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## COMPARING 3 MULTI-DISCIPLINARY TEAMS

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## Comparing 3 Multi-Disciplinary Teams

The multi-disciplinary team has been a key part of the Future 4 Me approach. In order to consider how multi-disciplinary approaches work in the wider context of support for care and custody leavers, we identified and interviewed two other agencies working with this cohort, using a multi-disciplinary approach; Bristol Youth Offending Team (YOT) and Bristol Families in Focus Team.

### **Bristol Youth Offending Team (YOT) – overview**

YOTs are multi-agency partnerships that deliver youth justice services locally. The Crime and Disorder Act requires that local partners cooperate to establish YOTs to coordinate the provision of local youth justice services. The statutory youth justice partners are:

- the local authority
- police
- probation
- health

The multi-disciplinary nature of youth offending teams is dictated by legislation, and Bristol YOT is made up of team leaders, business support officers, YOT Practitioners and seconded staff from the 4 sectors above, whose performance management and professional development remain the responsibility of their employer. The YOT also has a team of volunteers. Although all YOTs will therefore have social workers, police, probation, education and health workers, within the framework different YOTs will also have some freedom to identify and include different specialisms within their teams according to local need and resources.

YOTs are funded by their statutory partners and receive an annual grant from central government administered and overseen by the Youth Justice Board (YJB). On average this grant accounts for about a third of each YOT's funding.

### **Bristol Families in Focus Team - overview**

The Bristol Families in Focus service supports children and families whose needs require a multiagency response due to their complexity or significance. There are 3 locality teams within Bristol which form part of the early help offer to children and families in line with the city-wide Bristol Strategy for Children, Young People and Families (2016-2020).

The teams provide support to help children and families achieve positive and sustained outcomes in a timely way. Families in Focus adopt a whole family approach using strengths based practice and child centred plans, and identify and agree goals with family members. Teams are multi-disciplinary, with a mix of staff which reflect the needs of the locality. Disciplines include Family Support Workers, Youth Workers, Social Workers, Parenting

Practitioners (employed by Bristol City Council); Domestic Violence and Abuse Advisors, Employment Advisors and Mental Health specialists (seconded from external agencies).

An integrated management team which includes managers from Social Services, Children's Centres and Families in Focus promotes a collaborative approach to decision making at all levels.

**Table 1 – detailed comparison of the three multi-disciplinary teams**

	<b>Future 4 Me</b>	<b>Bristol YOT</b>	<b>Families in Focus</b>
<b>What are the specialisms in the team?</b>	<ul style="list-style-type: none"> <li>• Mental Health workers</li> <li>• Resettlement worker</li> <li>• Work and Learning worker</li> <li>• Participation worker</li> </ul>	<ul style="list-style-type: none"> <li>• Case Managers – Police Officer, Probation Officer, Social Worker, Housing Officer, Youth Justice Practitioner, Youth Justice Support Worker</li> <li>• CAMHS Nurse</li> <li>• Health &amp; Wellbeing Practitioner (formerly School Nurse)</li> <li>• Teacher</li> <li>• Speech &amp; Language Therapist</li> <li>• Drugs Worker</li> <li>• Restorative Justice co-ordinator</li> <li>• Appropriate Adult co-ordinator</li> <li>• Appropriate Adult Volunteers</li> <li>• Panel Member Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Case managers - Social Workers,</li> <li>• Family Support Workers, Youth Justice Support Worker, Keyworkers</li> <li>• CAMHS nurse</li> <li>• Adult Mental Health specialist</li> <li>• Domestic Violence &amp; Abuse Workers</li> <li>• Employment Advisors</li> <li>• Parenting Practitioners</li> <li>• Youth &amp; Community Workers</li> <li>• Substance Misuse Specialists</li> <li>• Housing Co-ordinator (<i>liaison role split between housing and FIF, holds some cases around intentional homelessness</i>)</li> <li>• Education Inclusion Manager (<i>working with young people at risk of criminal exploitation</i>)</li> <li>• Police Community Support Officer</li> </ul>

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<b>In an ideal world, what specialisms would you add?</b>	<ul style="list-style-type: none"> <li>• Learning disability/Speech &amp; Language</li> <li>• Family worker</li> <li>• Occupational Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Educational Psychologist</li> <li>• Parenting worker</li> </ul>	Specialist support around Autistic Spectrum Disorder conditions in children & young people
<b>How were these specialisms identified?</b>	We identified the specialisms based on evidence about local and national need.	<p>Some are dictated by legislation – a YOT must include staff from the police, probation, health and social services.</p> <p>The Speech &amp; Language therapist is an example of a need which was identified nationally, and funding for this is provided by NHS England.</p> <p>Since the Speech &amp; Language therapist has been in post, findings have shown that over 70% of local cases have moderate to severe speech and language challenges, and of those assessed, 70% had never been diagnosed. This confirmed with evidence what had been assumed from experience.</p>	<p>Specialisms identified in line with Bristol’s Early Help strategy for children and families, which was based on the Troubled Families model.</p> <p>Cases are managed by Social workers, Family Support workers, Keyworkers, Youth Justice Workers, and Parenting Practitioners.</p> <p>Additional specialisms are included based on local emerging need. For example, the Serious Violence Strategy triggered the roles of Education Inclusion Manager and Youth Justice Support Worker being added to the team.</p>
<b>What can you tell us about recruitment?</b>	Recruitment of specialist staff was a challenge initially, particularly with the Mental Health specialism. Experience suggests that staff	Staff from health, probation, police and social services are seconded, so recruitment is relatively straightforward. Until recently secondments were open ended – however	Social workers, Family workers, Keyworkers, Parenting Practitioners, Youth & Community Workers, and the

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	<p>within the NHS system are reluctant to move out of it because of the potential impact on pensions and professional registrations/insurance.</p> <p>A two tier job description was created offering a 'qualified' and 'unqualified' rate for each post in order to attract a wider range of candidates and this proved effective.</p>	<p>they are now being capped at 3 years. This is to promote a regular exchange of knowledge and skills between the YOTs and their statutory partners, and ensure staff don't get 'out of touch' with their statutory role.</p> <p>Most YOT staff are directly recruited to the YOT. Recruitment is not problematic, there is usually a strong field of candidates and posts are always filled.</p>	<p>Education Inclusion Manager are all employed by Bristol City Council</p> <p>Domestic Violence &amp; Abuse workers are seconded from Next Link</p> <p>Employment advisors are seconded from DWP</p> <p>Substance misuse workers are seconded from Bristol Drugs Project</p> <p>Mental health practitioners are seconded from Avon &amp; Wiltshire Mental Health Partnership (CAMHS)</p> <p>Youth Justice worker shared between YOT &amp; FIF</p> <p>There can be a challenge around recruiting managers fully understanding the remit of seconded roles - where joint panels and shared questions have been used in recruitment this has been really successful</p>

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			<p>Education Inclusion Manager role was a joint recruitment with BCC's Alternative Learning Provision Hub.</p> <p>Joint recruitment with other BCC depts seen as a benefit – easier to do this internally than with external agencies.</p>
<p>What do you do to promote sharing of skills and knowledge within your team?</p>	<p>Regular team meetings on a weekly basis with different themes, including:</p> <ul style="list-style-type: none"> <li>• team case reviews</li> <li>• group clinical supervision</li> <li>• team reflective practice</li> <li>• team meetings/briefings</li> </ul> <p>Each colleague was tasked with managing relationships with an external stakeholder group/local authority area, and providing regular updates to the rest of the team</p> <p>Development days held 3 times a year to focus on team specific training &amp; development needs</p>	<p>Professional development seminars every 6 weeks</p> <p>Specialists offer specialist training to the rest of the team</p> <p>Joint assessments and joint working</p> <p>Informal mentoring and guidance from specialists as required in the course of casework</p> <p>Formulation based approach involves all relevant specialists in planning support</p> <p>Appropriate information sharing – different methods work for different specialisms. For example, the education specialists share a lot of information about opportunities by email, whereas the health specialists will attend</p>	<p>Team meetings monthly with all staff (internal and seconded) All staff are treated the same regardless of their employment status</p> <p>Joint case reviews – with social care</p> <p>Team around the family meetings</p> <p>Input/Consultation around new policies and pathways</p> <p>1:1 support &amp; advice for other team members</p> <p>Internal referral for specialist services</p> <p>Group reflective supervision</p> <p>Practice groups for specific approaches – eg NVR (non violent resistance) for</p>

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	<p>Shadowing encouraged where professional development needs were identified which could be met from within the team</p> <p>Cases information all held centrally and accessible to all workers</p>	<p>team meetings in person to field queries and give updates on practice.</p> <p>Interagency access to internal information systems – access to police and probation systems has always been embedded within the secondment model, access to social care systems took longer to put in place.</p>	<p>sharing practice and unpicking challenges</p> <p>Team days at least once a year – team building and development focused</p> <p>Access to information systems – all staff including seconded</p>
<b>Funding</b>	<p>F4M was funded by the TNCLF (formerly the Big Lottery fund) over 7 years. However, to date it has not been possible to secure one source of funding for all roles to continue beyond that, despite evidence showing the value of the project. Continuation work is being funded from a number of sources. This has created additional challenges reflecting the need to align in the different requirements of funders into a coherent service / team.</p>	<p>Funded by statutory partners and central government grant (see ‘overview’)</p> <p>YOTs are affected by changes in national funding as well as local funding / structural decisions. Since 2005, the YOT team in Bristol has reduced from 150 to 40 staff. Some of this is due to funding cuts, and some to restructuring of statutory services. The reduction in staff reflects the reduction in throughput to YOTs, but not the complexity of the caseloads, which has increased.</p>	<p>Funded by a combination of local and national sources:</p> <ul style="list-style-type: none"> <li>● Troubled Families money</li> <li>● Home Office funding (serious violence money)</li> <li>● Core Bristol City Council funding</li> </ul>
<b>Key learning points - Benefits</b>	<p>Joining Up – practitioners able to establish meaningful connections with each other and with external</p>	<p>Supports an exchange of skills and knowledge across sectors</p>	<p>Access to the range of skills and experience and specialist direct work</p>

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	<p>agencies. Specialisms helped with 'way in' to external agencies.</p> <p>Awareness and understanding – practitioners accumulated knowledge across a broad spectrum, including practitioners, organisations and young people. This enabled a clearer picture of the local landscape.</p> <p>Greater Responsiveness – due to effective joined up working, which reduced duplication or ineffective sequencing of interventions</p> <p>Greater Effectiveness – interventions were considered within a collaborative and trauma informed framework effectively connected with other agencies.</p>	<p>Supports upskilling of YOT staff through availability of in-house expertise</p> <p>NHS staff in-house support improves understanding of, and access to, specialist health services</p> <p>Differences in culture and approach promote communication and ensure a balanced approach to support</p> <p>Specialists have access to clinical supervision, peer support &amp; professional development through connection with 'parent' agency</p> <p>Professional registrations and insurances covered by employer for seconded staff</p>	<p>reduces delay in delivery of the intervention needed.</p> <p>Working together in a team increases the chance that professionals communicate effectively with one another and develop a shared approach.</p> <p>The model promotes an embedded understanding of other services and what they can do, this can inform future service planning.</p> <p>Secondments can rekindle enthusiasm for original role – in some cases giving colleagues a fresh perspective to take back to their original setting.</p>
<b>Key learning points - Challenges</b>	<p>Security of funding – the challenges of securing ongoing funding for established, evidence based, successful projects in a sector where funding more often</p>	<p>Ongoing need for training to ensure seconded staff adopt an approach coherent with the values and ethos of the YOT</p> <p>Differences in approach can lead to tensions between staff from different backgrounds</p>	<p>Secondments – it takes a special type of person to come out of their organisation and their comfort zone and be able to apply their practice in a new context. To be successful the work requires proactivity and an openness to</p>

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	<p>looks towards new projects and 'innovation'</p> <p>Evidencing impact – challenge of measuring outcomes in a way which is authentic to the complexities of young people's lives, and genuinely reflects the impact of the programme.</p>	<p>Specialist staff can feel isolated from their peers</p> <p>Managing staff with a wide variety of differing needs can be challenging</p> <p>Funding cuts across sectors have had a cumulative effect on the YOT resource</p>	<p>learning about other people's practice, and a flexibility about how you carry out your role. This can require courage and a shift in mindset. Seconded colleagues may need to report back to managers who have poor understanding of their context, and this takes confidence.</p> <p>In a small number of cases people may be encouraged to go for secondment because of management difficulties in their current role. This risk is recognised when recruiting.</p>

## Conclusions

The three teams analysed here share differences and similarities. They have differing remits, with both statutory and non-statutory services represented. They cover different, although overlapping, service user groups, which include children, young people, adults, and families. They cover differing geographical areas, with the YOT and FIF teams working within Bristol, and F4M covering Bristol, B&NES, North Somerset and South Gloucestershire.

They share similarities in that they are all focused on working to support people to overcome challenging life circumstances. They share a trauma informed ethos which places importance on the work being led by the individual service user, and on communication and cooperation with other professionals.

What emerges from the comparison of the three teams are strong themes relating to improved ways of working, more effective service delivery, and good quality support and development for colleagues. All three teams observed that just the fact of being co-located would mean that specialists would become involved in one another's cases, lending advice and expertise to one another on an ad hoc basis, and not just at the formal joint assessment meetings or case reviews. This informal sharing of expertise can significantly streamline the work of teams, reducing time spent trying to find information that another colleague has at their fingertips. This sharing of knowledge and information was also observed to have a positive impact on the confidence of the team and the individuals within it.

Similarly, the ability of the teams to respond quickly to many different types of need, was perceived to be a great benefit. Interventions can be delivered earlier, and without the need for the service user to be assessed over and over again by different agencies. Where external services are needed, having an internal specialist who can help the service user or other professionals to navigate these referrals was found to be very useful.

There were also challenges associated with a multi-disciplinary team and again some themes emerged. Most of the challenges relate to the recruitment and management of the team. Any team may have challenges in recruitment and management, but multi-disciplinary teams add additional dynamics e.g. staff seconded in for fixed periods who are used to very different types of work culture or organisational structure. Specialist staff will have a range of different CPD needs, which managers may be unfamiliar with. Colleagues seconded in from other organisations as the only specialist in their area may feel isolated. Putting the right structures in place to build team communication and confidence is recognised as vital to overcome these challenges. Observations were also made that within larger teams, there is a need for operational managers to be involved in strategic decisions, particularly around recruitment – to ensure that roles are being effectively matched to local need.

Funding is another challenge, which although it affects the whole sector, may disproportionately threaten teams which employ more specialist staff. It was perceived by the managers interviewed that this model offers good value for money, as it maximises the effectiveness of the resources available.

Overall, it was felt that the benefits of a multi-disciplinary team approach far outweighed the disadvantages, providing an agile and effective response which strengthens the local offer and improves inter agency working.