MAT Handbook

Hackney Pathway to Early Help - updated January 2017

MAT Handbook

Contents

Introduction

What is MAT?

MAT is a children's centre Multi-Agency Team meeting, attended by a virtual team of professionals from different agencies, who work together to coordinate and monitor family intervention, in order to prevent fragmented service delivery. Messages from research, cites the impact on children's subsequent life chances when agencies fail to work together:

- Children may slip through the safety net when information and concerns are not shared on a need to know basis, or passed appropriately between agencies;
- Several agencies may be involved with a family, but no one person or agency holds the information, or coordinates services;
- Several agencies may be spending money on the child, rather than one agency coordinating a package of support to make the best use of public resources.

The purpose of MAT is to provide:

- Early identification of need; family strength and support network, underpinned by the Common Assessment Framework (CAF) and Hackney Wellbeing Framework;
- Quick and easy access to expertise and flexible services, avoiding bureaucratic processes;
- A lead professional to hold and support the family;
- Packages of support or coordinated services to achieve clearly defined child outcomes; and
- Monitor and review the support and outcomes before closing cases.

Access to MAT:

- Families can access universal or targeted services without being referred to MAT.
- Families should be referred to MAT where there are two or more agencies involved with the family with children under 6 year's.
- Families should be referred to MAT using the CAF or Core Assessment with written parental consent.

For more information about MAT please see Protocol for Children's Centre Multi Agency Team (MAT) Meeting leaflet.

The processes identified in the MAT Handbook are subject to change and will be updated when required.

The MAT Process

The MAT meeting and local processes are the responsibility of the strategic children's centre Head of Centre. This means that the ultimate responsibility for anything that takes place in the meeting, sits with the Head of Centre. Where the Chair is not a member of the children's centre team and is, for example from another organisation, responsibility for families that are discussed by MAT still rests with the Head of Centre. The purpose of the MAT meeting is to co-ordinate and review family intervention. In depth discussions should take place outside of MAT in either a Team-Around-the-Family and or a professionals meeting.

Hackney Learning Trust Early Years team, is accountable for the structure, systems and governance that underpin practice; and for quality assuring the administration and outcome of MAT. Hackney Learning Trust will appoint and supervise the Quality Improvement Partner-Family Support, who will Chair the MAT meeting and work collaboratively to manage risk, by overseeing the practice of the family support team and providing advice and guidance to agencies to ensure that Child Protection concerns are identified and escalated for statutory intervention.

Pre-MAT Tasks and Actions

1. A signed CAF or Core Assessment should be sent to the MAT Co-ordinator 7 days before the meeting, to enable all the relevant checks to be completed in time for the meeting. CAFs or Core Assessments received after the cut-off date will automatically be put on a future MAT agenda unless the triage handoff report has been received.
2. A Common Support Framework (CSF) request will be completed by the MAT Co-ordinator and passed to the FAST (First Access and Screening Team) (MASH – multi-agency safeguarding hub) who will undertake checks on whether the family is known to statutory services.
3. The handoff report will be returned by FAST (MASH) to the MAT Co-ordinator who will send the handoff report to the MAT Chair, who will in turn share relevant information from the handoff report with the children's centre managers.
4. CAF's must be read by the MAT Chair and the children's centre manager with responsibility for MAT prior to the MAT meeting.
5. The information in the assessment form must be checked to ensure that there is sufficient information for a MAT meeting discussion to take place. If there are anomalies or insufficient information in the referral, this will be requested from the referrer before the family is put on the agenda for discussion.
6. The MAT agenda must be circulated to relevant MAT members 3 working days prior to the meeting to check against their organisations records, to ascertain the agencies involved and whether the family are known to them, to enable them to participate in the discussion about the family.
7. Relevant and appropriate information held by agencies about the family must be brought to the meeting on a need to know basis.
8. The file for families transferring from one cluster MAT meeting to another cluster must be transferred with a copy of all case notes and assessments; and an updated CAF.
9. No family will be discussed at MAT without the assessment being submitted to the children's centre in advance of the MAT meeting.
10. No family will be discussed at a MAT meeting without a signed CAF giving parental consent unless there are concerns of Child Protection in which case a referral should be made to children social care.
11. Where there is no parental signature, the CAF cannot be accepted and the MAT Chair must follow this up with the referrer.

12. The Chair must prepare chairs notes prior to the meeting and share this with the minute taker and core members during the meeting. The chairs notes must be collected at the end of the meeting.
13. From March 2016 the Chair will receive MAI (multi-agency information) hand offs from FAST following the screening of contacts, when they have assessed that the family would benefit from MAT early help. MAI hand offs are not a referral and **MUST NOT** be discussed at MAT until parental consent has been received on a CAF (Common Assessment Framework) (For full details of MAI process please see page 4.)

Documents acceptable to the MAT process:

- The Common Assessment Framework (CAF)
- Core Assessments not exceeding 6 months old

CIN or Child Protection Plan along with the closing summary where there is no Core Assessment

During the MAT Meeting

- The Chair must take notes of the actions identified in the meeting using the standardised template (See Appendix 3)
- All actions must be summarised by the Chair for the minute taker
- The MAT meeting must identify the level of need for the family using Hackney's Wellbeing Framework and Barnardo's Domestic Violence Scale. (See Appendix 2)
- The MAT meeting must identify the child and family outcomes (not service outcomes) and these will be displayed on the front of the Case Notes (See below)
- The vulnerability codes should be identified at the start of the meeting for new cases
- The start risk code should be identified at the beginning of the involvement of the MAT and not changed until work has ceased with the family
- The closing risk code should be added when the case is closed. (See Appendix 5)
- The total number of children in the family who received intervention whilst open to MAT should be identified when the case is closed

Managing Complaints

All complaints' in the first instance should be resolved locally by the Head of Centre within 5 working days. If the Head of Centre is unable to resolve the complaint, it should be escalated to the Strategic Manager Children's Centre Services at Hackney Learning Trust who will manage the complaint in accordance with LB Hackney complaints procedure**.**

The MAI Hand off process.

Commencing Monday 21st March 2016 FAST (First Access Screening Team) will hand off to the MAT team following the screening of contacts, when they have risk assessed that the family would benefit from MAT early help. This information is sent to MAT administrators in the following format only:

- MAI form inclusive of family research (i.e triage check) if the triage information is not detailed within the MAI form it must be sent back to FAST.

MAI is not a referral and MUST NOT be discussed in MAT until parental consent has been received on a CAF

Receiving a MAI handoff

1. The MAI form inclusive of family research (i.e triage agency check) is sent to the MAT administration team.
2. The MAI and triage check are forwarded to the MAT chair for the Cluster in which the family lives.
3. The MAT administration team adds the MAI as a new case to the next MAT agenda. This must appear on the agenda as an MAI (See appendix 10 for administration process)
4. Once received the MAT chair must allocate within 5 working days to a professional from the MAT team or other children's centre professional to carry out a home visit to the family to complete an initial assessment using the Common Assessment Framework (CAF) within 2 weeks.
5. When allocating to Family Support the MAI must be sent to the Family Support Senior and Head of Centre to allocate within 48 hours.
6. When allocating to midwifery the MAI must be sent to the Public Health Midwife.
7. When allocating to Health Visitor the MAI must be sent to **ALL of the following:**
    - the named Health Visitor for the child if known
    - The health visiting MAT Lead for the Cluster
    - The Cluster Health Visiting manager
8. At the next MAT meeting the MAT chair can check progress of the MAI BUT MUST NOT DISCUSS THE FAMILY during the meeting. The MAI is on the agenda as a prompt to remind the MAT chair that an assessment has been requested and is still outstanding.
9. The MAI will continue to stay on the agenda of two subsequent MAT meetings until an assessment has been carried out and a CAF referral to MAT is completed or, it is decided that a referral to MAT was not appropriate. Delays must be escalated to the relevant agency lead, copying in the Strategic Lead for Children's Centre's.
10. Outside of the MAT meeting the MAT chair must continue to track progress of the MAI and follow up with the professional allocated to complete the CAF. An outcome must be agreed for the MAI no later than one month after receipt of the MAI.
11. In the event that the case does not come to MAT the MAI must be sent back to FAST informing them what has happened copying in the MAT administration team who will keep a record of the email.
12. If and when a CAF is completed it must be sent to the MAT administration team copying in the MAT chair and will be processed using the usual MAT referral process.
13. At the MAT meeting the MAT chair must inform the minute taker of the outcome of the MAI to ensure the Capita One database is kept up to date.
14. Possible outcomes for a MAI hand off are:
    i. MAT – when a CAF is completed and the case is accepted at MAT
    ii. CCU (universal children's centre) – When a CAF is not completed but families are referred to access universal services in children's centre's (FAST must be notified)

iii. CSC – (Children's Social Care) – When further assessment or new circumstances highlight a need for statutory intervention and the family have been referred back to FAST.

iv. YH/ CYPPP (Young Hackney / Children and Young Peoples partnership Panel) – when interventions required are for older children in the family and they have been referred to this agency.

v. Non engagement which FAST must be notified of.

The Role and Responsibility of the Chair

The MAT meetings and processes are the responsibility of the Head of Centre and leadership team in the strategic children's centre. This means that the ultimate responsibility for anything that takes place in the meeting sits with the Head of Centre. Where the Chair is not a senior member of the children's centre and is, for example from another organisation or a Quality Improvement Partner – Family Support, the responsibility for families that are discussed by MAT rests with the Children's Centre. The Chair is required to:

- Ensure that the voice of the child is heard and this is evidenced.
- Manage all aspects of the MAT meeting, including agenda setting, chairing of meetings, agreeing minutes and monitoring actions to be taken. The MAT Chair will be supported by the Extended Services Manager or Head of Centre
- While chairing the MAT meeting, the Chair should:
    1. Set out its purpose for all participants and ensure that participants are given adequate opportunity to express their views.
    2. Ensure that expectations of parents and the outcomes required to cease MAT involvement are set at the initial meetings and are made clear to all parties. Set a timeframe for these outcomes to be met.
    3. Make a decision about whether the discussion should be reconvened when the information available, is insufficient.
    4. Identify timescales for the cases to be brought back to the meeting
    5. Ensure that the actions, with identified professionals, agencies or organisation are clearly identified with each action having its own completion date.
    6. Ensure that all previous actions have been completed and where they have not been completed, identify processes to rectify that situation.
    7. Take accurate notes during the meeting using the template. (see Appendix 3)
    8. Respond to issues of dissent and to make the final decision about the MAT plans for the child and family.
    9. Ensure the confidentiality of the families discussed unless there are safeguarding concerns.
    10. Ensure timely management of cases and meetings. Where necessary identified issues are best discussed outside of the MAT meeting.
    11. Identify if families meet the Troubled Families criteria and notify the Troubled Families team accordingly (see MAT & Troubled Families Pathway).

- Ensure the electronic record is up to date in light of the MAT meeting decision.
- Contribute to, and provide leadership on, inter-agency co-operation in terms of the MAT process especially safeguarding.
- Hold to account individuals and organisations not undertaking agreed actions.
- Oversee complaints process and be involved when the need arises.
- Ensure full participation of all members and record those members that have not contributed.
- No case should be heard at MAT unless a triage handoff report has been received (Core Assessments do not need a triage handoff and should have sufficient information about risk and vulnerability).
- Meetings should not exceed 2 hours.

Personal Characteristics of the MAT Chair

It is important that MAT Chairs demonstrate the depth and knowledge of Safeguarding and Child Protection practice. Chairs will need to exercise excellent judgement when initiating challenge to safeguarding concerns and maintain a child centred focus.

Chairs will need to be able to garner support from people and organisations to influence outcomes.

- In particular Chairs will be required to demonstrate:
  - Broad knowledge, experience and commitment to the children's centre agenda of early intervention and improving outcomes for children and their families.
  - At least 2 years' experience of Child Protection work and risk management.
  - Knowledge and practical understanding of Children Act (1989) (2004) and related legislation and guidance such as Working Together to Safeguard Children.
  - knowledge of services and intervention available for children and their families in Hackney and local strategic partners
  - Experience of working with children and families assessed as being in need.
  - Current knowledge of safeguarding, policy and procedure.
  - Capacity to support individuals, staff and other professionals, through the MAT process when required
  - Be able to chair meetings competently.
  - Supervisory skills and experience.
  - Maintain open dialogue with children's and adult services.

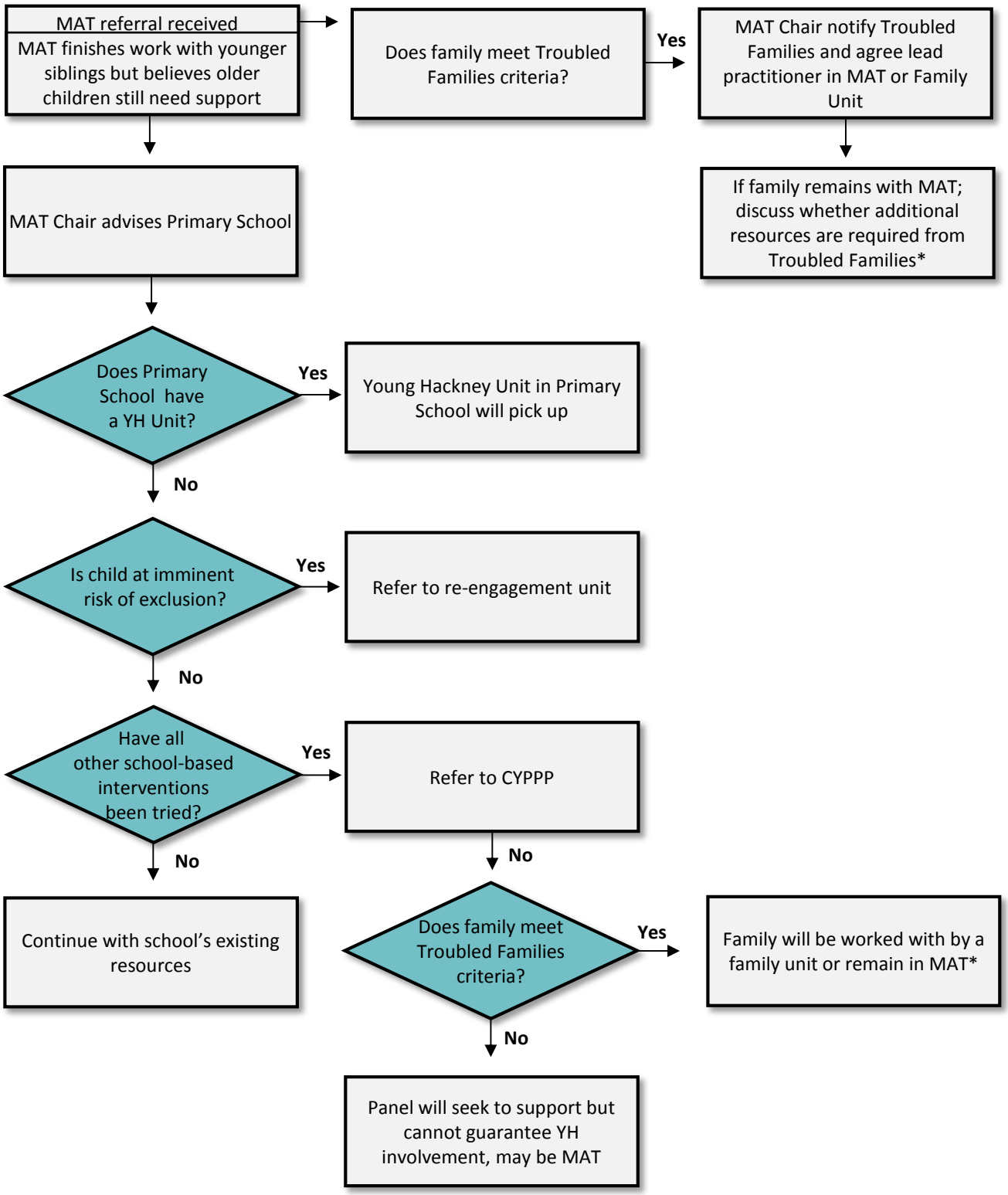
The Role of the Children's Centre MAT Co-ordinator and Common Support Framework Assistant

The Children's Centre MAT Co-ordinator and Common Support Framework Assistant:

- Share data in accordance with data protection guidance.
- Liaise with the MAT Chair, MAT members and others working with families being discussed at MAT.
- Upload the information into the CAPITA ONE database and attach a copy of the CAF or Core Assessment and triage handoff report for the child.
- Check whether the family is on the E-start system. If the family are not on the system or the details are incorrect then the family are added. The family will have a MAT activity added to them.
- The Common Support Framework information is to be stored and updated by the Common Support Framework Assistant.
- The Common Support Framework information is to be completed on the handoff log.
- Send MAT Chair CAFs or Core Assessments etc. received direct from referrer that the MAT Chair may not be aware of, in advance of the MAT meeting and send copies of the triage handoff report.
- Prepare the agenda for each meeting alongside the MAT Chair.
- Circulate the agenda and case notes to the Chair for checking; and then to all the identified MAT members, when approved.
- Produce the documentation for each of the MAT meeting; case notes, agendas for the current meeting.
- Allocate time slots in partnership of the Chair for those presenting new cases, to ensure that presenters do not sit through the entire meeting hearing information about families they are not working with.
- Attends MAT meetings and takes notes.
- Notifies the MAT meeting or Head of Centre of any planned absences. (Please see page 21 " In the absence of the children's centre MAT co-ordinator " for more information.) Liaise with professionals to ensure the correct information is on the system. This can include sending out additional information. The MAT Co-ordinator or Common Support Framework Assistant is not responsible in ensuring the professionals have completed their tasks or following up when they have not.
- Information sent out by the MAT Co-ordinator or Common Support Framework Assistant must be encrypted.
- Information must only be sent to the identified professionals.
- If the MAT co-ordinator is unsure about the professional requesting information, they must take the details of the person requesting the information contact the strategic children's centre lead.
- If the MAT Co-ordinator is unsure about the organisation they should contact the MAT Chair before any information is sent out.
- Check when required by the MAT Chair if families are known to the Troubled Families team.

MAT, CYPPP & Troubled Families Pathway

Flowchart of process when MAT is working with or has completed work with family with children aged 0-5 where child, children or sibling in Primary School have ongoing difficulties that require support at Universal Partnership Plus level or family meets Troubled Families criteria



NB * Troubled Families will track and monitor outcomes

The Responsibility of MAT Members

All members attending MAT meetings

- Are required to sign the attendance and confidentiality statement.
- Are required to attend the meeting regularly, punctually and with the relevant information.
- Are required to maintain confidentiality of the families discussed and share information on a need to know basis.
- Check agendas and Case Summary Reports to make sure they are aware of the families to be discussed at the next meeting; and discuss these families with their colleagues to ensure they have up to date information to feedback at the meeting.
- Read all case notes before the meeting.
- Contribute their professional knowledge and expertise to discussions on all children.
- Feedback information from MAT, to their organisation regarding discussions and required actions.
- Act as a champion in their organisation for families attending the MAT meeting and for the MAT process.
- Seek clarification on issues in advance of the MAT meeting.
- Send apologies to the MAT Chair and where appropriate send a replacement.

Members presenting cases at MAT

Are required to:

- Gain written consent from the family.
- Fulfil their organisation's requirements before discussing the family at MAT.
- Must submit the CAF or Core Assessment at least one week prior to the MAT meeting to enable all checks to be completed before the meeting. In the absence of a Core Assessment is some circumstance MAT will accept a CIN or CP Plan along with the closing summary (This will be recorded on CAPITA ONE as a Core Assessment).
- Research as much information about the family, inclusive of strengths as well as needs.
- Update the MAT meeting on the progress of actions.
- Presentations in the MAT meeting should include:
    - Names of the child, make-up of the family, reason for bringing the case to MAT, what the family hope to achieve from the MAT process, types of vulnerability the family have identified (Appendix 1), any additional circumstances that are relevant to the support that MAT could offer.
- Keep copies of the CAF, Core Assessment or case notes as part of their case record keeping
- Where the family move to another cluster and there is need for on-going support, they must be presented to the new cluster by the Lead Professional, Family Practitioner or MAT Chair within 4 weeks. (They become the responsibility of the new MAT).
- Follow their internal policies in terms of updating relevant members of your organisation.

Professional not attending MAT with families at MAT

- Professionals who have representatives from their organisation that attend MAT need to ensure they have the information about the actions for their families.
- Where the organisation does not have representatives at MAT, the MAT Chair should update the professional on their actions.

People attending who are not identified as a MAT member

- Each MAT meeting must have a list of identified core MAT members.
- If the identified member is unable to attend the meeting, they should inform the MAT Chair of the person replacing them. If this is not possible, before the meeting then the person replacing the regular member should make themselves known in advance of the start of the meeting.
- If a MAT representative wishes to bring someone else to the MAT meeting, or an individual has been directed to the MAT meeting by their organisation, they must seek the permission of the Chair, Head of Centre or Strategic Manager Children's Centre Services, prior to attending.
- The MAT Chair must check the identity of non-MAT members.
- Representatives attending MAT to present new cases should leave the meeting after presenting their case.

The Lead Professional in Hackney and MAT

These activities are a requirement for the Lead Professional in the MAT process.

The Lead professional is responsible for:

- co-ordinating the Team Around the Child (TAC) or Team Around the Family (TAF) meetings;
- completing the goal based assessment or identifying the best person to do so;
- contacting all other professionals working with the family if contact has not been made with the family;
- keep the family up to date on discussions and relevant information; and
- Informing the family of the closure of the case to MAT, unless it has been agreed that another professional is best placed to do this.

The lead professional is the one practitioner who takes a 'lead role' to ensure that front-line services are co-ordinated, coherent and achieving intended outcomes.

This way all children and young people and their families who require integrated support from more than one practitioner should experience a seamless and effective service.

Background

Every Child Matters: Change for Children (2004) set out an agenda for integrated front-line services, including the role of the lead professional.

The statutory guidance on the Children Act 2004 (S10: interagency co-operation and S11: safeguarding and promoting the welfare of children) sets out clear expectations for the implementation of the role.

What is the role of a lead professional?

The lead professional is not a new role. Instead, s/he deliver **three core functions** as part of their work:

- act as a single point of contact for the child or family;
- co-ordinate the delivery of the actions agreed; and
- reduce overlap and inconsistency in the services received.

A lead professional is accountable to their own agency for their delivery of the Lead Professional role.

The lead professional is not responsible or accountable for the actions of others.

Who will lead professionals work with?

Lead professionals work with children and young people and families with additional (including complex) needs who require an integrated package of support from two or more agencies.

Who should be the lead professional?

This role can be taken on by different types of practitioners in the children's workforce. This is because the skills and knowledge required to carry out the role are similar, regardless of professional background or job.

What skills and knowledge are required in a lead professional?

Lead professionals need the knowledge, competence and confidence to:

- develop a successful and productive relationship with the child and family, and communicate without jargon;
- organise meetings and discussions with different practitioners such as TAF, or TAC;
- use the Common Assessment Framework and develop support plans based on the outcomes;
- co-ordinate the delivery of effective early intervention work and ongoing support;
- work in partnership with other practitioners to deliver the support plan.

Learning from experience

Evidence from practice suggests that the introduction of a lead professional role is central to effective frontline delivery of integrated children's services.

It ensures that professional involvement is optimised, co-ordinated and communicated effectively. Most importantly, it provides a better experience for children, young people and families involved with a range of agencies.

National support

Guidance for managers and practitioners is available from the Children's Workforce Development Council's website: **www.cwdcouncil.org.uk**.

It is based on the practice emerging in a number of authorities.

The guide sets out a broad framework of the responsibilities, skills and knowledge required in a lead professional and draws together key themes from areas that have developed the role: effective practice models, working solutions, and suggestions as to how the role may be developed, implemented and managed in practice.

Case Management

Steps to be followed for all new cases during the MAT meeting

(For the layout of the MAT case notes see pages 11-15)

1. **The referrer must explain the relevant details relating to the family** – reasons for referral, family structure, the family circumstance. The reasons for referral must relate to the need identified in the family and not their circumstances e.g. Mother needs support with managing the behaviour of her child, not mother has a disability. This will include strengths and complicating factors.
2. **Family Facts** - All agencies in the meeting are expected to identify what they know about the family. They are also expected to state that the family is not known to their service.
3. **Judgements and opinions for children–** This will consider areas around safeguarding and the areas where assistance is needed. The strengths should be considered here. This section would include for example racial harassment, ethnicity and (see types of vulnerability – Appendix 1), the level of need must be identified. (See Well Being Model - Appendix 2)
4. **Judgements and opinions for family–** This must consider areas around safeguarding, the Every Child Matters headings and the areas where assistance is needed. The strengths should be considered here. This section would include for example racial harassment, ethnicity and (see types of vulnerability – Appendix 1), the level of need must be identified. (See Well Being Framework - Appendix 2)
5. **The outcome summary**- This is the overall outcome for the family identified at the start of the process. The meeting will identify the agencies required to achieve the outcomes and a timeframe for reviewing progress (On case summary Outcome Review Date). The professionals or at least the organisations involved in achieving the outcomes for the family need to be identified.
6. **The actions** - must be clearly identified with SMART (Specific, Measurable, Achievable, Realistic and Time-based) targets, including the name of the person completing them and when they are to be completed. (These must be smart)
7. The chair is expected to reiterate or summarise **the actions** on each case and summarise for the minute taker.

NB Child Protection concerns should be referred to children's social care.

Outcome from the first meeting

An outcome plan must be agreed for each new family. This must identify what the family wishes to get out of the MAT process, the intervention, and the types of services that could enable this to happen. The MAT meeting will set a timeframe for the work to be completed. If the outcomes are not achieved within the specified timeframe, a review should take place. The review should take place in a TAF Meeting and then brought to the MAT meeting where a new outcome and timeframe is agreed.

These outcomes must be agreed with the family and should include only actions that are achievable through MAT.

Steps to be followed for all case reviews

1. All organisations are required to update the actions from the previous meeting. If these are not completed, the reasons why must be clearly stated.
2. Any additional facts must be brought to the discussion.
3. All professions in the meeting must provide their professional judgement.

4. Clear identification of any significant male or partners involved with the family must be presented to the meeting.
5. **All** professionals must contribute any judgements or professional opinions about the children, parents, carers or family; taking into consideration new information.
6. Set new actions with review dates and identified persons.
7. Be concise and summarise the important facts.
8. Regularly review outcomes and the impact of the arrangements.

Steps to be followed between MAT reviews

- All professionals should make sure their actions are completed.
- The Lead Professional should make sure that the family understand the work that is being suggested for the family.
- They should liaise with other professionals working with the family to make sure things are progressing as expected.
- Where necessary they should co-ordinate a TAF or a professionals meeting.
- Other professionals working with the family need to inform the Lead Professional and MAT Chair straight away. (For example if the family have moved out of the area, or if the family had a Merlin completed.)
- The Family Practitioner or the Head of Centre should ensure that the childcare placement feedback template is completed for discussion at the MAT meeting (See appendix).
- If parents are attending college, the professional working with parents should check with the parents to see how this is progressing; or with the education provider if teenage parent.

Steps for closing cases to MAT

1. The MAT meeting prior to the case being closed to MAT must identify a plan of action for closure. This plan must be fully executed before the case can be closed.
2. The plan of action should be discussed and agreed with the family.
3. Cases will be closed to MAT when the agreed outcomes for families have been achieved.
4. The MAT meeting must agree that the outcomes have been achieved and the case should be closed.
5. The Lead Professional must inform all professionals working with the family that the case is closed to MAT.
6. If a family has been referred to MAT and no contact has been made with the family, the Lead Professional is expected to liaise with all agencies that may have contact with the family, including the Health Visitor or Midwife, to find out if they have had any recent contact with the family; and the nature of the contact.
    a) If these agencies are in contact with the family, they should have a discussion with the family about engaging with the MAT process; and inform the Lead professional about the outcome of the discussion. This must be shared with the MAT meeting and a decision reached about whether to continue to work with the family or complete a referral to children's social care.
    b) If no one has had contact with the family, the Health Visiting team should be asked to try and make contact with the family. If this is not possible, the family should be referred to children's social care.
7. When a case has been closed, if the family need MAT support in the future, a new referral to MAT and consequently an updated CAF or Core Assessment must be completed

Re-referring a case to MAT and completing a new CAF

A new CAF must be completed for a family that is being re-referred to MAT. At this point it may be helpful for the MAT Chair to complete a chronology of events and analyse the information to assess vulnerability. Especially where there has been a significant change, between the date the case was closed and the date the family came to the attention of professionals, precipitating a referral to MAT.

Updating the Common Support Framework

The MAT Co-ordinator will forward the information about the completion of the outcomes to the CSF Administrator to be stored as part of the Common Support Framework.

Respite Crèche

All families requesting a place in the respite crèche must be subject to a CAF and MAT discussion unless already receiving statutory intervention such as subject to the Early Years Children in Need Panel. The MAT team must agree whether this is an appropriate service and what is the aim of the placement in terms of the child's development. The place should be offered on a fixed term bases with the case returning to MAT before the place is extended. However, the placement may be allocated and commence prior to MAT.

- Places can be offered prior to MAT when a family is in need of urgent respite. However, the case must be brought to the MAT Meeting retrospectively.
- Places should only be offered if the family are to benefit from this short-term intervention.
- Places can be allocated for parents with *on-going* appointments.
- Where the parents, carer or child may need places on a random basis for conditions that are on-going, (for example if the parent has Parkinson's disease, where they have good and bad periods). Once this has been established at MAT there is no need for the family to continually return to MAT for short periods of respite. The family can access short-term respite support from the centre where available.

Once the service is accessed, MAT should receive feedback on the progress of the child before any extension or closing the case to MAT. The progress of the child should be tracked using the Early Years Foundation Stage system and this information should be reported to the MAT meetings on a regular basis and as part of the closing process.

➢ Team Around the Family (TAF) Meeting or Professionals Meetings

Where there are many actions or professionals working with the child and family, it is expected that the Lead professional will co-ordinate information about the family for the MAT meeting. Where necessary, they should call a meeting at the earliest opportunity with all the people involved, to discuss the family and make sure the information is shared. It is at these meetings that families may be invited to input into discussions and decisions about their circumstance. As well as meetings, communication between professionals may also be through telephone calls or emails. Any plans or actions must be fed back to the MAT meeting by the Lead Professional or another identified professional.

TAF meetings may be helpful where there is some confusion about the best way to progress with the family or if there are concerns for the family.

The TAF meetings will inform the prioritisation of work.

➢ Case Management

Each person working with families in the MAT process should follow their organisation's procedures. However, this must be within the agreed MAT Meeting timeframes

➢ Parental Evaluation

In order to assess whether the support offered to families has achieved the desired outcome for the families, the MAT process will use the Goal Based Evaluation forms completed by the family support teams. These forms are completed by the families that have received family support. As family support account for a majority of cases this will enable the identification parental satisfaction.

Once each case is closed a copy of goal based analysis should be retained to inform the family support Service evaluation conducted by the Head of Centre.

Data Security

The information for MAT should be stored and sent following Hackney's policy on data security.

- Paper files relating to MAT need to be stored in a locked place.
- Electronic files with individual family information should be encrypted with a password.
- When sending information, the files should be protected with a password. Where this is not possible, information should only be sent using a secure electronic system (CJSM or Egress).
- The triage (MASH) handoff report should **not** be shared. Verbal information from the handoff report can be shared on a need to know basis.
- Information on a triage handoff or case summary should only be shared on a need to know basis. For individuals or organisations that do not attend MAT, only information relevant to them may be verbally shared, but not sent to them.
- Parents have the right to see information relating to them. If they request to see information held about them, the Head of Centre should take advice from Legal services and follow LBH procedures. This is likely to require the parent to put their request in writing to enable the Centre to prepare the file for viewing, noting that third party information held on file should only be shared with the parent, on the consent of the agency/author/ originator of the third party information. It is therefore advisable to

keep confidential information in a separate section so that it can easily be removed. Parents are only allowed to see information that relates to them or children they have parental responsibility for.

MAT Administration

Common Support Framework

The Common Support Framework is Hackney's response to the need to provide appropriate, integrated and effective support for families in the most efficient way possible.

It incorporates elements of, and learning from, the Common Assessment Framework, but places the emphasis upon the delivery plan(s) and outcomes rather than information gathering and duplicate assessments.

It is being designed to bring families closer to the ideal of "No Wrong Door" and to eliminate unnecessary bureaucracy for practitioners.

It consists of three interlinking elements:

Family Information Form	Assessment of Need	Delivery and Review Plans
Contains relevant details about all members of the family e.g. names, addresses, DOB, schools, ethnicity etc. This will replace many referral forms and be used to support 'service brokering'.	***Any*** valid holistic assessment of need including: • CSC Initial Assessment • CSC Core Assessment • YOT ONSET • YOT ASSET • CAF Part 1 • CAF Part 2 • Hackney Ark Assessment Form • PSP	A form with specific outcomes and review targets. To be used whenever there is multi agency working. Version control available, giving a clear history of who has been involved, when, and which interventions were successful.
Except in cases of serious risk to the child, all information sharing will require parental consent and this will be incorporated into the system.		

How Will It Be Supported?

The structure and remit of MAT is being adapted as part of a separate, but linked project. There will be more emphasis on the work done within the TAF meeting.

A web based system will be designed to allow practitioners to access and contribute to planning and delivery.

How Will This Affect Out of Borough Working?

Hackney endorsed the Pan London CAF Protocol because it is committed to the principle of working in partnership to ensure that administrative boundaries do not negatively affect the provision of appropriate services to children, young people and families.

Our commitment to the principle remains unchanged. We believe that what underpins positive outcomes (whether in borough or cross borough) is knowledge and good practice; not forms.

Administration of MAT

1. (The MAT Co-ordinator must receive the CAF or Core Assessment no later than 7 days before the next meeting).
2. The information will be updated onto the CAPITA ONE system.
3. The MAT Co-ordinator will inform the MAT Chair if there is no signature.
4. The MAT Co-ordinator must send the triage handoff report to the MAT Chair and Head of Centre.
5. The information will be sent to the MAT Chair and Partnership Triage (MASH) (See flow chart Appendix 9).
6. The MAT Co-ordinator will send out the case notes from the previous meeting for the MAT Chair to approve within 4 working days. The MAT Co-ordinator will also send out the minutes for the next meeting at the same time.
7. The Chair will approve the minutes within 48 hours of receiving them.
8. All case notes and agendas will be sent out to all members 3 working days before the MAT meeting
9. MAT representative from each organisation are expected to update colleagues on cases that are closed. Cases where the Lead Professional is not a member of MAT will be notified by the MAT Chair
10. If the child is attending a setting or school, the MAT Chair or Head of Centre will notify them of the case being closed to MAT. The person responsible for this will be identified in the MAT meeting.

In the absence of the Children's Centre MAT Co-ordinator

1. HLT will endeavour to provide an alternative minute taker, however, there may be occasions when the children's centre needs to deploy a member of the children's centre staff. If this occurs the interim minute taker must be briefed by the Head of Centre prior to the meeting and must use the MAT minute template. (Appendix 12)
2. The minutes, along with the attendance registers, must be sent electronically to an identified person at the Learning Trust within 2 days of the meeting where they will be inputted into the CAPITA ONE system. (See Appendix 10) **The draft minutes must not be sent to the MAT Chair for corrections before being sent to Hackney Learning Trust.**
3. The draft minutes must be checked and signed off by the Chair; and sent to the MAT Co-ordinator who will replace the draft minutes on CAPITA ONE with the approved minutes.
4. CAF's and Common Support Frameworks will also be sent to the identified person in the Trust and the MAT Co-ordinator to ensure they are all inputted and appear on the next agenda.
5. The MAT Co-ordinator will produce agendas in advance which will include all families up to the last meeting.
6. Any families identified by the MAT Chair after this time will be added to the agenda before sending it out 3 working days in advance of the meeting.

MAT Meeting Documentation

Below is a list of the documentation used in MAT

1. Case Summary (See below)
2. Minutes and Actions from MAT
3. Agenda (See below)
4. General Minutes
5. Setting Handover form (See Appendix 4)
6. Placement Feedback Template (See Appendix 6)
7. Goal Based Analysis form (See Appendix 7
8. Childcare Application form (See Appendix 8)

Items 1-4 are sent out for each meeting

➢ Minutes and Actions from last meeting

The discussion from the last meeting and actions are sent out separately so people are aware of the actions required and the review dates.

Case Notes

As each family is brought the MAT a case note is produced. (See below)

These notes include relevant data relating to the family. They are only amended with the approval of the MAT Chair.

Date of information print out
From:01/08/2006 To:20/08/2010

Case Summary Report

Printout Date 20/08/2010

Cluster MAT Cluster where discussion is taking place

Meeting Date:00/00/2010

Child Details

Name:	**Child's Name**				
Gender:	Child's detail	DOB:	Child's Date of Birth	Referrer:	Name of referrer
School/Setting	School or Setting			Referral Date:	26/05/2010
Ethnicity:	Child's ethnicity			Referrer Org.:	Name of referrer's organisation
Additional Needs:		Health Visitor:	Name of Health Visitor	Lead Professional:	Name of Lead Professional

Carers Details

Name:	Name of Carer	Relationship:	Carer's relationship to child
Ethnicity:	Carer's ethnicity	Gender:	Carer's gender
Address:	Carer's address	Additional Needs:	
Telephone:	Carer's telephone number	Home Language:	
Name:	Name of Carer	Relationship:	Carer's relationship to child
Ethnicity:	Carer's ethnicity	Gender:	Carer's gender
Address:	Carer's address	Additional Needs:	
Telephone:	Carer's telephone number	Home Language:	

Sibling's Details

	DOB	Postcode	Gender	School/Setting
Names of siblings	Their date of birth	Their postcode	Their Gender	Their school or setting

Reason for the referral

The reasons that are causing additional difficulties for the family that have caused them to require MAT support.

Risk Assessment

Date	Service	Contact	Vulnerability
Of first discussion	Services requested	Names of the people that have contact with the family	Areas for consideration that make the family more vulnerable

Information:

Outcome:

This section includes the final outcomes that MAT plan to achieve for the child and family. It includes the organisations required to achieve it and a timeframe for this completion.

If the case has not achieved the outcome by the identified date, a review of what has happened needs to take place to identify what has prevent this case from being completed.

A new plan should be put in place with outcomes, services and a timeframe or family referred to a more appropriate service.

Outcome review date:

From:01/08/2006 To:20/08/2010 **Cluster B** Meeting Date: 18/08/2010

Date of Review	Planned Outcomes This is the information from each MAT discussions	Centre MAT co-ordinator	Next date for review
00/00/2010	This section should include the key points summarised by the MAT Chair Action Points: These should be clearly identified with identified people to complete them and completion dates		00/00/2010

From:01/08/2006 To:20/08/2010 **Cluster B** Meeting Date: 18/08/2010

Child Details

Name:	**John Activity Test**	DOB:	24/10/2008	Referrer:	Charlene Bissessar
School/Setting:	Beavers			Referral Date:	26/05/2010
Ethnicity:	WOTW - Other White			Referrer Org.:	The Learning Trust
Additional Needs:	No	Health Visitor:	Afulenu Nwabuzo	Lead Professional:	Donna Thomas

Carers Details

Name:	Mummy Test	Relationship:	Mother
Ethnicity:	WOTW -Other	Gender:	F
Address:	1 Reading Lane Hackney E81GQ	Additional Needs:	
Telephone:	020 8820 7069	Home Language:	English
Name:	Daddy Activity	Relationship:	Father
Ethnicity:	WOTW - Other	Gender:	M
Address:	1 Reading Lane Hackney E81GQ	Additional Needs:	
Telephone:	020 8820 7069	Home Language:	English

Sibling's Details

	DOB	Postcode	Gender	School/Setting
Mary Activity Test	4/1/2007	E8 1GQ	M	Thomas Fairchild

Reason for the referral

Mother's self referral due to possible implications of her mental illness during pregnancy

Risk Assessment

Date	Service	Contact	Vulnerability
26/05/2010		Afulenu Nwabuzo Charlene Bissessar Donna Thomas	Mental Health Issues

Information:

Outcome:

Outcome for Child: Stability during mother's pregnancy

Actions: Child to be received a childcare place

Outcome for parent: Support through pregnancy

Outcome Review Date: 06/10/2010

From:01/08/2006 To:20/08/2010 **Cluster B** Meeting Date: 18/08/2010

Date of Review	Planned Outcomes	Next date for review
26/05/2010	Mummy Test is in the early stages of pregnancy and has been suffering from depression. Mummy Test was prescribed strong anti-psychotic medication and is concerned about coming off the medication. Mummy's GP has planned to gradually reduce the medication. Mummy feels she requires support to help care for her children during the pregnancy. Mummy mainly needs support in caring for her youngest child John, who will turn 2 years old in October 2010. Mummy is used to being able to take good care of her children, both emotionally and physically. Mummy is currently suffering from low moods. The GP has reported these will continue for a couple of months after the new baby is born and is back on her medication Her husband Daddy Activity provides support, however due to his work, he is not home enough to provide the amount of support Mummy needs. Diane Heywood (MAT Chair) suggested that we make an application in order to try to get a targeted day care placement for John. Actions: 1. Donna Thomas to contact Lucy Hebden for midwifery support and assessment. -08/06/2010 2. Donna Thomas to pass Mummy Test's details onto Agnes Squire (Public Health Co-ordinator) and Agnes Squire to find out who the Health Visitor is. - 08/06/2010 3. Donna Thomas to complete a Targeted Childcare Application for John.- 08/06/2010	07/07/2010
07/07/2010	Donna Thomas informed the meeting that John has received a place on the targeted places scheme. Lucy Hebden (Public Health Midwife) informed the meeting that she had met with Mummy Test (mother), and she has been booked in for midwifery support. Mummy underwent a scan a blood test. She is doing well and is happy. Lucy Hebden will keep Mummy on her case load. Lucy Hebden has referred Mummy to the Peri-natal Mental Health Team Lucy Hebden had been informed by Mary Smith (Family Support Worker) that Mummy is eating well and putting on weight. Lucy Hebden has referred Mummy to the Dietician. <u>GP: CRANWICH ROAD SURGERY</u> Actions: 1. Florence Nwamarah (Health Visitor Co-ordinator – Cluster B) to clarify whether or not the family's Health Visitor has checked that the children's immunisations are up to date. – 14/7/2010	18/08/2010
18/08/2010	<u>Update provided by Midwife</u> Mummy Test (mother) has been on holiday for 2 weeks with her parents, and has improved. There are no concerns about John and Mummy is taking good care of her. The Peri-natal team have taken up this case and asked that family support organise a programme of activity for the mum to follow. Lucy Hebden will continue to monitor alongside family support and the Peri Natal team	29/09/2010

Agenda

This is produced and circulated 3 working days before the MAT meeting

MAT - Meeting Agenda Report

For: Name of Cluster
Date: Date of Meeting

New Cases	DOB	Lead Professional	Department	Health Visitor/GP
Name of Child	Child's date of birth	Name of Lead Professional which is the referrer	Organisation or department of Lead Professional	Name of Health Visitor

Cases for Review	DOB	Lead Professional	Department	Health Visitor
Name of Child	Child's date of birth	Name of Lead Professional	Organisation or department of Lead Professional	Name of Health Visitor

Case Management by Each Organisation

First Steps

Reasons for First Steps Clinicians to refer families to MAT

- Families that would benefit from additional children's centre services
- Families identified as having children needing additional support, but do not have an allocated social worker
- Families who will benefit from Family Support Services
- Families who would benefit from home based support alongside clinic based therapeutic work
- Families where there are a number of practical issues that the children's centre is best placed to support, e.g. housing, financial issues, and applications for nursery places

How to refer

1. Cases to be referred may be discussed with supervisor if the clinician feels this is necessary
2. First Steps clinicians will have discussed the referral with the family and gained their informed consent
3. **First Steps Clinician** will complete the Common Support Framework and gather together relevant information.
4. **First Steps Clinician** will identify the proposed outcomes for that child and family alongside the MAT

During the MAT Process

- The **First Steps Clinician** will attend the MAT meeting to present the case, or ask the First Steps clinician linked to that MAT meeting to present it on their behalf.
- Relevant notes from the meeting will be written into the case notes.
- Update information will be presented at the review meeting where possible. If the clinician is unable to attend, an update will be given to the **First Steps Clinician linked to that MAT ahead of the meeting. If there is no First Steps clinician present at the MAT we will try to provide a brief written update, if the family are still being seen by First Steps.**

Families presented at MAT will be supervised on the same basis as all of the families that First Steps clinicians work with.

Midwifery Service

Children Centres and Maternity Services - Homerton Experience

Homerton maternity services have had a very positive experience working with Children's Centres in Hackney since the early days of the Sure Start initiative back in 2001. Midwifery has had a sustained presence in children's centres since that time with not only public health midwives being based in some of the larger Children Centres (Hackney has 21 Children's centres) under a service level agreement with Homerton hospital, but also our mainstream community midwifery team delivering some antenatal clinics, postnatal clinics, and breast feeding support within them. Maternity were involved in the design of some of the "clinical rooms" within Children's centres and aim to support with children centre objectives-for example their " targets" or their "Ofsted inspection. Midwives are involved in the tier 2 Multi Agency Team (MAT) family support meetings, where vulnerable families who may need additional support are referred and options discussed. Other agencies such as family support, health visiting and the voluntary sector may also be present at these meetings.

The public health midwives of which we have 6 WTE currently caseload antenatal & postnatally some of our most socially vulnerable pregnant women including those with Tier 3 Child protection concerns, severe mental illness, domestic violence, young parents, learning disabilities and substance misuse. They work alongside a range of specialist services to support these families including those within the children's centres.

The head of midwifery, consultant midwife for public health and the community midwifery matron are in regular communication with children centre managers across Hackney and the Strategic Children's centre coordinator and the Head of early years (at the borough) as necessary.

With the recent reconfiguration of maternity services in North East London the Homerton maternity services are now also working within Waltham Forest within 2 children's centres there. Here we are running antenatal services currently but we hope to develop further services in the future.

In answer to your specific queries:

- Midwifery services are **not** currently being rolled back in Children's Centres in Hackney and as far as we are aware the midwifery presence is valued.
- We enjoy a positive relationship with our children's centres. Enablers to this would include: good & regular communication between midwives & the children centre teams on the ground; spending time establishing these relationships; ensuring the profile of midwifery remains high & reminding other agencies that maternity services are the start of the child's journey. Barriers would include: where communications breakdown or where maternity is not represented around the relevant table. We have good working relationships with our health visitor leaders to help us feed into discussion where relevant.
- We think Hackney is a good example of positive working between midwifery and Children's centres.

Health Visiting

Reasons for Health Visitors to refer families to MAT

A health visitor should make a referral to MAT where:

- The child is on the Child Protection Health Review database and has a health protection plan who require support that cannot be provided from universal services by one single agency.
- The child does not have a health or multi-agency child protection plan but would benefit from the services provided a Children Centre.
- The family may benefit from a multi-agency approach.

How to refer

- The health visitor should discuss with the parents of the child the reasons why a referral to MAT would be beneficial them highlighting the level of support that would be potentially be provided.
- The health visitor should obtain the consent of the parent to complete a CAF and refer to MAT or CSF (Common Support Framework).
- The health visitor can use their professional judgement to make the referral however she/he is encouraged to discuss this in child protection supervision with his/her supervisor. However, referral to MAT should not be delayed is a supervisory session is not due.

During the MAT Process

- The Health Visitor is required to prioritise attendance at initial and review MAT meetings.
- Initial meeting: Ideally the Health Visitor should attend the MAT meeting to present the case. If he/she is unable to attend, then a colleague should be briefed to present on their behalf.
- All notes from the meeting should be documented in the child and family health record and on the RIO system.
- Review meeting: updated information should be presented at the review meeting.
- If the Health Visitor is unable to attend the MAT meeting she/he should inform the Chairperson at least update 2 days before the meeting is due to take place, provide a written report and where possible ask someone to deputise for him/her.
- An updated report is required for all the children on the agenda known to the Health Visiting Team.

Performance Monitoring

- Health visitors are expected to report on a monthly basis the number of cases referred to MAT as part of CQUIN
- An annual audit of cases referred to MAT will be undertaken

Supervision and Management

- If a child(ren) on the Child Protection Health Review is referred to MAT this should be reflected in the health child protection plan and discussed in child protection supervision.

Dietetic Service

The rule of thumb to support referrals to MAT is:

- Financial difficulties and food insecurity
- Any evidence of substance abuse
- Mental health issues in the parent
- Any evidence of neglect (may or may not go straight to Children's Social Care)
- Just a general sense that extra support and services are required

Speech and Language Therapy Service

Reasons for a Speech and Language Therapist to refer families to MAT are:
2 or more professionals are working with family
Families that would benefit from additional input from the children's centre
Families identified as children in need but without a social worker.

How to refer

- Cases to be referred should be discussed with a senior member of the team and a timeframe for the referral to be agreed.
- Speech and Language Therapist should complete the Common Support Framework and gather together all relevant information.
- Speech and Language Therapist should identify the proposed outcome for that child and family

During the MAT Process

- The Speech and Language Therapist or a SLT representative should attend the MAT meeting to present the case.
- All notes from the meeting should be written into the case notes. Updated information should be presented at the review meeting.
- If you are unable to attend, the attending Speech and Language Therapist should be informed of the update 2 days before the meeting.
- Cases currently presented to MAT should be reviewed with the SLTs clinical supervisor on a monthly.

Supervision and Management

- Staff presenting families to MAT will have these cases regularly reviewed at supervision (as above).
- Performance in MAT forms part of your performance and may be reviewed in the SLTs annual appraisal.

Appendix 1 – Types of Vulnerability

Terms for risks/concerns:

Code	
ASY	Asylum Seeker
BEH	Behaviour issues
DD	Developmental Delay
DIET	Dietary Concerns
DIS	Disabled parent or child
DISC	Discrimination
DV	Domestic Violence
EMI	Emotional Health Issue – parent
EMIC	Emotional Health Issue – child
FIN	Financial Issues
FSE	Families Social Exclusion/Isolation
FTP	First time parenting
HOUS	Housing
IMMIG	Immigration
LAC	Looked after children
LANG	Language issues
LC	Leaving Care
MEDIC	Medical need of child
MHI	Mental health Issues
NA	Not accepted
PHC	Physical Health of child
PHP	Physical Health of parents
PREM	Prem baby
PRIS	Child parent in prison
SAFE	Safety in the home
SLT	Speech and Language Therapy Issues
SMYP	Substance misuse (young person)
SMP	Substance misuse (parent)
TEMP	Family in temporary accommodation
TP	Teenage parent
TF	Troubled Families
TRAV	Traveller or gypsy/Roma
UNEM	Unemployed

GANG	Gang involvement
SIB	Sibling with SEN/Disability
N-EXT	Negative impact from extended families
PACAP	Parenting Capacity
CRIME	Families involved with police Not DV
SEN	Young person has SEN/learning difficulties noted
FBRK	Risk of family/care placement breakdown
MISPER	Regular MISPER
EDN	Education issues (Poor attendance, at risk of permanent exclusion etc.)
SEXP	Sexual exploitation

Terms for strengths/protective factors:

PACAP	Parenting Capacity
ENGYP	Engagement with service(s) – young person
ENGP	Engagement with service(s) – parent
SNWF	Support network (family)
SNWP	Support network (peers)
SNWPROF	Support network (professionals)
PRES	Personal resilience
AIPA	Acknowledgement Issues (parent)
AIYP	Acknowledgement Issues (young person)
EPC	Evidence of positive change
SRR	Previous safeguarding risks resolved
EDN	Education
PACT	Engagement in some positive activities

Appendix 2 – Universal Safeguarding

See local safeguarding procedures, CYPS Resource Guide and Hackney Well-being Framework.

Appendix 3 – Domestic Violence Scale

DVRIM: Level of risk Moderate Scale 1.
CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs.
CAF completed- Single Practitioner targeted support – Child/ren under 7yrs/ or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

Evidence of Domestic Violence	Y	S
1 - 3 minor incidents of physical violence which were short in duration.		
Victim did not seek medical treatment.		
Intense verbal abuse.		

Risk factors/ Potential vulnerabilities	Y	S
Child/ren were not drawn into incidents.		
Control by abuser is not intense.		

Protective factors	Y	S
Child/mother relationship is nurturing, protective and stable.		
Significant other in child's life - positive and nurturing relationship.		
Presence of child/ren was a restraint for the abuser.		
Abuser accepts responsibility for abuse and violence.		
Abuser indicates genuine remorse and is willing to seek support for abusive behaviour.		
Victim has positive support from family/ friends & community.		
Victim appears emotionally strong (not worn-down by the abuse).		
Victim sought appropriate support and/or is willing to accept help from other agencies.		

BME (Black, Minority, Ethnic) Issues: Across all scales

Ask yourself the following questions:
If this parent…
1 Cannot speak, read or write English
2 Fears that the 'State' is authoritarian
3 Lacks strong social networks
4 Lives in temporary housing
5 Is living below the poverty line
6 Has a child who is of a different appearance and culture to them
7 Is living in a close-knit community in London
8 Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms
9 Recognises his/her faith or community leader as all powerful
10 Puts a very high value on preserving family honour
and, if this young person…
11 Is compromised in relation to his/her community
12 Has strong allegiance to a group or gang

If you need further information, please refer to the BME checklist, downloadable from the LSCB website.

Believe in children
Barnardo's
London, East and South East
www.barnardos.org.uk

DVRIM: Level of risk Moderate to Serious Scale 2. CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed –Lead professional-integrated support Child/ren under 7yrs/or with special needs - at higher risk of emotional/ physical harm – limited self-protection strategies -can raise threshold to Scale 3. Consider protective factors.

Evidence of Domestic Violence	Y	S
History of minor/moderate incidents of physical violence- short duration.		
Victim received minor injuries - medical attention not sought.		
Evidence of intimidation/bullying behaviour - pushing/ finger poking/ shoving/to victim but not towards child/ren - Destruction of property.		
Intense verbal abuse-consistent use of derogatory language.		
Risk of isolation - Abuser attempts to control victims' activities, movements & contact with others.		

Risk factors/Potential vulnerabilities	Y	S
Child/ren were present in the home during an incident but did not directly witness.		
Potential likelihood of emotional abuse of children.		
BME (Black, Minority, Ethnic) Issues: See Blue Box.		
Disability issues within family - positive support networks.		
Mental health issues - not prolonged or serious. Abuser or victim seeking appropriate help.		
Age of abuser and/or Victim - both have supportive resources and are not isolated.		

Protective factors	Y	S
Child/mother relationship is nurturing, protective & stable.		
In spite of abuse, victim was not prevented from seeing to the needs of her child/ren.		
Significant other in child's life - positive and nurturing relationship.		
Older child/ren use coping/ protective strategies.		
Victim attempted to use protective strategies with older child/ren.		
Victim is prepared to take advice on safety issues.		
Victim has insight into the risks to her child/ren posed by the abuse.		
Victim has positive support from family/friends and community.		
Abuser willing to engage in services to address his abusive behaviour.		

Barnardo's Domestic Violence Risk Identification Matrix

Assessing the risks to children from male to female domestic violence.

DVRIM: Level of risk Serious Scale 3.
CAF: Level 3 Threshold of need child with complex needs.

Child/ren in Need - Children's Services may consider Section 17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning Child/ren aged under 7yrs/ or child/ren with special needs can raise threshold to scale 4

Evidence of Domestic Violence	Y	S
Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration - History of previous assaults.		
Victim and/or children indicate that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse). Recent separation - repeated separation/reconciliation/ongoing couple conflict.		
Stalking/harassment of mother/children - Increased risk of isolation.		
Abuse through the use of texting/social networking sites.		
Abuser breaching bail conditions/civil protective orders / non-contact orders.		
Victim required medical treatment but not sought/or explanation for injuries implausible.		
Recurring or frequent requests for police intervention.		
Incident(s) of violence occur in presence of child/ren - consider duration of exposure.		
Threats of harm to mother/and or children.		
Excessive jealousy/possessiveness of abuser - domineering in relationship.		
Financial control maintained by abuser.		
Abuser has history of domestic violence in previous relationships.		

Risk factors/Potential vulnerabilities	Y	S
Mental health issues - abuser and/or victim-raises concern.		
Substance abuse by abuser and/or victim-raises concern.		
Abuser's and/or victim's infidelity is a source of conflict/anger		
Strong likelihood of emotional abuse of child/ren - may display behavioural problems.		
Child/ren unable to activate safety strategies due to fear or intense control by abuser.		
Lack of safe significant other as a positive support to child.		
Child contact issues - domestic abuse occurring at contact.		
Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.		
Abuser suspected of using physical abuse towards child/ren.		
Abuser shows lack of insight/empathy into how his behaviour effects children/victim.		
Abuser's minimisation of abuse-lack of remorse/guilt.		
Abuser is Boyfriend/Father figure. Family unit has step-siblings.		
Abuser's abuse of pets/animals/used to intimidate.		
Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities.		
Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).		
Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.		
Abuser's use of avoidance/resistance to engage in services increases risk level to children.		
Victim fears statutory services - avoidance & resistance to engage increases risk to children.		
Family/Relatives/neighbours reports concerns re victim/children.		
Victim has experienced domestic violence in previous relationships.		
BME (Black, Minority, Ethnic) Issues: See Blue Box.		
Adult learning difficulties-abuser and/or victim-raises concern.		
Disability issues within family - isolation.		
Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.		
History of childhood abuse/disruptive childhood experiences - abuser and/or victim.		
Collusion issues present in extended families/friends - not supportive for victim/children.		
Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.		

Protective factors	Y	S
Older child/ren use protective strategies.		
Victim will seek positive support from significant other.		
Victim - attempts to use protective strategies but abuser's violence & control is intense.		
Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.		
Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.		
Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.		

DVRIM: Level of risk Severe Scale 4.
CAF: Level 4 Threshold of need child with acute needs - at risk of being a 'looked after' child.

Child in need of Protection – Children's Services consider if Section 47 enquiry and core assessment intervention are required. Child/ren may be at risk of being 'looked after'.

Evidence of Domestic Violence	Y	S
Repeated serious and/or severe physical violence - life threatening violence. Attention to the **frequency, duration** and **severity** of violent behaviour children exposed to.		
Use/assault with weapons.		
Abuser's violation of protective and/or child contact orders.		
Criminal history of abuser, gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/family members, military service/ training.		
Intense stalking/harassment behaviour of abuser - Increased risk of isolation.		
Recurring or frequent requests for police intervention.		
Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.		
Threats to kill or seriously injure victim and/or children.		
Victim is **very** frightened of abuser - believes intent of threats - Retaliatory violence a concern. Victim is intensively controlled/may present as submissive - worn down by abuse.		
Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.		
Confirmed emotional/psychological/abuse of mother.		
Sexual assault/suspected sexual abuse of victim.		
Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.		
Child/ren summon help/discloses-immediate heightened risk to this child of being 'punished' / adverse reaction from abuser and /or mother-assess adult's reaction to child's disclosure.Child/ren may disclose another form of abuse to draw attention to the situation.		
Child/ren have been physically assaulted/abused.		
Confirmed emotional abuse of child/ren.		
Suspected/confirmed sexual abuse of child/ren.		
Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA.		
Victim has been identified by DASH-MARAC process as high risk.		

Risk factors/Potential vulnerabilities	Y	S
Mental health issues - abuser and/or victim - raises significant concern.		
Substance abuse by abuser and/or victim - raises significant concern.		
Abuser's and/or victim's infidelity is a source of conflict/anger -Victim's infidelity gives rise to risk of severe reactive violent response from abusive partner-extreme jealousy/ possessiveness.		
Concerns of neglect of child/ren's emotional and physical needs/poor living conditions.		
Substantial risk of repeated serious domestic violence.		
Threats or attempts to abduct children.		
Children exhibit sexualised behaviour and/or sexually harmful behaviour.		
Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues.		
Child/ren in family has previous care history.		
Physical abuse of child/ren by abuser and/or victim.		
Victim uses physical abuse on children as an alternative to harsher physical abuse by abuser.		
Recent suicidal or homicidal ideation/intent by abuser.		
Victim suicidal/attempted suicide/self harming - especially BME victims.		
Victim minimising risks to children/remains in abusive relationship, protection orders not sought, or activated.		
Victim/child has poor general health.		
Abuser shows lack of empathy/insight into how his abusive behaviour is affecting child/ victim.		
Abuser's minimisation of abuse-lack of remorse/guilt.		
BME (Black, Minority, Ethnic) Issues: See Blue Box		
Age disparities - Abuser and/or victim under 25 with limited support with personal vulnerabilities.		
Collusion issues present in extended families/friends - not supportive for victim and children.		
History of childhood abuse/disruptive childhood experiences abuser and/or victim.		
Abuser uses threatening aggressive behaviour towards professionals.		
Agencies unable to work constructively with family 'Assessment Paralysis'.		
Abuser/victim use of avoidance/resistance to engage - misuse of complaints procedures.		

Protective factors: See Scale 3.	Y	S

Appendix 4 – Chair Case Notes Recording Sheet

To be completed during review				
Name of Child	**Progress and Comments**	**Achieved? Yes/No/ Partially**	**New Action**	**Completion date**

Appendix 5 – Multi-Agency Team Family Support Impact Evaluation Tool

What do I have to consider?

The multi-agency team (MAT) family support impact evaluation tool is a child focused risk assessment tool, used to assign a score to the identified risk factors that impact on family functioning, in order to measure the effectiveness of the MAT in safeguarding; and in supporting families to reduce factors that impact on children's wellbeing and development.

The intended outcome of the risk assessment score is to work towards reducing the initial score by the end of the family support intervention, to demonstrate the impact of the work with the family. It is expected that the initial risk assessment score may increase or remain the same, where the risk to the child's safety has escalated, resulting in a referral to children's social care.

Risk Assessment Score

Level 1: moderate risk

- Moderate risk may be low level social and environmental factors that impact on the child's development. This may be short term support to access childcare or universal services or one off case work.

Level 2: moderate to serious risk

- Moderate to serious risk may be child, social, parental control or environmental factors that impact on parents' ability to meet their child's needs. This may be previous incident of domestic violence or domestic abuse, managed mental health issues or health problems, homelessness, post natal depression.

Level 3: serious risk

- Serious risk may be a number of social and environmental factors that impact on parenting or where the child may not achieve developmental milestones or could be in danger of harm without early support. This may include a recent incident of domestic violence or domestic abuse, health issues or substance misuse. Level 3 cases may involve a number of agencies involved with the family and may require a referral to children's social care should there be child protection concerns.

Level 4: Sever risk

- Sever risk is likely to be child protection concerns and should immediately be referred to children's social care.

NA (not accepted)

- A risk code of NA indicating that the referral has not been accepted will be recorded where the case has been received and logged on the system; however additional information received suggests that the referrer should instead refer to children's or adult services for statutory intervention.

In order to support practitioners to consistently identify and rate risk factors, the rating must primarily be predicated on child outcomes where the child's well-being and development remain central to the work with families.

MAT practice should be underpinned by:

1. The Framework for the assessment of children and their families (Department of Health et al. 2000) considering three family components:
   - Development needs of the child
   - Parent's capacity to meet the child's needs
   - Social and environmental factors that impinge on the parent's capacity to meet the child's needs

2. Safeguarding and promoting the welfare of the child (Working Together to Safeguard Children, 2013)
   - Protecting children from maltreatment
   - Preventing impairment of children's health and development
   - Ensure that children are growing up in circumstances consistent with the provision of safe and effective care

3. Hackney Child Wellbeing Framework (Children Act, 2004)
   - Universal, universal plus and complex definition of need influenced by family, social and environmental factors

4. Barnardo's Domestic Violence Risk Identification Matrix (www.barnardos.org.uk)
   - A tool to assess the risk to children from male and female domestic violence

   (DASH – risk assessment tool (2008) is another domestic violence risk assessment tool which may be referred to).

What do I have to do?

1. If the case is allocated to the children's centre family practitioner, the risk assessment score should be identified and assigned at the earliest opportunity following:
   a) MAT new referral meeting
   b) Identification of lead professional
   c) Fuller assessment of family factors following a home visit

2. If the case is being coordinated by MAT, however, allocated to a Lead Professional from another agency or organisation such as Ezer Leyoldos, Homerton NHS or a school, the risk assessment score should be assigned following:
   a) MAT new referral meeting

b) Identification of lead professional
c) Fuller assessment of family factors in collaboration with the QIP, this may include a team around the family (TAF) meeting

3. The risk assessment score should be recorded on CAPITA ONE within 6 weeks (following the next MAT meeting about family vulnerability).

4. Where a Core Assessment is received instead of a CAF, there is likely to be (albeit not exclusively) sufficient information about family vulnerability in order to identify and assign a risk rating.

5. The risk assessment score may be reviewed periodically in conjunction with the outcomes identified in the family support plan (FSP). The risk assessment code **should not** be reviewed or changed at each meeting.

6. A final risk assessment score should be assigned when the case is closed to MAT and CAPITA ONE updated.

7. Biannual impact evaluation reports will be made available by Hackney Learning Trust in order to monitor outcomes.

Please see below initial and final risk assessment guidance...

Initial and Final Risk Assessment Guidance

Please note all cases are different and will require individual consideration.
These codes relate to the circumstance of the child not the parent (unless it is an unborn).

Use the following format:

- Your initial risk assessment may be informed by many things alongside the information given in the incident summary:
  - age of the subject
  - age of any of the subject's siblings or other young people noted in the report who might also be at risk
  - other adults/young people in the home or in contact with the subject or other vulnerable young people noted in the report

- The final risk assessment score should differ from the initial risk assessment, as the work undertaken during the MAT process is designed to change the outcomes for families or identify child protection concerns and refer accordingly to children's social care.

Risk assessment : no current risk – 0

These are situations where the risk has been assessed and identified as manageable within the normal functioning of the family

- A family where the child has severe disabilities. The work of MAT will not change this.

Risk assessment: moderate risk – 1

Low level incident, which seems to be a one off. Incidents that are eligible for a '1' initial risk assessment might appear to be consistent with normal development and/or behaviour of a child

- Examples of cases which fall into this risk assessment bracket might be a child identified as having speech delay that could be corrected with additional work through a universal service or due to the severity of the delay may benefit from crèche or childcare.

Risk assessment: moderate-serious risk – 2

This might be a low level incident which appears to be recurring or beginning to escalate.

- Examples of cases which fall into this risk assessment bracket may appear similar to those suitable for an assessment of 1, but they may throw up questions which the practitioner feels need addressing. For instance, the child does have delay but this is not being addressed by the parent.

- There may be additional support needed to support parenting such as a parenting programme

Risk assessment: serious – 3

There are several risk factors that might indicate that this child is at risk of harm, although this harm is not necessarily immediate nor is the risk escalating. The child's opportunity to achieve positive outcomes is decreased and intervention is needed promptly in order to improve their experience, and to assess and address the pertaining risks.

An example of a case that falls into this risk assessment bracket, may be:

- Child may have serious speech delay which is not being addressed by the parent and has witnessed incidents of domestic violence. In addition to this there is a recent history of domestic violence which is affecting mum's ability to prioritise the welfare of the child, an older sibling is causing concern and there are housing issues that need to be addressed.

- For the closing risk assessment this case could be reduced to 0 if the child has been placed in childcare and successfully completed work with First Steps, it is clear that mum is able to prioritise the needs of the children, the older child is being supported through Young Hackney and mum has being linked into a housing support worker.

Risk assessment: severe – 4

These cases will need to be sent to First Response Team as soon as it is realised that the level of risk meets this criteria

There are many factors which might affect your decision:
-subject's vulnerability (age, disability)
-parental/guardian capacity to protect
-habitual nature of harmful situations

- The following list is agreed with FRT to meet level 4 risk, however, you may of course deviate from this as you see appropriate in accordance with your professional judgement:

1. Where an incident has occurred in which a child has allegedly been the victim of a crime that would require a response from the Child Abuse Investigation Team (e.g. physical or sexual assault or neglect perpetrated by a family member). Indicators within the report of whether this threshold has been met include:

    a. Police have initiated Powers of Police Protection
    b. CSC have already - e.g. via Emergency Duty Team - effected the removal of the child from its carers.
    c. The child is reported to have possible injuries or to require medical examination

2. Where an incident has occurred in which there is an allegation against a professional who works with children that they have harmed a child either in their family or in the course of their employment." This should be referred to the LADO.
3. Serious mental health concerns which pose an immediate risk of significant harm.

4. Child is under 1 or unborn and the Merlin reports a domestic violence incident.
5. Risk of abduction.
6. A domestic violence incident which include threats to kill.
7. A child is present or being held by the victim during a high level domestic violence incident (assess if you feel that there is an immediate risk posed to the child – being present during a low level domestic violence incident may not warrant immediate contact with FRT, however, a two year old who is being held by the victim during a higher level attack may be seen to be at a more immediate risk)

Appendix 6 – Setting Handover Form

Setting Handover Form

Feedback to settings with children placed from MAT

Name of Setting:_____

Name of Child		Date of Birth	
Name of mother		Name of father	
Name of lead professional			
Name of Health visitor			
Name(s) of Other key professionals			

Key information about child – This should be brief and to the point, whilst respecting the right to confidentiality

	Yes/no	Further information/type
Developmental delay		(e.g. Child has limited speech, physical disability)
Behavioural		(e.g. child has difficulty in leaving his mother, playing with other children)
Dietary		(e.g. child is unable to eat solid food, unable to feed themselves, is overweight)
Environmental factors		(e.g. Family living in one room, living in a hostel, living in multiple occupancy)
Family Factors		(e.g. Member of the family has a disability)
Other		(e.g. Need to clarify access to child with father and mother, child currently known to children's social care)

Completing the Form

This form should be completed when the child has been allocated childcare as part of family intervention co-ordinated through the MAT.

The purpose of the form is to ensure that the childcare provider understands how they can support the child's development and well-being; and feedback to MAT. The information received will be used to aid assessment;- by identifying starting points, progress and any additional support that the family may benefit from.

It is expected that only relevant and appropriate family information about the family should be sent to the childcare setting, ensuring confidentiality is not breached. The form will not require the signature of the parent.

It is the responsibility of the Family Support Team to complete this form. It is **not** the responsibility for the children's centre to complete the 2 year childcare form. This is the responsibility of the worker identified in MAT or the Lead professional. (However, this may also be a member of children's centre team.)

In order to maintain confidentiality and consistency in the process as part of Hackney Learning Trust system, it is the responsibility of the Senior Family Practitioner to complete the form irrespective of whether the family are allocated to family support. Where this post is not present in the organisation, it is the responsibility of the Head of Centre to identify a senior worker from their team to complete the form.

This information should be sent to the childcare setting within a week of the place being offered.

Where the childcare place is not known, the Senior Family Practitioner should liaise with the person with responsibility to complete the 2 year childcare form. The form should be sent to the childcare setting within a week of the place being found.

A completed copy of this form must be stored on the family's file if they are known to family support.

Appendix 7 – Placement Feedback Template

Children's Centre Multi Agency Team

Funded childcare places feedback form (2 year, MAT targeted and supported places)

When children are allocated funding for childcare places their families continue to be reviewed by the Multi Agency Team for a period of time. Feedback from nurseries, playgroups and childminders is crucial when making sure that these children get the help that they need. The form should be completed every **6 weeks** or as requested by the MAT meeting. If you need any help in filling in the form please contact the family practitioner.

Please complete this form and return by email or fax to your family practitioner or the MAT chair.

<table>
<tr><td>Child's name</td><td colspan="2"></td><td>date of birth</td></tr>
<tr><td rowspan="3">Name of Setting</td><td colspan="2"></td><td rowspan="3"></td></tr>
<tr><td>Start date</td><td rowspan="2">Type of placement

(2 year, MAT targeted and supported places)</td></tr>
<tr><td></td></tr>
<tr><td rowspan="2"></td><td>End date</td><td rowspan="2"></td></tr>
<tr><td></td></tr>
<tr><td>Attendance plan (days and hours per day they should attend) and dates attended in last 6 weeks. Please comment on time keeping.</td><td colspan="3"></td></tr>
<tr><td>Child's day to day appearance</td><td colspan="3"></td></tr>
</table>

Child's name		date of birth

Child's development including any comments re a child's additional or special needs. (where appropriate, please cover areas mentioned in Setting Handover Form)	
Do you have any concerns? If so who have they been discussed with?	
Is the funding coming to an end? If so what is the plan for this child at that point?	

Child's name		**date of birth**
Name and Job title of person completing this form		
Date		

Please complete this form and return by email or fax to your family practitioner or the MAT Chair.

Family Practitioner

Name	**Telephone number**	**Email:**

MAT Chairs

Cluster A: Val.charles@learningtrust.co.uk	**Cluster B**: Jenni.Talbot@learningtrust.co.uk
Cluster C: Alison.Thomas@learningtrust.co.uk	**Cluster D**: Sarah.fass@learningtrust.co.uk
Cluster E : Val.charles@learningtrust.co.uk	**Cluster F**: Alison.Thomas@learningtrust.co.uk

Appendix 8 – Goal Based Analysis Form

Goal Progress Chart

You can turn this chart on its side for a quick look at progress over the sessions

GOAL: .....

.....

Session	Date	Today I would rate progress to this goal: (please circle the appropriate number below)										
Remember a score of zero means no progress has been made towards a goal, a score of ten means the goal has been reached fully, and score of five is exactly half way between the two												
1		0	1	2	3	4	5	6	7	8	9	10
2		0	1	2	3	4	5	6	7	8	9	10
3		0	1	2	3	4	5	6	7	8	9	10
4		0	1	2	3	4	5	6	7	8	9	10
5		0	1	2	3	4	5	6	7	8	9	10
6		0	1	2	3	4	5	6	7	8	9	10
7		0	1	2	3	4	5	6	7	8	9	10
8		0	1	2	3	4	5	6	7	8	9	10
9		0	1	2	3	4	5	6	7	8	9	10
10		0	1	2	3	4	5	6	7	8	9	10
11		0	1	2	3	4	5	6	7	8	9	10
12		0	1	2	3	4	5	6	7	8	9	10

Appendix 9 – Application for MAT Targeted Childcare

London Borough of Hackney

MAT Targeted Childcare funding for vulnerable children

(All applications must be completed in full and a signed CAF attached)

Child Details:

Child's first name:	Child's last name:	Boy ☐ Girl ☐	Date of birth:

Parent/Carer Details:

	Main Parent/Carer			Other Parent/Carer		
First Name:						
Last Name :						
Address inc postcode:						
Tel No:						
Email address						
Male/Female		Date of birth			Date of birth	
NI -National Insurance No.						
NASS-National Asylum Seekers service No:						

How long is the placement required?

Dates the childcare is required :

Start date:	End date:

CARE: *funding is part time and for three months. In extenuating circumstances the placements can be full time and for longer than three months*

Preferred childcare provider and contact details: *(The childcare provider must be on the approved list of providers)*

Childcare provider : (1st choice)	
Childcare provider :(2nd choice)	
Childcare provider : (3rd choice)	

To be completed by the parent / carer for all applications. (*Before any further actions can be taken a parent/carer must sign this application form so we can use the information to support the application for funding).*

Signature of Parent/Carer:	Date:

Details of the Referrer completing this form:

Name:	
Organisation:	Your position within the organisation:
Email Address:	Telephone no:

To be completed by the Referrer. (*pick place a X in the boxes as confirmation)*

CIN Early Years Panel agreed childcare place Yes ☐ or No ☐ If yes date agreed:_____

Place not agreed by CIN, I am attaching a CAF or Core Assessment dated and signed by parent ☐

I have completed referral forms for any additional needs identified in discussions with the family ☐

I agree to:

i. provide relevant information to the provider of the childcare place ☐
ii. explain to the parent/carer the requirements of taking up childcare funding ☐
iii. notify Hackney Learning Trust if circumstances change ☐
iv. I confirm the family meets the funding criteria ☐
v. I am attaching evidence of benefits ☐

Signature of Referrer: Date:

FOR INTERNAL USE

(MAT and Lead Professional)

Application approved: Yes ☐ OR No ☐

Does the child meet Two Year Funding criteria: Yes ☐ OR No ☐

Designated Lead Professional name and contact details:

Date referrer advised of outcome:

Childcare provider name and contact details:

Is SCP available: Yes ☐ OR No ☐

Dates agreed: From **To** No. of hours agreed per week:

Provider Hourly Rate: Provider weekly rate:

Total cost agreed : *
(*ie no. of hours x no. of weeks x provider hourly/weekly fee,(£6 maximum) =* £*)

Review Date:
(*six weeks from start date)*

When completed please send a copy of this completed MAT Targeted Childcare for Vulnerable Children Application **To: Early Years, 2nd Floor The Hackney Learning Trust, 1, Reading Lane. E8 1GQ.** ***(Please do not send a copy of the CAF)***

Date sent: Signed:_____

Appendix 10 MAI Administration Procedure

Procedure for Receiving MAI's From FAST to be followed alongside MAT administration Procedures

From Monday 21st March 2016 FAST (First Access Screening Team) will hand off to the MAT team following the screening of contacts, when they have assessed that the family would benefit from MAT early help. This information is sent to MAT administrators in the following format only:

- MAI Hand Off form inclusive of family research (i.e triage check) If the triage information is not detailed within the MAI please send it back to FAST.

On receipt of the MAI Hand Off

1. Check which cluster the family live by using Capita One V4 see "Receiving new referrals" Page 3 step 3.
2. Send the MAI Hand Off to the relevant MAT chair (a list of MAT Chairs and their email addresses can be found on page 3 step 4.
3. Save the MAI in the CAF/CORE/MAI folder
4. Log the MAI on to the "Log of referrals to be added to Capita One" page 8 step 7
5. Complete the Log of MAI's spreadsheet
6. Check the MAI Hand Off information to ascertain if the family were previously known to MAT. If they were follow the MAT procedure for sending previous MAT minutes to the MAT chair.
7. Add the child to the next MAT meeting agenda for the relevant cluster under MAI heading.

(**Adding the MAI to Capita one:**

1. See "Entering a referral into Capita One V4" Follow all steps up until the end of part 3.
2. Follow steps 1-3.
3. Step 4 – click on CC MIA involvement not MAT involvement.
4. Follow the same steps as in adding a MAT involvement however:
   In description box – if there is more than one child on the MAI add subject child's name followed by MAI involvement.
   Source- Select MAI
   Assessment Completion Date – this is the date of the MAI
   Referrer – leave blank
   Panel 6 can be left blank reason for referral not needed.
5. Upload the MAI Hand off by following the steps on page 27

You do not need to add Caseworker activity And Allocate the Lead Professional for MAI's

6. Save and Close all Screens.

MAT Meeting and following the MAT meeting

7. At the MAT meeting it will become apparent if a CAF has been actioned yet for the MAI. Take minutes to record this.
8. After the meeting – create a meeting activity in the MAI involvement and upload the minutes (following the usual MAT procedure to do this)leave the review date blank but put the childs name on the agenda for the next MAT meeting (writing MAI next to it)
9. Whilst the MAI involvement is open a CAF should be received for the child. (Unless the family do not engage)

10. Do not close the MAI involvement until the CAF referral has been discussed at the next MAT.
11. Once the CAF has been heard at MAT ask the MAT chair to identify the next step for the family this should be either:
    - MAT
    - CCU (Children's Centre Universal)
    - CSC (Children's Social Care)
    - YH/CYPPP (Young Hackney/Children and Young Peoples Partnership Panel)
    - NE (Not Engaged)
    - HV (Health Visiting Services)
12. Following the MAT meeting, when the CAF is discussed the involvement must be closed.
13. If the outcome is MAT the minutes must be uploaded to MAT involvement, they do not need to be uploaded to the MAI involvement. For any other closing outcome the minutes must be uploaded to the MAI involvement to ensure that we have a full record of what happened to the family.

Chris is currently working to update these reports.

Reports for the MAI to appear on

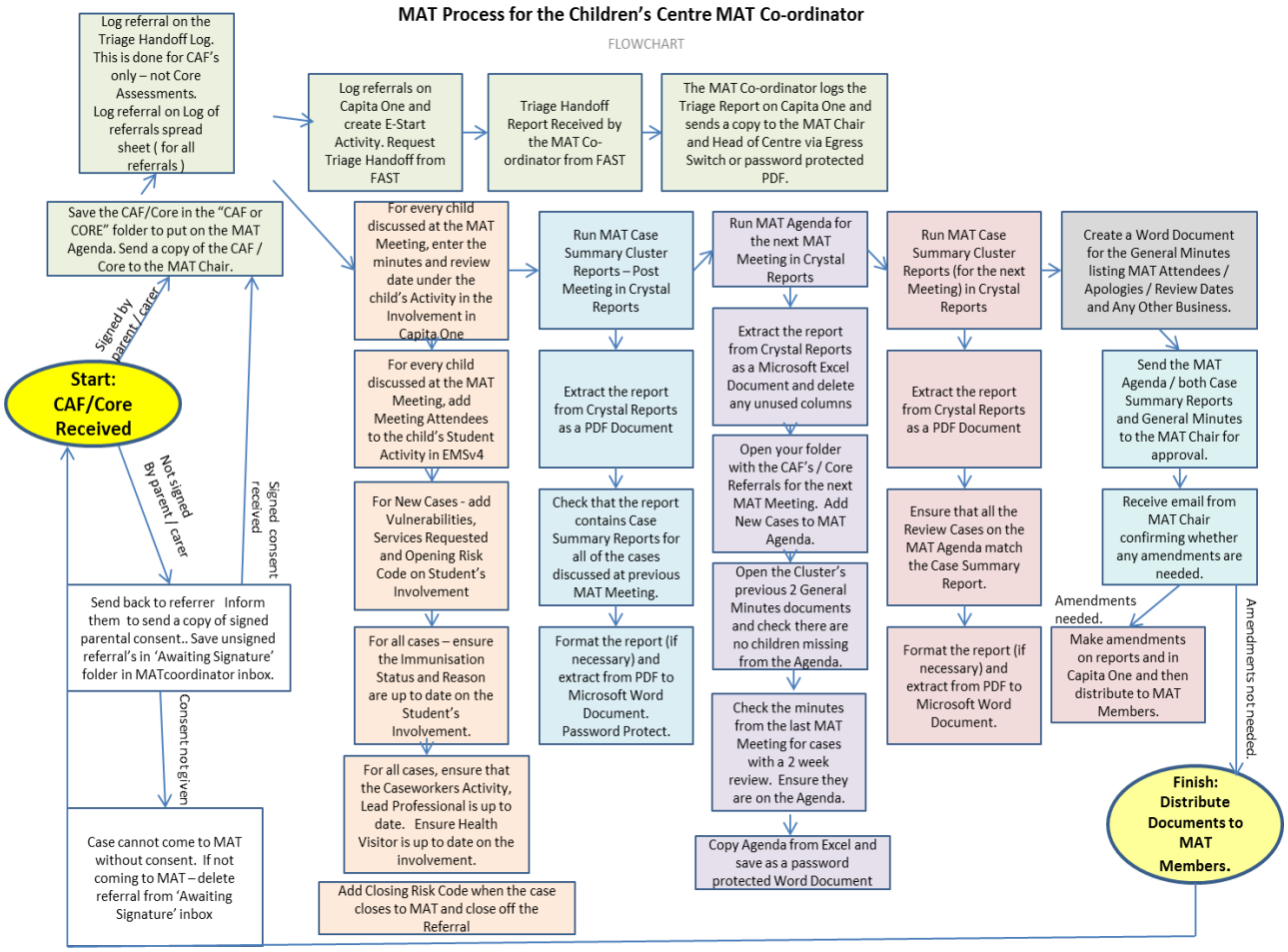
Agenda- this will be added as next MAT – (Agenda report to pick up this review date)

Case summary – report to pick up the MAI and hand off?

MAT quarterly – pick up number of MAI involvements Number referred to CSC

Validation report – pick up any missed information from closed MAI

Appendix 11 – MAT Administration Flow Chart



Appendix 12 – Taking Minutes

DO's and DON'TS OF MAT MINUTE TAKING.

DO

ASK FOR A COPY OF THE AGENDA & CHAIR NOTES BEFORE THE MAT MEETING

This will provide you with a list of children's names who are to be discussed. Should any cases on the agenda not be discussed, ensure that you minute the reason why the case was not discussed and write down the date that the case will be discussed. This will ensure that no cases are lost. The Chair Notes will provide you with a brief synopsis of the cases to be discussed at MAT.

USE FULL NAMES OF PROFESSIONALS / PEOPLE INVOLVED WITH THE FAMILY

Sometimes there can be more than one person involved with the family who have the same first name. It also makes it harder to accurately contact somebody if you do not have their full name. Full names must always be used when minute taking.

RECORD THE JOB TITLE OF PROFESSIONALS

Who is the person you are referring to? Are they a Family Practitioner, Speech and Language Therapist etc.?

RECORD THE ACTIONS & WHO IS TO COMPLETE THEM

Actions should be summarised and listed clearly at the bottom of the minutes, along with the name of the person required to complete the action.

BE CONCISE & FOCUS ON KEY POINTS

It is not necessary to go on at length in the minutes. Record key points such as concerns, actions, outcomes and review dates. Be concise and do not focus on recording every single word said. The purpose of MAT Minutes is to record the significant key information.

MAKE SURE THAT THE MINUTES ARE ACCURATE

You can follow all of the above rules for minute taking. However, if the contents of the minutes are not accurate they will not serve a purpose.

SEND THE MINUTES & LIST OF ATTENDEES BACK TO US WITHIN 2 DAYS OF THE MAT MEETING

We cannot process the minutes in CAPITA ONE without the list of attendees. If the minutes are sent back to us late, we cannot guarantee that we will be able to process them to meet the deadline for distribution to the MAT Members.

ASK FOR CLARIFICATION DURING THE MEETING

This will save a lot of time when it comes to writing up your minutes.

REMEMBER THE REVIEW DATE

The review date determines when the case will next be heard at MAT. The review date should not exceed 6 weeks as set out in the MAT protocol.

There will also be occasions when the case is CLOSED to MAT. In these cases there will not be a review date. Instead you will need to state clearly that the case has been closed to MAT. You can do this by writing: CASE CLOSED at the bottom of the MAT discussion.

DO's and DON'TS OF MAT MINUTE TAKING.

DO NOT

USE ABBREVIATIONS

Abbreviations used in MAT are not universal, and it is not always clear to those reading the minutes what the abbreviations mean. Are they referring to a person or organisation?
Sometimes the same abbreviation can mean the same thing, for example: FS can mean First Steps or Family Support.

OMIT WORDS WITH AN APOSTROPHE

These words are not to be used in formal documents. For example, instead of using contracted words such as "don't, shouldn't and isn't", you should say "do not, should not and is not".

USE GENERAL TERMS

This refers to using terms such as "everything is fine", or "things have been sorted". What does this mean? What is meant by "everything"? What is meant by "sorted"? You must be specific.

DELAY THE TIME IT TAKES TO SEND THE MINUTES TO US BY ADDING BULLET POINTS, UNDERLING WORDS, FORMATTING WORDS WITH ITALICS AND BOLD.

Presentation is important. However, not as important as accurate information that achieves timelines.

SEND THE MINUTES TO THE MAT CHAIR TO APPROVE

This will only delay the time that it is sent back to us for processing. We have to send the minutes with the rest of the MAT documents to the MAT Chair for approval anyway as errors can be made when inputting the information into the CAPITA ONE system. If you send the minutes to the MAT Chair beforehand, this will be a duplication of work.

Appendix 13 MAT minute template.

Children's Centre Administrator MAT Minute Template

Date: [of meeting]

New case

Case presented by: [**name and discipline of person presenting the case**. If presented by MAT Chair, give full name of MAT Chair]

[Record reason for referral]

_____

[Add name of child - if review case]

Actions from previous meeting:

1. …
2. …
3. …

Feedback from [**add full name of professional e.g Karenina Burry not Nina**] [**Add name of role e.g Health Visitor**]

Feedback from [add full name] Family Practitioner delete if no feedback

……

Feedback from [add full name] Health Visitor delete if no feedback

….

Feedback from [add full name] Speech & Language Therapist delete if no feedback

…..

Feedback from [add full name] Dietician delete if no feedback

…..

Feedback from [add full name] First Steps delete if no feedback

…….

Feedback from [add full name] Public Health Midwife delete if no feedback

…..

Feedback or summary [add name] MAT Chair Add summary by Chair

….

Actions

1. [state the action and the name of the person assigned the action]

2…
3…

Review date:
Vulnerability code: [new case]

Starting or closing risk code: [new or closing case] all step down from CSC open on a 3 , if CSC remain involved its open on a 4

Please be reminded:

1. Read the MAT handbook do's and don't page
2. We do not use abbreviations which can be open to interpretation, unless nationally recognised name such as GP not gp.
3. Do not use shortened or inconsistent names for children, adults and professionals.
4. Use full sentences and be specific.