

Children and Young People Policy and Scrutiny Committee

10:00	Thursday, 04 October 2012	Committee Room 1, County Hall
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NB There will be a pre-meeting for Committee Members only at 9.15am, in Committee Room 1

Quorum: 5

Membership

Councillor T Chapman
Councillor S Barker
Councillor J Baugh
Councillor R Callender
Councillor J Deakin
Councillor I Grundy
Councillor E Hart
Councillor T Higgins
Councillor S Hillier
Councillor L Mead
Councillor D Morris
Councillor R Pearson
Councillor T Sargent
Councillor J Young

Chairman
Vice-Chairman

Vice-Chairman

Non-Elected Members

Richard Carson
Stuart Geddes
Rev Richard Jordan
Marian Uzzell

For information about the meeting please ask for:

Matthew Waldie , Committee Officer

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Essex County Council

Essex County Council and Committees Information

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	Apologies and Substitution Notices The Committee Officer to report receipt (if any)	
2	Declarations of Interest To note any declarations of interest to be made by Members	
3	Minutes - 060912 To approve as a correct record the minutes of the meeting held on 6 September 2012 (copy herewith).	7 - 12
4	Matters Arising/Chairman's Report	
5	MAAGs Report - CYP2012 To consider a report, CYP/20/12, on the introduction, role and function of Multi Agency Allocation Groups. Philippa Bull, Head of Locality Commissioning Mid, and Strategic Lead for MAAGs, will be in attendance to speak to the item and to respond to questions from Members. Four case studies are also attached.	13 - 30
6	YEA Updates - CYP2112 To receive written updates on work that has been done by two groups to date on behalf of the Young Essex Assembly: a) Bullying, Crime and Feeling Safe Subgroup b) Eating disorders.	31 - 34
7	Forward Look To note that the agendas for the next two meetings will include the following items:	

NOVEMBER

- Essex Families pilot scheme
- Procurement of services for children and young people (*may be better dealt with in December*)
- SEN Strategy

DECEMBER

- General discussion on safeguarding
- SCF Peer Review Feedback
- Primary School Absence Rates

8 Date of Next Meeting

To note that the next Committee activity day will be held on Thursday 1 November 2012.

The following dates are reserved for this Committee as activity days, and may comprise:

- Meetings in private
- Meetings in public
- Working groups
- Sub-Committee meetings
- Outside visits

Thursday 6 December 2012

Thursday 3 January 2013

Thursday 7 February 2013

Thursday 7 March 2013

Thursday 4 April 2013

9 Urgent Business

To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

10 Safeguarding

To invite FSSC Members to comment on any Safeguarding matters considered at the Sub-Committee meeting.

11 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

**MINUTES OF A MEETING OF THE CHILDREN AND YOUNG PEOPLE POLICY AND
SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD, ON THURSDAY
6 SEPTEMBER 2012**

County Councillors present:

T Chapman (Chairman)
S Barker (Vice-Chairman)
A Brown
J Deakin

T Higgins (Vice-Chairman)
D Morris
T Sargent
J Young

Non-Elected Voting Members present:

Mr S Geddes
Rev R Jordan

The following Members were also present:

Councillor V Metcalfe
Councillor C Riley

Items 1-5

The following officers were present in support throughout the meeting:

Graham Redgwell Governance Officer
Matthew Waldie Committee Officer

The meeting opened at 10.00 am.

1. Apologies and Substitutions

The Committee Officer reported the receipt of the following apologies:

Apologies	Substitutes
Cllr R Callender	
Cllr I Grundy	
Cllr S Hillier	
Cllr R Pearson	
Mr R Carson	--

2. Declarations of Interest

There were no declarations of interest.

3. Minutes

The minutes of the meeting of the Children and Young People Policy and Scrutiny Committee held on 5 July 2012 were approved as a correct record and signed by the Chairman.

4. Matters Arising

There were no matters arising.

5. Schools Forum

Members received report CYP/19/12, providing background information on the Essex Schools Forum, and CYP_SCR_032, the Scoping Document for the Committee's scrutiny of the Essex Schools Forum. The Chairman welcomed to the meeting Tim Coulson, Director for Education and Learning, Yannick Stupples-Whyley, Finance Professional Services, Rod Lane, Chair of the Essex Schools Forum, and Jeff Fair, Vice Chairman of Essex Schools Forum.

Mr Stupples-Whyley drew Members' attention to a few salient points:

- The Schools Forums are statutory bodies, created by the 2002 Education Act. Originally purely consultative, they now have decision-making powers in certain areas (as set out in the annex to the paper)
- Representation on Forums is based on numbers, and divided by the type of school. The make-up of the present Essex Schools Forum is shown in the paper
- There is no longer any required minimum number of members. When matters relating to schools funding is being discussed, only school members can vote. They have a four-year term of office. When these expire, all relevant bodies are contacted and nominations sought
- There are 3 Schools Forums within "greater" Essex: one each for Essex, Southend and Thurrock
- All administration and clerking of meetings is carried out by the local authority. Meetings are now open to the public and press.

Members were invited to ask questions and raise issues.

Representation. Although small schools have no specific representation at present, it is the responsibility of the schools to contact representatives and put their views across. It is anticipated that free schools will have a voice, as they develop.

Some Members were uncomfortable with the present lack of representation from North Essex. This concern would be taken back to the Forum, but the Forum's Terms of Reference did not permit any engineering of the membership, even to achieve a better demographic spread of members. One Member suggested that the terms of reference did carry an inherent bias toward metropolitan areas and unitaries.

It was also suggested that school bursars would be useful members of the Schools Forums.

Attendance. Usually the attendance at Schools Forum meetings is good – about 20 out of the 24 membership. There is provision for the use of substitutes. Members have named substitutes, but they can be represented by others, if necessary.

Funding. The same funding formula is used for all schools. All funding agreed to is within the overall schools grant allocated to Essex. In response to a question on precisely how much of the schools budget was fixed by the Schools Forum, Mr Coulson pointed out that, in terms of influence, all of it, but with regard to actual decision making, very little (about £5 to £6m). He did add, however, that the level of influence was very high; a Cabinet Member would consider carefully going against the recommendations of the Schools Forum.

Regarding the specific changes to small schools funding, the Government's aim was to eliminate any disparities and to apply the same formula across all schools by the end of this Parliament, under the terms of a National Funding Formula. Essex was trying to minimise the volatility of budget for schools from these changes. The Schools Forum recognised that schools generally could not expect to enjoy increased funding over the next few years, so it should be looking at ways of helping schools (and especially small ones) to use their resources more efficiently. Furthermore, the DfE's view is that there are too many small schools. A review highlighted that Essex had funded small schools more than elsewhere. In view of this drive towards a single formula, it is not yet clear what the role of the County Council will be in the process in the future. It was pointed out that there seemed some contradiction in the two current policies of reducing the number of small schools and creating free schools.

Actual decision-making process for 2011/12. Although the conclusions reached were not easy ones (and two of these, concerning small schools and special needs funding, were strongly disagreed with by some schools), the actual process was sound. The Forum had a good understanding of the issues involved, and it did listen to a wide range of views expressed.

There had been a delay in the provision of figures to schools, which had been a weakness within the process. This should not recur, as future budgets will be based on the number of pupils per school in October (rather than on the January ones); so schools should have their final budget figures much earlier - by the January for the following year.

Relationship with Cabinet Member. The Cabinet Member receives all paperwork, can attend any meeting and speak. He sends a representative whenever he is unable to attend.

Public Awareness/Accountability. It was suggested that very little was known about the Essex Schools Forum, as little was made public. Thought should be given to publicising its role more widely. Specifically, something targeted at school governors might be useful. Mr Lane confirmed he would take this latter suggestion up with the School Governors Association.

The Schools Forum may not be accountable to the public, but Council Members are. They need to be fully informed of the Forum's powers and activities. The Forum should be subject to scrutiny. In response, Mr Coulson made two points. The first was that all papers and meetings are now accessible to the public. The second was that there are two key decision times for the Schools Forum: the main one, in October, regarding funding; the second in the spring, when changes

for the coming year are decided. He confirmed that officers would produce appropriate material for the Committee at these times.

Decision making. Concerns were expressed about where the responsibility for certain decisions lay, and about the Forum's ability adequately to represent its differing interests. Mr Fair confirmed that it was a balancing act that was not always easy. The overarching principle was to aim at what was best for the children of Essex as a whole and to avoid applying anything unfairly. The process was outcome driven – seeking an equitable impact on all schools – but how to measure these outcomes was not easy. Historically, they had reviewed them on a three-yearly funding basis, but the latest Government proposals had made this difficult. Mr Fair was uncertain about just what form this process would take in future.

The Chairmen thanked the attendees for their helpful contributions to the meeting. She pointed out that a number of issues had been raised and points made. She proposed that these be addressed to the Cabinet Member and that the Committee should consider his response in due course.

The issues were as follows:

- a) The new statutory instruments make it clear that any school can put forward a person for election to the Schools Forum; this answers the concerns of smaller schools that they are in some way excluded from the process.
- b) The Committee would welcome clarification of where decision making powers on determining the Funding Formula in the future will lie (basically, will they continue to rest with the Cabinet Member?).
- c) The Committee noted that the timing of the decision making process has been brought forward so that schools should know their final budgets by January. This change is very much welcomed.
- d) Given that representatives cover wide areas of school activity, what guarantee can be given that they accurately and fully reflect the views of their 'electorate'?
- e) The Committee is aware that north Essex is severely under represented amongst the membership of the Forum. Can anything be done to remedy this, given that representatives are voted in by their peers? Would holding meetings at differing venues be helpful?
- f) There is anecdotal evidence that Governing Bodies are unaware of the Forum's decisions. Whilst these are made available via Infolink, can consideration be given to having a more formalised procedure in place, to ensure that decisions and recommendations become more widely known? Having public meetings in the future should be helpful.
- g) It was explained that the funding arrangements for each school will continue to include a lump sum, to be £150,000 in 2013/14. Funding for each school consists of the lump sum plus per pupil funding and an amount based on deprivation.
- h) It was indicated that it is likely that a National Funding Formula will be introduced within the lifetime of the current Government. Do you have any views on what the implications of this might be – particularly whether there

would then be any role for the Council either as a local education authority or as a scrutinising body?

In conclusion, the Chairman thanked the Forum members for their work and indicated that any concern expressed did not reflect on the conscientiousness and expertise of those individuals.

6. Home to school transport

Post 16 transport. It was noted that this was still under review and that the Cabinet Member had not yet been presented with possible proposals.

Respite Travel. Members noted that there had been no further progress on this.

7. Forward Look

The agenda items already agreed by the Committee for the remaining meetings in 2012 were noted.

The following suggestions were made for future agenda items:

- Children's Centres – with particular reference to the Barnardo's takeover
- Community budgets
- DBITs (Divisional Based Intervention Teams) – probably not until 2013
- Public Health/JSNA from an educational point of view
- Youth Strategy Groups – probably not until 2013

8. Dates of future meetings

The dates up to April 2013 were noted. The date of the next meeting was confirmed as:

Thursday 4 October. Committee Room 1. Members' pre-meeting at 9.15 am and Committee meeting at 10.00 am.

9. Exclusion of the Public

Resolved:

That the public (including the press) be excluded from the meeting during consideration of the following items on the grounds that they involve the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972:

PART II (business taken in private)

10. Provisional 2012 School Results (Paragraph 3 – information which is likely to reveal the identity of an individual)

The Committee received a brief report on the provisional figures received so far. It was noted that a full analysis would be brought to the Committee, once the full results are known. This will be added to the Forward Look (see minute 7 above).

11. Safeguarding Update (Paragraph 2 – information relating to the financial or business affairs of any particular person (including the authority holding that information))

The Committee received a brief report on the latest issues under consideration by the Families Safeguarding Sub-Sommittee.

The meeting closed at 11.55 am.

Chairman

Children & Young People PSC	CYP/20/12
4 October 2012	

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 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 1st 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. (This 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
TOTAL	1766	1025	593 (58%)	115 (11% of all accepted cases)	97 (84%) Of total referred	18 (15%) Of total referred

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.

Multi Agency Allocation Group Case Study

MAAG District: Chelmsford

<p>Age of child/ young person Presenting Issues from the CAF,</p>	<p>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.</p> <p>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.</p>
<p>Decision at MAAG:</p> <ul style="list-style-type: none"> • Resource allocated • Lead Professional 	<p>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.</p>
<p>Desired Outcome:</p>	<p>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</p>

(5) Appendix 1b - Case Study

	and school. School apply for increase in hours for statement so child can attend full time.
Intervention/ activity:	<p>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.</p> <p>Emerged from health Visitor checks that younger child not developing chewing ability.</p> <p>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.</p> <p>Liaised with continence Nurse.</p> <p>School worked with Nurse advisor on toilet training and good routines established in school.</p> <p>Nurse advised parents on toilet training.</p> <p>One Support worked with mum on organising finances/budget, bank accounts, organising debts, claim entitlement reached.</p>
Impact on the child and family/school improvement outcome	<p>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.</p> <p>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.</p> <p>Parents have access to information and support to continue toilet training at home.</p> <p>Parents have access to support from Childrens Centre and health Visitor over healthy eating.</p> <p>Both children seen by same Community Paediatrician and Health Visitor supports the appointments so that parents understand discussions.</p> <p>Finances for the family are well organised, bills are paid and debts are well managed.</p>
Child/family feedback:	<p>Child reports he 'loves coming to school'</p> <p>Parents fed back at TAC that they felt able to cope now and mum felt more confident to bath children alone.</p>
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.
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DRAFT

Multi Agency Allocation Group Case Study

MAAG District: South

Presenting Issues from the CAF	<p>Girl aged 6 years</p> <ul style="list-style-type: none"> • One of eight children living in a three bedroom house • Child is struggling due to family bereavement • Older children's father died two years ago from a brain tumour • Younger children's father died June 11 due to alcohol abuse • Mum is finding it difficult to manage day to day life as well as the grieving process for all the family. Mum is worried that her grief will impact on her to the point she can not support her children • Mum has renal disease and stress worsens her condition • Child is not sleeping properly and will not sleep in own bed • Child says " I want to be dead like daddy" • Child is withdrawn at school • All children need support and are showing different ways of coping with the loss e.g. anger, crying, isolation and need individual support • Mum is concerned that she is not meeting her Childrens needs as she is split eight ways
Decision at MAAG: <ul style="list-style-type: none"> • Resource allocated • Lead Professional 	<p>Resource allocated at MAAG</p> <p>Lead Professional –EYPDAS and handed over to Star 2gether (spot purchased) following initial Team Around the Child (TAC)</p> <ul style="list-style-type: none"> • Macmillan Dove Community Counselling Service for mum • Lukes counselling service – support for children • Children's Centre – support mum with under 5 year olds • School agreed to fund after school activities for the younger children • Essex Youth Service i.e. Young carers, youth council and targeted personal adviser as appropriate for the older children • Family Mosaic – housing and finance • MAAG – spot purchase a professional to coordinate services and support mum for up to 8 weeks to support mum to access services, appointments etc and link with the school, youth service etc as appropriate • Health visitor to follow up checks for two year old
Desired Outcome:	<ul style="list-style-type: none"> • The whole family are supported through the grieving process • Support through one source to meet individual needs within the family • Respite for mum • Mum is supported to manage finance and address cramped

(5) Appendix 1b - Case Study

	housing conditions
Intervention/ activity:	<ul style="list-style-type: none">• Mum is engaging with Macmillan Dove Community Counselling.• Lukes Counselling Service completed a home assessment and offered support for the younger siblings. The older children are on the waiting list due to capacity Luke's have held the sessions at the primary school due to transport issues• Children's Centre supported the two older children to engage with volunteering at the local Brownie and Rainbow pack. Children Centre manager has also arranged for the children to plant two trees in memory of their father for late October to enable the children to have somewhere to go and grieve privately.• Children Centre has also offered mum volunteering opportunities at the new centre when it is open. Plans are that this should be open within the next month.• Mum currently has a chronic renal condition, but manages fairly well. The older siblings are good at helping with the younger ones.• Two of the older children attend Lively Training (part of Youth Service) and one helps with work experience at local school. Support through Essex Youth Service was discussed further for the other children i.e. access young carers for the middle children and other opportunities for the older siblings e.g. Youth Council and targeted Personal Adviser. However, it was agreed that this is something that can be left open following further assessment.• MAAG Manager advised that school provided a schedule of after school activities and agreed to fund activities for the younger children to engage as this will benefit them socially and confidence and enable mum to have some kind of respite.• A referral to Youth Offending Service (YOS) early intervention was discussed for only son to support him raise confidence and self esteem but it was said that a full CAF on him needs to be completed for consideration. YOS early Intervention also suggested that older girl may benefit and it was agreed that further CAFs for each individual child would be too much for mum at this time and that it should be considered with the support of a coordinator to help make move forward.• Cramped housing issue was discussed and information shared suggested that mum is happy in the area she lives, housing will not move the family from inadequate housing to further inadequate housing and it would be too raw to move forward with this at this time. It was agreed that information for Family Mosaic should be provided for mum for her to access at her own pace and with the support of the coordinator.• MAAG agreed to spot purchase a professional to coordinate services and support mum for up to 8 weeks to organise

(5) Appendix 1b - Case Study

	<p>matters as discussed and link with the school, youth service etc as appropriate</p> <ul style="list-style-type: none">• This was extended to a further twelve weeks to provide mediation work between mum and one of her daughters as the relationship was breaking down as a result from grief.• It was agreed that the coordinator needs to contact the lead professional as part of a hand over and then commence work to coordinate and support mum with access to services, appointments, bookings etc... It will also be the coordinators role to be lead professional during that 8 week period and re allocate as part of exit plan to appropriate lead professional.• Health advised that they had concerns with no mention of a health visitor regards two year old and agreed to go back and discuss with Children Centre manager to ensure their involvement at the initial TAC• Mum has been re housed to a four bedroom property close to the proximity of the children's school and local amenities. Mum and younger daughter have engaged with mediation services to reconcile the hostile relationship between them.
Impact on the child and family/school improvement outcome	<p>There is a significant improvement for this family, in addition to above</p> <p>All children are engaging with universal services and positive activities</p> <p>The family have been re housed to a four bedroom property within close proximity of schools, clubs and local amenities</p> <p>A CAF was completed for the only son which enabled access to services increasing confidence and self esteem and is now engaging well in school and social activities</p> <p>Mum and daughter engaged with mediation and relationship has improved and barriers to communication between them both broken down.</p>
Child/family feedback:	Mum is very happy with the support received
Spot Purchase service and Cost : (If applicable)	Star 2 gether

Multi Agency Allocation Group Case Study

MAAG District: Epping Forest

<p>Age of child/ young person Presenting Issues from the CAF,</p>	<p>4 siblings – aged 8,4,3 and 1:</p> <ul style="list-style-type: none"> • Case referred to MAAG following Initial Assessment by Children's Social Care (CSC) • Mother previously had children taking into care from CSC and adopted • Concerns regarding neglect – children looking unclean, home disorganised, children not arriving at school late. • Mother not providing adequate guidance and boundaries for the children. • Family in private rented accommodation with notice to quit • Mother with minor mental health difficulties.
<p>Decision at MAAG:</p> <ul style="list-style-type: none"> • Resource allocated • Lead Professional 	<p>Resource allocated at MAAG:</p> <ul style="list-style-type: none"> • Spot purchased family support to help with issues outlined above (hygiene of house, routine and boundaries, safety, engaging with external agencies) • Mother already accessing specialist Health Visitor regarding mental health support • Outreach worker from children's centre allocated to help mother access resources at children's centre, including parenting course • Specific health issues for children picked up by Health Visitor <p>Lead Professional: At MAAG it was agreed that the Health Visitor who had an established relationship with the family would take the lead role from the social worker at the first TAC.</p>
<p>Desired Outcome:</p>	<ul style="list-style-type: none"> • Prevent escalation within CSC • Improve routines and boundaries in the home • Mother to engage with relevant services • Attendance at education
<p>Intervention/ activity:</p>	<p>As above A further referral was made to CSC as the youngest child was</p>

(5) Appendix 1b - Case Study

	<p>observed with marking/bruise. This resulted in brief input from the previous social worker, as the making was caused by the child sucking her arm (self harming) and was confirmed by health as such.</p> <p>Family support agency gave support around mother moving to a new property.</p>
Impact on the child and family/school improvement outcome	<p>Case was closed in December (open 5 months)</p> <p>Children are late less often</p> <p>Behaviour in school has improved</p> <p>Mother has engaged with children's centre and has attended a parenting group</p> <p>Mother continues to engage with counsellor (specialist Health Visitor)</p> <p>Family moved</p> <p>New house judged safe for children</p> <p>Strategy in place for youngest child's sucking behaviour</p>
Child/family feedback:	<p>Review notes that mother is pleased with the progress made</p>
Spot Purchase service and Cost : (If applicable)	<p>Families Together</p>

Multi Agency Allocation Group Case Study

MAAG District: Harlow

<p>Age of child/ young person Presenting Issues from the CAF,</p>	<p>The CAF concerned a child who was 18 months old when the case was presented at MAAG. There were two older siblings in the family.</p> <p>There were concerns on the CAF about the child having a mis-shaped head and questions raised about whether this was because she was spending too much time in a bouncy chair. The child was not meeting developmental milestones. There were concerns about the level of stimulation at home, safety at home, and lack of routines. The referrer was concerned that without improvements for the child a referral would be needed to Children's Social Care.</p>
<p>Decision at MAAG:</p> <ul style="list-style-type: none"> • Resource allocated • Lead Professional 	<p>Resource allocated at MAAG:</p> <ul style="list-style-type: none"> • Health visitor requested to make referral for paediatric assessment • Children's Centre was asked to offer outreach support to help mum address issues above (routines, safety at home, stimulation) • The Lead agency was encouraged to be up front with mum about the concerns and inform her that significant and substantial changes were needed to be put in place to avoid escalation to children's social care <p>Lead Professional: At MAAG it was agreed that the HomeStart who had an established relationship with the family would take the lead role.</p>
<p>Desired Outcome:</p>	<ul style="list-style-type: none"> • Prevent escalation within CSC • Child to reach milestones • Improve routines and boundaries in the home • Paediatric assessment • Improved safety and stimulation at home
<p>Intervention/ activity:</p>	<p>As above</p> <p>Appointment made for paediatric assessment and HomeStart Volunteer accompanied mum to appointment. Individual work undertaken by Children's Centre with</p>

(5) Appendix 1b - Case Study

	implementing boundaries at home. Mother will access a parenting group
Impact on the child and family/school improvement outcome	Routines were established at home regarding cleaning, washing clothes, making up the beds, bed times and meal times Additional targets were identified with mum and addressed – including advice on debt issues, and routines for getting an older sibling to school on time
Child/family feedback:	Reviews received by MAAG manager note that the children appear much happier and child the CAF was written for is reaching her developmental milestones. Mother fed back that she has stopped treating the child as a baby and is more aware of her needs. The mother sees the CAF as a “positive thing” and is very proud of her achievements and said that the family are enjoying living in a cleaner flat.
Spot Purchase service and Cost : (If applicable)	N/A

Children & Young People PSC	CYP/21/12
4 October 2012	

Young Essex Assembly

Written updates on work carried out on behalf of the Young Essex Assembly

Enquiries to Graham Redgwell Tel: 01245 430360

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A) Bullying, Crime and Feeling Safe Subgroup

The Young Essex Assembly (YEA) is the elected youth council for Essex. Young people are elected for a 2 year term of office in elections held across Essex. In 2010, the current YEA members were elected by over 8,000 young people and at the time of voting, young people were asked to identify what they thought were the most important issues for young people in Essex. The top four issues would then become the work focus for the subgroups of the YEA. One of these therefore became the 'Bullying, Crime and Feeling safe' subgroup.

The south area sub group have focused on bullying for the last 18 months. At the beginning of their term of office, the Young Essex Assembly as a whole, held a conference for schools called 'The BIG Involvement Event'. The event took place on Tuesday 22nd March 2010 at Towerlands in Braintree and offered schools across Essex the opportunity to bring pupils along to express their views on the issues that came top in the Young Essex Assembly survey. The day consisted of different workshops for young people, these were:

- Bullying, Crime and Feeling Safe
- Negative Images of Young People and Stereotypes
- School, Education and Exam Stress
- Smoking, Drugs and Alcohol

One of the outcomes from The BIG Involvement Event was that young people did not always feel safe and that they were not sure who to talk to.

Following this event, the Bullying, Crime and Feeling Safe Subgroup decided to run a day for young people to focus on the issues that had been identified. This was called 'Keeping young people safe from bullying'. Here, schools were invited to take part in a day of drama, workshops and different scenarios linked with bullying. Guest speakers gave inspirational talks to the young people about their own experiences with being bullied and how they have overcome this.

In more recent times, after doing research into the subject and linking up with Julie Keating, Principal Officer (Anti Bullying and BAPs), the subgroup discovered the service being offered by schools to young people differed from person to person, school to school and teacher to teacher. Due to this, the subgroup have now turned their attentions to focus on

teacher training and trying to get a standardised bullying policy throughout schools in Essex. To do this they have looked at different approaches that staff can use when dealing with bullying, and the best ways for young people to get the advice they need. They have been in touch with Ofsted for help and support on the subject.

The subgroup are also looking to link up with Peta Ullmann, Manager of the Ethnic Minority and Traveller Service. The EMT Service are planning a training day for teachers on the 16th November and have asked the bullying subgroup to address the conference. This is still in the early stages of development but the group are hoping this will go ahead.

Feeling safe is going to be their next piece of work and to do this they are going to look into a some sort of publication for other young people. To go with this they are also looking into working closely with Essex police in online safety.

B) EATING DISORDERS

A group of young people who sit on the Young Essex Assembly, started working with Cllr Aldridge, to tackle the issues relating to eating disorders in young people in Essex.

In the Spring of 2011, the young people designed a snap shot survey to find out, in the first instance, if young people believed eating disorders to be an issue amongst their peers. Over 300 young people took part in the survey with over 80% saying that it was an issue.

Following the results of the survey, in Spring 2012, the young people then met and devised a series of questions to be discussed in more depth in focus groups.

Topics for discussions were:-

- Knowledge and understanding of what an eating disorder is
- The issues that may affect someone developing an eating disorder
- What role do schools play/ help and support in school
- Where young people can go to get support
- The impact of friends and family

Focus groups took place across the county with a representative sample of young people from a variety of backgrounds and an additional 42 young people gave their views.

Key findings from these discussions identified:

- The majority of young people taking part in discussions appeared to think that young people do know what an eating disorder is

- The most frequently discussed issue around young people not knowing what an eating disorder is, was the overall lack of awareness and information given either in school or by family members
- The most common things that young people thought had an effect on those who develop an eating disorder or not were home life, financial situation, bullying, mental health, and the influence of the media
- The majority of young people said they would get support either from family members or doctors/ NHS for issues relating to eating disorders
- Eating habits were discussed fairly frequently, with young people suggesting that what they eat, heavily depends on the influence of family and friends

Since the focus groups, the intention is to meet with the young people and health professionals from the NHS. This is temporarily on hold with the cabinet member for children and young people now changing; however, the proposal is that once we have a more final view of what young people think, we will explore the viability of taking this forward as a project for a youth scrutiny panel to look at eating disorder support services in Essex. (There are two reports which have been produced from this work, one on the snap shot survey and one for the focus groups- please contact the Involvement Team if you would like to see copies of these)

