

Multi Agency Allocation Group Case Study

MAAG District: Chelmsford

Age of child/ young person Presenting Issues from the CAF,	6 year old male, transition between Pre-school and School. Concerns from home visits on level of hygiene, and healthy diet of child and younger brother. Parents need constant reminders of daily routines. Child has global developmental delay and being tested for genetic issues. Mum is also diagnosed with learning disabilities. Both parents work part time. There is also a 2 year old brother. Family supported via Childrens centre and Homestart but no effective change. Child is well supported by Early Years Team Around Child (TAC) process, many health professionals involved including Speech & language and Physiotherapist. Statement of educational need given but hours attached mean child only attends half days. Child in nappies and toileting an issue.
Decision at MAAG: • Resource allocated • Lead Professional	School to become new Lead Professional (LP) as child transfers to School. MAAG allocated Higher Level Family Support (HLFS) to work in the home on routines for hygiene of children and house, support with healthy eating, organisation of medical appointments. Also appropriate play for development of each child, as well as appropriate boundaries and discipline. Health Visitor already involved as were range of health professionals. Nursery Childrens centre Homestart. One Support – supporting with financial organisation/benefit claims.
Desired Outcome:	Children were clean and clothes were clean. Regular bath time and bedtime routines in place. Appropriate supervision of the children in the home. Home is kept to a good enough standard of hygiene. Child begins toilet training consistency across home

	and school. School apply for increase in hours for statement so child can attend full time.
Intervention/ activity:	HLFS – increased hours of support over length of extended contract as depth of issues emerged at review TAC meetings. Home was not hygienic, children not being bathed or fed appropriate diet. Discussions ongoing over level of risk and safeguarding for both children. Emerged from health Visitor checks that younger child not developing chewing ability. Health Visitor regularly home visited advised on healthy eating, menu plans, organising food shopping, referred to Community Paediatricians for both children, referred to GP and SALT. Liaised with continence Nurse. School worked with Nurse advisor on toilet training and good routines established in school. Nurse advised parents on toilet training. One Support worked with mum on organising finances/budget, bank accounts, organising debts, claim entitlement reached.
Impact on the child and family/school improvement outcome	Child very settled in school, making good progress well supported, eating school dinners and routine for toileting established but some way to go before nappies removed. Participates fully in all aspects of school, now attends full time, transition to Year 1 very successful. Child reports he loves coming to school. HLFS ended - good outcomes with improved hygiene of home and established and sustained bathtime/bedtime routines. Healthy eating has improved children no longer have access to sweets/fizzy drinks for snacks, and increase in fruit and vegetables in diet. Parents have access to information and support to continue toilet training at home. Parents have access to support from Childrens Centre and health Visitor over healthy eating. Both children seen by same Community Paediatrician and Health Visitor supports the appointments so that parents understand discussions. Finances for the family are well organised, bills are paid and debts are well managed.
Child/family feedback:	Child reports he 'loves coming to school' Parents fed back at TAC that they felt able to cope now and mum felt more confident to bath children alone.
Spot Purchase service and Cost : (If applicable)	HLFS contract with Families Together who were able to provide

(5) Appendix 1b - Case Study

a worker who was experienced at working with parents with diagnosed learning disabilities.

