

# MAC

Multi-Agency Consultation Meetings



A parents guide to Multi-Agency Consultation (MAC) meetings



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Mental Health Partnership NHS Trust



Community Children's  
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# The Bristol Multi Agency Consultation Model

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# Why we made MAC?

**Early intervention** aims to prevent problems developing into a more serious concern later and is continually stressed as crucial (NICE, 2015; CBF and SCIE, 2011)

Children with LD are at **increased risk of experiencing mental health difficulties** (Emerson and Hatton, 2007)

Agencies need to **work together** to effectively support young people (CQC,2017)

Children with LD are at particularly **high risk of being admitted to mental health hospitals unnecessarily** (Children's commissioner, 2019)



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## What are MAC meetings (Multi-Agency Consultation meetings)?

MAC meetings are held once per term at your child's school



Multi-Agency Consultation Meetings are an opportunity to discuss a young person and share ideas about what may be helpful for them.

## Referral process for MAC:

If your child's teacher would like to discuss them at a MAC meeting they will:



- Gain consent from you either written or verbally.
- Complete a Pen picture of your child and reason for discussion form and bring this along to the discussion.
- Identify if there is a social worker involved and they are happy for discussion to occur.
- Give you this MAC family leaflet and contribution form.
- They will also speak to the MAC lead at your child's school and asked to be given a slot at the MAC meeting.

## What can be discussed at MAC?

Your child's teacher may bring your child to discuss for many reasons some may include:

- Any young person where they have low level concerns or issues
- Issues around emotional, behavioural, social needs and physical health have all been discussed
- Any issue and we can think about what may be helpful

A learning disability nurse

School Health Nurse

Disability Social Worker

## Who Attends?

Clinical psychologist

Your child's teacher

School MAC Lead

## We value your views

If you would like to contribute please complete the contribution form (within this leaflet) and pass on to your child's teacher.

You are also welcome to join for your child's slot. Please contact your child's teacher for further information.

If you do not attend you are welcome to contact your child's teacher for feedback from the meeting.

The Meeting is friendly and informal We think about your child and discuss what might help, think about new ideas, make recommendations and sign post to other services



# Aim

- to provide team formulation as well as signposting and suggestions for behavioural strategies and community-based activities that may help the child and teacher to enact positive behaviour change and increased understanding.
- to develop professional working relationships and communication.

# Team Formulation (Johnson, 2019)

- Formulation can be defined as the process of co-constructing a hypothesis or “best guess” about the origins of a person’s difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them.
- It provides a structure for thinking together with the client or service user about how to understand their experiences and how to move forward. Formulation draws on two equally important sources of evidence: the clinician brings knowledge derived from theory, research, and clinical experience, while the service user brings expertise about their own life and the meaning and impact of their relationships and circumstances.
- In this way, formulation is “the tool used by clinicians to relate theory to practice”.
- Johnstone, L. (2018). Psychological Formulation as an Alternative to Psychiatric Diagnosis. *Journal of Humanistic Psychology*, 58(1), 30–46.



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# Our Decision Making Processes

<b>Intake Criteria</b>	<b>Y/N?</b>
<b>Young person is aged 0 – 18 OR 19 if attends specialist school</b>	
<b>Registered with GP in Bristol</b>	
<b>Consent from family—&gt;THIS MUST BE CHECKED ON THE SPE FORM</b>	
<b>Moderate or severe learning disability</b> <ul style="list-style-type: none"><li>• <b>Young person is functioning at half their chronological age AND</b></li><li>• <b>Young person has an IQ which is equivalent to 50 or less AND</b></li><li>• <b>Impaired ability to perform age appropriate daily living tasks AND</b><ul style="list-style-type: none"><li>○ <b>Washing / Dressing /Feeding /Money management</b></li></ul></li></ul>	

<p><b>Young person presents with enduring and long standing:</b></p> <ul style="list-style-type: none"> <li>• <b>Challenging behaviour</b>      <b>OR</b></li> <li>• <b>Emotional difficulties</b>      <b>OR</b></li> <li>• <b>Mental health difficulties</b> <b>OR</b></li> <li>• <b>Sleep problems</b>      <b>OR</b></li> <li>• <b>Severely restricted diet</b>      <b>OR</b></li> <li>• <b>Toileting issues</b></li> </ul> <p><b>Which are leading to distress and/or functional impairment and haven't responded to prior intervention</b></p>	
<p><b>Have accessed specific Primary Support Services/Community level intervention (Tier 1 and tier 2 interventions)</b></p>	
<p><b>Referrer has specified the support needed from the service</b></p>	

# Anonymised Example



# Pen Picture

- Our pupil has severe LD and Autism.
- She is from an Indian community in an inner city district.
- She seeks sensory input frequently/constantly.
- She is non verbal, and engages in making vocal sounds, as well as flapping and twiddling.
- She has low muscle tone and struggles to sit on a chair for long periods of time. Has been seen by OT and physio for support with this.
- Busy home life several siblings and a baby at home.
- Too small living arrangements



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# Reason for Discussion

- Two reasons for referral.
  1. Pushing thumbs into her mouth and pushing the sides of her cheeks. This has the effect of breaking down the skin between fingers. Frequent skin infections.
  2. Suffering from eczema on forehead – frequent scratching. Leading to bleeding and scabs over scratches. Eczema spreading over her face.

Concerns from school scratches may be caused by siblings.

# Approaches to Team Formulation



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# Actions/Advice

- Eczema could be impetigo – give antihistamine to test this hypothesis – this could bring down the swelling and itching
- Cut nails short so not to create more damage to skin
- Barrier cream for hands? Gloves?
- More physical exercise
- Dental Pain – Toothache? Crying when holding the side of her face when eating sweet things
- Contact OTs re sensory workshop
- Social care to contact mum to support visit to dentist



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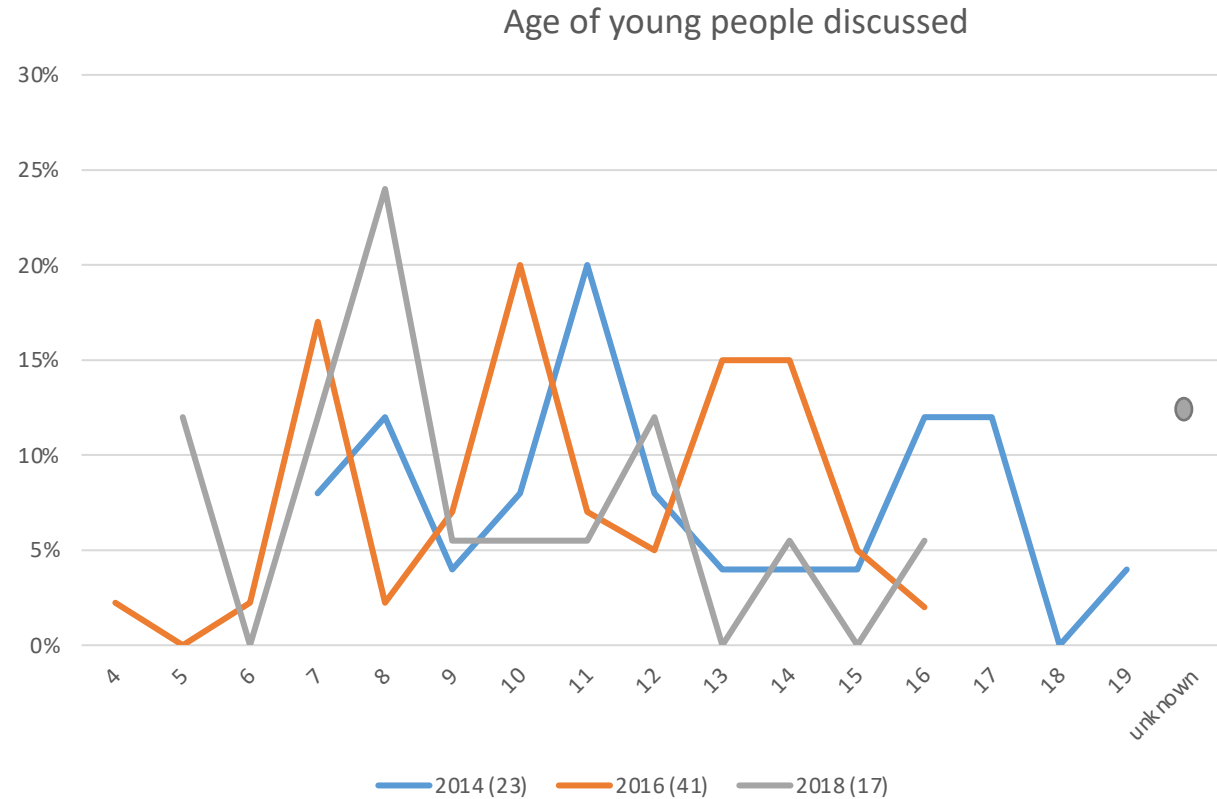
# Teacher/SENCO follow ups

- Refer to specialist family dentist
- Indian Family Support Group for support for mum with the children
- Signpost to GP re impetigo hypothesis for antihistamines and pain management
- School to discuss at SMT if dentist and GP are not actioned by family with support

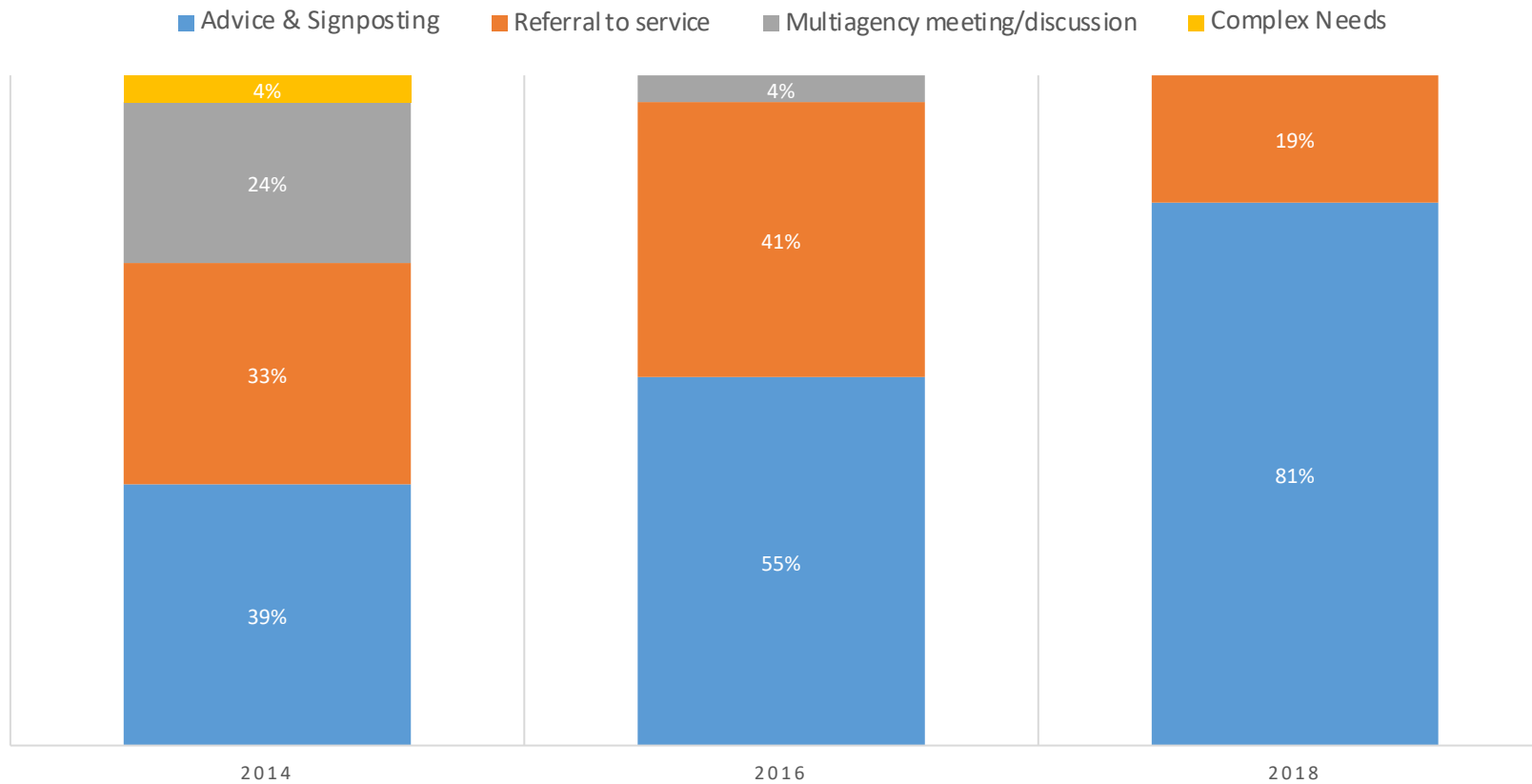
# Teacher Comments

- Teacher - Lots of practical advice given and follow up support offered to the family – Thank you
- SENCO - Very Helpful, Thanks

# Findings



## OUTCOME OF DISCUSSION



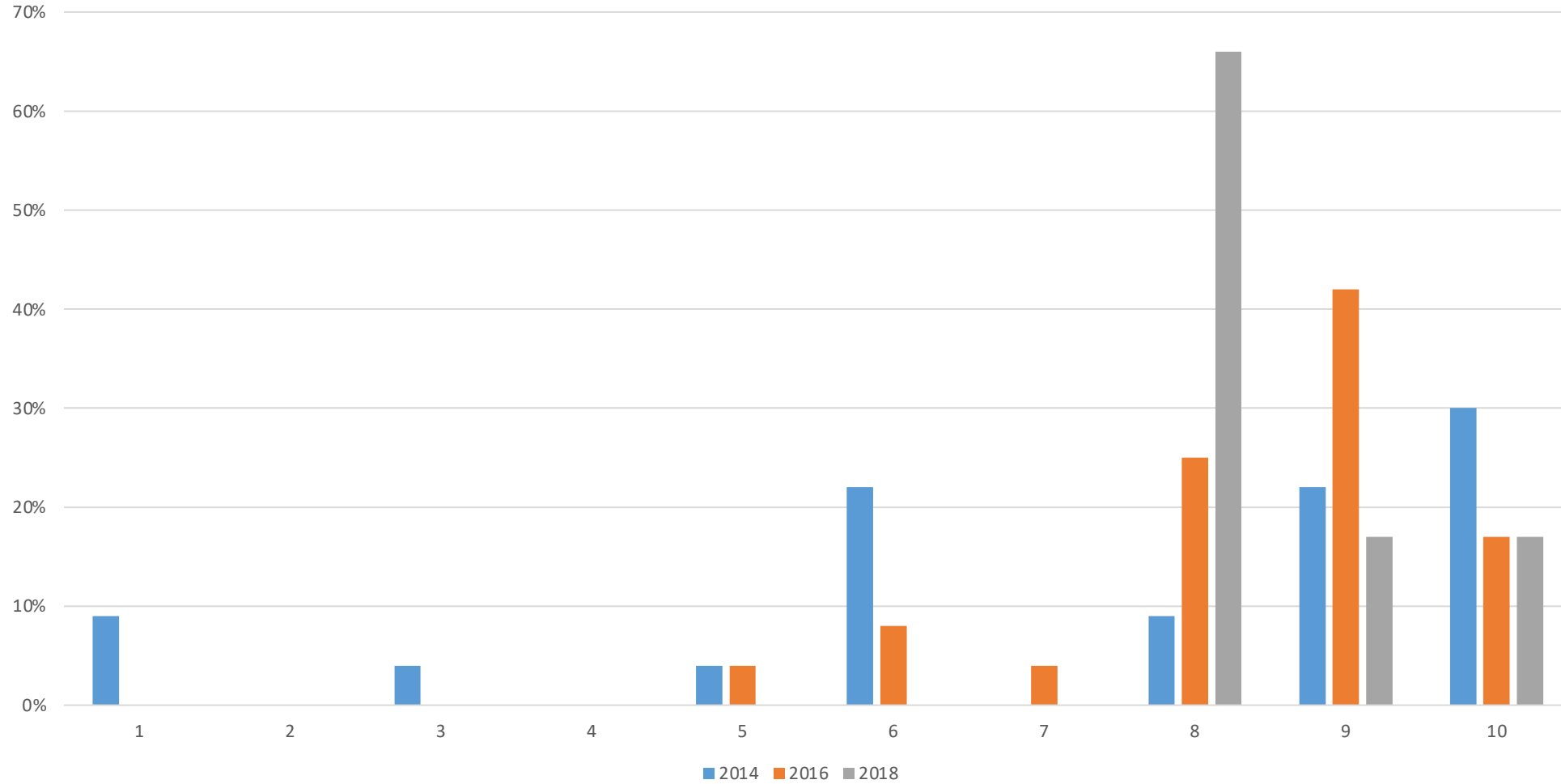
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### Feedback out of 10



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# Conclusions

- Encourages and facilitates early intervention through improving communication between the agencies.
- Generalising knowledge of strategies and resources
- MAC appears unique in bringing the multidisciplinary expertise of specialist service advice to schools in a pre-referral, preventative context.
- It has reduced inappropriate referrals to LD CAMHS and enabled early intervention by non-healthcare professionals.
- Acts as a tool for giving agency and a sense of hope and understanding



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# Questions



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# Thank you

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