

CAMDEN CHILDREN'S FUND MULTI-DISCIPLINARY TEAM

Introduction

As part of the Camden Children's Fund primary school project, a multi-disciplinary team (MDT) has been set up in each of two primary schools in the borough. The purpose of the teams is to enable agencies to work together more effectively to improve outcomes for children, by providing best practice approaches to identifying, assessing and designing interventions for target children. It means that schools get access to additional services which go beyond the usual statutory remit and which offer preventive and early intervention approaches to children and families.

Staffing

Each MDT is a 'network' of school staff and other professionals from outside the school who already provide a service to the school. The MDT structure enables them to work more closely together to identify early signs of difficulty in children and provide a comprehensive support package. The core staff reflect the individual needs of each school and might include:

- Headteacher
- Child protection designated teacher
- Special educational needs coordinator (SENCO)
- Learning mentor
- Educational psychologist
- Education welfare officer
- Paediatric occupational therapist
- Child and adolescent psychotherapist
- School nurse
- Social worker
- Specialist teachers from the learning support service
- Speech and language therapist
- Education support officer from a community scheme for African/ Caribbean children
- Home school liaison worker
- Administrator
- Manager, Camden primary schools project.

These professionals meet once a term to discuss children who are causing concern because of a number of factors.

How the service works

The SENCO identifies children who are in possible need of additional support because of concerns expressed by parents, school staff or by the children themselves. They work with parents to complete a Parent Guide which offers the parent and child the opportunity to express their views on the child's needs and enables the school to obtain written parental consent to discuss these in MDT.

Then, approximately a week before the meeting, there is a pre-agenda meeting between the chair, the administrator and the SEN coordinator to discuss the referrals. Children are accepted for discussion at the MDT meeting based on the following criteria:

- if there are **concerns about a range of factors**
- or if they have shown a **significant and worrying decline in one area**, for example educational performance or behaviour in class.

Before the meeting the SENCO gathers information about the child's strengths and needs, using the IMPROVE Matrix, which was developed by the Children's Fund primary schools project to ensure that review and follow up addresses priority needs for the vulnerable child and their family.

The IMPROVE Matrix* looks at needs in the following areas:

I	IMPROVEMENTS IN HEALTH AND SOCIAL CARE
M	MONITORING ACCESS TO SERVICES
P	PUNCTUALITY AND ATTENDANCE
R	RISK FACTORS ASSOCIATED WITH CRIME AND VICTIMISATION
O	OUTREACH TO FAMILIES AT RISK OF SOCIAL EXCLUSION
V	VALUED AND SUSTAINED INVOLVEMENT OF ALL GROUPS
E	EDUCATIONAL PERFORMANCE AND ATTAINMENT

** The matrix is currently being update to reflect the priorities of Every Child Matters and will be re-named the SHAPE Matrix (SHAPE stands for **S**tay safe, be **H**ealthy, enjoy and **A**chieve, make a **P**ositive contribution and achieve **E**conomic well-being).*

Following discussion at the pre-agenda meeting, a proposed agenda is circulated by email to all members of the MDT. Members also receive minutes from the previous meeting and the summary sheets from the IMPROVE/SHAPE matrix.

Each MDT meeting is led by a chair who may be a member of school staff (usually the headteacher or SENCO) or an external professional. The role of the chair is to oversee the meeting by referring closely to the agenda while supporting the discussion and actions agreed in order to ensure the smooth running of the meeting. This involves keeping a close eye on the timing of items for discussion and being aware of time constraints, supporting attendees in keeping to the agenda, facilitating discussion between attendees about concerns and outlining agreed actions and ensuring that each team member has the opportunity to contribute to discussions.

As each child is discussed, actions to take place before the next meeting are agreed by relevant and appropriate members. The SENCO acts as 'key worker' in terms of overseeing the input or support delivered to a child and their family. They may delegate this responsibility to another MDT member, for example if this person is already known to the family and has a positive relationship with them, and if this is preferable to a new professional becoming involved. The discussion at these meetings also provides an opportunity for professionals to share information that may have a bearing on interventions by other professionals. In general meetings are termly and last approximately two hours.

Shortly after each meeting, the minutes are typed and circulated to each team member. Minutes contain the agreed actions and provide a useful record of the discussions at the meeting. Professionals ensure that they follow up actions before the next meeting, when they will need to feed back information about their intervention to the other members of the MDT. Between meetings, the SENCO continues to liaise with professionals identified with follow-up actions agreed at that meeting.

The CAF being developed in Camden will ensure that all children's needs are considered in a holistic way.

Support delivered to children and family

The support provided to individual children and families is geared specifically around their needs. If more than one practitioner is involved, they will agree who will do what and how they will keep in contact to make sure things are progressing as planned.

Examples of the kind of support provided to children and families include:

- One to one support, including therapeutic work and counselling
- Small group work, for example Circle Time or problem-solving skills work
- Mediation
- Family support
- Group support for parents, such as literacy and numeracy programmes

- Whole staff training and support to assist them in working with these children and young people.

The team has an 'exit list' for children who have made the kind of progress envisaged and no longer require support, for children have been referred to more specialist services and for children who are receiving appropriate support and no longer need to be discussed at MDT meetings.

Multi-agency working

Each member of the MDT remains employed by their home agency. They take part in the termly MDT meetings (each around 2 hours long) and carry out the agreed casework with individual children and families, as well as some training and support work with schools. They maintain their professional roles but take on some new tasks to ensure their work is more coherent, for example common assessment and information sharing.

Each school has an MDT handbook outlining what the service provides and who is in it. All team members wrote their own role descriptions, as part of the process of representing themselves and taking ownership of their contribution to the service. The handbook is designed to be a 'living document' that is regularly updated by schools and new professionals.

The aim is to intervene early enough to prevent the child having to enter statutory proceedings, for example around SEN or social care assessments. This gives practitioners the opportunity to work more flexibly than previously, though they can take on statutory functions when required.

The MDT did not experience any difficulties setting up the service, because most local practitioners had identified that multi-agency working is now an important aspect of practice and many were keen to work in this way. The skills and functions involved in multi-agency working are now being built into job descriptions.

Managing change has been a key focus for the MDT's management team. To help professionals work effectively together and understand the different perspectives and cultures, they have:

- shown that all MDT members have influence by listening and taking on board suggestions
- invested time in team-building
- clearly communicated the MDT process so that everyone has some common ground and a common understanding of what happens.

Governance and accountability

Because the MDT is not a single team reporting in to a team leader and a single agency, there is no single line of accountability within the service. Each practitioner still reports into and is supervised by their home agencies.

As an initiative, the MDT is managed and developed by a three-strong team consisting of:

- The Children's Fund programme manager, who is responsible for strategic direction
- A senior manager from Coram Family, who administers the service
- An educational psychologist seconded to the Children's Fund, who manages the service.

Camden Children's Fund has a service level agreement with Coram Family and with the Education Psychology Service for managers' time. The project is steered by a project steering group, which in turn is a sub-group of the Camden Children's Fund Partnership Steering Group.

Key challenges and solutions

Arising from an evaluation conducted in December 2004, the following were identified.

1. Allocating time for this way of working: Members of the MDT are concerned about the inconsistency between agencies in the amount of time allocated to individuals to prepare for and attend MDT meetings. This means that, while a professional may in principle commit to the ethos of MDT working, their ability to fully engage may be adversely affected by lack of time. The

Children's Fund project manager is helping to resolve this by raising the issue through Camden Children and Young People's Strategy Group to secure a joint solution from all agencies.

2. Expanding the scope for referrals to the service. Managers of MDT are aware of the need to build capacity for a range of professionals to be able to make referrals to the service, rather than just the SENCO. This would help to ensure that all children with additional needs were identified, including those whose problems may not be having an impact in the school setting. Systems are now being agreed with both schools to enable other professionals to be able to make referrals.

3. Mainstreaming the work. The MDT wants to build capacity with school leaders so that when funding comes to an end the process can be managed by schools themselves. Part of this involves encouraging all practitioners working in and with schools to develop a common and holistic understanding of child development, rather than one which focuses on their own particular agency perspective.

Outcomes

In the evaluation of the service, all practitioners involved in the service identified that:

- The MDT impacts positively upon and safeguards children and families at risk of social exclusion, leading to better outcomes and improved life chances for individual children.
- MDT working is an improvement on previous ways of working
- Practical aspects of working in the MDT were rated as 'excellent' or 'good'.

The evaluation also looked at five case studies of individual children, which indicated that the MDT is effective in meeting the needs of the targeted children and their families. For example, prior to intervention by the MDT, one child was at risk of permanent exclusion for behaviour and placement in specialist provision was being investigated at the point of referral. The school had already arranged for the child to attend an inclusion project for children on the verge of permanent exclusion, which focused on communication, social skills and developing confidence in their ability to acquire core skills. The MDT arranged support for the family from social services, therapeutic input for the child, and support from the educational psychologist to support reintegration back into school. The staff in his school also put support structures in place focusing on anger management, positive behaviour and increasing self-esteem. Seven months later, that child was effectively participating and being included in mainstream school life as well as engaging with community support services and out-of-hours activities. His carer reports that this, and his overall progress, have had positive implications for the whole family.

Background information

The primary school project is delivered through a partnership between Coram Family, local statutory agencies and the schools themselves. It is developing methods for identifying early signs of difficulty in children and providing comprehensive support packages which can be delivered through close collaboration between agencies and sectors and function as a virtual organisation. The MDT is one part of the wider primary school project.

For further information see www.camdenet.org.uk/groups/primarysch or email project administrator Richard Tolland at richard@coram-cpsp.org.uk