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MULTI-AGENCY WORKING: PARTNERSHIP AND COLLABORATION

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CHAPTER OBJECTIVES

- To outline aspects of models of multi-agency collaboration and services for children and families.
- To consider the importance of the range of disciplines that may be involved in the support of children with SEND to come together in collaboration to provide integrated services.
- To consider the policy and practice regarding the expression and voice of children with SEND to contribute to their own review and developmental process within a person-centred approach.

Definitions of Multi-agency Working

Multi-agency working can be defined in many different ways. The Wigfall and Moss definition below particularly recognises the importance of shared objectives from a variety of service providers when meeting the needs of children with SEND and their families.

A range of different services which have some overlapping or shared interests and objectives, brought together to work collaboratively towards some common purposes.

(Wigfall and Moss, 2001: 71)

Other definitions focus on the integrated systems and the importance of effective processes for communication and information sharing. Thus you may see

multi-agency working labelled as ‘integrated approaches’ or ‘multi-professional practice’. Despite these differences in definition, the main aim of the multi-agency approach is for all professionals working with a child with SEND to work towards shared goals, collaboratively and in partnership, in order to achieve positive outcomes for children and families. As will be seen later in the chapter when we look at some of the challenges of multi-agency working, this overarching aim of the multi-agency approach is not necessarily straightforward.

A Brief History of Multi-agency Working

Section 25 of the Children and Families Act 2014 places a legal duty on local authorities to ensure that education, training, health and social care provision are integrated around the needs of the child with SEND and are outcome led. As such, the Children and Families Act 2014 is the last in a long line of legislation aimed at improving integration of services for children with SEND and from other vulnerable groups. The Laming report into the death of Victoria Climbié (Laming, 2003) addressed the impact of inadequate communication and information sharing between service providers and its 108 recommendations were enshrined in the Children Act 2004 (DCSF, 2004: 31) and further reiterated in the 2006 Act (DfES, 2006). The Every Child Matters framework (DfES, 2004b) further emphasised the importance of integrated working, and processes such as the Common Assessment Framework and the introduction of the Integrated Workforce further strengthened opportunities for multi-professional collaboration. It is important to recognise the limits of terms such as ‘multi-agency’ approaches. It could be suggested that ‘trans-agency’ working more accurately reflects the complexity and variation of children’s services.

It is often assumed that words such as ‘partnership’ and ‘collaboration’ are universally understood, and as such do not require specific definition. However, as has been seen in the Lamb Inquiry (2009), parents’ experiences of working in partnership with professionals vary enormously, suggesting that conceptualisations of partnership and collaboration may differ.

For the purpose of clarification, whilst the authors of this publication recognise that partnership between professionals, children and parents involves cooperation, coordination and collaboration, this has to be achieved through respectful acknowledgement of the equal, yet different, contribution that all parties are able to make to the development of shared aims and outcomes for a child with SEND. This is of particular relevance when accessing specialist services, as the holistic needs of the child (medical, social, educational) will be best understood by actively listening and respecting the child and parent’s experiences and perspectives.

As discussed in Chapter 2, the Pen Green model of parental partnership and community engagement, which our definition above echoes, has been influential in the early years sector as an example of ‘best practice’, reflected in its Beacon status award as a national training forum for early childhood practitioners pursuing a multi-agency approach.

Some of the beneficial impacts of multi-agency working for children with SEND and their families have been documented in a series of evaluative reports.

For example, Oliver et al.'s (2010) review of the impact of integrated approaches, although citing mixed responses from professionals across a range of professional disciplines, noted that for children with disabilities, the health needs of children were improved through greater access to a wider range of services. For children with severe or complex needs, who qualified for the early support programme, the findings were similarly positive. Young et al. (2006, cited in Oliver et al., 2010) noted that these families reported reduced stress, increased confidence and greater opportunities to be involved in decision making. Finally, Pettit (2003) recognised that for older children with mental health concerns, integrated working within the Child and Adult Mental Health service (CAMHS) led to improved behaviour, better educational outcomes and enhanced peer relationships.

Historically, examples of multi-agency teams working with a range of children and young people have included:

- Sure Start multi-disciplinary teams.
- Education Professionals (SENCOs).
- Behaviour Support teams.
- Health Visitors and Paediatric Health specialists.
- Speech and Language Therapists.
- Social Workers and Family Outreach teams.
- Educational Psychologists.
- Portage Workers.
- Educational Welfare Officers.
- Local Authority Children's Services teams.
- Midwives.

During the first phase of the Children Centre programme (2006–2008), many of these professionals were co-located in Children Centre hubs, enabling parents and carers to access a range of services simultaneously and facilitating greater communication and information sharing between professional teams. Since 2010, however, the removal of ring-fencing for Children Centre services and successive cuts to early intervention grant funding (discussed in more depth in Chapter 1) has meant that key specialist services have been removed from Children Centres, and their role increasingly focused on targeted provision for the most vulnerable children and families rather than on universal preventative support strategies. Despite these recent policy and funding developments, commitment to multi-agency working remains strong at policy and practice level as evidenced in section 25 of the Children and Families Act 2014.

It should be noted that cuts to Children Centre services (NCB, 2015) have gone ahead across LAs in England, despite evidence of positive responses to the services that the centres provided. For example, the 2015 4Children Children Centre Census revealed that:

- 55.2 per cent of parents said they used their local Children Centre at least once a week.
- 90.5 per cent of parents said that attending a Children Centre has had a positive impact on their child.
- 79.4 per cent of parents said that if they were unable to use their local Children Centre this would make life harder for them and their family.
- 34.4 per cent of parents said it would make a 'big difference' and life would become 'a lot more difficult'.
- More than one million children and families are regularly using Children Centres, with a majority of centre managers saying that numbers have gone up in the past 12 months.
- 57.5 per cent of managers who have experienced a budget reduction say they will have to cut back services as a result and 32 per cent say they will be unable to reach as many families as before.
- 24.5 per cent of managers know changes will be made to the way their Children Centres are run in the next year, but do not know what this will involve.

Models of Multi-agency Working

Atkinson et al.'s study (2007), which involved professionals working together from education, social services and health sectors of LAs, highlighted five different models of multi-agency activity which were evident within the sample: decision-making groups; consultation and training; centre-based delivery; coordinated delivery; and operational delivery. So some models focused on direct delivery to a range of target groups, whilst in others the primary aim or purpose was decision making or providing consultation and training to other agencies. Agencies came together for different reasons and, for each of the different models, different levels of engagement with professionals from other agencies were evident. Thus, a continuum may be described from decision-making groups, where professionals from different agencies maintained their distinct role, to operational teams, where professionals worked in close proximity and therefore the merging of roles was more likely.

Overall, reports such as the Atkinson et al. example can offer useful evidence of what may need to be improved and developed for early childhood communities at a particular time in history and at policy level. This may include changes to policy (see Chapter 1), for example the introduction of the Integrated Review (see Chapter 7), and the development of EHC plan (see Chapter 3) as part of the reforms in the Children and Families Act 2014 and 2015 SEND Code of Practice.

Furthermore, the Atkinson et al. report identified a range of key issues for professionals and families when working towards an integrated or multi-agency approach and claims to have revealed a new 'hybrid' professional type who have personal experience and knowledge of other agencies, including, importantly, these services' cultures, structures, discourse and priorities. These so-called 'hybrid' professionals can be seen to be the beneficiaries of multi-professional information

sharing practices, for example the early years practitioner who has been trained by a speech and language therapist to deliver language intervention programmes. The professional benefits of multi-agency working are discussed below. However, the report also intimates the enormous variation in initiatives and practice that are operating as ‘multi-agency’.

Challenges Affecting Multi-agency Working

As discussed above, multi-agency working offers children with SEND and their families the opportunity to receive streamlined, outcome-led interventions and provision, emanating from collaboration and shared decision making between specialist professionals, and in the best examples, in response to active and valued participation from children and parents themselves (see Chapter 2).

However, the approach does not come without its challenges. Anning et al. (2010), for example, identify four categories of dilemma for teams working in multi-professional ways:

- Structural.
- Ideological.
- Procedural.
- Inter-professional.

Structural dilemmas can arise as a result of the complexities of leading and managing professionals from a range of disciplines with varied codes of conduct and contractual arrangements, the allocation of funding, deployment of roles and the challenge of monitoring and evaluating the services not located on site; *ideological* dilemmas may include the impact of ‘value-led’ approaches to working with parents and children and the extent to which different professionals respect the role that these contributors can make to the decision-making process; *procedural* dilemmas can include alignment of documentation, use of professional language and jargon, and diverse understandings of issues such as confidentiality; and *inter-professional* dilemmas may include challenges associated with the different value afforded to key professional roles within the multi-professional team, and the impact this may have upon hierarchical relationships, for example the perspective of a portage worker may not be accepted as equally valid as that of the educational psychologist due to the latter’s perceived enhanced professional status.

Similarly, Aubrey (2011) acknowledges the impact on leadership roles and responsibilities when managing a multi-agency team, for example when leading teams of professionals with diverse policies and priorities for practice, with different salaries, career progression and professional status or with divergent understandings of professional team working. Even where multi-agency teams are co-located, differences in funding allocations and threats to the sustainability of funded secondments (e.g. the deployment of a speech and language therapist from the local health trust to a Children Centre) combined with the varying needs of inter-professional training, can result in significant challenges for integrated centre leaders.

PAUSE FOR REFLECTION

- How might some of the challenges to multi-agency approaches listed above be effectively overcome?
- How can a shared language between professionals be successfully developed?
- What are your experiences of working in partnership with parents and with other professionals?

Professional Benefits of Multi-agency Approaches

Although the professional responses to multi-agency approaches have been mixed (Oliver et al., 2010), there have been some indications that working alongside professionals from different disciplines has had a beneficial impact on the knowledge and skills of staff within the fields of early childhood and SEND. In 2008, the now disbanded Children's Workforce Development Council (CWDC) introduced the Integrated Qualifications Framework aimed at training professionals from mixed backgrounds in a set of common core skills, which would reduce cross-sector misunderstandings and facilitate shared constructions about the most effective strategies for supporting children with SEND and their families.

COMMON CORE SKILLS

- Effective communication and engagement
- Child and young person's development
- Safeguarding and child protection
- Supporting transitions
- Multi-agency working
- Sharing information

Unfortunately, despite some initial positive outcomes for integrated approaches, particularly in Sure Start local programmes (later known as Children Centres), in regard to enhanced attitudes and perceptions, knowledge and skills (Frost et al., 2004), there remains limited national data on the impact of multi-agency working on professional development.

At a local level, however, the impact of joint professional working has been more forthcoming. For example, an evaluation project from Worcestershire County Council into the impact of the Every Child a Talker programme (DCSF, 2008a) identified improved practitioner knowledge and confidence about the

stages of children's language development as a key outcome indicator. Evaluations with early years practitioners involved in this programme (aimed at supporting early language development through collaborative intervention strategies designed jointly by speech and language therapists and early years key workers) suggested that their knowledge of the stages of early language development increased by 73 per cent following their involvement in the initiative (Worcestershire NHS Trust, 2013).

The perspectives of different professionals towards multi-agency working were further researched by Lindqvist et al. (2011), who looked at the views of different occupational groups on special needs education within the Swedish context of multi-agency approaches. Professionals involved in the study included:

- Teacher assistants.
- Pre-school teachers.
- Special educational needs coordinators (SENCOs) (in Swedish *specialpedagoger*, literally special pedagogues).
- Special needs teachers.

The summary of findings from Lindqvist et al.'s research acknowledges the significance of value-led approaches (also identified by Anning et al., 2010), whereby different occupational groups construct an understanding of support for children with SEND based on their construction of the children's abilities, rights or deficits.

Lindqvist et al. argue that it is important to continue the 'discussions between different occupational groups regarding what inclusive education amounts to and the role of different occupational groups within a process of making education more inclusive'. They suggest that 'decisions about special needs education should involve political levels, administrators, teachers, resource staff, parents and children' (2011: 156).

Professional Training

The Lindqvist et al. study is particularly relevant to the current UK context due to the reforms of the role of the SENCO in the Children and Families Act 2014 (see Chapter 1) and the introduction in 2009 of the National SENCO award which raised the status and qualification of the SENCO role (although, as discussed in Chapter 1, this Master's level training is only available to qualified teachers, and as such leaves SEND provision within the PVI sector the 'poorer cousin' in terms of access to knowledge and expertise). Nevertheless the introduction of the National SENCO award has been perceived favourably in the field as recognition of the role's complexity. Perhaps more relevant as a reflection of the findings from the Lindqvist et al. study is the clear move towards a 'rights-based' approach to provision for children with SEND and a greater emphasis on the legal duty of LAs to ensure integrated working and information sharing with parents and carers through the publication of the local offer (DfE, 2015c).

PAUSE FOR REFLECTION

- What types of multi-disciplinary training for practitioners can benefit children and families?
- How does the integration of services support inclusion for children and their parents/carers?
- What strategies may support greater parental involvement for multi-professional teams?

Communities of Practice When Working with Children with SEND

The five Cs (Figure 9.1) can assist our concept of what may be needed in multi-agency services within and across the different specialist fields that practitioners and parents have to navigate, across the range of landscapes whether it be health services, social care or education.

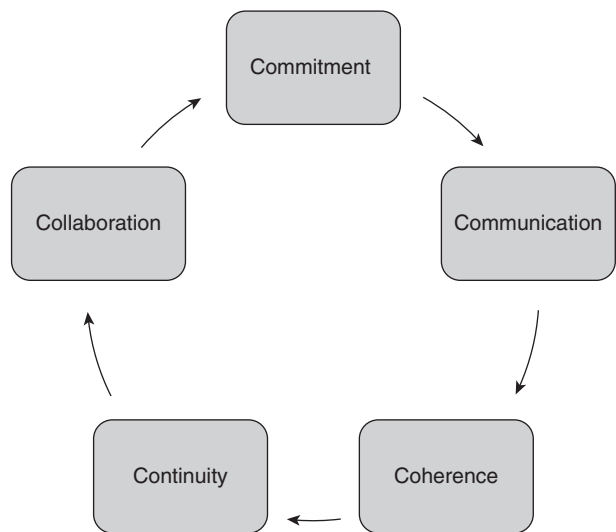


Figure 9.1 Multi-agency and trans-disciplinary approaches and opportunities

Commitment – which is underpinned by values and beliefs that all children are to be respected and to enable children with SEND to have a voice and to express their individual ways of being. This can be achieved by looking through a ‘child-rights-based’ lens moving forwards from a needs-led approach. This will help practitioners involved with the children and families to include the whole child, hence having a holistic view of the child and not just seeing the additional need or disability. This is also about the ethos of the

setting reflecting the principles that underpin your practice and the attitudes of other practitioners alongside.

The ethos of a school, nursery or Children Centre may be seen as the culture that demonstrates the emotional climate for staff and children and the ways in which goals can be achieved.

Communication – the communication process is at every level an essential part of the co-construction of trust that supports the quality of relations between practitioner and child or parent and practitioner as a continuous flow of conversations to construct and clarify what aspects of assessment, diagnosis and type of intervention are required and to review the process as an ongoing aspect of sharing information. This can be effective practice with observations, for example audio and visual accounts of the child's developmental progress and next steps. Effective practice is realised in this way through sharing information in a confidential context, following boundaries for safeguarding children and putting professional policy into practice. So in this way communication should be a democratic process that enables participation and collaboration between people including children.

Coherence – the communication within the professional agencies is one strand of many that needs to be linked to other strands so the coherence of how the intervention for the child is taken forwards and carried out is clear for all practitioners within agencies. This is also effective practice across agency boundaries so that each agency can behave as a coherent service contributing to the benefit of the family and child. This reflects the key theme above in that high-quality communication creates the conditions for overall coherence within, between and amongst practitioners and, with parents, and inclusion for the child. Creating the conditions for coherence means including all staff, showing respect, creating a community that values listening, and promotes consultation between and within staff teams. Early childhood practitioners may find themselves part of several teams working with children and their families within their centre, and also in collaboration with other settings and agencies.

Continuity – the continuity of care is another strand of quality for children's experience in early childhood and influences their potential beyond the EYFS as practitioners and parents can have a shared understanding of how and what interventions will be supported over time as the child and family circumstances change. This may be due to developmental change that has implications for practice or resources the child may need to communicate or be enabled to express their perspectives and knowledge. For example, a child may have a physical disability that restricts their movements or speech, although they have age appropriate cognitive skills and knowledge and understanding. How children's needs can be planned for includes involving the child in the process to reflect the child's views and concerns that may be different to the concerns of adults. This can be a challenge for all professional groups so that they can develop more accurate insights into the roles and

responsibilities of other disciplines who may assess and observe children from different perspectives and use different methodologies which may include the child to a lesser or greater extent.

Collaboration – the collaboration process is part of multi-agency systems and ways of working. When practitioners and researchers collaborate it means that a partnership approach is not only adopted but can reinforce the existing participation of parents, children and specialist practitioners for effective outcomes for the child and family. There are examples of collaboration in the integrated services model of how some projects work in an integrated way, bringing together the different disciplines to work collaboratively to meet the holistic needs of the child and family. This is reflected in the 2015 SEND Code of Practice.

The Team Around the Child (TAC) is an approach that has supported the improvement of multi-agency working and the Common Assessment Framework (CAF) has led to enhanced outcomes for children and families through the pre-assessment checklist to identify unmet needs at an early stage, which is used by all agencies. The opportunities are about providing benefits and relevant outcomes for the child within a person-centred approach.

Solution-focused Approaches for Goal Setting with Children in Education

The literature about children and the deficit model (Booth and Ainscow, 2004; Cousins, 2006) shows that self-esteem plays a huge part in how children see themselves as people and as learners. When children and young people are enabled to experience an inclusive education this can be supported by the use of solution-focused strategies which are essentially person-centred.

CASE STUDY UNDERPINNING PRINCIPLES

As part of a school's counselling service a school counsellor, funded by the local National Health Service Trust, was able to visit a local primary school regularly and offer counselling support to children with anxiety issues. During the therapeutic process children could decide how they would put into practice their changes by setting goals for themselves. This person-centred approach advocates the trust and belief that children can express their preferred ways of being and make changes towards improving their experience, behaviour and in most cases reducing anxieties. For children with SEND it may not be possible to change their disability; however, they can be empowered to find solutions to manage problems associated with their disability toward a solution rather than focusing on the problems. This is also the set of strategies that can be adopted in trans-disciplinary teams to reduce the historical dominant discourses of certain disciplines influencing attitudes of

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practitioners viewing and categorising children within a deficit frame. This can assist practitioners in progressing towards their professional commitment and ethics in recognising children's strengths and cultural identities as individuals in a holistic way. Nutbrown et al. (2005: 27) emphasise that unless all cultural and personal strengths of the child are valued a deficit model of the child's capabilities will be assumed, which may threaten the child's perception of their competencies and damage their self-esteem.

Meighan and Siraj-Blatchford (2003: 374) concur that 'society generates certain definitions of what the normal individual should be like, and those who fail to meet these definitions may become stigmatised'.

Looking and listening to researchers and practitioners helps us reflect on our practice to understand the importance of seeing the whole child and not to reinforce the limitations children may be faced with in their developmental journey.

The triangle of trust and relationships in integrated services can be a transformative process for adults as well as children. The triangle of trust is a shared experience that evolves through relationships and can be more significant when the mental health and emotional wellbeing of a child is affected. Children's mental health can be enhanced through the trust between parents, practitioners and children; this in turn can influence children's improved development and their learning process – when children are trusted to learn and achieve at their own level they become more confident learners towards realising their potential, having a sense of belonging and being in a learning environment that feels like they are loved (Martin, 2013).

Roberts' (2010) study also reflects the emphasis of relationships in aspects of wellbeing, especially for children under three years old. Four aspects are necessary to realise wellbeing:

Agency: a state of wellbeing is achieved through being able to make a difference, which influences how a person learns, how confident they are, whilst nurturing their self-esteem.

Belonging and boundaries: also a state of wellbeing that is indicated through how safe someone feels, feeling special and wanted, being part of what is going on around them.

Communication: a central process of wellbeing that relies on talking, listening, understanding and communicating with other people.

Physical wellbeing: which, together with communication, is a determinant of wellbeing and the basis of the other aspects.

(adapted from Roberts, 2010: 32)

The EYFS 2012 was revised in order to represent an enhanced curriculum framework with guidance for practitioners following the Tickell Review (2011).

This included the shift towards prime and specific areas of learning and development in order to assist the realisation of early learning goals and outcomes. The prime areas are the underpinning and overarching framework from which the specific areas of learning and development can be built. Children will achieve those outcomes during the foundation stage at their own level and potential is not always realised in a linear sequence. This is particularly so for some children with SEND and for children who are in disadvantaged circumstances who may have additional learning needs as a result, although for some the circumstances are not permanent and with the appropriate assessment and professional support children may realise their potential within a time-limited period.

Goal Setting for Change

It is more useful to assist children to build a detailed picture of their goals and their preferred future rather than focusing on the past or the problems that give rise to automatic thinking that the same problems of the past will still exist and never change.

The child can be helped to identify their strengths and skills and assist them in identifying how they have used those strengths and skills to find solutions to their worries or problems. For children, sometimes it is the worry that is the problem rather than an actual problem that exists; however, some children can become convinced and 'overthink' their worry and so their anxiety increases to a level that may be influencing their mental health and interrupts the learning process. Solution-focused approaches to supporting young children's mental health will include looking for the abilities of the child and not for the deficits and problems. A solution-focused approach will look and listen for what is going well. This includes the detail of how the child has managed to cope and find ways to build on their skills and strengths.

Families and parents have also some aspects that may need more support or recognition, and again the parents can be respected and helped to build on their strengths and skills, and recognise their own resources to increase their confidence and enhance their family relations, which in turn can influence the children.

De Shazer and Molnar (1987) advocate the acceptance and understanding that people do not want to be unhappy or be dependent on others for their own wellbeing, and so in this way the solution-focused theory underpins applications that practitioners (educational psychologists, counsellors, teachers and teaching assistants, health practitioners), may use with children in schools, to support them to manage change and enhance their emotional wellbeing.

Multi-agency training and CPD linked to a reflective process can increase the understanding of other professional roles and responsibilities. So in this way, training across boundaries and mixed disciplines can reduce the barriers to joint working in a meaningful way as advocates for the child with SEND and their family.

Multi-disciplinary training can provide the skills and understanding of the solution-focused approaches and applications in schools and Children Centres in future development of more integrated ways of working together. Goals must be clear, realistic and manageable; children are capable of working towards their own goals and to identify what needs to change (see Chapter 3).

Family Conference Model

The family conference model is associated with children who may be seen as at risk or have already been identified as being at risk or having been exposed to harmful experiences. Children in some circumstances will be taken into care and are referred to as looked after children (LAC). The family conference model is used by LAs and organisations like the Children and Family Court Advisory and Support Service (CAFCASS) to take forwards what may be best for the child, with family involvement alongside multi-agency practitioners coming to meet together to be advocates for the child and also consider what the most appropriate action is for the child and family.

Family group conferences are decision-making meetings that bring children and families and their wider support networks together. The process is designed to bring about solutions to the difficulties the family are experiencing by negotiation and discussion together. In principle it is to support the child and empower the child to express their voice and opinions, and the family to make decisions together that are in the best interests of the child.

The Family Rights Group (n.d.) refers to the New Zealand model for family group conferencing which has influenced the development of the models in England and Wales. Professionals from multi-agency teams in New Zealand initiated a solution-focused approach to enable and empower communities and multi-agency support services to work together and find solutions with families and children in social and culturally sensitive and responsive ways. This reflects the Maori culture, and is a strengths-based model. A range of health, education, psychology and social work practitioners may also attend these family group conferences to be advocates in the process, especially where the progress of the future child and family is emergent and positive outcomes and decisions can be made together.

PAUSE FOR REFLECTION

- What may be the impact of multi-agency working on your future work as a practitioner in your particular discipline?
- In what ways could you contribute to multi-agency working in the future, within a school or with other agencies or professionals?

Creating a Listening Culture

Multi-agency work with children and young people is positioned within a person-centred framework which is promoted through the assessment and review processes described earlier. Person-centred approaches reflect the theory base of Carla Rinaldi (2006) and Loris Malaguzzi (1993), educationalists and advocates of the child-centred Italian preschools of Reggio Emilia which advocate creative and experiential approaches, focusing on children's rights to an inclusive educational

experience rather than a needs-based or compensatory model. This right-based approach is emerging within the UK legislative context (see Chapter 1), although the embedding of such child-centred philosophies requires professional commitment alongside legislative requirements. Creating an authentic, multi-modal listening culture is also relevant to ensure that children with complex needs are supported and when advocating for their voice to be heard.

Ways of Seeing – Social Constructions of Children

Children that attend more than one setting or are in transition between home-based care with child-minders, nursery or a child development centre, for example, was a focus of research by Nind et al. (2011). This identified the social constructions of individual children and their identities in that there were shared perceptions by different staff across settings about the children, although some elements about the role of the learning environment and the culture of inclusion influenced the ways in which children can be socially constructed in the categorisation of special needs in English early years provision. Boggis (2016: 1) argues:

If we are to work towards a more inclusive society, cultural changes are necessary. It is therefore essential that early years practitioners take time to challenge existing practice, critically consider opportunities for change and develop practice in order that the outcomes and life chances for young children with SEN and or disabilities can be improved.

Learning through empirical evidence of how children are experiencing their childhoods is challenging how we conceptualise childhood. Children are not simply learning and practising to exist for the future, they are also socially active members of their families, communities and societies in the here and now.

Valuing young children's varied language repertoire is part of the listening to young children approach through RAMPS, a set of principles for valuing young children's perspectives in research and participation (Lancaster and Kirby, 2010), challenging the deficit model.

RAMPS PRINCIPLES

- **Recognising** children's rich language repertoire
- **Allocating** spaces that enable children to articulate their perspectives of their experiences
- **Making** time so children can participate fully
- **Providing** children with genuine choices
- **Subscribing** to reflexivity

Goleman (1995) identifies seven 'ingredients' that are essential for children to become confident learners and which will underpin their capacities to learn across a range of cross-curricular areas through opportunities to practise:

- Confidence.
- Curiosity.
- Intentionality.
- Self-control.
- Relatedness.
- Capacity to communicate.
- Cooperativeness.

CASE STUDY USING DRAWINGS TO ARTICULATE FEELINGS

An effective strategy to support children to explore their feelings is through annotated drawings. These can be a useful way for children to articulate their frustrations and anxieties and make these 'visible' to adults. For example during a CAMHS session with a multi-agency team, Child A explored his feelings of anger towards his sister. His drawings reflected that he was aware that he could reduce his anger through 'ignoring my sister', then telling an adult like his Mum or Teacher; so an alternative to hitting was found and an appropriate solution considered. Child A's drawings of him counting to 10 demonstrated his realisation that he could do something other than wait or continue to feel aggravated when his sister teased him. In other words, his drawings of his responses to the teasing from his sister suggested that he knew that if he was able to wait long enough to manage the impulse to hit his sister; it will eventually disappear. Furthermore, the drawings suggested that Child A understood the concept of the inner and outer self and awareness of several perspectives of others in one situation, and several sources of information at the same time. So in this way Child A was able to de-centre which revealed his emotion knowledge and self-regulation. Child A was able to identify strategies to help himself make the changes and use scaling exercises to monitor his own experience and map it visually on a scale from 0 to 10 which is often used in solution-focused approaches. In this way Child A could select and make choices about how he would take his next step and this increased his abilities to reflect on his own learning, leading to changes in his behaviour, therefore enhancing his self-regulation and benefits to his sister and peers. Child A was able to reflect upon the drawings in his sessions to talk about how he would reduce his aggressive outbursts and explore 'what if?' in a safe place where he was confident to share his perspectives and take risks without judgement or criticism. The scaling exercises and goal setting were helpful and he was able to understand how these could support his progress. At the end of the term, again using the medium of drawing, Child A showed his delight at being with his family on a day out with all happy moments with his sister and the rest of the family so he was able to create positive memories with his sister as a result of his enhanced self-regulation.

PAUSE FOR REFLECTION

- Who might be the multi-agency professionals working to support Child A and his family?
- How might different professionals have divergent views on the child's participation in the assessment process?
- What might be some of the challenges presented by these divergent perspectives?

Child and Adolescent Mental Health

Children's mental health is of increasing concern, even within the early years sector. Data from *Young Minds* (2016) suggests that 1 in 10 children and young people aged 5–16 suffer from a diagnosable mental health disorder (i.e. around three children in every class), so child and adolescent mental health services are often vital contributors to multi-agency teams. In addition, the link between poverty and health inequalities (Marmot, 2010) has been well-established, as has the increased likelihood of families with a child with a special educational need or disability living in low-income families (Children's Society, 2012). Therefore multi-agency teams may consist of more than health and education professionals, and may include family outreach workers or social workers who are concerned with the impact and influence of external economic and structural factors on positive health and education outcomes for children with SEND.

It can be seen from the discussions above that within any multi-agency team, the importance of having shared values and a common commitment to achieving positive outcomes for children with SEND and their families is of paramount importance, regardless of the individual professional disciplines of the contributors. Increasingly, the relationship between health, disability, social inequality and educational outcomes is being recognised, and it is no longer possible for these outcomes to be disassociated from other external and structural influences upon children's lived experiences.

PAUSE FOR REFLECTION

- In what ways do children represent their feelings and thoughts?
- Consider how you can enable children's voices in different modes and symbolic representations.
- Children with SEND may need to 'speak' and make their representations in different modes. What may be helpful to support children's voices through a range of electronic media in addition to paintings and drawings?

CHAPTER SUMMARY

In this chapter we have considered some of the opportunities and challenges for multi-agency working and recognised the complexities and barriers to learning for children with SEND. We have also considered how policy and practice change to meet the requirements for provision for children with SEND in the early years, for example the recent SEND Code of Practice (DfE, 2015c). A key focus for this chapter was the importance of creating a listening culture with solution-focused ways of working to support children and their families. Finally, we have considered how children can take responsibility for their learning through child-centred approaches.

Suggested Further Reading

Anning, A., Cottrell, D., Frost, N., Green, J. and Robinson, M. (2010) *Developing Multi-professional Teamwork for Integrated Children's Services* (2nd edn). Maidenhead: Open University Press.

This book offers a clear and precise summary of some of the key opportunities and challenges associated with multi-professional approaches across a range of professional disciplines.

Gasper, M. (2010) *Multi-agency Working in the Early Years: Challenges and Opportunities*. London: Sage.

As the title suggests, the key factors affecting the effectiveness of multi-agency approaches in the early years context are discussed and considered in this book.

Aubrey, C. (2014) *Leading and Managing in the Early Years*. London: Sage.

Chapter 8 of this book provides a particularly useful account of some of the complexities and challenges faced by leaders of integrated centres (Children Centres) striving to lead and manage multi-agency teams.