

Committee: Children and Young People Policy & Scrutiny Committee

Date: 7 January 2010

Update on Children's Service Provision Localities Review - TASCs

Enquiries to: Wendi Ogle-Welbourne, Director for Commissioning

Teams Around the School Children and Community (TASCs) were set up in Essex in 2007; these teams were based on the successful Children's Trust pilot in Braintree. Existing practitioners from SENCAN services, Integrated Youth services and Social Care services were moved into the 29 new teams bringing their caseloads with them.

The TASC teams were described as early intervention teams, although most practitioners within them were already working with children and young people with more complex needs. The expectation was that the teams would uncover areas of duplication in work between practitioners, releasing some practitioner time, which could then be used to focus on more preventative and early intervention work, this did not happen.

In the Joint Area Review 2008 it was identified that the role of TASCs was unclear. Essex County Council commissioned Bluefield's to undertake an audit of TASCs and workshops and consultations have been undertaken with SCF staff, schools and partner agencies to elicit views on the work of TASCs. The audit report, workshops and consultations concluded that:-

- Overall execution had been poor in parts and inconsistent in others. It was further suggested that the stated benefits of the transformation and the timescale within which a change of such magnitude could be achieved had been overstated and oversimplified.
- There was acknowledgement that the transformation had inevitably been a complex challenge that required a high level of support and participation across all agencies, which did not materialise.
- Some partners, particularly a few schools, praised the support they receive from their local TASC team. Other schools have been critical of the lack of consistent support from TASCs leaving them feeling cynical about their purpose and effectiveness.
- The introduction of 29 teams inevitably led to higher management costs and increased levels of bureaucracy. The TASC teams were under resourced in terms of numbers and in depth of professional capacity. They struggled with increasing demand.

- Thinly spread resources resulted in a lack of flexibility in deployment of resources to meet need, resulting in gaps in service delivery and significant pressures on some practitioners in some TASSC teams;
- Difficulties in being able to take a sufficiently strategic view of needs across a broader area with the result that there were different thresholds for accessing services in different areas of the county.

In response to these findings it was agreed by Cabinet to restructure the TASSC teams around the four quadrants whilst retaining a localised focus.

We are deleting the 29 TASSC manager posts and returning management of TASSC workers to the quadrants; this will provide front-line practitioners with strong professional leadership from within their own specialism and enable flexibility in the deployment of resources according to need through improved strategic oversight.

New Model of Service Delivery

We are configuring service delivery on district/borough boundaries and introduce **Multi-Agency Allocation Groups. (MAAGS)** These are groups of providers that meet in the 12 districts on a weekly basis and include the Private, Voluntary and Independent sector, Social Workers, Education professionals, Child & Adolescent Mental Health Services, Children's Centres, Housing, Primary Health Care workers, Connexions, Youth Service, Youth Offending service and the Police. These groups are school and community facing and aim to provide early interventions that are seamless and timely. The MAAGs will discuss the needs of all children and young people who require the coordinated support of two or more agencies over and above universal services. They will agree the most appropriate lead professional, who will then meet with the family and other agencies whose input is required and agree an integrated package of support. The MAAG groups will ensure consistency in access to services and as children's social care will be represented on each panel, will ensure that safeguarding arrangements are robust.

- Referrals into MAAG:-
 - Any agency or organisation can refer to the MAAG using an assessment that has been captured by the CAF which is logged with CAF Point. Referrers must ensure they follow appropriate information sharing guidance to obtain consent from families when referring to the MAAG;
 - MAAG will accept any referrals that require a multi disciplinary intervention to meet complex needs. MAAGs will also consider transition packages of support to enable children and young people who have been/ or are Looked After or in hospital and those with acute needs to be supported in their local community.

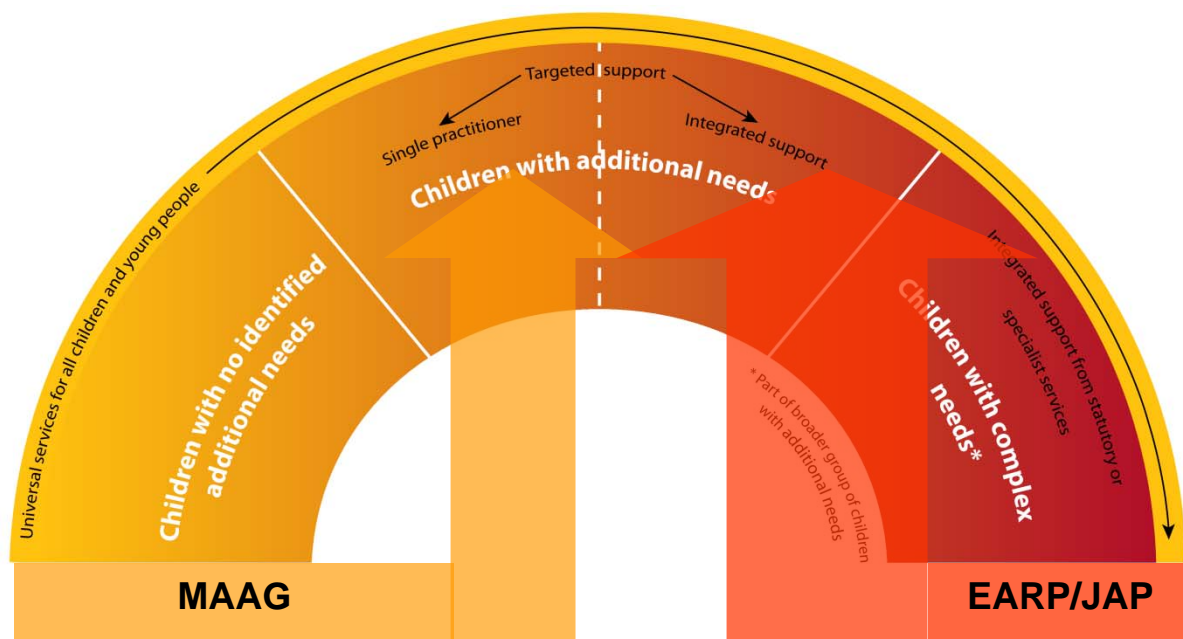
Agencies and Services accessible via the MAAG will include:



We have also introduced two other panels to meet families with needs at a higher level:-

The Essex Access to Resources Panel (EARP): meets weekly and is responsible for agreeing high-level family support, therapeutic and education packages as an alternative to accommodating children, school exclusion, care and criminal justice proceedings. This approach will drive our preventative strategy, enabling more children and young people to remain living at home or in their local community and at their local school. All allocations of service provision are reviewed on a regular basis to ensure desired outcomes are being met. SCF Commissioners and Heads of Service form this panel.

The Joint Agency Panel (JAP): meets monthly and agrees joint resource allocation for accommodation or support packages for children and young people with complex and challenging needs. Commissioners and Heads of Service from SCF, PCT Children's Commissioners and Adult Transition Service, form this panel. Through this panel we will be able to develop multi-agency packages of interventions to enable children who would have previously accessed out of county provision or hospital to remain living within the county.



Wendi Ogle-Welbourn Director of Commissioning 20th December 2009