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Multi-agency collaboration and service provision in the early years

This chapter examines ways in which professionals from health, education and social services can work together to provide a quality service for young children with ASD and their families. It gives a brief overview of the sorts of services that may be available and the advantages and disadvantages of each.

Multi-agency support

ASD can affect many aspects of the child's and family's life. It is possible that a family may have seen in excess of 20 professionals by the time their child is 5 (DfES, 2002). General practitioners and health visitors might be the first to hear of parental concerns. This can lead to the involvement of professionals such as speech and language therapists (SALTs), clinical psychologists, occupational therapists and paediatricians.

Sometimes social services take the responsibility of assessing the family's needs and arranging short breaks or support workers/helpers for the child. Once the child is approaching school age, more education-related professionals will be introduced – educational psychologists and advisory teachers. Throughout the process, the family may also be involved with voluntary organisations and support groups. With the potential involvement of so many people, clear communication between agencies is critical, to avoid repetition and confusion.

Effective collaboration

Each agency will have its own management structure, policy documents and funding arrangements. This can often make collaboration and the sharing of information difficult. Certain legislation, such as the Children Act (2004) assists by setting out the responsibility of councils to provide services to children in need and their families to safeguard and promote their welfare. Local councils have a duty to work in partnership with families to provide those services to best meet needs. They also have a duty to set up and maintain a register of disabled children and publish information. The emphasis on Children's Services within the Act will impact on joint planning across agencies. A multi-agency web-based toolkit produced by DfES (2003) to assist in the process can be accessed from www.everychildmatters.gov.uk/multiagencyworking.

Local education authorities (LEAs) across England, Wales, Scotland and Ireland have been issued with a Code of Practice for children with additional needs which stresses the importance of multi-professional/multi-agency collaboration. The Education Act, Section 322 (1996), states that health authorities, subject to the reasonableness of the request and available resources, must comply with a request for help from an LEA for children with special educational needs, unless they consider it is not necessary for the exercise of their functions.

Government initiatives such as Sure Start, Children's Fund, Neighbourhood Nurseries and Early Excellence Centres work to support families and young children and emphasise the importance of the early years' development (NIASA, 2003). Lacey (2001) suggests that agencies are committed to working together and have strategies, such as bringing together joint committees, departments and teams with joint budgets.

Lacey (2001, p. 21) gives the following collaborative practice ideas:

- **Contracts and job descriptions** – to aid clarity and purpose in relationships between services.
- **Meetings** – giving teams the opportunity to talk and plan together and work alongside each other.
- **Structure** – facilitating meetings and joint working; encouraging the imaginative and flexible use of a professional's time. For example, using support workers to carry out daily speech and language therapy programmes under the weekly supervision and guidance of the SALT.

- **Key worker systems** – the appointment of a key worker or core team member who takes the responsibility for meeting the needs of individual children using other members of the team in a consultative role.

Local area ASD co-ordinating group

NIASA (2003) discovered that many local areas have some form of ASD planning or special interest group in response to the growing awareness of the needs of children with ASD and the level of demand for local services. They recommend the development of a multi-agency co-ordinating group to oversee setting up of local ASD services. The group will be made up of representatives from local parent and voluntary services that provide multi-agency assessments (MAAs), ASD interventions and support services.

Membership could include:

- representatives from local parent and voluntary services
- strategic managers from health, education and social services
- the named senior clinicians (or representatives) from health, 'local area based service': primary care trust lead.

And the following professionals with ASD expertise:

- lead child health clinician and child development service manager of special needs register
- lead clinician – Child and Adolescent Mental Health Services (CAMHS)
- lead clinician – Community Learning Disability Services
- Speech and language therapists
- Occupational therapist
- Educational psychologist and/or LEA SEN officer
- Clinical psychologist
- Specialist teacher
- representative of therapeutic services (e.g. psychotherapy, music therapy)
- liaison health visitor
- ASD support worker and/or social services representative
- Administrative co-ordinator.

The **responsibilities** of the group should include:

- Liaison with and advice to local commissioning agencies.
- Local area training in ASD for all local community groups. The quality of the training should be monitored and/or externally validated and the training should meet agreed standards for different types and levels of training as set by national negotiation.
- Maintenance and supervision of the ASD database and special needs register.
- Auditing effectiveness of local identification, diagnosis and intervention services.
- Co-ordination of service planning and new developments informed by 'local' clinical need.
- Supporting provision of funding for, and access to, tertiary clinical services and establishing close links with specialist services to meet tertiary clinical needs.
- Co-ordination of academic and training links with a regional network to ensure that new developments inform local area practice. This is required at all levels from community-wide ASD awareness to specific diagnostic assessment practices employed and the portfolio of intervention expertise required within the local area.
- The development and planning of specific support/intervention within both specialist and mainstream settings on a local or regional basis.

CASE STUDY

Islington has a number of under-5s places for children with ASD that are defined as 'special' or 'additionally resourced' either in special schools or in an inclusive setting. The places are allocated in a co-ordinated multi-agency way. The Multi-agency Planning, Placement and Provision panel, an under-5's Advisory Group, brings together representatives from health, social services, education and providers. The group considers the needs of the children and information from parents/carers and jointly decides how needs can be met. Each child's case comes to the group following a referral from the Child Development Team. They will have also been assessed by an educational psychologist. The group matches needs to provision and makes

two or three recommendations to parents. The group will reconsider and attempt to offer alternatives if the family are not satisfied.

This service prevents a fragmented system and aims for rationality and the global view, taking into account all the professionals and agencies.

(From ASD Good Practice Guide – Early Years Examples www.teachernet.gov.uk)

REFLECTIVE OASIS

Consider a child you are working with.

How many other agencies/professionals are involved in meeting his/her needs?

What systems are in place to ensure that there is effective communication between all parties and that repetition and confusion are avoided?



Educational placement in the early years

The range of placements will vary across local authorities. Choosing the right educational placement can be difficult for parents, and service providers need to work together to help them make the right decision based on individual need – there is no ‘one size fits all’ solution. Parents might be influenced by the environment – is it a new build or does it look rather shabby? They might be concerned for the health and safety of their child. How many staff are available to help individual children? Professionals will need to be very sensitive to these concerns and appreciate that parents are only seeking what they consider to be right for their child.

Special schools specifically for children with ASD

Some LEAs have schools that cater for children with ASD, occasionally with residential provision. Private schools of this type also exist across the UK. The teaching staff will usually have a specialist knowledge and understanding of ASDs. Their professional development is predominant taken up with

ASD issues. Wall (2004) states that the school environment would revolve around daily routines, structure and visual clues. This offers reassurance and comfort to the children, enabling them to maximise their learning potential. Unfortunately, such schools may be situated far away from the child's home, separating them from their local community.

Special schools

Special schools cater for a wide range of additional learning needs. Classes are usually small and have a good pupil:staff ratio. Staff may not necessarily have had training in ASD. In this setting, children with ASD might find it difficult to cope in a class where there are high demands from other children. They may find noise levels distressing and may not have appropriate peer role models to encourage opportunities for social communication and interaction.

However, special schools vary in their policy and curriculum delivery and some may have special classes for children with ASD. In this instance, it is likely that staff would have had training in ASD-specific teaching strategies. Once again, such a placement may take a child away from the local community and parents might also feel isolated if they do not belong to a local family support group.

Resource bases attached to mainstream schools

Many LEAs have made provision for children with ASD in the mainstream primary school. This may still mean being educated outside of their local area. The resource bases will usually have appropriately qualified staff and the structures, routines, curriculum and environment to maximise learning potential. Opportunities for children to participate in the life of the school would be carefully planned and based on individual need and tolerance levels. Ideally, all staff outside the base will have a knowledge and understanding of ASDs.

Mainstream schools and early years settings

Many children with ASD have their needs appropriately met in their local mainstream provision. For early years, this would usually be in the nursery class on either a full- or part-time basis and then later in Reception class. In

some instances, children may have access to a full/part-time support worker/teaching assistant. Wall (2004) points out for more able children with ASD such a placement can be highly successful provided that staff are suitably trained and are flexible in their approaches. The placement would also have benefits for other children in the class, giving them a clearer understanding of individual differences.

Assessment centres

Such centres are designed to be short-term placements where children undergo a detailed assessment in order to inform long-term planning. Any movement from this sort of placement to another following assessment would need to be considered well in advance. Assessment centres are not ASD-specific and so the issues would be the same as for the special school.

Home-based programmes/applied behavioural analysis centres

Some parents fight for their child to be educated using a particular approach or intervention. These approaches are discussed in Chapter 10.

Thoughts for early years providers

In terms of early years provision, it is crucial that service providers consider:

- all children with ASD are unique and so any placement/intervention should be based on individual need
- staff involved should be adequately trained
- specialist input may be needed from a range of providers
- parents should be fully informed about their child's provision via regular meetings, telephone calls and home-school diaries
- information leaflets and letters provided for parents should be and written in clear, jargon-free language(s)
- the child's learning targets should be reviewed regularly
- where a number of practitioners are involved in the learning process there should be clear lines of communication and consultation
- any transition from one service to another should be carefully planned.

CASE STUDY

Working together in mainstream schools to meet the needs of children with ASD

Some mainstream schools in Rhondda Cynon Taff have taken part in Autism Cymru's Inclusive Schools and ASDs Research and Training Programme. As part of the Programme, all staff undergo awareness training of ASDs and carry out an audit of their school environment to ascertain whether or not it is 'ASD friendly'. As a result of the audit, schools recognised the importance of making special arrangements at break times and lunch times for pupils with ASD and the need to think creatively about creating a 'safe haven' for pupils to reduce stress levels. Examples included the use of a library area with cushions and blinds for relaxation and a screened-off part of the classroom with a bank of relaxing resources to accommodate individual sensory preferences.

REFLECTIVE OASIS

Make a list of the strengths of your early years setting for a young child with ASD.

Then consider the shortfalls in your setting.
What can you do to improve things?

Points to Remember

- Multi-agency collaboration is crucial in the delivery of high-quality services
- Professionals should work closely with parents and be sensitive to their requests
- A number of educational placements can exist for young children with ASD – there is no 'one size fits all'
- Staff working with children with ASD should be suitably trained in order to meet their needs