

## *Kaleidoscope – Lewisham Centre for Children and Young People*

*Tony O'Sullivan*



Tony O'Sullivan is Clinical Director for Children & Young People with the Community Health Services, Lewisham PCT where he has worked as consultant paediatrician since 1993.

A unifying theme across areas of particular interest for him has been the importance of multi-agency

joint working. With other colleagues, he has been very involved in user consultation, the development of services for autism and other disabilities, and care co-ordination for disabled young people and their families from early years through to transition from school to adult services. He was involved from the start in the ambitious project to bring together in one building the agencies offering over twenty special services for children in Lewisham. The opening of Kaleidoscope – Lewisham Centre for Children and Young People in 2006 was a major milestone.

### **Summary**

For decades, parents of disabled children have been asking services to improve teamwork. To improve the lives of our children, all the agencies have to perform well as a team around the child: it just does not work if one agency – whether Health, Education or Social Care – fails to deliver. Anyone who has worked at getting agencies around the table to share pathways, knowledge and skills will know that success does not come easy. In 1999 Lewisham agencies decided on an exciting venture with the idea that if the majority of key agencies and their service teams were located in the same centre, better joint working would be sure to follow – wouldn't it? Kaleidoscope is the culmination of that vision and it opened for business in November 2006. Prior to the completion of the new build, and in the last three years since we opened, we have been planning and trying to implement some brave new

moves towards integrated working, not primarily for managerial simplicity or financial expediency (these are far from unimportant concerns but should be secondary aims) but in order to deliver better quality services to our children and families. Some gains were instantaneous from the day we opened. Other slower transformations have been achieved over the last three years. Still more achievable goals are on the horizon, and there remain several challenges. However, I believe that in the context of Lewisham, co-location has worked wonders.



Kaleidoscope – Lewisham Centre for Children and Young People

### **Introduction**

In the arena of disability, so much research has highlighted the same heartfelt messages from parents and their children. How they wish we professionals would talk to each other! Why, they ask, cannot we work to-

gether in reality rather than hiding our failures behind jargon such as 'single front door', 'joined-up thinking', 'common assessment framework'? Parents tell us that sharing of information with families and between professionals is so important, and that they need to be consulted on service developments. There are other key messages but those listed above are a few of the most important. We have an opportunity in Lewisham to realise some of these aspirations. We have begun an exciting journey and, although we are very far from achieving everything families need us to achieve, really exciting possibilities have opened up.

Back in 1995, the very first steps were taken towards the vision of a children's centre in Lewisham co-locating all the main agencies and teams involved with supporting disabled children and their families. This was long before Every Child Matters (2003) and the National Service Framework for Children, Young People and Maternity Services (2004), and it pre-dated Sure Start and children's centres where the focus has been on bringing together universal services. More than ten years later, in November 2007, the world-famous young artist with autism, Stephen Wiltshire, who spent his early years in Lewisham, and a group of Lewisham children with disability officially opened Kaleidoscope – Lewisham Centre for Children and Young People. I am grateful for the opportunity to share some of the experiences along the way and the early lessons we have learned since Kaleidoscope opened its doors for services in October 2006.

#### **What is Kaleidoscope and why is it different?**

The concept of co-location of multidisciplinary and multi-agency teams is not new. It is commonplace in the world of adults with learning disability and care of the elderly. To an extent, child development centres often have some input from social care or an early years teacher. There is surprisingly little research published, however, on the impact on quality of service provision. Most of this research has been on adult services.

The extent of co-location in Lewisham is unique in the UK: 270 staff belonging to the four agencies; community child health, child and adolescent mental health, education and social care, and working in 23 different teams, share Kaleidoscope as their base. These staff members offer a wide range of services which are various combinations of uni- and multi-disciplinary, single and multi-agency. They serve the Lewisham population of 63,000 children and young people up to 19 years of age. (Our annual birth rate has risen to 4500). Most of the work is done not in the building itself but in homes, early years and children's centres, schools and local health centres – the extent varies for specific services. The building is purpose-built to provide a high quality physical environment for assessment and examination, and to be respectful

of children and families, and the staff working with children with disabilities, mental health, educational or social care needs. The health services for vulnerable children, including safeguarding, are also based there. The building is the base from which outreach work extends across the Borough.

This affords specialist children's services a unique opportunity to demonstrate that, given the right conditions, joined up trans-agency and multi-disciplinary teamwork can transform services for children.



Stephen Wiltshire and Lewisham children open Kaleidoscope – November 2007

#### **Whom is Kaleidoscope serving and what are the key ambitions?**

The primary ambition was that the Centre would embody respect for the people it was there to serve: children and families in Lewisham with disabilities, mental health, educational or social care needs. Impressive and attractive district and specialist hospitals, primary care centres and schools are commonplace. Not so buildings for disabled children. Kaleidoscope is a very visible statement, prominent on the main road through Lewisham, that disabled children and their parents are equally worthy of a respectful, high quality environment in which to receive services. We set out to offer the comprehensive range of specialist community services required by families whose children often have multiple, varied and complex needs (see Table 1 below). We knew that this would make access to services so much easier and less stressful than travelling around the numerous locations we had in Lewisham prior to co-location. And we believed the teams co-located in the Centre would be able to work more effectively together across organisational boundaries.

### Services for children and young people with:

1. Learning disability
2. Physical disability including cerebral palsy
3. Autism
4. Language disorder
5. Other language & learning difficulties
6. Developmental Co-ordination Disorder
7. Sensory impairment (hearing and vision)
8. Mental health difficulties and disorders
9. Autism, learning disability, ADHD and other developmental disorders and disabilities with mental health needs
10. Emotional and behavioural concerns in school, impacting on educational progress
11. Safeguarding and services for adoption and looked-after children

Table 1: Client groups served by Kaleidoscope

We expect to fulfil the requirements of national and local strategies for the delivery of individual services such as the Child and Adolescent Mental Health Service (CAMHS) or the child development and disability service. However, the greater ambition, facilitated by co-location, is the delivery of truly integrated services, through multi-disciplinary services and inter-agency collaboration. If the building is to be a success, it will begin to meet the needs of service users. Although we have not conquered all organisational barriers, phrases such as 'single front door' are already less jargonistic and are beginning to be more meaningful to everyone.

Work to integrate the care pathways for particular client groups, such as ASD (Autism Spectrum Disorder), will facilitate ease of referral from and communication between primary care, schools and other agencies. Care pathway redesign has already had an impact and further exciting discussions are underway – an example of how the Centre is supporting the development of best professional practice. Kaleidoscope has the opportunity to develop as a centre of excellence providing training facilities for academic teaching and trans-agency research. The Centre's ethos and positive working environment have aided recruitment and retention of staff, and this inevitably contributes to better services.

### The importance of user involvement for the project

The pre-existing user group (Priory Manor Consultation Group) had been set up in 1996 in the old child development centre involving parents, the voluntary sector and staff users. This was a great foundation for user input throughout the whole project and was

put to powerful use throughout the planning stages. While the architects were being selected, two forums, one for users and the voluntary sector and a second for staff, briefed the applicants on what was needed. A tripartite interview process included three panels of equal weight including a user panel. The architects who had listened to users' views most clearly won the brief unanimously. The voluntary sector was represented on the project board and continues to contribute with permanent membership of the Centre's management committee. The previous user group became the Kaleidoscope User Group which continues to meet. Parent input to other bodies such as the steering group for the care co-ordination project (Multi-Agency Planning Pathway1) has ensured that user views continue to influence service development. The voluntary sector can also use the meeting facilities in the Centre and hold other meetings there, such as advice clinics.

### Additional aims supporting the main vision

At the top of the initial agenda was a commitment that the new Centre would demonstrate respect for disabled children and their families. We believed they deserved excellent services delivered in a respectful and pleasant environment, by professionals that worked well with families and other colleagues in a joined-up way across disciplines and agency boundaries. Additional commitments to best practice have underpinned the project from the outset. In the years prior to the opening, agencies signed up to the Team Around the Child model (TAC). The Centre has facilitated this model so that it has been possible to respond to emergencies by literally going round the building meeting key individuals, matching diaries and then holding a planning meeting within a few days. Co-location has made it easier to share knowledge of service pathways and to discuss and develop more co-operative approaches. Informal discussion has promoted greater knowledge of the work of other teams, has made it easier to share skills and to know when best to refer. Joint training opportunities are helping to break down barriers between professionals who are increasingly understanding of each other's core business and willing to share that ground common to all of us working with children with complex needs.

INDIVIDUAL TEAMS	SERVICE PROVIDED
<b>Lewisham PCT's Children &amp; Young People's Services in Kaleidoscope</b>	
Community paediatric medical	<ul style="list-style-type: none"> <li>▪ Child Development and Disability Services</li> <li>▪ Child protection and Looked-After Children health service</li> <li>▪ Adoption Service</li> <li>▪ Immunisation helpline advice and targeted immunisation programmes</li> <li>▪ Administrative support to clinical services</li> </ul>
Special Needs Nursing	
Speech and language therapy	
Occupational Therapy – with Social Care Occupational Therapy	
Physiotherapy	
Safeguarding	
Immunisation Advisory Service	
Children and Young People Services administration	
Audiology Service	
Additional outpatient clinics provided	<ul style="list-style-type: none"> <li>▪ Vision, Neurology, Genetics, Developmental Vision, Complex Motor Disorder, Orthotics, Upper Limb</li> </ul>
<b>Lewisham Child &amp; Adolescent Mental Health Service (South London &amp; Maudsley NHS Foundation Trust)</b>	
Lewisham CAMHS generic service	<ul style="list-style-type: none"> <li>▪ Generic CAMHS service</li> <li>▪ Play therapy, Art &amp; Psychotherapy</li> <li>▪ Parenting skills support, Family therapy</li> <li>▪ Child Protection, Therapeutic groups</li> <li>▪ CBT – cognitive behavioural therapy</li> <li>▪ ADHD assessment and treatment</li> </ul>
Lewisham CAMHS Neuro-developmental Team (NDT)	<ul style="list-style-type: none"> <li>▪ ASD assessment; intervention for ASD and learning disability</li> <li>▪ Mental health and behavioural support to children with disability</li> </ul>

INDIVIDUAL TEAMS	SERVICE PROVIDED
<b>Lewisham Borough Directorate of CYP's services in Kaleidoscope</b>	
Educational Psychology Service	<ul style="list-style-type: none"> <li>▪ Strategic support in developing inclusive settings</li> <li>▪ Assessment, advice and intervention for children with a range of additional educational needs</li> <li>▪ Advisory teacher input for visual and hearing impairment</li> <li>▪ Training in a wide range of subjects for a wide range of professionals</li> </ul>
Sensory Impairment Team	
ASD Advisory Teacher Service	
BEST team (Behaviour and Education Support Team)	
Children with Disabilities Service social work team	<ul style="list-style-type: none"> <li>▪ Social Care support and care co-ordination for disabled children</li> <li>▪ Range of respite care provision</li> </ul>

Occupational Therapy Team, Social Care (NB: Working with OT from PCT)	<ul style="list-style-type: none"> <li>Home-based recommendations and provision of equipment, housing adaptations and environmental change to meet daily living requirements</li> </ul>
Lewisham Portage Service	<ul style="list-style-type: none"> <li>Home-based early intervention to support parents of pre-school children with developmental concerns</li> </ul>
Healthy Schools Partnership  Teenage Pregnancy, Parenthood & Sexual Health Programme	<ul style="list-style-type: none"> <li>Working with schools to promote healthy living within the curriculum</li> <li>Working with schools to promote the aims of the Teenage Pregnancy, Parenthood &amp; Sexual Health Programme</li> </ul>
<b>Trans-agency teams in Kaleidoscope</b>	
Inter-agency Transition Team (IATT)	<ul style="list-style-type: none"> <li>Transition planning for disabled young people</li> </ul>
Multi-agency Planning Pathway (MAPP)	<ul style="list-style-type: none"> <li>Care co-ordination and keyworking</li> </ul>
Lewisham Contact Point	<ul style="list-style-type: none"> <li>Lewisham Child Index and database with link to Common Assessment Framework and vulnerable children</li> </ul>
<b>Voluntary sector and service user resource</b>	
Family Information Service (local authority service)	<ul style="list-style-type: none"> <li>Information and signposting service in the Resource Area</li> </ul>
Lewisham Autism Support (managed by National Autistic Society) – based externally but also working at Kaleidoscope	<ul style="list-style-type: none"> <li>Support and signposting to relevant resources for parents of children recently diagnosed with autism</li> <li><i>help!</i> – training course for parents of school-age children with ASD</li> </ul>

Table 2: Agencies, teams and services based in Kaleidoscope

### A brief history of the process

At a time when all the specialist services for children and young people had outgrown their respective bases, the logic behind the argument to co-locate services achieved resonance in the agencies. Lobbying of key partners played an essential part in building up momentum and led to agreement to explore the feasibility of the project. A project board was set up in 1999 and involved the key partners strengthened by the organic connection we had established with parents and their organisations in Lewisham. The architects were appointed in 2003 and the full business case was finally agreed in June 2004.

Parent and voluntary sector user consultation led to a much clearer brief for the architects to follow. Ongoing user involvement with the architects led to important adaptations of plans even quite late in the process on such issues as the safety of children entering and exiting the building, the visibility and clarity of information about where to go in the building, design of reception area to cater for all ages of young people from infancy to late teenage. All of these issues

and more were dealt with carefully and successfully. Thorough consultation ensured all staff groups had significant input about their clinical and professional contact areas including generic consultation rooms, the 'higher tech' audiology suite, the augmentative and assistive communication (AAC) suite and the child protection examination suites. Careful consideration was given to issues of hoisting, toileting and feeding. Great thought went into sharing IT and telephony systems, reception, records storage and office supplies. Not everything has gone smoothly, but on balance the serious commitment to consultation ensured a very good result. The project avoided private finance and LIFT arrangements (see note about LIFT at the end of the article). Instead, the Centre was financed by the NHS, with partner agencies contributing. Lewisham PCT is the lead agency and owns the building. The terms of the lease include a commitment that the purpose of the building (for services for children with disability and a range of other additional needs, as outlined above) would not be altered unilaterally by any partner agency.



Communication Clinic – assessment of social communication

## Main achievements

### 1. Informal gains

Prior to the final moving in, even though significant staff consultation had taken place over two years, there remained significant concern amongst many professionals about the potential adverse consequences of co-location. There were concerns that one agency would dominate others, that professional boundaries, core responsibilities and skills would be blurred and eroded, that open plan office space would be unworkable and would undermine confidentiality, and others. Almost universally, those concerns have fallen away to be replaced by enthusiasm about the tangible benefits of teams and services being so accessible to each other and joint working being so much easier. Specific measures had been put in place to deal with some of the very legitimate concerns. For example, the provision of several booths where confidential calls, dictation and one-to-ones could take place.

### 2. Excellent meeting and training facilities

The consultation on teams' needs for meeting space also paid dividends so there is a successful balance of differently sized rooms and a conference suite which can hold up to a hundred and which can be partitioned for smaller meetings.

Multi-agency education meetings are now regularly open to other agencies – with appropriate regard to confidentiality issues. Lunchtime meetings on specific topics including autism, transition to adult services, and epilepsy have been really well attended across disciplines and agencies. Borough-wide initiatives, such as the Local Safeguarding Children Board or the launch of Early Support, have benefited from a relevant and pleasant location for meetings.

### 3. Client pathways

Though such terminology as 'patient journey' and 'client pathways' belonged originally to health services, inter-agency discussion on them is so much easier and productive now at the Centre. Pathway work has led to positive developments as follows:

- a. **Developing a single point of under-fives referral:** The special needs health visitors, children with disability social work team and Portage share a common referrals intake pathway. Further work is needed to link better with children's centres.
- b. **sharing referral and assessment pathways:**
  - Community paediatricians have joined the CAMHS ADHD (Attention Deficit Hyperactivity Disorder) assessment service and joint work with CAMHS is going well.
  - ASD referrals have a shared pathway between Community Child Health (speech and language therapists, paediatricians) and CAMHS. The pathway is being further developed to link more closely with the ASD outreach teacher team as a stronger partnership on identification, referral, assessment and intervention and a stronger link with schools.
- c. **Trans-agency assessment** – filling previous gaps in provision: A Developmental Vision Clinic for the ongoing assessment of visual function and advice on educational, home and community management of the visually impaired child is established, with Teacher for the Visually Impaired, orthoptist and community paediatrician.
- d. **Early Support:** A pathway now links the neonatal unit, the continuing care nurse, care co-ordination team (MAPP) and community paediatricians.
- e. **BEST (Behaviour and Education Support Team)** – linking work in schools with specialist services: Education's Inclusion Service has redesigned their links with schools into four localities. BEST (a trans-agency team of educationalists and mental health workers) provides one part of that response to school referrals. Because it is based at Kaleidoscope it knits together the schools, the outreach services, such as BEST, and the other specialist services based at Kaleidoscope. There is much more work to be done, but progress is now faster and easier than in previous years.
- f. **MAPP:** Our care co-ordination and keyworker service was one year old when Kaleidoscope opened. It has gone from strength to strength since the opening and has extended its remit to all ages. There is now a case-load of 249 children with active casework or periodic overview. 110 children have a named keyworker and 66 professionals act as keyworker for one or more families. A decision has been taken to combine with the Inter-Agency Transition Team under one care co-ordination umbrella spanning the age range 0-25 years. This will be introduced over the next year.

## Work still to do and problems still to solve

### 1. IT and information sharing

**a. Computers, email and data:** Any member of any agency can use any computer in the building and gain secure access to their network. Those who are employed by two agencies can access both networks from the same PC. Clearly, email and databases are still separate and confidentiality of client data is still a priority. At some levels, the assumption was made that information would be uniformly available to all agencies – that assumption was wrong and inconsistent with law and professional practice. As always, confidentiality remains a hot topic in all our work.

**b. Information sharing pathways:** Where information is appropriate and required consent is given, information sharing is so much more easy now and a request can be responded to within minutes when urgent. Attendance at MAPP meetings and other information-sharing meetings has been facilitated by proximity and co-location.

**c. Booking systems and sharing of clinical information:** Work is needed to improve co-ordination of information on bookings because, for confidentiality reasons, agencies book appointments separately. This is an obstacle to smoother co-ordination. For example it prevents sharing of information between one team who has seen a child and another team who is about to see the same child.

### 2. Management of infrastructure and integration

A major unresolved issue is that, although there was unity of purpose for the co-location project in terms of building the new Centre, the question of how the integration project is managed was not adequately addressed. There is no overall official inter-agency lead, operationally or strategically. Issues are crisis-managed and important integration work is not prioritised. This slows down the potential for capitalising on the opportunities offered by co-location. Issues that lag behind the needs of services and families are those that are cross-agency. For example, we lack an integrated information strategy and user consultation strategy across all agencies and teams in the building. At the moment agencies are still following individual policies and that leaves important gaps. We need to further improve co-ordination of appointments. This has improved with co-location but not to the extent that families need. And there are still some building-wide issues, such as the provision of a café (not yet opened) and installation of more artwork.

### 3. Behaviour pathway

There is progress on closer working between community paediatricians and CAMHS on the behaviour pathway, and on linking this to the parent support strategy in the Borough. The joint work on ADHD has already had positive results, facilitating more holistic assessment of children with complex needs and co-morbidity. This may now be extended to paediatrician

support working with the Adolescent Resource Team (ART), the CAMHS multi-disciplinary team responding to vulnerable young people at risk or in crisis.

### 4. Outreaching – to link better with community-based services

Kaleidoscope open days have invited outside agencies to find out services are offered in and from the Centre and community-based services come to Kaleidoscope for training events. Relationships are positive between the agencies based in the Centre and schools. However, we have further work to do to integrate our work. For example, Early Support has work to do to enhance its presence in children's centres. Also, schools want more presence on site in the schools for children and young people who have, or might have ASD but there are waiting times for ASD assessment. Work is going on to integrate better the ASD pathway between early years locations, schools, the outreach ASD advisory teacher team and the Centre-based assessment teams. This is potentially a very positive pathway development.

### Conclusion

We have a responsibility to evaluate the project as it unfolds for ourselves, for our families and, in a more general sense, for the common good – but we have not had funding for this. It might seem obvious that co-location would improve service delivery for disabled children and others who need our combined services, but, in fact, there is very little published research to show that co-location improves professional co-operation, teamwork, or service outcomes.

But far from being a leap in the dark, we have built on a spirit of integrated service delivery and trans-agency teamwork that was already healthy in Lewisham. There is no doubt that this has been strengthened greatly by the wonderful new building. But we still will need to nurture our good working practices, to watch, reflect, learn and adapt as we go. Our key objectives in this process are as follows:

1. To examine how working practices change in relation to co-location, developing team relationships, shared goals, training etc
2. To capture changes in quality of services for children and young people
3. To comment if possible on effective and efficient use of resources
4. To explore whether the co-location of services increases parent and child satisfaction of the services provided
5. To explore whether co-location has had a bearing on health inequalities through co-ordinated access to services and reducing duplication
6. To further the role of user involvement both in individual care planning and in service development.



In the Audiology Clinic

#### **Reference**

1. Wallace A. Good practice in Lewisham: The multi-agency planning pathway (MAPP). IQJ Issue 1: April 2008

#### **LIFT**

Guidance on Local Improvement Finance Trust companies (LIFTCos) was published in 2003. A LIFTCo was seen as an alternative to private finance initiative (PFI). A LIFTCo is a shareholding company in which the statutory agencies, e.g. a PCT, would hold 20% of the stake. Private shareholders and business would hold the rest with limited liability if the scheme fails, but the LIFTCo, not the NHS, has ownership of the building.

#### **Contact**

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