

Child and Adolescent Mental Health
**TRAINING & DEVELOPMENT
PROJECT**



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MULTI-AGENCY SINGLE POINT ASSESSMENT TEAM – FOR THE MAIDSTONE MULTI-AGENCY INTERFACE PROJECT (MMAIP)

BRIEF BACKGROUND:

As part of a broader attempt at multi-agency working and interfacing between primary and secondary mental health care for children and adolescent it was decided that the area of Maidstone needed to look at the option of a single point referral team. A group, made up of the Social Service district manager, the Specialist CAMHS team manager, the Joint Education Commissioner for the area met to discuss this issue. Proposals from this meeting were taken to a meeting with the director of children services for the PCT and to another meeting with the CAMHS link school nurse. The following are the ideas from these discussions:

PRINCIPLES UPON WHICH THE TEAM WILL BE BASED:

1. The focus of this team, and the work it will be doing, will be on working with children and young people in the context in which they find themselves.
2. The team will also focus on issues of mental health promotion, prevention, early intervention and inclusion rather than mental illness/disorder, deficit, specialist treatment and exclusion.

In order to do this the following is proposed:

- ❑ This multi-agency teams focus will be as an assessment team rather than a referral team.
- ❑ It will be integrally linked to the school clusters and the individual schools it is servicing.

RATIONALE FOR THIS VIEW:

Schools are the place where the majority of children are located. It is the ideal setting in which to work with promoting mental health and identification of vulnerable children. Schools are in the best position to identify children and their families who are vulnerable and at risk. If we are to reduce the number of children and young people developing mental health problems and disorders later then we need to assess this early on and enable the school to deal with it at this level.

In terms of the new educational structure in Kent schools have been organised into clusters. Currently because Clusters are evolving there are different procedures, across the County, for dealing with children and young

people the schools are concerned about. In theory there should be School Based Reviews (SBR) happening once a term. Schools own these meetings and they invite Cluster staff (Specialist Teachers, Education Welfare Officers, Educational Psychologists, whoever they think can be useful) to the SBR. Seventy-five percent of the agenda will be on whole school issues (how can the school change the way it does things to meet pupils needs) and about 25% of the time on individual pupils causing concern. From there the Cluster can deploy resources to help but the school should be looking to itself to do things differently. For example if there is a parenting issue - they need to organise a parenting project etc.

At this point things split off. Either into a schools category (other specialist get involved if the school is in special measures for example, the Cluster may use experienced teachers to help a school out whatever) or into procedures Regarding individual pupils. As for the individual pupils - they will be categorised according to the Special Education Need Code of Practice as School Action, School Action Plus or requiring statutory assessment (a Statement).

At the level of school action there is extra help within school resources. School Action Plus means additional resources are need to support pupil, for example Cluster resources, multi-agency input etc. Statutory Assessment pupils need to meet threshold criteria before assessment can proceed. Statutory Assessment is decided upon by Education's County Panel (the multi-agency assessment team could help with this process). From SBR some Clusters have a Cluster review where Cluster staff discuss concerns regarding pupils whom schools feel have exhausted all opportunities. The cluster might be able to assist in some way e.g. possibly a managed move to another school with more expertise, whatever. If Cluster Review can't find a solution then the case can be referred to District Inclusion Forum (DiF). In this way a more co-ordinated way of dealing with issues as they arise could emerge. How this system operates across the County will be varied, with all or some parts of it being used.

Although these structures are new and their workings will vary it seems to make sense, and would be useful, to work on supporting the schools in the development of their clusters as functioning entities. It also makes sense in that most new primary care level work and initiatives are being aimed at the school e.g. community and extended schools, healthy schools etc. If we can combine these cluster activities with a virtual multi-agency team for a cluster of schools we may be able to develop a comprehensive way of assessing young people at risk and ensuring they are able to access the correct services before they need specialist help or are excluded from the schools. In this way the team could help schools think about what the triggers are that start the referral process and to help them think about what they need to be looking for and what services they need to make use of first.

HOW WILL WE DO THIS:

The Cluster:

We have selected Maidstone cluster 2 schools, as this is where most Specialist CAMHS and Social Services referrals come from. This cluster has 41 schools. Gil Sweetenham is the LAO and the principal from Maidstone Grammar is the chair.

The Multi-Agency Assessment Team:

A team made up of a school nurse (preferably with a comprehensive CAMHS background), a social worker (with a Child and families background), a Specialist CAMHS professional (e.g. clinical psychologist or psychiatrist), a Family Liaison Officer and an education person (e.g. a Joint Commissioning Officer, Local Advisory Officer, Specialist Teacher, Educational Psychologist). Initially they could meet once a week for a morning to discuss children identified as at risk who the school feels they are struggling to support. The frequency will need to be assessed.

Multi-Agency Single Point Assessment Team Aims and Objectives:

1. To develop a multi-agency model for working that will support a positive commitment by all relevant agencies to improve the emotional well-being and mental health of all children.
2. To support schools and clusters as well as other primary services in working with, and meeting the needs of, children experiencing emotional, behavioural and mental health difficulties (need to be clear on how much of this the team can do).
3. To facilitate or provide the assessment and screening of all children and young people identified as having behavioural and emotional problems in an attempt to facilitate intervention at the most appropriate tier of service provision.
4. To work to a common assessment model with the intention of identifying need and reducing the number of times that information has to be collected from young people and their families.
5. To assist young people and their families to access support and intervention from more specialist services according to identified need.
6. To develop a training/skills development programme for the primary services. The programme will ensure that the skills match the needs of client group and of the primary service workers (need to be clear on how much of this the team can do).
7. To offer a service that provides direct therapeutic interventions for children in need and their families. The focus will be upon evidence-based practices. (need to be clear on how much of this the team can do).
8. To create a framework that facilitates the involvement of young people and their carers in the development of the service.
9. To monitor, review and evaluate service provision.
10. To work in an anti-oppressive and non-discriminatory way that will have the effect of empowering clients, practitioners and the wider community.

11. Ensure good communications with other components of service.
12. Ensure good communications with other agencies.
13. Act as part of support network to clients and carers known to the service.
14. Adhere to Health and Social Care professional standards, e.g. recording of information, supervision problems.

PROPOSED START DATE:

Could begin this process in the autumn

THINGS WE NEED TO DO:

1. Get education on board (I have left several messages for Gil Sweetenham to discuss this with him but as of yet have had no response).
2. Talk to Joanne Wainwright and Trisha McCaffrey about what centrally retained services will be able to offer the team in terms of support and services.
3. Need to think about administration e.g. where will it be housed and how will it be dealt with e.g. letters for referrals, who writes them, formulating of paper work, referring out etc.
4. Need to think about a Common Assessment – what will this look like and its link to more in-depth assessment.
5. Training of the core group who will make up this team
6. Need to think about referrals with regards to children who are not of school age.