REVIEW OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH COMPLEX AND ADDITIONAL NEEDS

2011/2012

Action for Children

1. Background

The Williamson enquiry into Child Protection in Jersey in 2008, which primarily looked at safeguarding, made a number of recommendations as part of its consideration of the need for the strategic development and greater integration of services. The report also recommended that a framework for this could be provided through the development of a Children and Young People's Plan which would give a structure to a number of service strategies across health, social care, education, mental health, housing etc. and would include special needs services. The report also notes the scope for further development of partnership working with voluntary sector organisations.

Following an exploratory meeting with Action for Children in late May 2010, a review of current service provision was undertaken by the Children's Services Manager. This report made proposals for the formal review of services for disabled children, which would recommend the shape and direction for service provision, taking into account the particular challenges faced by Jersey in relation to capacity and demand, in order to feed those recommendations into the development of the Children and Young People's Plan.

The framework for taking forward H&SS Children's Services' requirements around review and development of children's disability services was identified as:

Establishment of a project group that would:

- Identify the full range of current service provision
- Develop firm proposals for the future shape and direction of children's services in these areas, ensuring that transition was successful
- Ensure that planning proposals were integrated into the Jersey Children and Young People's Plan
- Ensure that all services were fit for inspection and have properly developed documentation that can demonstrate their effectiveness

Action for Children was commissioned to support the identification, review and development of existing services to children and young people with complex and additional needs in Jersey. The project was to identify any 'gaps' in current service provision, and deliver proposals for the future prioritisation and development of services and resources.

2. Methodology

The report is based on 69 meetings with key individuals in the Complex Needs and Disability Team; agencies, departments and the third sector that have links with services for children and young people with complex and additional needs; and Parents and Carers. Key issues and solutions have been extrapolated from the meetings, but individuals have not been directly quoted.

Action for Children was given access to policy and procedures, departmental reports, external inspections and reviews.

In addition, for 44 days the consultant was based in the Complex Needs and Disability Team's open plan office at the Le Bas Centre and was able to observe the day to day work of the team.

2.1 Reports pending

Running parallel to the work being undertaken for this review of service was the Scrutiny Panel Review of Respite Services for Children with Complex Needs and Disability. The Scrutiny Panel reported in April 2012. Formal and informal contact between the two reviews took place and it was felt important that both pieces of work should maintain their integrity by retaining their independence in approach.

The recently published H&SS White Paper, Caring for Each Other Caring for Ourselves (June 2012) included an outline for strategic plans for this year and the medium and long-term future.

2.2 Implementation Plans and CYP Framework

As a result of the newly published Children and Young People's Strategic Framework and subsequent Delivery Structure and the Children's Services Improvement Plan, all work currently being undertaken and any actions, recommended for future re-scoping or reorganisation of services, will need to be reconsidered to show alignment with the new framework.

2.3 Community and Social Services Department

Community and Social Services is part of the Health and Social Services Department. It is led by the Managing Director, Community and Social Services, and is broken down further into 5 departments: Services for Children, Services for Adults and Services for Older Adults, Therapies, plus Business Support Services. Education, Sport & Culture sit as a wholly separate States Department.

The significant number of posts in these new structures that were, until recently, filled by acting up arrangements has been a factor that has caused concern in previous reports on service provision. The number of senior acting up arrangements has significantly reduced, with some middle management arrangements yet to be confirmed.

2.4 Strategic Planning

The Children's Services' 'Vision for Jersey' confirms the Council of Ministers commitment with the aim of 'Investing in Children' by:

- Implementing the Williamson Report
- Enhancing Children's Services
- Supporting those in care and those struggling in the community
- Targeting deprivation, low ambition, exclusion and thus break the cycle of dysfunctionality over the generations
- Targeted intervention to catch under-achievers early
- Encouraging healthier lifestyles amongst children

In Jersey's 'Children and Young People's Plan – A Strategic Framework' the vision for all children in Jersey states:

> *"We want all children and young people to grow up in a safe, supportive island community in which they achieve their full potential and lead happy, healthy lives."*

The development of the Children and Young People's Plan and the implementation of the Children's Services Improvement Plan is being overseen by the Children's Policy Group (CPG). Initial communication meetings have been undertaken with departmental staff to introduce the strategy and the implementation Action Plan. The CPG has a key role in bringing together different strategies from Social Care, Health, Education, and others in the future development of services for children and their families.

3. Impact Factors.

Services for Children with Complex and Additional needs and their families is provided through the Complex Needs and Disability Team, and Agencies, Departments and Organisations that interface with the Team.

During preparation for this report there was willingness at all levels within services to engage with the process and a notable commitment to developing ways of increasing impact that services have for children and families. It is evident that some services deliver comparatively with best practice in the UK. When children and families gain access to these services, satisfaction levels are generally high. However, at all levels, there was a recognition that intervention often comes into play once a family is in crisis. There was agreement that much more could be done to support families, prior to this, if there were a different structure and provision of early, low level and preventative services. This recognition has already led to a new initiative under the H&SS White Paper proposals, set to develop such interventions. It would be helpful to include services for disabled children in the terms of reference and to have a representative from Children's Services sitting on the Steering Group.

4. Service Provision

4.1 Complex Needs and Disability Team.

The team is based in offices with good access at the Le Bas Centre and consists of an Acting Team Manager, two Senior Practitioners, one of whom is acting up and the other the designated Social Worker for the Deaf and Hard of Hearing. There are also two full-time Social Workers and two Community Support Workers. The two Community Support Workers work in partnership with the Social Workers, directed and supported by the two Senior Practitioners to support children and young people, and their parents, with a mixture of child support and parenting support. One of the Support Workers works mostly with Deaf and Hard of Hearing children and young people. Support Workers were only engaged in direct work with families and children for approximately one third of their time. For the remainder, they were engaged in meetings, report writing and preparation of activities directly related to the contact, i.e. researching access to a club or activity or undertaking a risk assessment.

Allocation of casework is undertaken by the Team Manager. The Senior Practitioners hold their own case workloads and are responsible for signing off assessments planning and managing induction

The Team demonstrates a significant commitment to the children and families; families were observed talking about staff positively. Analysis of referrals to the team and the tasks currently expected of workers shows that there were 54 children

identified as open active cases. Based on calculations similar to that already used in the Referral & Assessment Team, (using an empirical model that allocates points to children in respect of their level of need or risk), of a 'safe case load' there would be a need for 4.32 social work posts. Each social worker is holding up to 15 open cases and undertaking core assessments for those referrals being passed to the team.

The team operates as a Safeguarding Children Assessment Team, concentrating on those children with complex and additional needs, using the common Jersey threshold criteria for Safeguarding Children. Formal referrals for assessment are received through the Referral & Assessment Team and the social workers also respond to safeguarding and child protection concerns expressed by Schools. No evidence of written and shared definitions of what constitutes 'complex and additional need' was found. Significant discussion between teams on the accuracy of referrals to the team was observed.

The team does not have a remit to develop service capacity, but does instigate arrangements for children with other agencies and organisations. The crisis intervention skills of workers and the managers are demonstrated in the quality of the individual packages developed. These skills and abilities do not translate into similar activities pre-crisis where there could be scope for this.

The children and young people whose assessed needs meet Tier 3 (of Tiers 1-4 by order of increasing complexity) safeguarding thresholds related to significant harm or at risk of significant harm and who require additional services, are referred to the Placement and Resource Panel (also known as the Resource Allocation Panel). The assessment format is in line with UK Looked After Children processes and procedures.

Referrals to the Resource Allocation Panel are based on assessment of a request for a specific service, usually by the parents to the social worker and/or sometimes by another professional; this does not currently contain 'SMART' targets or outcomes. There is no matrix based evaluation undertaken that enables the Panel to undertake an empirical prioritising process. The system is thus service based rather than needs, or outcomes based. The current measure of assessment is the level of family distress set against current services availability.

There is a limited menu of service options available to children and their families:

- Residential Respite at Eden House, Oakwell or Maison Allo
- Minimal outreach provision provided through each of the residential teams
- Some access to independent agency intervention for Home Care
- Community Support service delivered by the two full time Community Support Workers
- Access to holiday activity schemes

In exceptional circumstances a business case is made for additional service provision. This may include alternative accommodation within residential settings, an off island package of care and education or a bespoke package of family support and community based care.

There is limited early intervention and preventative provision available for families before they reach the States' thresholds:

- Autism Jersey provides a befriending and Buddy service and there are some Youth Inclusion opportunities through a voluntary youth support Project around the Island.
- Maison Allo provides a residential respite service for children and young people that do not have profound or severe needs and who are not significantly physically disabled.
- Jersey Childcare Trust (JCCT) supports private pre-school and nursery places for disabled children.

4.1.2 One Senior Practitioner post covers work in the specialist area of Deaf and Hard of Hearing with Children, Adults, and older Adults. The position has a base at the Overdale site, alongside Audiology colleagues and other therapeutic providers based in Health. Desk space is also provided in the Complex Needs and Disability Team, Senior Practitioner's Office.

The wider role of the Social Worker for the Deaf and Hard of Hearing post is complex and encompasses roles and tasks that would not necessarily be seen as Social Work in content, such as undertaking interpreting and signing duties for other agencies or providing hands on support services to individual service users when needed. The post is heavily involved in the early intervention programme instigated shortly after birth and performs key awareness raising and information giving as part of an effective support package after initial diagnosis.

Other roles include:

- Working with Schools and Education, Health and Social Care, raising awareness of the needs of the Deaf and Hard of Hearing Community,
- Translation/interpretation services provision when it is not practical to arrange an off island specialist, for the Police and Health services in particular
- Undertaking signing duties to enable a Deaf person who signs to take part in a meeting
- Liaising with Deaf and Hard of Hearing people and ensuring that they have the information that they need
- Setting up support packages
- Liaising for and with families whose children attend special schools off island
- Child Protection Training

4.1.3 Key Issues:

- The Complex Needs and Disability Team has no effective statement of Purpose and Function or eligibility criteria
- There is a difference between the remit and role of the two Senior Practitioners in the Complex Needs and Disability Team, in terms of duties and role within the team
- The Social Worker for Deaf and Hard of Hearing People post has responsibilities across Health and Education and is responsible for a case load that includes Adults
- Key performance criteria for the department based on transparent eligibility criteria and linked to outcomes for children would enable the team to demonstrate effectiveness
- There is no comprehensive range of services to support families before they hit the 'significant harm' and 'risk of significant harm' threshold. As a result, referrers

lack options that will resolve problems: legislation does not currently support the development of early intervention and preventative services

- The team works to high thresholds which means that capacity and resources are driven by a crisis intervention model, leaving little available to develop provision or practice
- Social Workers know that the individual packages that they are recommending will affect provisions that are seen as lower tariff. This is a concern for workers and is a factor that inevitably enters in to the assessment process
- Formal interagency protocols would lead to agencies and departments developing longer term, joint and sustainable solutions

4.2 In–House Residential Respite provision at Eden House and Oakwell,

The Health, Social Security and Housing Scrutiny Panel report: *Respite Care for Children and Young Adults* 26.4.2012 comprehensively details service provision, service short falls and action required in this sector.. The terms of reference for this work identify that the report takes a view of the best and most advantageous management and organisational structure. To this end we have included a brief outline of the services that provide residential short breaks and the key issues

There is evidence of commitment to meeting the needs of individual children and their families and Eden House has a clear agenda of modernisation with evidenced impact. Both units have well documented concerns about their environments and their fitness for purpose.

The referral route for access to services at Eden House and Oakwell is through assessment undertaken by an allocated social worker in the Complex Needs and Disability Team, followed by referral directly to the identified service. Referral is made to the Resource Allocation Panel if it requires financial input/foster care or another type of placement which was outside of the 'respite remit' of Eden/Oakwell.

There are no written criteria available from the Resource Allocation Panel identifying eligibility levels and no matrix system in place. The waiting list is held by the Residential Services Manager for the two units.

4.2.1 Eden House provides a service for Autistic children and young people and disabled children and young people who present behaviours that challenge. The unit sits in the Residential and Support Services section of Children's Services and there is no co-delivery with Health. The staff team have received training that enables them to develop effective care programs for each individual service user and the resources are supported from both internal and external sources and providers, as follows:

- Tutela - training in respect of working with potentially challenging children and young people on the Autistic Spectrum. Tutela is not accredited as a training provider by the British Institute of Learning Disabilities (the benchmark for providers in the UK)
- Studio3 - guidance in respect of the best use or resources, environment and equipment
- NAS - input on the culture and nature of best practice guidelines and performance
- Line management from Residential and Support Services - internal source of accountability, based on the building, resources, budget and overall purpose and function

- Autism Lead in Adult Services - external support and consultation on individual support needs, primarily to the Acting Residential Service Manager, but also support to the team

The unit is currently managed through the Acting Service Lead for Respite Services, the day to day responsibility for the running of the Home is the responsibility of the Acting Project Leader, supported by a Team Leader.

Eden House has two bedrooms and a single bed flat available for children and young people. Care plans are sculpted to individual need. It sits in a separate service unit from the Complex Needs and Disability Team and as such the Service Lead does not have ready access to the support of peers in the disability team.

It is well documented that the unit has suffered from having to spread its resources across a very wide remit that includes shared care arrangements and long-term emergency arrangements. This has disrupted the respite arrangements and caused additional concerns and pressures for children, families and staff.

4.2.2 Oakwell sits in the Residential and Support Services section of Children's Services, with no co-delivery with Health. The Oakwell building is a bungalow that has been developed over the years to accommodate up to 4 children or young people who have profound or multiple disabilities or a severe mobility problem. Although the building has a homely feel, it is not purpose built with a step up from a floor level from the lounge to the kitchen, an outside lean-to corridor, an office that is in fact a corridor, and an odd tracking arrangement in one bathroom/bedroom.

However, Oakwell does have a good level of equipment and resources available for the children staying at the unit including hydrotherapy facilities and a well-kept secure garden. The unit is staffed by a team of nurses and Care Assistants and managed through the Service Lead. Respite Services and day to day coordination is undertaken by the Nursing staff on duty.

Oakwell has been utilised to provide a number of placements over the years in addition to the respite remit and professionals have differing views about how it could be best used. There are from time to time needs, such as end of life nursing, palliative care, shared care and emergency longer term care, that are expected of the team and this then affects and disrupts the planned respite.

4.2.3 Key Issues:

- The current capacity means that any emergency use of the units impacts heavily on planned provision, creating stress for families who lose planned breaks, in turn, potentially leading to further emergencies
- The current line management arrangements appear fragmented and complex
- Accountability for the support of a team undertaking work with children and young people with challenging needs and clinical and complex needs is not clear. There is internal policy on clinical procedures and medication administration
- The acting up arrangements within the unit's management structure have been in place for an extended period and could lead to management confusion and paralysis
- The statement of function and purpose for each of the units should be available to professionals and the public, and should reflect the role of the unit within the strategic planning undertaken by the department

- There is no joint agreement about the specific outcomes for each individual child using the units and effectiveness in meeting these is not evaluated
- Support with behaviour management is provided by Tutela, an organisation not accredited by BILD
- The lack of any accessible eligibility criteria and not having a matrix system would suggest that service provision is based on current available capacity rather than assessed need.
- There is no evidence of a formal unmet need process
- Responsibility for the waiting list for outreach and residential short breaks is currently held by the Unit manager. This needs to be reviewed to ensure departmental responsibility and accountability for the lists.

4.3 Third Sector residential provision Maison Allo

The respite provision at Maison Allo is funded through a grant arrangement that is being up rated to a contract arrangement with attendant Service Level Agreements. The wider Les Amis organisation adds value to this through its own fundraising.

> *"Maison Allo is part of the Les Amis provision set up by and run on behalf of Jersey Mencap, this service provides respite for up to 5 children at any given time and is located in a large house in a pleasant location, close to St Helier.*

The respite services provide accommodation to ***24 children***. New referrals come from ***the Complex Needs and Disability Team***. In addition the Team undertakes some outreach services "
(Taken from the Maison Allo web site)

The service is provided for children and young people 5-18yrs who have mild to moderate learning disabilities and no significant mobility problems. Maison Allo has undertaken work with the Complex Needs and Disability Team to extend its ability to provide a service to more challenging young people where possible. Children and families greatly value the input from Maison Allo.

The Third Sector Residential providers are inspected annually by the States of Jersey using a different approach to that employed for the in-house provisions.

4.3.1 Key Issues:

- Lack of clear commissioning practice and planned advance multi-agency strategic direction for the future
- The service is not included formally in the Strategic Framework
- The nature of the partnership relationship is not explicit
- The levels of this service provision for children with mild to moderate learning difficulties need to be viewed in context with the residential respite services for children with severe needs and a strategic view taken as to the equity of the situation. Some parents at the scrutiny committee consultation evening identified that there are more opportunities for less disabled children in the overall island provision
- There is a need for a level playing field with statutory providers in terms of inspection and quality issues

4.4 Other Agency and Departmental providers

4.4.1 Education, Sport & Culture

There are placements for children with additional needs in schools across the island in addition to the Special School provision at Mont a L'abbe. The issues explored for this report are about the interagency working, planning and decision making. The areas where these issues have become particularly important are around:

- Transitions Processes from Children's Services to Adult Services
- Decision making in respect of out of island arrangements
- Clarity about roles and responsibilities of key workers and managers in each discipline and specifically those of the Complex Needs and Disability Team
- Working together to construct appropriate and effective joint packages of support
- Undertaking joint strategic planning that makes best use of resources available

From discussions with parents, and professionals from Education and Social Care, it is apparent that there is a need to undertake significant work in relation to the transitions service, defining responsibilities for named workers and evaluating performance in terms of achieved outcomes for children and families rather than through an assessment of the level of inputs.

Despite Managers and Head-teachers having regular contact it appears that there is a level of uncertainty about what is expected of Social Workers and the Social Care system. Individual workers within each department have, however, developed good networking skills and established networks, but there is a lack of formal interagency protocols to support and promote this.

Parents rely on school staff to give them information about services and opportunities and it is therefore important that school staff feel confident that they have accurate and full information to enable signposting.

4.4.1.2. Key Issues

- Transitions Processes from Children's Services to Adult Services: there is a need for a multiagency policy and procedure that is monitored through outcomes for individual children and young people. This should have named accountability in each of the agencies, with clear transparent information for professionals, families, and young people, readily available in a range of formats
- Decision making in respect of out of island arrangements: there is a need to avoid single agency decision making and a need for transparent multi-agency protocols with named professionals identified for the purposes of accountability
- Clarity about roles and responsibilities of key workers and managers in each discipline and specifically those of the Complex Needs and Disability Team
- Working together to construct appropriate and effective joint packages of support
- Undertaking joint strategic planning that makes best use of resources available and clarifies who is responsible for what and ensures that expectations in each agency or department is realistic and accurate

4.4.2 Therapeutic Health providers

The base for this group of professionals is the Child Development Centre (CDC) on the Overdale site. The relationship between CDC and the Complex Needs and

Disability Team is influenced by the two very different models of practice governing their interventions: CDC based firmly in the Medical Model, and Social Care leaning towards the Social Model. The CDC have an expectation that Social Care and support will be provided for all children and families in need. They have identified a lack of early intervention and preventative options available from Social Care, and have no clear information of what the Complex Needs and Disability Team is resourced to do.

The Team Manager of the Complex Needs and Disability Team is invited to regular CDC meetings, as a standing member.

Individual workers have found ways of effectively networking to meet the needs of services users, without the support of interagency working protocols.

The development of early interventions for children is being investigated in the Health and Therapeutic settings, with key players in the Third Sector, and is described in an Outline Business Case which is an integral part of H&SS' White Paper initiatives: "A proposed New System for Health and Social Services. Refocusing Children's Services Early Intervention". The stakeholders list does not currently contain a representative from any area of Children's Services.

4.4.2.2 Key Issues:

- CDC is an effective vehicle for departmental networking and joined up working within the medical model, but less effective in interagency and disciplines objectives
- The work being undertaken in "A proposed New System for Health and Social Services. Refocusing Children's Services Early Intervention", would benefit from the input of Children's Services and specifically the needs of disabled children and their families.

4.4.3 CAMHS

CAMHS has recently moved from being part of the Health Organisational structure and is now part of the Children's Services Structure. The team sees its role as therapeutic in nature. Statistics held by the Complex Needs and Disability Team and those published in the *Child Protection Audit* are at odds in terms of joint working between the two teams. The Audit says that children referred as child protection cases by CAMHS were known to Children's Services, and the Complex Needs and Disability Team data indicates that the same child cases are not jointly held by CAMHS. There is clarity at individual level about what work is being undertaken, and by whom, but there appears to be less clarity at departmental level in terms of shared cases, and this leads to concerns about clarity around roles and responsibilities particularly for some autistic young people.

The Positive Behaviour Support team (PBS) is part of the CAMHS framework, but has principal responsibilities within Adult Care support and is line managed by a Clinical Psychologist assigned to Adult work. PBS provides support and training to families and professionals in managing behaviour that is challenging. There are two workers who undertake assessments, devise plans and an assistant who are able to support families with elements of implementation. PBS intervention is not designed to be long-term but does include review and revision elements. Where a family are not able or not willing to undertake the recommended actions, PBS will withdraw. The

situation in the home may well then further deteriorate. PBS does not have the capacity to provide long term assistive interventions or to undertake large scale practical work with a staff team to develop competence and confidence. Eden House, for example, has received some individual input for specific children from PBS but receive their team training from a private specialist company, Tutela.

4.4.3.1. Key issues:

- Review the remit of PBS to ensure that it meets the needs of not only individual children and young people, but also the States services for children and young people with complex and additional needs including integrated working with schools and the education department
- Ensure that there is an effective written understanding of what PBS is expected to achieve and monitor through individual outcomes.

4.4.4 Adoption and Fostering

This team holds the brief for long and short term fostering for disabled children and young people. Significant challenges were reported in recruiting foster families for these purposes, explained by the need for paid employment and that mainstream fostering requirements have probably saturated the potential pool of families. There is no Professional Carers Provision and no retained short term foster families for hard to place children.

Provision of family based short breaks for disabled children could be a means of relieving some of the pressure on the residential respite capacity issues. Close liaison with the Complex Needs and Disability Team, supported by ring fenced recruitment campaigns would assist the development of a range of such family based short breaks. Examples of services that have been successfully commissioned from the voluntary and private sector in the UK such as Family Link services, Linked Families, Professional Carers and For-ever families could usefully be replicated.

4.4.4.1. Key issues:

- Explore the provision of ring-fenced, concerted, recruitment for specific roles to meet the needs of children and young people with complex and additional needs and their families
- Link with the Jersey Child Care Trust (JCCT) to explore the most effective use of child minding expertise and capacity in relation to support for disabled children

4.4.5 Child protection

The threshold criteria for referral and access to services for children in Jersey are universal and thus the same for disabled children as for any other child (*JCPC multi-agency child protection procedures 10.2.4).* As a consequence, families of disabled children are not able to receive social work intervention until they meet the universal child protection threshold. At present access to any support service is through a Social Worker. Thus families see Social Worker support as a key to provision and support, and a goal in its own right. This situation has played a significant part in the present model of social work intervention for disabled children; being based on crisis

intervention and regarded by parents as a 'gate keeping' process, and a 'budget protection' strategy, rather than a pro-active model designed to safeguard children.

Families at the Scrutiny Panel Consultation event identified concerns about the role of Social Workers and their interventions with disabled children and their families. Families said that they needed to be able to ask for support and help in looking after their children without the added pressures of wondering whether the Social Worker would see their problem as a child protection issue, rather than a support need. Some families were aware that the threshold for intervention from a Social Worker is identified as a safeguarding children/child protection threshold; some families clearly were concerned about engaging with any agency whose primary role is child protection. Presently all the Children's Services Teams in Community and Social Services are perceived as 'Safeguarding Children' teams and all use the Safeguarding Children thresholds for any intervention or allocation.

In addition there are no specific safeguarding / child protection guidelines for disabled children as recommended in England (**Safeguarding disabled children,** Practice guidance, Moira Murray, Head of Safeguarding, Chris Osborne, Policy Adviser, and The Children's Society
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It is acknowledged within the JCPC Multidisciplinary Safeguarding Group that child protection activity around disabled children is statistically lower than the UK.

There is currently nothing that refers to children whose needs may be assessed as just outside the threshold being picked up as 'Children in Need' (CIN), at a lower threshold that would signpost to early intervention and preventative services. This is based on the absence of such Child in Need legislation in Jersey that mandates for the development of early invention and preventative provisions and no consequent specific budget or resourcing to stimulate the growth of this area of intervention. The Common Assessment Framework (CAF) provision that is being developed as 'JCAF' in Jersey will assist with this to some degree.

Limited data is collected specifically about disabled children. The need to remedy this has been noted in the Child Protection Audit, but no date for completion is given.

4.4.5.1 Key issues:

- In the absence of Child in Need legislation multi-agency agreements about thresholds would support children and families whose needs are currently assessed as just outside the safeguarding children thresholds.
- Effective data collection would ensure that the JCPC has an informed picture of safeguarding and child protection issues relating to disabled children and young people

4.4.6 Nursing

There is specialist nursing available for children based at Robin Ward within the General Hospital. This ward has been used on occasions to provide respite care and long term care for disabled children with significant clinical needs. Evidence suggests that some parents make use of the ward as a respite option.

There appears to be a natural link between the Ward and the provision at Oakwell. In practice however there is no joint protocol in place and both units operate independently within their own agencies. There are a number of opportunities in the current situation that could be established to create a joint team that could work between units to maximise capacity and individualise the service provision for children and their families.

Such work would enable staff supporting children on Robin Ward and nursing staff at Oakwell to work more effectively together and have a clear understanding of their expectations of each other.

4.4.7 Family Nursing and Home Care

This organisation is part resourced by charitable fund raising and partly by the States. It provides a valuable, medical model based intervention, starting from birth, and is concentrated on supporting families to look after their own children. The service provides support for children and families, especially early years; there is a small Pediatric Team; referrals are led by Community Nurse and District Nurse; and a Sister from FNHC sits on the CDC. Targeted children have long term disabilities and health issues; some medium term health or mobility issues; and some children with long term and life limiting conditions. Workers build professional relationships with their clients over the years, and are often in a good position to alert other services when there is emerging needs or crises. Staff are also a reliable source of supporting information for Social Workers at the time of assessment and service allocation. Family Nursing and Home Care do not close long-term enduring cases, but regard them as 'inactive'; they noted the effect of the lack of social care early intervention and preventative provision. The team has set up some systems that have improved early intervention mechanisms, but do not at present set up and run packages of support, such as short breaks.

There is capacity for this organisation with its skills and expertise to be an effective and close partner in the provision and support of additional preventative services, should additional funding be identified.

The organisation Baby Care who provide support for disabled babies and their families, observed that there are no specific, early years, social care services available to support families with care, out of the home

4.4.7.1. Key Issues:

- More effective multi-agency coordination of services across Health, Education and Social Care
- The fact that medical intervention is free once there is a diagnosis of disability could create a motivation for escalation. There is a £30 fee for GP's visits.

4.5 Specialist Third Sector organisations

There is no Jersey Charity Law at present, however the Chief Minister has commissioned new law in 2012 and there is a culture of giving to worthy causes, especially in relation to Jersey people who need support. To date there has been little coordination of the many charitable initiatives. The formation of the Third Sector

Forum and the commissioning of an investigation into how the Third Sector can be best included in the States of Jersey strategic planning, demonstrates the awareness of the potential benefits of strengthening and invigorating the sector as partners for the future.

There are high profile charities such as Mencap and Autism Jersey who have established valuable service provisions for children who are disabled or have additional complex needs. Both organisations have very effective fundraising capabilities making use of public support and corporate giving. In addition these organisations have raised public awareness of the issues that affect disabled children and those with additional complex needs. The deaf charity Earsay has been formed to support the needs of deaf and hard of hearing people and the Jersey Blind Association has a centre that includes residential facilities and a small staff team, undertaking a similar role for visually impaired people. These vibrant organisations currently sit outside the strategic planning for services for disabled children, but represent a significant potential resource pool for the development of early intervention and preventative support.

The Bridge Centre has become a valuable resource for coordinating family/parenting support and early years support. This approach could be developed across Children's Services to establish a sustainable third sector response to Safeguarding Children threshold level 2/3 needs. The Jersey Child Care Trust, based in the Bridge Centre, undertakes specific support for early years children with special needs at private nurseries. These were a catalyst for the development of the Third Sector Forum which will also be based at that centre. Take up of other opportunities at The Bridge for the parents of disabled children is not high.

In the Youth Sector the Youth Inclusion Project has demonstrated how support for Safeguarding Children threshold level 2/3 children can be provided effectively, and be included in the planning and organising and evaluation of services This is a model of practice and organisation that could be used as a template for further development, within a strategically planned network of services.

Outside of the specialist third sector, there is a well-developed network of sports and leisure organisations providing a range of opportunities, accessible for disabled children providing they bring additional support with them.

4.5.1 Key Issues:

- There are potentially substantial resources currently untapped in the Third Sector
- Any development of early intervention and preventative services, and services for children below current thresholds, should involve the Third Sector as partners
- There is willingness and capacity in the Third Sector mainstream provision to develop capacity for disabled children and young people who have some additional support needs
- The Statutory Sector will need to publish clear and accurate information about its own provision, teams, roles and departments, if inclusion of the Third Sector In partnership arrangements is to be successful
- A wholesale mapping of third sector provision, aspirations and potential capacity is required.

5. Families and Carers

The concerns expressed by families of disabled children and young people picked up on many of the issues that were raised by professionals. They identified a lack of knowledge about what they could expect from services and workers within services and they perceived that professionals were often not able to explain the roles and responsibilities of colleagues in other departments and agencies. There was a clear awareness of the high thresholds applied to social work intervention but a lack of confidence about service eligibility criteria. There was a general view that there needs to be a lower threshold that would enable families to be supported before they reached crisis point. There was widespread criticism of the lack of information available about their rights, the services available, processes and procedures and a lack of sign posting across the board.

Families were unhappy about the amount of support that is available for their children in terms of respite and made it very clear that when a support service is effective it is consistent, reliable and of good quality. There was concern that waiting lists for respite are too long; one family said that they had been on a waiting list for 3 years, and were still not receiving a service. Families identified significant concern about the capacity of services and individual workers to meet the needs of disabled children and their families. There is a general perception of widespread underfunding in disability service provision.

Families said that they would like to be seen as partners, and have more say in how services develop; there was mention of the personalisation agenda and the availability of personal budgets as an option.

Families were keen to point out that when they managed to get a service, it was generally of good quality and that individual workers in all departments are valued. There was a great deal of loyalty shown towards staff in the services provided, by families using those services. Parents rely on Schools to give them information about services and options available to them, and felt that this was done well.

6. Summary of Key Issues:

There are some key issues that have been identified which are specific to specialist providers or departments but, in general, there are a number of themes that emerge. The key issues identified can be summed up in 5 sections:

6.1 Communication

Effective branding of departments based on clear core purpose and function, will enable people to understand who is doing what, to what level, and for whom. Thresholds and eligibility criteria should be transparent and publicly available. Clear roles and responsibilities of departments and individuals, and lines of accountability, inter-agency and inter-departmental protocols will reduce negative impact on budgetary control and accountability for service delivery.

6.2 Capacity

The operation of a crisis intervention model diverts resources from the development of early intervention and preventative services. The key respite service fills very

quickly and there are few alternatives for other children and their families. Emergency or immediate need placements have a disruptive effect on existing planned users of services.

The current Complex Needs and Disability Team appears to have insufficient capacity to undertake all the duties expected of them by their own department, and those expected by other departments/agencies and families. The lack of structured, written, expectations and standards of services for disabled children by all departments hinders the significant level of flexibility that the current systems require. Service providers feel vulnerable to "hindsight" judgement, creating a culture of caution.

6.3 Disparity

There is a disparity between the different services available for children with additional needs who have different diagnosis, e.g. deaf and hard of hearing children have different thresholds and eligibility applied from other disabled children, for access to a social worker and support. Similarly, there is disparity between respite provision for children with the highest level of need and those with mild disabilities. Children and young people with less severe needs have a greater service opportunity through Maison Allo, than those with more severe needs through the more limited availability at Oakwell and Eden House.

Where there has been, or is currently, an effective "champion" in the staff group, or there has been a publicly high profile issue, evidence exists of well developed, individual initiatives that are highly valued and effective. Conversely where these conditions are not in place, there is a relative lack of development and provision. Some parents, for example, identify that the very high profile of the needs of autistic children has a contrary effect on services for other children with complex and additional needs. There is a need for the States of Jersey to monitor such hot spots and low spots, and ensure effective overall development of opportunities.

6.4 Resources

Allocation of support resources is based on levels of family stress/resilience and service capacity rather than being set against eligibility criteria and based on individual outcomes. Planning within Health & Social Services for the development of an effective commissioning culture and capability is in its very early stages. Similarly, the emerging longer term strategic planning for the future does not yet include the third sector, nor families and children as partners, and is not yet based on the comprehensive collection and evaluation of effective outcome data. Budget planning is based on the previous year's spend rather than on the future projected need.

6.5 Support for families

The combination of the issues noted above, results in the support available to families at key times of pressure being insufficiently integrated and thus not efficient or effective. There is not the capacity to support families effectively with the organising of sometimes complex arrangements and practices, across the full range of services that can be involved with a child with the most complex needs.

Families receive a service from social workers when the latter are able to demonstrate that these children are at risk of harm or there is a significant danger that they will become at risk of harm. This can be seen as one of the factors that is likely to escalate families towards crisis point.

Professionals from all departments find the lack of early intervention and preventative opportunities within the State's provision frustrating. Families do not have a clear understanding of why they have or have not been allocated a service.

7. Analysis

This section identifies the key overarching issues that are present in the current Disabled Children's Services at the centre of this review.

Low level, early intervention and preventative services are frequently highlighted in this report. Early intervention refers to provisions that support a child, and or family, at an early stage of concern initially, with perhaps access to universal or mainstream opportunities, before the needs are identified at level 3 or 4 on the threshold model.

Preventative services refer to opportunities that intervene at an early stage, and either stop escalation towards crisis, or significantly slow down the escalation process. Early intervention in these cases does not necessarily refer to earlier access to crisis intervention provisions.

Some examples of specialist services would be:

- Family Link
- Linked Families
- Professional Carers
- Personal Assistants
- Inclusion support workers
- Child Minders
- Sitting and befriending services
- Outreach workers
- Age and ability centred activity schemes

7.1 Joined Up Working

A need for joined up working practices between agencies and departments within the States of Jersey provision underpinned by effective medium and long term strategic planning, supported by effective data collection and measurement against key performance indicators. This should be supported by effective definitions of roles and functions; eligibility criteria for agencies and departments, teams, individual professionals, service providers and families:

- There is a wealth of excellent skills within the statutory sector in all departments visited, related to effective crisis intervention, where CP issues arise. When a child or family is perceived to be really in need and at risk: action is taken and individual workers are able to network effectively to achieve placements and deliver results. However, there is evidence that this is not always undertaken

using a multi-departmental decision making process. There is a lack of interdepartmental working protocol in place that professionals can utilise

- Planning that was observed concentrated on the needs of individual children and their families and their immediate needs which once embarked upon were generally well executed. There appeared to be less concentration on long term multi-agency strategic planning based on learning from these situations targeted to maximise resources, capacity and budget. There is little data and statistical evidence in Social Care and the evidence available is linked to inputs and outputs; while data in Health and Education is generally collected for specific input reconciliation with some capacity analysis. There appears to be little analysis and learning from experience active within the management circles and no joint data work being undertaken

- The Softbox database software being used by Children's Services at present, is not easily interrogated and is not coterminous with programs used in other agencies and departments

- Where services have data it is most frequently recorded in paper files and requires a good deal of time and resource to extrapolate the targeted information. The two in house residential respite units do keep a significant amount of data that, if it were more readily available, would have a great deal of value for strategic planners

- Social Work case files contain the required data of interventions, but these are not recorded on the Softbox system, but are stored on paper

7.1.1 Access to data

The States of Jersey needs to have access to data that identifies the numbers of disabled children on the Island based on jointly agreed definitions of disability.

The York Health Economics Consortium (YHEC) report commissioned by the Department of Health in England to explore how data on disabled children is collected, managed and used at a local (Health and Local Authority) level, identified and described effective practice in these areas. This report may be helpful in informing some of the issues raised in this section.

Specifically, the goals of the project were to:

- *Assess the current state of play is – i.e. what data is available (and at what levels) and what methods of collection exist;*
- *Identify commonalities in data collections (including levels of service user input);*
- *Make the economic case (cost/benefit, plus any other incentives) for planned and co-ordinated multi-agency models of data capture;*
- *Identify areas of good practice/possible solutions;*
- *Make recommendations on how to change the use of data from collection through to planning and delivery – and on how collections might be established on* a sounder basis in the future.

(Department of Health, Aiming High for Disabled Children, Improving Data Final Report. September 2009)

Jersey is not alone in experiencing problems with data collection - In 'The social and economic value of short breaks December 2009 (nef for Action for Children)' it was identified that, in England, 89% of Local Authorities experienced substantial difficulties in producing effective data in relation to disabled children, because of "issues to do with definitions and the way in which data are collected and managed, in particular, that different organisations and government agencies apply different definitions, criteria and thresholds"

- There is a lack of confidence or direction about what individual departments, services and professionals were expected to do. There were those who were confident about what they thought departments, services and individual professionals ought to be doing - but this was not based on any firm organisational definition or statement; lines of accountability; or delegated authority.

- In order to enable a team to work effectively with colleagues in other agencies, departments and with children, families and the third sector it is important that there is clarity about role, purpose, function, and the options available through the team, the process and expected outcomes. There was confusion and a lack of clarity about each element in respect of the Complex Needs and Disability Team. These conditions make it even more challenging to effectively manage performance, develop confidence or strategically plan ahead. Ultimately this undermines:
  i. Partnership working, with other professionals, children and families
  ii. Professional confidence within individual workers
  iii. The effective work that is undertaken by the Team and the Department
  iv. The credibility of the decisions made and options made available

- The most visible evidence of the difficulties experienced in multi-agency/departmental working was seen at the point of Transitions planning for disabled children at 16 and 18 years of age. All the ingredients of confusion and lack of co-ordination appear to become synthesised in this arena. Agencies, departments and services have developed their own planning systems and these have evolved over time to a point where they are no longer closely related in many instances. This has been recognised and a Lead Manager (from Community & Social Services) has been commissioned to undertake work on the systems

7.1.2 Suggested Actions

- That Principle Leads and their Agencies identified in Improvement Plans and the Children's Strategic Framework fully commit to the initiatives.

- To undertake an audit of multi-disciplinary/inter-departmental working alongside the work already commissioned around Transitions arrangements. To include annual monitoring of performance, based on Outcomes.

- To undertake a review of eligibility criteria for exiting services and create an effective network of criteria for the newly developing Early Intervention and Preventative services.

- Ensure that all assessment processes are linked in to criteria to allow for more equitable solutions through an outcomes base.

- The Complex Needs and Disability Team to be empowered to embark on a program of change that is closely performance managed and includes targets and outcomes for multi- agency joint working.

- To develop software usage that is coterminous and enables identified data to be extracted through interrogation.

- There is an effective advocacy system available for Looked After Children that supports across boundaries. There is also a need to look at how a formal Key Worker/Lead Professional system could be instigated across departments to assist families in the understanding and coordination of service provision and appointment keeping. *(see: Developing a Key Worker Service for families with a disabled child, A resource Pack, CCNuk, published by the Social Policy Unit 2006)*

7.2 Transitions

It is important that the current work to review and re-scope the transitions system, process, and procedures, is undertaken as a multi-agency/disciplinary exercise and includes parents and children in its development. The system needs to be measured on outcomes for young people and families, while including realistic time frames for each element of the process to be completed. Issues that will need to be given significant consideration include:

- The transfer of case management from Children's to Adult Services, particularly for those young people on the Autistic Spectrum

- Timely support to families about lifestyle planning and changes that will inevitably be required as their son or daughter enters adulthood

- A Transitions booklet for children and young people

- A Transitions booklet for parents and carers

- Development of a clear definition of what each stage of the process will achieve; who is responsible and by when.

- Ensuring that there is independent support available to families who may struggle with the process through connections with the Third Sector or by allocating a Lead Professional

- Developing a process which can be effectively measured and children and families are encouraged to make use of the Complaints procedure if targets are not met.

- Ensure that young people are effectively involved in the predevelopment process through real and meaningful participation.

7.3 Organisational Model and Management Arrangements

The predominant organisational model is crisis Intervention by Social Work linked to a service led series of interventions. These interventions are not based on Outcomes for children, or on the Individualisation and personalisation of provision and do not offer early interventions or preventative options.

- The concentration on crisis intervention consumes energy and capacity and has little impact in improving the long-term provision of service to disabled children and their families in Jersey. Additional resources that are applied in these circumstances can too often indicate an additional cost instead of an investment for the future

- At service level there are areas where individual managers are trying to develop practices that include elements of these concepts. There is discussion underway about working together at transitions stage to undertake Person Centred Planning. At Eden House the care plans identify clear targets for individual children alongside specific plans to achieve those targets and increasingly there is evidence of close work with schools to manage these objectives but there is no mechanism at present to include such care planning targets in referral agreements nor to ensure that they are reviewed and evaluated formally, they remain a specific service issue and do not translate into departmental practice models

- The impact of the absence of Children in Need legislation and there being no single definition of disability, has been noted above

- The development of a greater range of short break respite opportunities has been hampered and a wider range of early intervention and preventative services for disabled children and their families, including siblings, is clearly needed. In order to develop the range of early intervention and preventative services needed to make an impact for those families not currently in crisis, the Third Sector need to be encouraged to play a key role.

The UN Convention on the Rights of the Child

The States of Jersey has committed to work towards compliance with the Convention and it was included as part of a priority in the States Strategic Plan 2009 – 2014.

The States Assembly heard advice from H.M. Attorney General in 2009 that, before a conventional treaty is ratified on behalf of the Island; the UK would make a sufficient inquiry to ensure that the Island legislation is consistent with international obligations in the convention. This would be to ensure that it would not be in breach of any obligations by extending the instrument of ratification. The 2012 Children's Strategic Framework identifies that seeking extension of the UK ratification of the United Nations Convention on the Rights of the Child is a key action.

In this context there is a need to develop the participation of disabled children and young people, and their families, in the planning, creation, and management of service provisions; and a need to develop legislation that will support the development of early intervention and preventative services, for disabled children alongside their non-disabled peers.

7.4 Analysis

The Complex Needs and Disability Team require the development of a clear working brief that links it with other departments. Performance management measurements would enable the Team to develop confidence and best practice. There is a lack of clear accountability for development and the service provisions appear fragmented.

- The Team is committed and works hard to meet the needs of children and families

- The Team have become very competent at developing individualised packages for children with severe needs whose families are in crisis.

- The development of alternative services has been hampered by the lack of Child in Need legislation

- Colleagues in other departments and organisations are not clear about the role of Social Worker in The Complex Needs and Disability Team

- There is a sense that the team feels pressure and is regularly having to undertake fire fighting duties in response to the sheer weight of crises that are being referred to them. This in turn affects the ability to develop practice, plan for the future or consolidate achievements

- There are a lack of options open to the team in terms of potential solutions for families, especially those where the assessment is borderline in terms of risk or just under the threshold

- Where children are at the point of crisis, the team is asked to try and fit children into the available services rather than having the resources to develop individualised plans to meet the needs and outcomes for children and their families

- Social workers and colleagues in other Agencies and departments have to reinvent joint agency and disciplinary working agreements on a case by case basis

- The role of the two Community Support workers is not fully understood or strategically targeted and could be utilised more effectively and efficiently

7.4.1 Suggested Actions

- The management framework in the Complex Needs and Disability Team needs to be finalised as a priority

- Line management of the Short Breaks and Long term residential service provision should be undertaken within the Complex and disabled children's Team

- The Residential Services Manager post needs to be re-scoped as the Residential and Short Breaks Manager; and should include responsibility, with the Manager of the Complex Needs and Disability Team, for creating a menu of choice of Short Breaks for children and families; strategic line management of the two Residential Short Breaks units: Eden House and Oakwell, the new Residential

long-term unit; and the development of a short breaks team of Community Support workers

- Eden House, Oakwell and the new long term residential unit, should each have a named residential coordinator (Registered Manager) who will be responsible for the day to day running of the unit

- The Team Manager should work with the Third Sector and the Residential Services Manager (Short Breaks Manager), to develop a menu of choice for disabled children and their families, and to link most effectively with colleagues in other Agencies and Departments, whilst minimising the barriers in the Transition to Adult services pathway

- The two Community Support worker roles should be developed giving consideration to developing them as supporters and co-ordinators of volunteers and ensuring that their input is a time limited one based on outcomes for an individual child or young person and their family

- Work to understand the most effective intervention model for Positive Behaviour Support services should be undertaken to develop the capacity to provide long term assistive interventions and to undertake large scale practical work with a staff team to develop competence and confidence

- Close working between this team and the Adoption and Fostering Team needs to be undertaken to ascertain likely future need that will lead to ring-fenced recruitment campaigns for the required family based solutions

- A review with the Jersey Child Care Trust into the possibility to developing child minding opportunities for disabled children using existing resources needs to take place

7.4.2. The finance systems and the budget process and procedures are key to any future development that reflects the States of Jersey ambition to meet the needs of children in need and their families most effectively. The system must secure and demonstrate effective accountability at all management levels in a way that promotes flexibility and innovation, thus:

- There is a need to ensure that the States of Jersey is getting best value for money from its current services in order that a fair analysis can be made of the potential benefits available in developing a more preventative approach

- There is a need to ensure that the most effective service options are available in Jersey

Action for Children's research into the impact of 'Aiming High for Disabled Children', undertaken by *nef* Consulting, December 2009, identified the potential savings to the state in England if long-term development of effective short breaks (early intervention and preventative provision) is sustained:

The long-term outcomes for the state (DCSF and local/national government and public service providers) are derived from the outcomes enjoyed by both the disabled children and their parents. The theory of change highlights that short breaks provide

families with a mechanism by which to cope with the pressures of caring for a disabled child. This has an indirect impact on the family environment in terms of less stress for the parents and more time for other siblings, which can be translated into a higher sense of well-being for the family as a whole. This has implications to the state through:

- *Financial savings resulting from a reduced chance of disabled children being placed in care.*
- *A reduction in health costs and increased tax take from reduced stress of the parents, families and carers.*
- *A cost saving from greater attention being able to be paid by parents to disabled children's siblings, thereby reducing possible problems centred on the siblings' schooling.*
- *The analysis that is required at a budgetary level includes costings of inputs, outputs and outcomes in order that a full understanding and awareness of the effectiveness and efficiency of adopted and potential models can be compared.*
- *The business case model currently used to develop additional services in emergency situations, or where longer term service short fall has to be covered, does not currently appear to include the checks and balances associated with effective accountability for cost setting such as budget phasing, variance monitoring, or regular evaluation of spend against set targets*

7.4.3 Suggested Actions

Undertake a review of how delegated authority needs to be managed in order to empower local managers to make best and most effective and efficient use of their working budgets

7.5 The Third Sector response is fragmented: there are areas of well-developed provision, and areas of poorly developed options; there is evidence of charities duplicating goals and lacking coordination of effort.

- The Third Sector is a potential resource that is not being fully utilised.

- The recent initiatives at States Government level and locally at The Bridge should be cascaded into local teams so that local managers have direction about their engagement with the Sector

- The Third Sector is not currently seen as a cohesive partner to States Service provision; there are a range of individual arrangements usually based on an effective relationship between people who have achieved networking arrangements at a very local level.

- There is a lack of knowledge and understanding about the mutual roles and responsibilities in both the Statutory and Third Sector

7.5.1 Suggested Actions

- The Voluntary and Community sector and the Independent sector market place needs to be stimulated, developed and managed making better use of the predominant charitable culture in Jersey, by building on the recent initiatives led by Rachael Williams and the Third Sector Forum. This will ensure that

partnerships are developed directly between the sectors and Team Managers and Senior Managers responsible for disabled children's services. In addition key Managers in Children's Services must be delegated to work closely with the Third Sector

- Family Nursing & Home Care have identified that it has ability to share skills and expertise and offer specialist training to social care providers and their staff, if funded, and has a model of organisation that would be valuable in a commissioned market place

- Give thought to developing a specialist link for disabled children with the Third Sector Forum

- Map the provision and providers of all services for disabled children and those with complex needs

- Map those providers who could, or aspire to, provide services for disabled children and those with complex needs i.e. child minders etc.

- Develop a model of commissioning that will make best use of added value that is provided by including the Voluntary and Community Sector and the Private sector in the strategic solutions

8. The case for change

At present The States of Jersey is faced with the need to ensure that all service provisions are most cost effective and that departments achieve their financial efficiency targets. At the same time there are clear indications that the provision for children and young people with complex and additional needs and their familes requires attention. The Health, Social Security and Housing Scrutiny Panel Respite Care for Children and Young Adults Review (S.R.2/2012) has identified a number of issues that need attention. Several solutions could make an impact on the situation.

Experience in the UK over the last 5 years suggests that the most effective way to provide services in a cost effective and efficient manner is to provide a framework of provision based on:

- Individual Outcomes for Children and Families
- Personalised service settings
- Outcomes based commissioning
- A mixed economy of provision in partnership with the voluntary and independent sectors (Third Sector)
- A range of early intervention and preventative provisions (Short Breaks) backed up by effective level 3 and 4 response, at the higher levels
- Effective and cohesive multi- agency working coordinated by named agency leads

One of the most significant pressures on the Children's Services at present is the apparent need for increased residential capacity both long- and short-term. Over the years it is evident that much has been done in Jersey to improve and develop existing provisions and supporting structures. Plans are afoot to develop a response to the long-term need by adapting an existing residential unit to provide for a further

three young people. Although this will meet the most immediate needs if there are no other changes to the current framework of services, there will be further and additional calls for more residential provision.

The evidence is that the services in existence are generally of good quality. With the changing needs and demography, these services should now be reviewed in the light of alternative systems and approaches. It is clear from the existing conditions that concentrating on providing more residential provision alone is not a viable option, because of cost and the availability of resources. It is therefore necessary to look at approaches that will decrease the numbers of families getting to the crisis point or at least slow down that journey.

This is very similar to the situation faced by the Government in England prior to the 'Aiming High for Disabled Children' (AHDC) initiative and it is likely, therefore, that the solution for Jersey can be drawn from the learning and experience undertaken in England during the AHDC initiative that ended in 2010. The premise behind the initiative was that there needed to be a fundamental change in approach to meeting the needs of disabled children and their families.

The Government in England made a commitment to invest a total funding package of £430m from Department for Children and Families (DCSF) over the period 2008-11, based on the notion of the investing for future savings.

Each Local Authority in England was expected to develop a Core Offer of short breaks services that was based on 5 principles:

1. Information

2. Transparency

3. Participation

4. Assessment

5. Feedback

The result of the exercise was to generate a range of provisions that was more personalised, that was based on early intervention and prevention, that would have a significant impact on the number of children who would escalate to a need to be looked after.

The premise behind the initiative was that, in order to make an impact on the effectiveness of service, and to bring about a change, a culture of provision that is based on individualisation and Citizenship, enabling children and families to become more involved in the solutions to their needs; an investment had to be made short-term, this would also bring about long-term savings on acute care needs at a later date.

Evidence to date shows that the initiative has been widely successful and that there has been a decrease in numbers of disabled children who are looked after and that Local Authorities are confident that overall they have made savings.

One of the significant keys to success has been ensuring that departments and Agencies have worked closely together on shared strategies and Leaders and

Managers have had clear and transparent accountability described within their remits. As in Jersey, it was evident that no single agency or department in an Authority would be able to make the impact required to deliver the change program.

Recognition is needed that the provision of a comprehensive service offer for children with complex and additional needs will require joined up working between Children's Services, Adult Services, Health Services, Education, Housing, Community, Sport and Leisure, the Voluntary and Independent Sector, alongside children and their families.

There is an opportunity to ensure that developing strategies, such as, the Children's Strategic Framework, the Service Improvement Plan and 'Caring for each other, caring for ourselves', initiatives are fully utilised to support and promote the change program required.

In the absence of legislation that identifies who is responsible for elements of provision, it will be crucial that there is explicit commitment from all parties concerned, and named leads identified - for example, issues of out of school activities, and other issues closely related to the Children in Need Agenda.

If the changes required in Jersey to ensure that there is an effective and sustainable service offer for children with complex and additional needs and their families in the future are to be successful, new ways of working with the Third and 'independent' sectors should be developed, and the relationship needs to be nurtured and monitored. There is no doubt that the statutory providers are unable to deliver a modernised, sustainable and effective response on their own. Utilising the added value that comes from external partners will be an essential feature of future success.

Jersey has a strong culture of community response that can be an asset in the future as part of a strong partnership based on clear roles and responsibilities and a shared strategic plan.

9. Conclusion

If the States of Jersey develops an effective range of personalised early interventions and preventative opportunities for children with complex and additional needs to complement level 3 and 4 respite options there is significant evidence that there will be a number of improved outcomes:

I. More families developing more robust responses to their needs themselves with support without recourse to respite

II. A more manageable pathway to level 3 and 4 provision

III. More effectively strategic planned responses to developing needs

IV. Reduced levels of need for respite provision alongside earlier awareness of emerging family crisis

V. Reduction of the numbers of children and young people requiring long term residential and fostering care in the future

VI. Overall decrease in the cost of level 3 and 4 service provision

VII. The budget for these services are effectively an investment for cost saving in the future, whereas emergency and long term placements based on the breakdown of a crisis intervention system are in effect a cost that will need to be repeated in time

10. Key Strategic Recommendations

Action on the five key areas for strategic reform would enable the current provision for disabled children to become more targeted, resource efficient, multidisciplinary in nature and accessible to children and families. At the same time it would enable professional workers and those in the Third Sector to have clarity about outcomes, understanding of expectations, and awareness of constraints, and would help to minimise duplication of effort and provision.

One of the issues raised by many Managers and Workers throughout discussions has been the lack of time and capacity to make changes that need to be made. People referred to having two work templates: one is the job that they know that is needed and the other is the "Day Job", which often turns out to be the daily fire-fighting that is unplanned and imperative. This leads to ever increasing to-do lists developing with the attendant stresses of having long lists of tasks not yet completed.

The **key strategic recommendations** for medium- to long-term solutions for the current concerns are:

I. Undertake urgent multiagency 3 and 5 year strategic service planning based upon the data that can be extracted now. Making effective links with the Children's Strategic Framework, The Service Improvement Plan and the H&SS White Paper: Caring for Each Other Caring for Ourselves. Ensuring that Lead Officers are fully committed and signed up to the objectives and the strategies.

II. The development of early interventions and preventative services for those children and families not yet in crisis, using the Core Offer developed around England's Aiming High for Disabled Children as an initial template

III. The development of multi-agency departmental working practices based on joint agreements and shared objectives and outcomes at strategic and operational levels.

IV. Reform of the Complex Needs and Disability Team within Children's Services to include links with the developing JCAF initiative, and the development of an increased capacity to respond to the personalisation agenda. Include the residential teams in this team and develop responsibilities for the development of opportunities outside respite provision. To identify one of the Senior Practitioners as the named Transitions worker in order to establish accountability for practice development and performance with the named workers from the other agencies.

V. The development of increased partnership working with the Voluntary and Community sector and the Independent Sector supported by a clear strategic commissioning strategy based on the personalisation of services for children with complex and additional needs.

VI. Review of legislation that will promote early intervention and preventative provision, specifically:

- Disability discrimination
- Carer's Rights
- Children in Need

VII. Ensure that the development and access to early intervention and preventative provision is supported by specific Government directive to named agencies

VIII. The formation of a small targeted Change Management Team drawing on key virtual members within agencies and departments supported by an independent facilitator

September 2012