

Children & Young People PSC	CYP/20/12
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## **Multi Agency Allocation Groups (MAAGs)**

Report by Philippa Bull Head of Locality Commissioning Mid.

Strategic Lead for MAAG.

Enquiries to [philippa.bull@Essex.gov.uk](mailto:philippa.bull@Essex.gov.uk) Tel: 01245 245932

### **Introduction:**

Multi-Agency Allocation Groups (MAAGs) support children, young people and families with complex needs best met through the allocation of more than one resource from a range of providers. They were introduced to Essex three years ago, gradually being phased in across the County beginning with pilots in Basildon and Colchester. They were introduced to support the appropriate allocation of resources to cases requiring multi-agency intervention to ensure effective use was made of resources available and that children received the right support at the right time. They are part of a Common Assessment process responsible for the allocation of resources from different agencies and for appointing the Lead Professional. They meet to allocate appropriate resources to provide an integrated support package to address the needs of children, young people and families according to an evidenced based assessment captured by completing the Common Assessment Framework (CAF). They allocate support to children and young people aged 0-19 (or 25 where there is a learning difficulty or disability) and their families.

MAAGs consider any case that requires a multi- agency intervention and have needs up to and including level 3 (children with complex needs). They also consider transition packages of support to enable children and young people with level 4 needs who have been or are Looked After or are in hospital and those with complex needs to be supported in their local community. MAAGs do not consider cases where the assessed needs can be met by a single agency referral.

The MAAG process is managed by the MAAG Manager supported by the commissioning hub in each quadrant. Each MAAG Manager holds a MAAG panel on a weekly basis in each district, attended by managers from a range of organisations including Child and Adolescent Mental Health, Social Care, Youth Service, schools, health and police. At each MAAG CAFs are reviewed and needs assessed and an appropriate support package is allocated and a Lead Professional identified who is responsible for co-ordinating the support and reviewing progress.

The MAAGs also have a monitoring role tracking cases and reviewing progress at regular intervals. Interventions are monitored and when actions are complete the cases are either closed or interventions reviewed and further support identified. The impact of interventions is captured in cases studies and through the analysis of data against indicators such as

referrals/ re-referrals to social care and closed as outcomes achieved for the child or family.

### **What have been the benefits of MAAG?**

#### **MAAGS have:**

- Provided the forum for a range of partner organisations to work together and share information in a structured way to support children young people and families.
- Enabled improved co-ordination of resources aiming to ensure identified needs are supported in the right way at the right time.
- Provided a clear route to access multi-agency support
- Prevented duplication of activity when supporting families
- Ensured all involved in supporting a family are informed and working towards the same outcomes
- Provided families with one point of contact through the Lead Professional
- Improved child/family experience of accessing services
- Improved understanding across services of what they provide and how they can be joined up
- Developed the understanding and links between adults and children's services enabling a more holistic approach to interventions e.g. the Chelmsford Family Project, 'Family MAAG' pilot model
- Used analysis 'deep dive' of MAAG data to inform the local needs assessments identifying needs and gaps in services at a locality level
- Monitored and tracked the progress of cases allocated a resource
- Prevented the escalation of cases already known to social care by providing appropriate interventions, only 11% of all accepted cases were re-referred 2011-12. In the 1<sup>st</sup> quarter this year (April to June 2012) 6% of cases have been referred to social care.

April –March 2011-12

District	Total number of cases received	Number of cases accepted for MAAG	Of cases accepted number known to	Number referred/ referred to social care	Of number referred to CSC how many were	Of number referred to CSC how many were not previously
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	at MAAG	01/09/2012	social care in the last 5 years	following MAAG intervention. (T his could be at anytime during the year)	previously known to CSC	known to CSC
Mid	498	317	223	31	31	0
South	481	238	108	27	25	2
West	413	229	138	41	33	8
North East	374	241	124	16	8	8
<b>TOTAL</b>	<b>1766</b>	<b>1025</b>	<b>593 (58%)</b>	<b>115 (11% of all accepted cases)</b>	<b>97 (84%) Of total referred</b>	<b>18 (15%) Of total referred</b>

Only a small number of cases referred to social care at some stage during the MAAG process were not previously known 18 (15%). This suggests that the more complex cases with a history of social care are more likely to be re-referred than those not known. 910 cases provided with an intervention via the MAAG process have not required social care input and are currently being worked by the allocated Team Around the Child or closed as the intervention has been completed suggesting that the appropriate resource was allocated MAAG.

A deep dive of MAAG data is taking place in the Mid Hub looking to identify families that may fulfil the criteria for the projects begin implemented across Essex, the Trouble Families Project and the ESF Supporting Families Scheme. The family information is filtered by the relevant criteria to identify those already open to MAAG to see if they could be eligible to be worked with through the other projects. This process is still in its early stages working on data from the Braintree District.

#### **Challenges to the MAAG process:**

- **Consistent attendance by key partners and capacity to support the allocation process.**
  - It can be very difficult for the MAAG to be effective in its allocation and co-ordination of resources if partner attendance is poor.
  - Although the attendance of core group members is generally good across all MAAGs, there are particular agencies that have gradually withdrawn from MAAG due to capacity issues or changes in circumstances such as ECC services that have become traded eg Education Welfare Service
  - MAAG Managers work hard to enable partners to attend by combining meetings and contacting voluntary sector providers outside meetings to enlist their support for a plan where appropriate
  - At a strategic level sign up to MAAG and on going engagement in MAAG is raised at the Children's Partnership Board and followed up with identified partners by Head of Locality responsible or the MAAG Manager
- **Inappropriate referrals**
  - The main reason for CAFs being returned is because they require a single agency response, accounting for approximately 50% of CAFs returned (2011-12)

- Integrated Workforce Managers and the MAAG Managers analyse the data on CAFs received to identify organisations and groups that need further support and guidance and provide awareness raising/ information sessions
  - This has resulted in a rise in the number of CAFs submitted by Children's Centres and Early Years Settings in 2011-12, 5% (82) of all requests compared to 1% (28) previously, however the largest increase is from health practitioners, including GPs, who submitted 11% (187) compared with 3% (66) in the previous year.
  - MAAG Managers have developed positive relationships with social care colleagues implementing a de-escalation process for identified cases that no longer require social care input but need ongoing monitoring and support from a multi-agency group. A new approach to de-escalating cases from Children's Social Care has been implemented over the past year, becoming more established in recent months. This has resulted in more cases being submitted, 298 over the year (2011-12), 17% of the total compared with 4% last year.
- **Reluctance to take on the Lead Professional Role**
    - MAAGs have found it difficult to allocate Lead Professional role as some agencies and organisations are reluctant to take on the role. Schools are most likely to be the Lead Professional
    - An effective Lead Professional is key to the delivery of the post-MAAG process which is an area in need of development.
    - The LP role is responsible for setting up the Team Around the Child (TAC), returning the action plan detailing how support will be delivered.
    - This aspect of the process is not always carried out to time and in some cases at all, action plans are not being sent back, and frequently review documents are not received after the interventions have been carried out. Where the LP role is followed and allocated support provided, the outcomes for children and families are positive.
    - MAAG Managers have reviewed the process of chasing letters to prompt LP activity with some success

## **The Future of MAAG:**

### **Review of Assessment, Referral and Access to Resources**

The MAAG processes and the use of the Common Assessment Framework were reviewed over the summer as part of the above consultation with partners which also included:

- Access routes for single and multi agency support
- Levels of need and indicators (Threshold of Need)
- Coordination of services – Information Sharing, Lead Professional, Team around the Child

Although MAAGs provide a co-ordinated multi-agency approach to the allocation of resources, issues raised by partners concerning the need for a CAF to access the resources and taking on the responsibilities of the Lead Professional role highlighted above, has resulted in actions not being consistently implemented by LPs. Action has been taken by the Commissioning hub staff to support partner understanding, however this is still an area of concern particularly for schools and in some cases they do not feel they have

the expertise required to fulfil the LP role with the more complex families now being referred to MAAG.

The initial outcomes of the review suggest there is a need for a more holistic family focused assessment to access multi-agency services and that this should not be a requirement when accessing support from a single agency. The development of Multi-disciplinary/Agency teams with Lead Professionals providing more intensive support for more complex families at Level 3 is also an aspect of the process some partners are keen to see provided along with improved information sharing across agencies, and clearer access routes to services, whether single or multi-agency.

### **Troubled Families Project and Families with Complex Needs**

Currently the MAAG provides the access routes to multi-agency resources where two or more agencies are required to support the needs of a child or family. Under the new proposed arrangements being developed to support the Troubled Families Project and as part of the Whole Essex Community Budgets Families With Complex Needs Strand, it is possible that the MAAG structure will be modified or replaced by a single point of access in to the multi-disciplinary/agency teams for the level 3 intensive cases currently supported by the MAAG process. Lower level multi agency cases may still need some form of local monitoring and tracking in order to prevent duplication of effort and resources around these families. The future of MAAG will be determined by the outcomes of the review and any future changes made as a result of the implementation of the initiatives above which will determine how resources are accessed and services delivered.