Zone West - Social Prescribing Programme for Children aged 7-11

Link Worker Manual

Foreword

It gives us great delight to share this exciting resource that North East Wellbeing have developed for us, describing their journey to developing a Link Worker-led Social Prescribing Programme for children aged 7-11.

An original remit of our Child Health and Wellbeing Network was to share good practice, and this manual and associated action plan offer members the insight into a social prescribing model for children and young people. Developed in Newcastle, it will help share their learning and support local projects within the region to guide their implementations.

Whilst there are other celebrated models within our region, this piece of work is specific to the Zone West model that has to date has shown meaningful gains in the following key outcomes:

- Language and communication
- Social-emotional mental health and wellbeing
- Quality of life

Latest Zone West impact data showed:

School-reported data shows a highly significant positive effect of Zone West on children's emotional difficulties and hyperactivity, and a significant positive effect on children's conduct difficulties.

Zone West has had a highly significant effect on children's attention in class and their ability to keep up at school.

The children's self-reported quality of life shows improvements across all scales over the course of Zone West, particularly for physical and social functioning.

Based on parent reports, Wilcoxon analysis indicated a highly significant effect of Zone West on children's conduct difficulties and hyperactivity and significant effect on emotional difficulties.

Parents reported an improvement in their child's emotional, social, and school functioning over the course of Zone West

The Network is implementing the Zone West Social Prescribing model into two schools in Middlesbrough and will be able to supplement these resources further with their learning in the months to come.

If you are interested to find out more about our implementation into Middlesbrough please email **england.northernchildnetwork@nhs.net**

We leave you to learn from, and share, what we hope will be a valuable asset – especially to support families in the wake of the pandemic and cost of living pressures which will further impact the health and wellbeing of our young people.

We thank our Network partners involved in both the original project and related implementations, and hope that many more young people in our region can benefit from the impact of Link Worker support and intervention.

Best wishes

Dr Mike McKean & Heather Corlett

Clinical and Programme Leads of the NENC ICS's Child Health and Wellbeing Network (respectively)

Senior Responsible Officers for the NENC CYP Transformation Programme

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The Zone West Service

Zone West is a Link Worker-led Social Prescribing Programme for children aged 7-11. Most of our work takes place in schools, GP practices and the local community. We identify developmental need amongst cohorts of children, through a long-term commitment to building a relationship with each individual child. We then identify resources to meet the child's specific needs, striving throughout to keep the child at the centre of our work.

Zone West has two referral pathways: a population health service, the Warrior Programme, and a responsive referral service, the Seeker Programme. Each Link Worker will combine both programmes equally.

The Warrior Programme

The Warrior programme is an early intervention and prevention service that uses a screening protocol in primary schools to identify a target group of children (typically n=15), who are then engaged in a suite of interventions to move them from vulnerable and at-risk categories over a number of months and years. The warrior programme links to GP Practices (amongst other community assets) and is delivered in schools in group and individual settings.

The Seeker Programme

The Seeker programme is the responsive referral service offered to schools and GP Practices for children whose needs are more complex and whose needs are more immediate. This work is delivered through a joint commitment from Zone West and the referring partner in a mapping, signposting and scaffolding process that often takes many hours and months to complete. This work may be more urgent and responsive, and great care will be taken by ZW Practitioners and GP colleagues to ensure the completion of time-limited interventions and a workload of no more than 15 young people for each Link Worker.

Service Summary

In the delivery of the contract designated leads from the Provider and Purchaser will work with full knowledge and ownership of the aims and outcomes of the Project, collaborating fully to manage and deliver

A1: Link Workers

A1.1: The Provider will recruit the Link Workers to work with the purchaser for the duration of the Service Agreement.
A1.2: The Provider will hold employment contracts for the Link Workers including terms and conditions and HR support for the duration of the Service Agreement.
A1.3: The Provider will induct, train, supervise and deliver project management to the Link Workers in the delivery of their social prescribing work.

A2: Social Prescribing

A2.1: Each Link Worker will carry a caseload of 30 children and these will be divided between population health work in primary schools and direct referrals from GP practices within the PCN, as directed by the Designated Leads (above).

A2.2: Link Workers will be delivering the model of social prescribing for children established in the West End of Newcastle.

A3: The Service

A3.1: The Purchaser and Provider will work together to establish criteria for inclusion & service exit at regular intake meetings as laid out in the PCN Guide (below).

A3.2: The Service will always combine population health in schools and direct referral from GP Practices, the direct referrals held by any one Link Worker will not exceed 15 at and one time.

Overview of the Link Worker role

Background to Social Prescribing and the Link Worker Role

An approach that is fast making a difference to how services for intervention are designed and commissioned and to the lives of those in need, is 'social prescribing'. Social prescribing is a key component of Universal Personalised Care as outlined in the NHS Long Term Plan which sets out to **benefit up to 2.5 million** people by the year 2023/24, giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life.

Social prescribing is a way for local agencies to refer people to a Link Worker, who connects patients to local, non-clinical services or 'assets' to meet their wellbeing needs. Link Workers facilitate a holistic approach to people's health and wellbeing, by considering the unique perspective and needs of the patient and connecting them to appropriate community groups and statutory services for practical and emotional support that meets those unique needs. The NHS Long Term Plan ascertains that over 1,000 **trained social prescribing Link Workers** will be in place by 2020/21, rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then. Undoubtedly the significance and potential of the role of Link Workers and social prescribing is well recognised nationally and fast becoming embedded within standard practice for the future.

With these new infrastructures in place, child-centred social prescribing is beginning to change the behaviour of GPs and change the behaviour of voluntary/statutory sector providers (Drinkwater 2019). Importantly an effective social prescribing intervention must consider all aspects of need for the child, across health, education and social domains, as well as navigate the complex, sometimes contradictory, relationship between health outcomes and access to health resources.

Zone West is an innovative model for Link Worker-led social prescribing for children, a targeted-indicated asset-based approach to prevention. Zone West's vision is of vulnerable children flourishing at the centre of integrated care.

Purpose of the Role

Link Workers are highly motivated people who can provide young people with the opportunities and relationships to enable them to flourish in life. The Zone West Link Workers are our key appointment and will deliver outcomes for children in their caseload. They will do this by working with children one to one and in small groups, and by preparing a menu of the local assets which in the Zone West pilot was provision from the social sector in West Newcastle that they will engage each child with. This provision will be place specific and will rely on the engagement of the community and established assets. There are five key components to the Link Worker role. These are:

1. Work in school and health settings to engage children, young people and families; build a trusted adult relationship that enables understanding, including each child, young person and their family's strengths and needs.

2. Co-ordinate support for the children, young people and their families, that is delivered by social sector assets, mostly in the school setting; ensure it complements what is on offer in the school and runs smoothly.

3. Further widen the network of support for the whole family by linking them to existing organisations and opportunities in the community in a tailored menu that will include cultural engagement, physical activity, curriculum enhancement and family engagement.

4. Deliver to the identified children programmes of self-development and resilience, one to one and in groups so that children flourish as persons managing a network of relationships.

5. Support the children, young people and families to sustain their efforts with their support so that they progress according to agreed outcomes; rigorously report on their efforts and progress; find solutions to problems and overcome challenges so that they stick with it.

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Getting started - the induction process

Shadowing and Training

Each new Link Worker will complete a 4-week induction programme which includes shadowing of existing Link Workers and completion of the training modules outlined in the table below. The induction will be delivered by the lead organisation (currently North East Wellbeing).

New Link Workers will spend time during the first 2 weeks of their role shadowing existing Link Workers from an established Zone West project. This will provide opportunity to observe the existing Link Worker in the contexts of a school and GP practice. Activities include observation of intake meetings, observing 1-1 and group work with children, case management, engaging with key staff members in a school and GP practice, liaising with community resources (assets), and supporting parents/carers.

Alongside shadowing of existing Link Workers, new Link Workers will complete the following training modules upon entry to the role, alongside completion of an Induction Plan (Appendix B)

Table 1: Training modules for Link Workers

No.	Module	Delivered by
1	Overview of the Zone West programme	Link Worker Lead and Project Lead
2	Theory of change and logic model	
3	Foundations of the Link Worker Role: 1. Bloom's Taxonomy 2. Attachment 3. Speech and Language 4. Systems Theory	
4	Mandatory Training: 1. Safeguarding 2. First aid 3. Equality and diversity	
5	Policies and Procedures	

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6	Case Management	Administration lead
7	Evaluation data	Impact Lead

Link Workers will complete a performance appraisal form (Appendix A) upon entry to the role to outline initial targets, this is then reviewed and updated quarterly. This appraisal includes training requirements for all Link Workers – further training suggestions are also included on the induction plan. Link Workers are encouraged to research and share relevant training in line with the themes identified via peer supervision. Requests for time and resources for further training are fed up to the project manager via the team meeting, peer supervision, case supervision and the CPD section of the appraisal.

School Engagement

During the 2-week induction phase new Link Workers will work to build relationships with the school(s) they will be working in. Prior to direct work with children, time is spent getting to know the key staff members of the school, observing in classrooms and getting to know the children, and speaking with class teachers about the developmental needs of children. During this period where possible new Link Workers will observe an intake meeting with the head teacher to identify children appropriate for Zone West. If this is a new site for Zone West, there will have been engagement with the schools at the point of recruitment of schools to the programme. The Link Worker may have already started to build these relationships, but prior to recruitment of children it is important this links are solidified and the practical process confirmed.

GP Engagement

For those Link Workers who will be working within GP Practices, an initial introduction to the GP Practice will take place during the 2-week induction phase. Link Workers should establish a relationship with the practice manager or other appropriate point of contact and arrange to participate in practice meetings and/or other relevant meetings where they can meet with GP's/health practitioners to promote the service, answer questions about appropriate referrals and present health referral case studies. It needs to be agreed with each practice the best mode for remaining visible within the practice, e.g., physically being present or attending virtual meetings to provide feedback about patients. This is also a good time to arrange to meet with 0-19 team, adult Link Worker/social navigators and any other practitioners/services who work into the practice to whom we may refer or receive referrals from.

The Link Worker Role

Working with Children and Schools

The Link Worker will be based in school 4 days a week and will divide their time between 2 schools (2 days each). Each Link Worker will have a caseload of 15 children in each school (30 total). Variations on this include some Link Workers who have 1 school 2 days per week, 15 children; and some Link Workers who are attached to a PCN 2 days per week, 15 children. Link Workers will be present to welcome their children at the start of the school day, and then work with them in a focussed way (small groups and 1-1) during the school day. Being present at the start of the day is complicated by Covid restrictions and Link Workers may start their work in school at different times of the day according to what space is available.

Additionally, a space is required outside of the schools for regular group and 1-1 work. In the Zone West Pilot this was provided through Healthworks. This would need to be considered depending on the community locations available. Some Link Workers have time and space in school to complete recording/plan sessions/create resources etc, others do this at Healthworks or work from home. The availability of space provision needs to be considered and an adaptable approach is recommended. There are significant advantages to Link Workers sharing a space for planning and being able to share ideas and concerns. Where this is possible, we would highly recommend it. If it is not possible, formal meetings may be required to ensure the Link Workers do not feel isolated in their work and maintain a team ethos.

Some Link Workers also offer in-class support (in line with their Link Worker role, not as a TA) but this is not always possible or desired. At early 1-1 sessions with children the Link Worker will establish their Development Plan (Appendix C) and complete relevant paperwork for this. This Development Plan can then be reviewed at regular intervals throughout the programme during 1-1 sessions. Group work with children should encourage bonding, socialisation and integration. Outside of focussed work it is important the Link Worker is a presence in the classroom to support learning (in-school accompaniment).

After school hours, Link Workers will run after-school activities (be a community asset) as required, tailored to the needs of the children. In addition, they will organise attendance at community assets/resources and accompany children to these as required.

The non-school day each week is a day to balance the demands of the job, engage with peer-based support and CPD, and to catch up on outstanding tasks and case management/documentation.

Working with Families

Link Workers will meet parents/carers of children at the start of the programme to gain consent for their child to take part and for the evaluation data to be collected. This meeting will take place in school and will be facilitated by a key staff member of school (head

teacher, class teacher), although variations include completion over the phone, as a home visit or at a community venue to suit the needs of the parent. The school will seek initial consent for participation and inform the parent we will be in touch; they do not generally facilitate the meetings. Throughout the programme Link Workers will be in contact with parents/carers to problem-solve and to gather evaluation data. Where appropriate, Link Workers will signpost parents/carers to external resources and support if additional needs specific to the parent/carer are identified. These will include welfare rights, housing, adult Link Workers and social navigators, DV, debt advice, food banks, Early Help/CSC, parenting support programmes.

Working with Community Assets

One of the first requirements of a Link Worker after appointment is to work to identify local assets (community resources) that may meet a range of developmental needs of vulnerable children. These assets may include (amongst others) sporting clubs, youth clubs, art and crafts, outdoor activities, music groups etc. The Link Worker will work to build relationships with these assets with the intention of identified children attending these assets throughout the programme, therefore it is important that the Link Worker is able to identify and document what the asset is, where it is and how it will be accessed (travel, public transport), any costs associated with attendance, whether it is individual or group participation etc, as well as key contacts for that asset.

Working in Partnership with Other Services

Link Workers are working in a system and network of other services for children and families therefore it is important they are able to work in partnership with these services to provide optimal provision and support for children and families. Parents/carers may need signposting or referral to additional services as noted in the 'Working with families' section. Active signposting/referral involves the Link Worker contacting/visiting services to gain further information about what happens next and what the support will entail for children and families. If necessary, the Link Worker can accompany the family to initial appointments to offer support. This may signify the end of Link Worker involvement (particularly with health referrals) or they may continue to work with the child and family to address further developmental goals.

Link Workers can be part of core groups, child protection conferences, early help plans etc.

Link Workers may provide scaffolding whilst a child/family is waiting for specialist intervention. Work completed for example on emotional regulation, will be fed back with permission from the child/family.

Case management

Link Workers will document demographic information and case notes about the children they support, using a secure encrypted case management software. In the Zone West pilot, a software called Penelope was used. Penelope met the GDPR requirements and requires a log-in and training. Training on how to use Penelope will be provided in the indication phase to new Link Workers by the Administration Lead. Penelope has the capacity to store a range

of data to support Link Work including client contact details, demographic information, case notes and meeting notes, asset attendances, and evaluation data. Alternative software may be used but they must meet the high-level security requirements that GDPR states.

Collecting evaluation data

At the start of each programme with a child, Link Workers will gain consent from their parent/carer to gather evaluation data. Evaluation data is completed using a Data Pack, which includes questionnaires for parents, teachers, and the children. The Data Pack is completed twice, once before the start of direct work with children, and again 9 months later (endpoint). The completion of the parent questionnaires offers a valuable opportunity to learn more about the needs of the child and family, as well as supporting the development of a trusting relationship between the Link Worker and parent/carer. Link Workers will have allocated time 'off-timetable' to complete the data collection pack. Each pack will be anonymous and coded using a Unique ID number provided by the Impact Lead. Completed packs are then handed to the Impact Lead for input, and subsequently stored securely in a locked filing cabinet within a locked room.

Safeguarding and Supervision

Link Workers will receive safeguarding training at induction and must have Safeguarding Training to Level 2 + Prevent and hold an up-to-date DBS before commencing independent work with children.

Link Workers follow the safeguarding policies and procedures of the school/GP practice in the first instance then seek guidance from/report to the NEW Designated Safeguarding Lead's (DSL).

Link Workers have monthly peer supervision to discuss and share good practice, discuss complex cases and share knowledge/resources by addressing different themes e.g., self-harm.

Link Worker case supervision takes place on a monthly basis with project manager and covers:

- Case by case background information (initial supervision only)
- Updates since last supervision
- Areas for concern/discussion
- Agreed further action
- Issues with school(s)
- Issues with GP practices
- Issues with Link Worker role
- Training requirements

- Absence/sickness

- Holiday requests

In the Zone West pilot, Link Workers have monthly clinical supervision with CYPS where complex/stuck cases are discussed, knowledge and resources are shared, and enquiries can be made re progress of CYPS referral/treatment and intervention etc. This is also a chance for Link Workers to discuss the emotional load carried whilst undertaking this work. This was offered at the inception of the place-based approach and is an essential component to the sustainability of the Link Worker work. Clinical supervision by an appropriately trained professional should be incorporated into the programme. Which professional team delivers the supervision will be dependent on local provision.

Theory of Change

Zone West is a way of organising resources around the developmental demands of children. It's a method as much as an intervention. Through a relationship with their Link Worker, children begin to navigate for themselves the activities they need to become healthy and confident. More early intervention, more prevention and less treatment.

1. What we do

We Listen:
learning about the context, strengths and gaps of the location.

We Network:
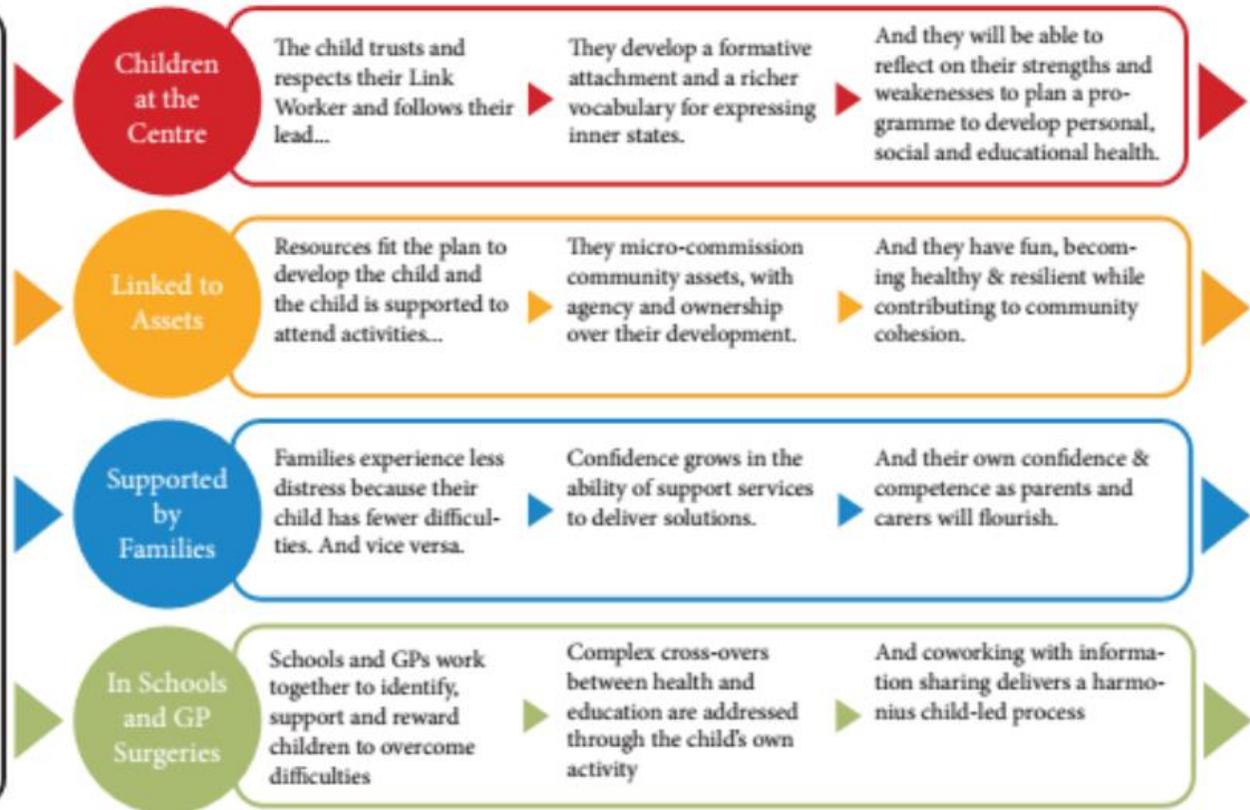embedding ourselves in the web of support for vulnerable children & families

We Prevent:
working in the 'Amber Zone' of concern & difficulty

In Schools:
one-to-one in in groups, supporting educational aims

Across Agency:
taking and making referrals with health & social care

Then Socially Prescribe:
making use of existing resources in the community

2. Outcomes

Children at the Centre

The child trusts and respects their Link Worker and follows their lead...

They develop a formative attachment and a richer vocabulary for expressing inner states.

And they will be able to reflect on their strengths and weakenesses to plan a programme to develop personal, social and educational health.

Linked to Assets

Resources fit the plan to develop the child and the child is supported to attend activities...

They micro-commission community assets, with agency and ownership over their development.

And they have fun, becoming healthy & resilient while contributing to community cohesion.

Supported by Families

Families experience less distress because their child has fewer difficulties. And vice versa.

Confidence grows in the ability of support services to deliver solutions.

And their own confidence & competence as parents and carers will flourish.

In Schools and GP Surgeries

Schools and GPs work together to identify, support and reward children to overcome difficulties

Complex cross-overs between health and education are addressed through the child's own activity

And coworking with information sharing delivers a harmonius child-led process

3. Impact

Improved well-being of children and their families.

Increased school attendance and attainment.

Effective onward referral of child-centred needs.

Child-led engagement with community resources to address mental or physical health issues at an early stage

Children understand their innate value and that they deserve to feel happy and safe.

Families engage appropriately with Early Help

Appropriate attendance at GP surgeries & hospital increases

We Assume

A deep respect for all existing agencies and workers.

That all child outcomes will be rooted in the relationship with the Link Worker

A developmental approach guided by Attachment, Group Theory and Speech & Language therapies

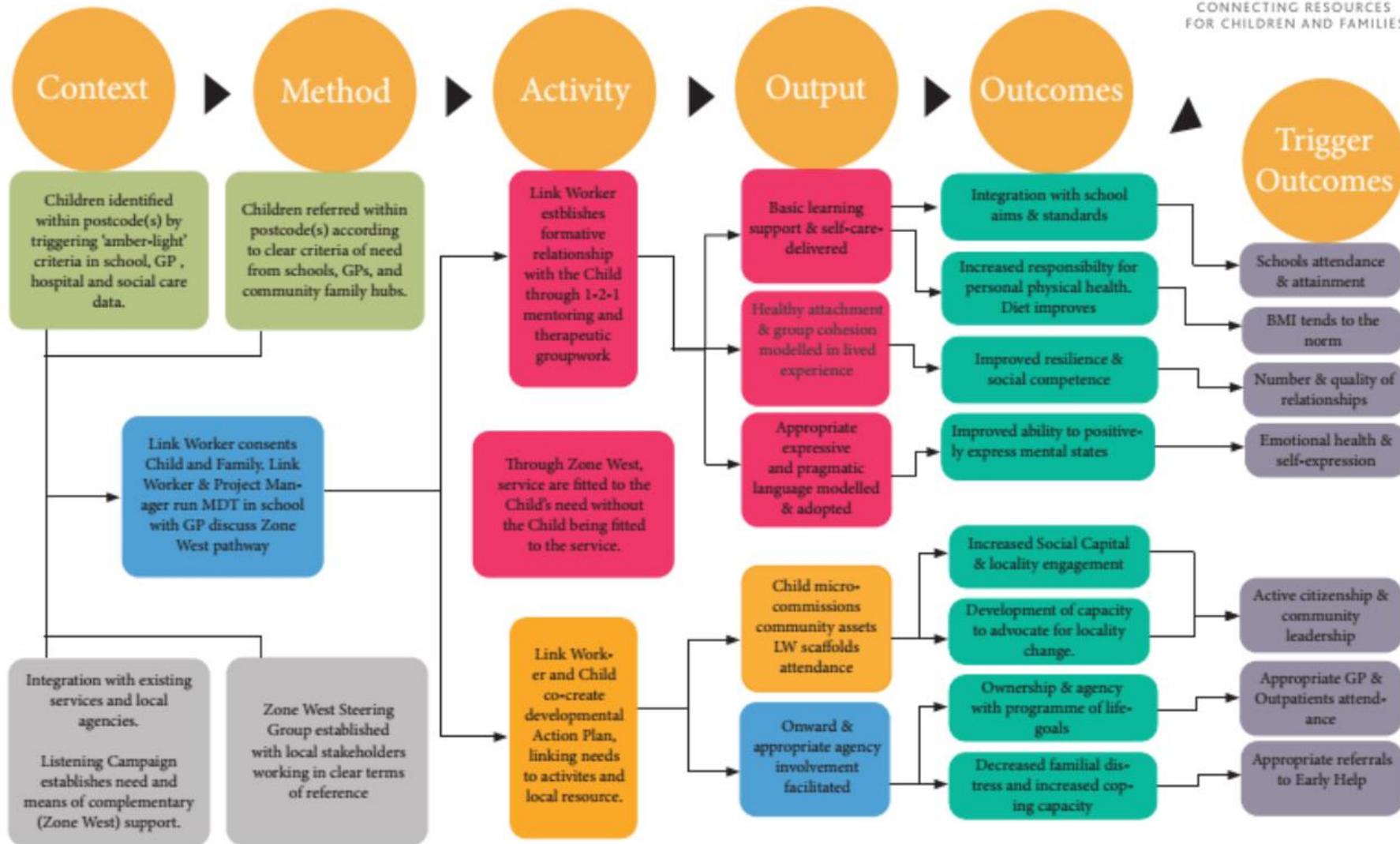Data-rich and methodologically sound evidence will allow outcomes to inform policy

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Theory of Change

This is a summary of what we do, the outcomes we produce and the impact that we measure. The ToC guides our practice.

Zone West Logic Tree

ZONE WEST

CONNECTING RESOURCES
FOR CHILDREN AND FAMILIES

Context ▶ **Method** ▶ **Activity** ▶ **Output** ▶ **Outcomes** ▲ **Trigger Outcomes**

Children identified within postcode(s) by triggering 'amber-light' criteria in school, GP, hospital and social care data.

Children referred within postcode(s) according to clear criteria of need from schools, GPs, and community family hubs.

Link Worker estblishes formative relationship with the Child through 1-2-1 mentoring and therapeutic groupwork

Basic learning support & self-care- delivered

Integration with school aims & standards

Schools attendance & attainment

Link Worker consents Child and Family. Link Worker & Project Manager run MDT in school with GP discuss Zone West pathway

Healthy attachment & group cohesion modelled in lived experience

Increased responsibilty for personal physical health. Diet improves

BMI tends to the norm

Through Zone West, service are fitted to the Child's need without the Child being fitted to the service.

Appropriate expressive and pragmatic language modelled & adopted

Improved resilience & social competence

Number & quality of relationships

Improved ability to positive-ly express mental states

Emotional health & self-expression

Integration with existing services and local agencies.

Listening Campaign establishes need and means of complementary (Zone West) support.

Zone West Steering Group established with local stakeholders working in clear terms of reference

Link Work-er and Child co-create developmental Action Plan, linking needs to activites and local resource.

Child micro-commissions community assets LW scaffolds attendance

Increased Social Capital & locality engagement

Active citizenship & community leadership

Development of capacity to advocate for locality change.

Onward & appropriate agency involvement facilitated

Ownership & agency with programme of life-goals

Appropriate GP & Outpatients attend-ance

Decreased familial dis-tress and increased cop-ing capacity

Appropriate referrals to Early Help

Logic Model

This is a flow diagram of how the ToC plays out in pathways for change. It shows the activities that make a difference.

Foundations of the Link Worker role

The Link Worker role is built upon a number of theoretical underpinnings relating to key aspects of child development and contexts: Bloom's Taxonomy, Speech & Language, Attachment and Systems Theory. These each inform the Theory of Change and Logic Model within which the role is embedded.

Bloom's Taxonomy

Link Workers will be helping children engage with the school system and achieve academic success. They will be doing this by supporting subject knowledge **and** by helping a child develop a framework for managing educational goals – 'meta-learning'. This will involve acting as a learning mentor to support understanding of subject matter on the one hand and developing Learning Skills on the other. Bloom's Taxonomy is a hierarchical classification of the different levels of thinking and should be applied when working with children on the school curriculum.

BLOOM'S TAXONOMY

CAN THE STUDENT JUSTIFY A STAND OR DECISION?

Advise, Appraise, Argue, Arrange, Assess, Choose, Communicate, Compare, Conclude, Conduct, Contribute, Convince, Coordinate, Counsel, Criticize, Critique, Decide, Deduct, Defend, Determine, Discriminate, Disprove, Establish, Estimate, Evaluate, Explain, Incorporate, Influence, Instruct, Interpret, Judge, Justify, Manage, Mark, Measure, Perceive, Predict, Prioritize, Prove, Qualify, Rate, Recommend, Reconstruct, Review, Set up, Score, Select, Solve, Supervise, Support

CAN THE STUDENT USE THE INFORMATION IN A NEW WAY?

Apply, Appraise, Build, Calculate, Carry out, Change, Choose, Classify, Code, Complete, Comply, Construct, Contrast, Criticize, Demonstrate, Develop, Diagnose, Dramatize, Employ, Estimate, Experiment, Follow, Follow up, Identify, Illustrate, Interpret, Interview, Make use of, Manipulate, Model, Modify, Operate, Organize, Plan, Practice, Produce, Relate, Report, Respond, Retrieve, Schedule, Screen, Select, Shop, Sketch, Solve, Transcribe, Utilize, Use, Write

CAN THE STUDENT RECALL OR REMEMBER THE INFORMATION?

Arrange, Choose, Copy, Define, Describe, Draw, Duplicate, Find, Identify, Label, List, Locate, Match, Memorize, Name, Omit, Outline, Quote, Recall, Recite, Record, Relate, Repeat, Reproduce, Select, Show, Spell, State, Tell, Write, Underline

CREATING

EVALUATING

ANALYZING

APPLYING

UNDERSTANDING

REMEMBERING

CAN THE STUDENT CREATE A NEW PRODUCT OR POINT OF VIEW?

Adapt, Arrange, Assemble, Build, Change, Choose, Collect, Combine, Compile, Compose, Concoct, Construct, Create, Design, Develop, Devise, Discuss, Elaborate, Enforce, Estimate, Forecast, Formulate, Generate, Hypothesize, Imagine, Improve, Integrate, Invent, Invest, Make up, Manage, Maximize, Minimize, Modify, Monitor, Organize, Originate, Perform, Plan, Predict, Prepare, Produce, Propose, Review, Revise, Set up, Solve, Suppose, Test, Theory, Verify, Write

CAN THE STUDENT DISTINGUISH BETWEEN THE DIFFERENT PARTS?

Advertise, Analyze, Appraise, Assume, Audit, Breakdown, Categorize, Classify, Compare, Conclude, Conduct inventory, Contrast, Criticize, Debate, Differentiate, Discover, Discriminate, Dissect, Distinguish, Divide, Edit, Examine, Experiment, Inspect, Investigate, Order, Participate, Point out, Question, Review, Separate, Simplify, Sort, Subdivide, Survey, Test

CAN THE STUDENT EXPLAIN IDEAS OR CONCEPTS?

Associate, Classify, Compare, Confirm, Contrast, Convert, Defend, Demonstrate, Describe, Discuss, Distinguish, Estimate, Explain, Express, Extend, Generalize, Give examples, Identify, Indicate, Illustrate, Infer, Interpret, Match, Organize, Outline, Paraphrase, Predict, Recognize, Relate, Rephrase, Report, Restate, Review, Rewrite, Select, Show, Summarize, Transform, Translate

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Speech and Language

Like cognitive development, language development proceeds by processes of learning in which children acquire the basic forms, meanings and uses of words in order to communicate ideas and interact with others. This area is **Linguistics**, the scientific study of human language, and it is important to Zone West as the project aims to achieve developmental goals that are formulated and expressed in language. We help the child have the experience that they need for their development AND we help them acquire the language to express the increased richness of their experience that results.

We structure activities in line with the five areas of linguistic competence: Phonology, Lexis, Semantics, Grammar and Pragmatics.

Phonology. Phonological development is the acquisition of sounds in order to pronounce words

Lexis. Lexical development is the acquisition and retention of words.

Semantics. Semantic development is the acquisition of the meaning of words.

Grammar/Syntax. By referencing the three main stages of grammatical development (holophrasic, two-word & telegraphic) we help children try to figure out a grammar suited to emotional and social health, using grammatical rules productively to establish forms.

Pragmatics. Pragmatic linguistic development covers the functions of language usually classified as:

1. **INSTRUMENTAL – to express needs**

2. **REGULATORY – to control behaviours of others**

3. **INTERACTIONAL – to relate to others**

4. **HEURISTIC – to gain knowledge of the environment**

5. **PERSONAL – to express yourself**

6. **IMAGINATIVE – to use language imaginatively**

7. **INFORMATIVE – to convey facts and information**

Attachment

Drawing upon Bowlby's concept, attachment theory evolved. Ainsworth and colleagues (1978) developed The Strange Situation Procedure approach to assessment. This focused on the influence of a caregiver's emotional availability and involved observing infants when briefly separated from their main caregiver.
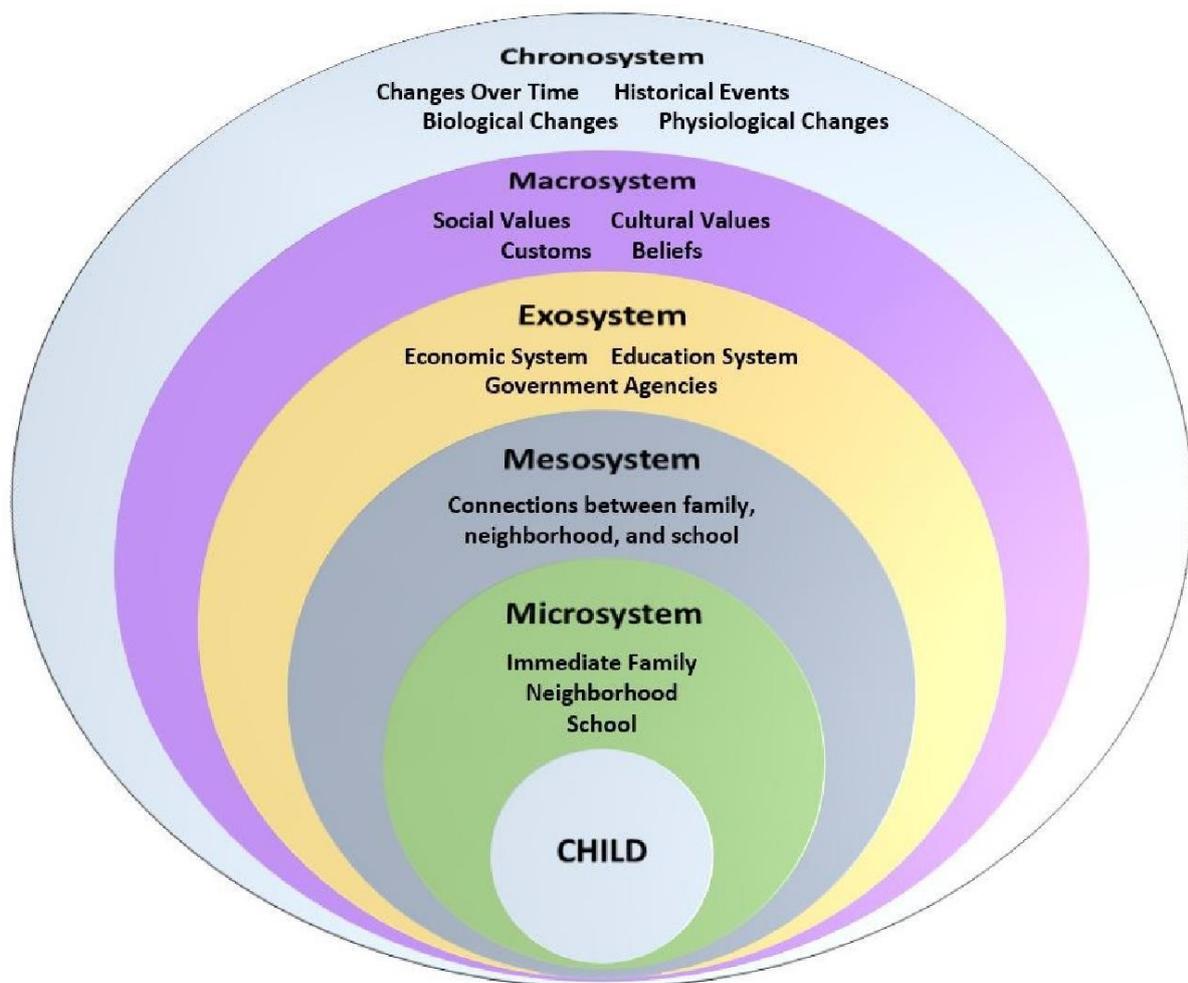
Patterns of response to important adults can help practitioners tune into the child's emotional predicament. If a child seems routinely unable to approach their caregiver at times of stress, this may indicate the need for a focus on helping the adult to reassure and soothe the child. A pattern which successfully sustains emotional availability from an attachment figure is sometimes termed an 'organised response'. These learned 'survival strategies can become like a script, to be retained and transferred into other relationships. It may take an alternative experience of closeness to reshape the persistence of this 'internal working model'. By contrast, a child who is unable to find a strategy which achieves safety and soothing may develop 'disorganised' behaviours which may be experienced as confused or confusing.

Attachment styles	% of sample (also generalized to represent U.S. population)	The child's general state of being	Mother's responsiveness to her child's signals and needs	Fulfillment of the child's needs (why the child acts the way it does)
Secure Attachment	65%	Secure, explorative, happy	Quick, sensitive, consistent	Believes and trusts that his/her needs will be met
Avoidant Attachment	20%	Not very explorative, emotionally distant	Distant, disengaged	Subconsciously believes that his/her needs probably won't be met
Ambivalent Attachment	10-15%	Anxious, insecure, angry	Inconsistent; sometimes sensitive, sometimes neglectful	Cannot rely on his/her needs being met
Disorganized Attachment	10-15%	Depressed, angry, completely passive, nonresponsive	Extreme, erratic: Frightened or frightening, passive or intrusive	Severely confused with no strategy to have his/her needs met

Systems Theory

This is a way of acting, thinking and viewing the world, which focuses on relationships and recognises that individuals are always embedded in their social context.

Over time, relationship patterns both enable and limit processes of development and change. In practice, this means that problems in families are always part of larger processes. This implies that individuals cannot act entirely on their own, either for good or bad. Change in one part of a relational pattern, or system, can be expected to create adjustments throughout the family and immediate context.

Chronosystem
Changes Over Time   Historical Events
Biological Changes   Physiological Changes

Macrosystem
Social Values   Cultural Values
Customs   Beliefs

Exosystem
Economic System   Education System
Government Agencies

Mesosystem
Connections between family,
neighborhood, and school

Microsystem
Immediate Family
Neighborhood
School

CHILD

Reflective and Reflexive

Systemically informed practice, with its focus on problems in their social and relational context, also takes account of the efforts made by professionals to help families and individuals achieve change. These relational patterns, though initially intending to support or protect, can become repetitive and even antipathetic to positive changes. This is why a systemic approach needs to be **reflexive** (taking account of the part professionals play).

Intervention with Systems Theory

According to *Systems Theory and Social Work* by Steven Walker (2010), there are three broad schools of interventions that can be identified. They are:

Structural approaches: This type of intervention stems from the technique of observing the interactive patterns in a family or system, and then a structural approach would be taken to highlight problematic situations, find problem-solving solutions to interrupt them when they are happening, and then get the individual or family to try different ways of acting that lead to better outcomes.

Strategic approaches: The focus with strategic interventions is on the everyday problematic interactions and solving them with properly applied cognitive thinking. Often, perceptions people have about their problems influence how those issues are handled. This type of approach allows for a culturally relevant solution that focuses on a family's or individual's perceptions within a system, rather than trying to impose perceptions strictly from the outside.

Systemic approaches: This approach (also called the Milan systemic model) works with the whole family or system, rather than just the individual. The focus of this approach is to discover rules and ideologies that are sustaining dysfunctional patterns, then to encourage change in a way that avoids being perceived as blaming others within the system.

Appendix A: Performance Appraisal Form

NorthEastWellbeing

WORKING TOGETHER TO CREATE NEW OUTCOMES

Performance Appraisal

Zone West Project

Name:………………………………………………………………………………

Line Manager:……………………………………………………………………….

Date targets set:…………………………………………………………………….

Review date:………………………………………………………………………

Your annual Appraisal is an important opportunity to review and celebrate your goals and accomplishments and have a two-way conversation about past performance and developmental goals. Performance reviews can be used to discuss raises or promotions or to request additional responsibility, so it's important that your performance is accurately documented. With a healthy amount of upfront planning, an annual performance review can be a positive experience that can support your growth in your role and further your career.

Prepare for Your Annual Performance Review

Properly preparing for your annual performance review throughout the year, not just a week or two before it occurs, can lessen any surprises, and increase the likelihood of a productive, successful meeting. Maintain a log of your goals and accomplishments throughout the year that you can refer to in preparation for your annual review; this will ensure that the information you provide is detailed, complete and accurate. Ongoing discussions with your Line Manager are an important part of this process.

The Structure of the Review

1. Scope of Practice

This section will reference the Quality Indicators for Practitioners working on your project. You are asked to provide examples of work completed, including cases, to illustrate the Quality Indicators. These Quality Indicators enable a two-way conversation about the expectations of the role, as well as providing a basis for agreeing your performance targets and any developmental needs or CPD.

High-Level	Quality Looks Like	We Know it is Quality Because
All Stakeholders understand theory, aims and practice	Positive planning meetings with health, education and community groups Communication of big picture stuff Schools & GPs happy with referrals	Schools refer and feedback into process GPs refer and feedback into process Practitioners stay on top of literature
At the centre, children develop skills and attributes	Children buy-in to the ZW programme Children identify and own outcomes	Children regularly attend sessions. Feedback is obtained at the end of every session. Children complete a draw and write action plan.
Community Assets engage and advocate for ZW	A wide range of assets signed up (informally) for ZW	Linked into a wide range of assets for each identified outcome. Information re assets is stored on a regularly updated database.
Operational	Specific Quality Indicators	Evidence
Intra-Personal Development	Developing secure sense of self Developing personal fitness Developing responsibility for own health	Outcomes in real world of peer relations Quality of Life Questionnaire
Inter-Personal Development	Number & quality of relationships Emotional Literacy & self-expression Highlighted instances of empathy	SDQ data indicates improvements in social emotional health. Feedback from class teacher and/or SENCO.

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North East and North Cumbria

	Highlighted instances of increased confidence	
Educational Development	Children involved in regular 1-2-1 boost sessions Emphasis on attributes of 'Great Learner' Training Chln to transition back to classroom	Data indicates academic progress in at least 2 areas (above control). Highlighted evidence in books of age-related expectations.
Community Leadership Development	Chln involving themselves in events Chln identify and advocate for issues Chln contributing volunteer time	Evidence in books and planning of higher-level thinking linked to Bloom's Taxonomy. Observation of practitioner facilitating reasoning.
Collaboration & Respect	Collaborative work modelled for all sessions.	Observation of children working collaboratively. SDQ data indicates improvements in peer relationships
Wonder & Delight	Children anticipate ZW sessions Good use of stimulus locations	Observation of curiosity and excitement in learning. Improvement in social emotional wellbeing from SDQ data.

2. Professional Development Targets
These will have been set about 12 months prior to the Review and will be considered with evidence that the practitioner brings to the Review.

3. Continuing Professional Development
The Practitioner will have prepared a summary of CPD completed during the year. The Review will focus on whether this is enough to deliver the scope of practice. You will be asked whether your CPD has helped you develop professional standards (e.g., trust, knowledge, skills, teamworking etc.), and what your ideas for quality improvement projects are for the year to come.

4. Next Year
The Review will conclude with PDP Ideas for next year.

5. Optimal Performance
Providing you with the tools and support to manage the demands of your role.

Personal Project Targets

These targets are the specific goals agreed with your line manager that describe the way you can contribute to Zone West's overall outcomes.

Goal (what?)	Objective (how?)	Resources Required	Measurement	Target/Review
Zone West	To develop and maintain positive relationships with all partner agencies.	Identify SPOCs, agree mode and regularity of feedback.	Feedback from stakeholders.	
Child-Related	To co-create development plans with each child.	SDQ analysis. Information from parents, teachers, and other agencies.	In place by the end of the first term in role.	
Impact	To ensure T1 data is completed in a timely manner, prior to commencement of work with the child.	Information from referrer regarding any additional requirements such as translation services, differentiation for LD, preferred method of initial contact.	Data completed in line with Impact Lead processes.	

Short-term personal			
Long-term personal			

Continuing Professional Development

Mandatory Training: Every NEW Practitioner has a responsibility to maintain professional standards and complete mandatory training in Equality & Diversity, Safeguarding, and First Aid, and to keep an up-to-date DBS check. These are recorded below.

External CPD: Every practitioner will identify opportunities for continuing professional development to support the goals identified in the PDP above. These are recorded below.

CPD Record

Mandatory Training	Level Required	Current certificate ends	Training Delivered by	Completed on
Safeguarding				
First Aid				
Equality & Diversity				
DBS				
External CPD	Cost	Link to PDP		

Clinical Supervision

Monthly clinical supervision is provided by Melissa Baynes, Pathway Manager, CYPS.

Case Supervision

Monthly case supervision is provided by Claire Crow, Project Manager, Zone West. This will also allow for ongoing discussion regarding your personal and professional development.

Peer Supervision

This takes place monthly. It is an opportunity to share best practice with your colleagues and support each other professionally. Additionally, these sessions are an excellent support network for you, helping you to manage the demands of your role.

Optimal Performance

Completing this area of the performance review will support you with setting your short- and longer-term personal goals for the year ahead.

The Link Worker role is highly demanding, so it is important to spend time reflecting on how you can maintain a healthy work life balance; we will support you to monitor your stress and energy levels throughout your working week.

Signs of stress	Signs of releasing from stress
Faster breathing	Shaking/ trembling
Difficulty breathing/ lung problems	Slower/ deeper breathing
Tightness in chest and belly	Slower heart/ rate
Quicker heart rate	Relaxation of best and belly
Digestion slows down, don't feel hungry	Tingling
Nausea	Warmth or chills
Reduced visual field	Crying or laughing
Pale and cold skin	Yawning & sighing
Sweaty palms/ sweating	Pupils contract
Dilated pupils	Stomach gurgling
	Burping & trumping
	Coughing

If you are experiencing any signs of stress, your Line Manager and peer support group can provide you with guidance and practical advice. Your Line Manager is available at any time; however, they will formally discuss this with you at each monthly Case Review meeting.

How your 'teams' impact you and vice versa

Understanding how we function in the teams we're part of us can help us perform at our best and improve our relationships within those teams. Teams thrive when there is a supportive, solution-focused environment, but also when we can assert our own needs so that we are clearly heard. As you complete this table, you will begin to understand your teams and your role within them. It will provide you with tools, which your manager can support you with, to become more effective within the differing teams you work within and to give you opportunity to express your needs and support requirements.

Question	Team 1 – ZONE WEST	Team 2 – SCHOOL	Team 3 – GP PRACTICE
What is your informal role within these groups?			
How do you feel within these groups? Try to describe your feelings.			
How do the people in this group influence your behaviour?			
Reflect on your own behaviour within these teams. How does that impact your team? What can you do more of or improve?			

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Now reflect on your own behaviour within these teams when you are feeling stressed. How does stress influence your behaviour? What can you improve?			
What do you need from others in these teams to help you work as effectively as possible together?			
How can you positively assert your needs to them or bring you on the same page?			

Wheel of Mental Toughness

Finally, let's consider your current personal levels for each optimal performance area and identify actions you can take to develop further and move towards your goals. This will help you set your personal goals for the year and will form part of your monthly case supervision discussion with your line manager.

Guidance: Notes:

STEP 1 • Spend time thinking about where you would put yourself out of 10 on each optimal performance area (tools/ skills). • 1 = Not practised/ understood at all. 10 = Well practised/ understood. • Consider examples of when you've practised each element, to help you decide your score.

STEP 2 • Spend time thinking about your goals. What would 10/10 on each element look & feel like? • This is about setting an aspiration on what best would look like for you personally on each element.

STEP 3 • Fill in the actions you think you can take to help you move from your current score of where you are now, to your goal or 'best'.

STEP 4 • Review your wheel and consider which one or two elements you would like to focus on developing first.
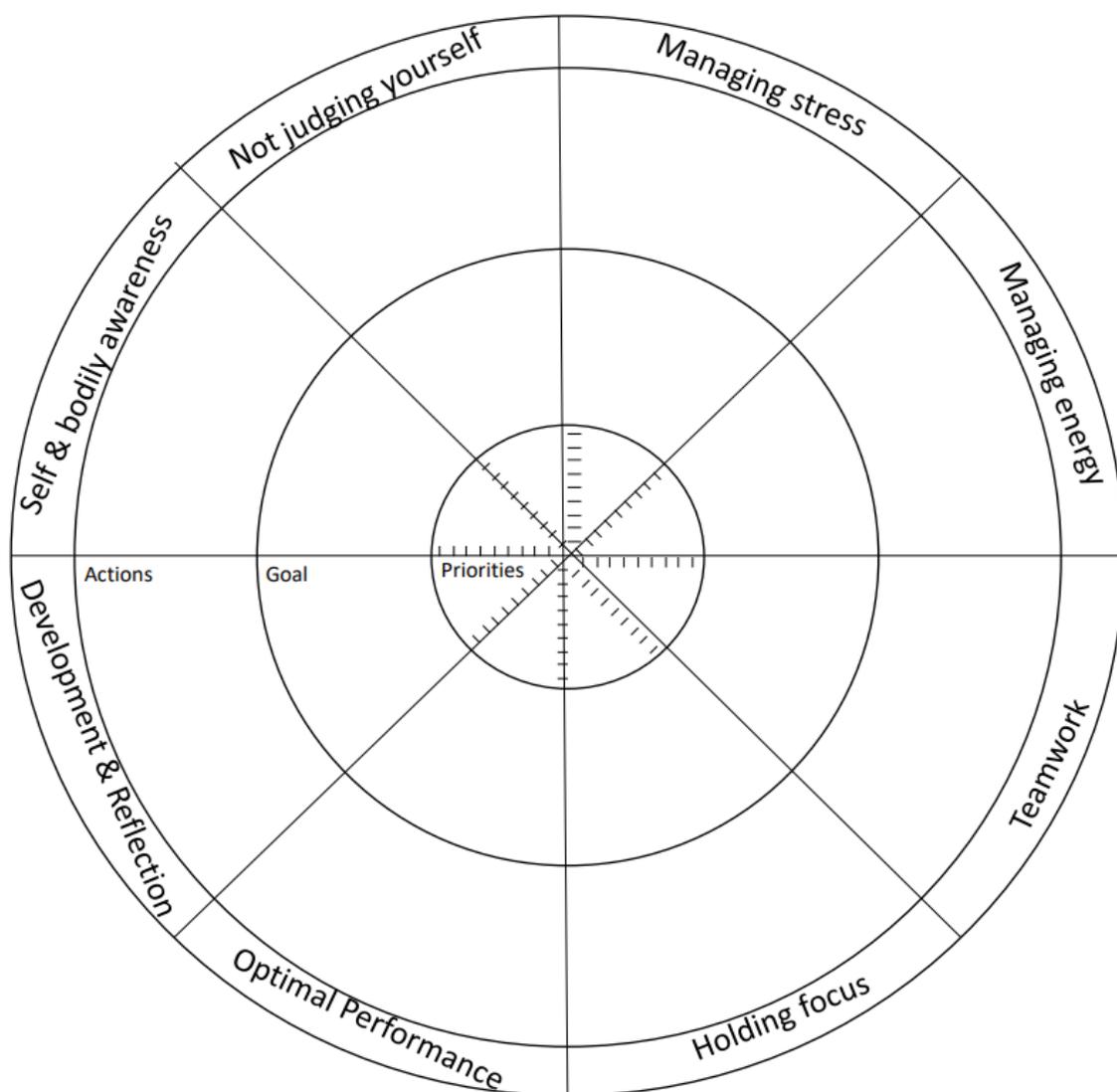
Appendix B: Link Worker Induction Plan

Link Worker Induction Plan: [Name]

ZONE WEST

Start Date:

Date	What?	Who/ Where?
Monday [date]	• NEW and Handbook • Safeguarding • Discuss online training, reading and asset mapping • Discuss CAMHS training – link below • Getting to know you • Set date and time for data pack induction	
Tuesday [date]		
Wednesday [date]		
Thursday [date]		
Friday [date]		

Other induction actions, week 2 and beyond:

- **[Date]:**
- **[Date]:**
- **[Date]:**
- **[Action]:**

- **[Action]:**

Courses, training, and events [insert links where necessary]:

-
-
-

<u>Emails and phone numbers:</u>

-
-

Appendix C: Warrior Development Plan

Warrior Development Plan

Overview

Name:			Warrior Code:	
	A	B	C	D
D1 Date:				
D2 Date:				
D3 Date:				

Warrior Development Goals

	A	B	C	D	
	Understanding	Self-Awareness	Self-regulation/ Resilience	Agency, Mastery& Creativity	Gauging Progress
Learning & School	Here's what school says about how your work is going	What do you do when you find a piece of work difficult to complete?	Can you imagine being calm & engaged in front of tricky piece of work?	Do you get that feeling of 'sitting on top' of your schoolwork?	Teacher comment Attendance Attainment Bloom's Assessment
Physical Health

Exercise/Eating Hygiene/Appearance | What does Health look like? | What does Health look like for you & what could you do to be more healthy? | What do you do to overcome setbacks and challenges to your health? | Can you map the help available & plan how to use it? | Parent comment BMI Asthma regulation Absence for illness GP Attendance |
| Social & Emotional | Can you tell me what feelings are & when they happen? How does feeling x make people act? | What feelings do you have often? What would people see if you were feeling x, y or z? | What happens when you feel x? do you do something to help yourself along? | When a friend is having a hard time can you imagine what they are feeling? Is there a way of helping? | TSDQ CSDQ QoL |
| Social Engagement | What is a social network and who is in it? | Who is in your network and what are the connections like (e.g. strong/week)? | When there is a problem in the network (and there often are) how do you repair bonds or make new ones? | Sometimes it seems that we have only a few friends and sometimes lots. Can you keep calm and keep looking outwards? | Parent/Asset comment Asset Attendance Self-reports |

Warrior Development Plan D1.
Date:

	Where are we now?	Where are we going to?	What will we do to get there?	How will we know? (Quant)	Link Worker Assessment (use 1,2,3,& 4 only once each)			
					A	B	C	D
Learning & School								
Physical Health								
Social & Emotional								
Social Engagement								
Total								