ul style="list-style-type: none"> • Monitoring non-attendance • Making cases dormant/archives • Re-opening - exit interview • Checking minutes • Record actions • When JAT minutes received. • Procedures for appointing & training - Chair, Vice Chair and Admin. • Review of Requests for Discussion - link to CAF
B. ENGAGEMENT AND PARTICIPATION OF AGENCIES	Appropriate services attending JATs, engaging in discussion, offering solutions etc.	<ul style="list-style-type: none"> • Membership lists • Signing in sheets • Numbers and dates of request for Minutes, • CAF database • Case log, database • Jo Mitchell Research 	<ul style="list-style-type: none"> • Update lists, members by service, (six monthly) • Identified contact for each JAT • who brings request for discussion • System to enable nos. brought for discussion • managing unmet needs • providing annual reports • managing non engagement/attendance of agencies • Review of membership - fit for purpose?
C. CAF/LEAD PROFESSIONAL	<ul style="list-style-type: none"> - All JAT membership trained in CAF - All agencies are clear and share a common understanding about when a CAF is required - Lead Professionals (LP) from all agencies 	<ul style="list-style-type: none"> • Register of CAF trained professionals • Practitioners' guide - guidelines of when to CAF • Clear guidelines and reminders - Chairs "ready reckoner" • CAF Monitoring reports • Roles and responsibilities of LP 	<ul style="list-style-type: none"> • List of Lead Professionals team by team • Lead professionals - proforma for Outcomes/benefits/ agencies to involve /actions • Procedures • Feedback to JATs re CAF utilisation

D. INVOLVEMENT & PARTICIPATION OF THE CHILDREN/ YOUNG PEOPLE/ FAMILY	How are we ensuring the views of children, young people and their families are listened to and influence the JAT process?	<ul style="list-style-type: none"> • Baseline info - CAFs • Minutes Reports of previous history 	<ul style="list-style-type: none"> • Capture records of previous participation, engagement, involvement pre CAF • Agreed protocols and methods for engagement • Agreed protocols and methods for participation
OUTPUTS - WHAT WE WANT TO SEE HAPPENING		Evidence we already have	Evidence we need
A. PROCESS	Efficient, robust processes and systems consistently being used across all JATs <ul style="list-style-type: none"> • Written requests for discussion submitted to JAT admin a week in advance of meeting, except in exceptional circumstance with agreement from the Chair. Circulated at least three days prior to the meeting. • Chair enabling, positive solution focused discussion, actions agreed and responsibilities assigned • Minutes received by JAT members within ten days after the meeting. • Data capture systems providing relevant and timely information 	<ul style="list-style-type: none"> • Minutes / Agendas • Detailed requests for discussion supported by baseline evidence • Jo Mitchell's research • Interviews with individual JAT members • Strategic services data team input 	<ul style="list-style-type: none"> • Systems & Processes • Common Agenda format - actions assigned column, new work, updates on progress • Procedures • Accountability for actions agreed • Training for Chairs • Reviewing content of minutes across JATs, identifying trends, patterns, resources, issues etc
B. ENGAGEMENT AND PARTICIPATION OF AGENCIES	Full commitment, engagement and participation of all agencies and services, with a clear understanding of their safeguarding responsibilities. <ul style="list-style-type: none"> • Named agency representatives at monthly meetings or fully briefed Cover 'representatives' attending • Written requests for discussion submitted by wide range of services, supported by relevant & up-to-date information • All agencies making positive contributions & sharing responsibilities, e.g. requests for discussion, sharing information, ideas, undertaking actions, completing tasks, identifying/undertaking lead professional role • JAT engagement recognised and embedded across agencies, e.g. supervision, team meetings, performance management targets. • Feedback from lead professionals/ others re outcomes being sought and achievements 	<ul style="list-style-type: none"> • Attendance Register • Apologies - Agendas/minutes • Case log/database forms - Central Admin. • Qualitative and quantitative data • Interviews with individual JAT members • Jo Mitchell's research • Managers meeting notes • Team meeting minutes • Minutes 	<ul style="list-style-type: none"> • Systems & Processes • Case log to be up-dated • Case studies • Newspaper clips • Schools assessment/ achievement data • Parent interviews • Interviews with school staff, youth workers etc • up-dates from Service providers • Procedures • Track attendance, case logs • Agree accountability • Feedback from central teams monitoring arrangements • Gathering Information from services/people e.g. OFSTED

C. CAF/LEAD PROFESSIONAL	<ul style="list-style-type: none"> • Appropriate agencies/best placed proactively taking responsibility for undertaking CAF • CAFs being widely used by all • CAF being used as preferred method of assessment • CAFs identifying current baseline information • Parents and carers welcoming CAF and fully engaging in process • Lead Professional providing updates on progress/evaluating impact • Lead Professional leading and enabling interventions at practical level • Progress made an impact seen from interventions with C&YP and families is shared with JATs, • Lead Professional commissioning the gathering of case studies 	<ul style="list-style-type: none"> • CAF database - numbers against requests, numbers overall etc • Interviews with individual JAT members • Consultation/ interviews with families • Baseline evidence - attendance, assessment data, reports from teachers, other professionals etc compared against evidence of progress being made - qualitative and quantitative data • Case studies 	<ul style="list-style-type: none"> • Systems & Processes • Data - who instigates a CAF • Numbers of other assessments still being done • Procedures • Commissioning services/agencies • TDA Impact evaluation tool used by Lead Professionals to identify key themes, support evidence collection for evaluation to be undertaken to assess impact.
D. INVOLVEMENT & PARTICIPATION OF THE CHILDREN/ YOUNG PEOPLE/ FAMILY	<ul style="list-style-type: none"> • Support for C&YP and families which invites their full engagement and participation • C&YP and families are being supported fully to help them engage in JAT process • C&YP and families have clear understanding and expectation of how JATs can help them, what the benefits will be for them. • C&YP and families get quick and timely response (preferably within two days) following the JAT meeting from Lead Professional outlining next steps. • Child/young person or family are actively engaged in formulating and agreeing action to be taken 	<ul style="list-style-type: none"> • Minutes • Number of requests • Children, young people, parental feedback • Leaflets produced by individual JATs • Individual Action plans • Case studies, photos, reports, • Lead Professional Action Plan outcomes • Visits in person by children, young people, parents at JATs to tell their stories 	<ul style="list-style-type: none"> • Systems & Processes • Visits made • Highlight data needed at start of process • Feedback mechanisms • Procedures • All JATs producing written info • Lead Professional "exit interview" with C&YP and family • Protocols for getting Feedback from C&YP/families - • Receiving reports from Lead Professional at JATs and more widely
INTERMEDIATE OUTCOMES - Changes to be looking for in knowledge, skills, attitudes, behaviours			
Intermediate Outcomes	Overall - Four areas	Evidence we already have	Evidence we need
	<ul style="list-style-type: none"> • C&YP and families are confidently engaging with the Lead Professional and other agencies and services offering their support • C&YP and families feel well-informed and feel able to contribute and participate in the decision making processes instigated by the JAT • C&YP say that they feel safer and enjoy a greater degree of well being as a direct result of support being provided • C&YP and families feel that the process and subsequent action has helped them move forward positively. 	<ul style="list-style-type: none"> • Children, young peoples & parents feedback verbally, electronically, one to one, group. • Children, young people's personal interviews, by schools, key workers, family workers etc • School reports, wider achievements, clubs joined, interests, Assessment, Attendance data, newsletters, case studies • Feedback from wider group of professionals involved - data sets 	<ul style="list-style-type: none"> • Systems & Processes • to map progress from baseline info to present • to collect information consistently • Easy access to data availability • Procedures • For gathering feedback in common format • Comparing data on different databases • Lead Professionals to share area findings more widely

For further information contact:

**Nottinghamshire County Council
Children and Young People's Services
County Hall
West Bridgford
Nottingham
NG2 7QP**

Telephone: 08449 80 80 80

**Email: pathwaytoprovision@nottscc.gov.uk
www.nottinghamshire.gov.uk/jointaccessteams**