



## Report of the Director of Children's Services

### Scrutiny Board (Children's Services)

Date: October 2010

Subject: Model for the Integrated Service for Children With Complex Needs

Electoral Wards Affected:	Specific Implications For:
All	Equality and Diversity <input checked="" type="checkbox"/> Community Cohesion <input type="checkbox"/> Narrowing the Gap <input checked="" type="checkbox"/>

### 1.0 Purpose of report

- 1.1 This paper seeks to provide information to members about the Children's Services Transformation Programme with particular reference to the model for children with complex needs. This piece of work relates to programme 6 – disability/SEN/additional health needs - of the integrated service delivery strand of the transformation programme which seeks to transform services for children and families across Leeds. The programme brings together partners from the range of children's services across the city, not just those of the local authority.
- 1.2 It is worth noting that the integrated delivery strand is organised into six key areas of work:
- a) Leadership and governance
  - b) Disability /SEN/ additional health needs
  - c) Looked after children
  - d) Safeguarding
  - e) Universal services
  - f) Well-being teams (locality based)
- 1.3 For the design of each strand, multi-agency project teams have been established and are working on detailed proposals for how these functions should be taken forward. During the summer the work of the Programme 2 Disability/SEN/additional health needs and that of Programme 6 (Universal services) was combined to ensure consistency, that duplication was avoided and that the needs of the children and families were prioritised. The initial scoping work led to the development of 2 proposals, one linked to children with complex needs and one linked to the universal – settings improvement. The proposal for the former, the model for children with complex needs is the subject of this paper.
- 1.4 The scope of the scrutiny enquiry is the strand of work around disability, special educational and additional health needs. This paper is the first of a series of papers and outlines the

model for children with complex needs. Further papers will be prepared as the model is refined.

1.5 The paper provides an outline of:

- The proposed range of services that will be provided in an integrated model
- The balance of universal, targeted and specialist service provision for this group of children and their families
- The potential benefits to children and families from the proposed redesign of services

1.6 The service will be a small service supporting the 1000 children and young people with the most complex long term SEN/Disability/health needs and their families. It will provide families with a joined-up response to their situation. Further modeling working is ongoing regarding the services which will support the wider group of children and young people with statements and/or FFI (funding for inclusion). This work will define the service for children and young people with behavioural difficulties and the services supporting children with the wide range of SEN who are educated in mainstream. A proposal paper will be produced by the end of October and shared at the November meeting of Scrutiny.

## **2.0 Background**

2.1 The proposal has been developed in a climate of significant challenges and opportunities in relation to:

- National policy developments relating to Local Authority, school, early years settings and college delivery of broader children's services;
- Primary Care Trust transfer of provider functions to alternative providers by Spring 2011;
- The Leeds children's services budget facing in-year pressure, and, following the government's Comprehensive Spending Review, the likelihood of significant reductions in funding over the next 4 years.

2.2 For most children and young people with special educational needs and disabilities, supported inclusion in mainstream (universal) children's service settings (early years provision, schools and colleges) is all that is required, with the setting managing the provision of additional help when necessary.

2.3 For a small number of children with complex needs and life limiting illness however, there will be a need for intensive additional support and the breadth, intensity and complexity of this support may be difficult for a mainstream setting to manage on behalf of the child and family.

2.4 Parents of children with complex needs often have to negotiate across a range of services to get appointments, follow up actions, and generally to attempt to co-ordinate the input of a number of professionals in order to ensure that the needs of their child and family are met.

2.5 The main purpose of developing proposals for a new, reconfigured service to meet complex needs is to address this problem and provide families with a joined-up response to their situation wherever possible and facilitate appropriate inclusive practice across a range of settings. The key principles of this approach are:

- Child and family first
- Single point of contact
- Coordinated response
- Unified referral, assessment and planning process based on the common assessment framework

- Named key worker
- Telling the story once
- Keeping the door open
- Planning ahead for the next stage (managing transition)

2.6 A new service will provide a single point of contact for families. Bringing together key partners will help to smooth this process and enable children, young people and their carers to make informed choices to enable them to lead as ordinary and successful a life as is possible in the circumstances. The service will support the most complex children and young people (around 1,000 in Leeds) and their families, whether they are under the age of 5 and supported in an Early Years setting, or over 5 and attending a Specialist Inclusive Learning Centre (SILC), resourced provision, partnership school, or are educated in Further or Higher Education. The service will work with settings to support those children and young people with the most complex needs who require long term specialist support from a variety of agencies.

### **3.0 Main Issues**

#### **3.1 Design principles**

3.1.1 Included in developing and implementing the integrated service are the following principles;

- All service design and function is premised on identifying and achieving enhanced outcomes for children and families.
- Families, early years providers, schools and colleges provide the key universal settings and focus for public service provision as the child grows and develops.
- Where the universal provider settings lack the capacity and resources to properly meet the needs of the child they then work in partnership with external specialist agencies to a) target work on the development of their own capacity and capability to meet the child's needs and where necessary b) provide a base and/or focus for specialist intervention from external specialist agencies.
- Where targeted/specialist work with the child and family is carried out away from the universal setting (in, for example, a clinic, hospital, GP surgery) or is by nature an essential business support function (as in the case of SEN statutory assessment and statement functions) this work is always clearly and simply communicated back to the universal setting in terms that are designed to enhance the work of that setting.
- This partnership working is 'person-centred' so that planning, delivery and review of the effectiveness of interventions always involve the child and family. No work is ever done in isolation from this focus. Referral from one agency to another must always take the form of a structured conversation designed to build and enhance the effectiveness of the team working with the child and family.
- Support should always be delivered as close to the child and family as possible and appropriate to the child's needs and wishes.
- All the above features should ensure that the child and family are clear about the purpose and intended outcomes of a planned intervention, what the child's and family's role is in delivery, who else is involved and their role and the intended period for the intervention.

3.1.2 Under the new proposals existing services will be reconfigured to develop a new service of lead professionals operating locally. The complex needs service will not include all staff with a focus on inclusion – some of these will be located in Wellbeing Teams, e.g. attendance improvement officers, or in Settings Improvement. The service for children with complex needs will have close links with both these teams. Further details of these teams are being developed. Work is also underway to consider service design to meet the needs of those with broader SEN and behavioural difficulties.

- 3.1.3 A key role for the service will be to co-ordinate the processes required to ensure that needs of the child are met, that they make educational progress and that these children and their families are able to lead ordinary lives, as far as is possible.
- 3.1.4 The service will recognise that many specialist staff work across the age range providing both direct care to individual children and young people and also consultancy/training to individual schools/groups of schools.
- 3.1.5 The service will maintain close links with other services which operate within the universal setting, e.g. Settings Improvement, to continue to develop improved inclusive practice in universal settings.

### 3.2 **Outcome measures**

3.2.1 The effectiveness of the integrated service will be measured by a range of indicators including:

- Educational progression of young people including attendance and attainment
- Participation including access to a range of cultural and leisure opportunities
- The extent to which needs can be met locally, without recourse to out-of-city placements
- Young people's perceptions of their progress, personal autonomy and the quality of their support
- Parents' perceptions of the quality and timeliness of the support they have received
- Staff perceptions of the effectiveness of integration and joint working
- Value for money

### 3.3 **Service proposals: Local delivery**

- 3.3.1 The service will be configured in three area teams configured locally, ideally based at settings attended by children in order that they are easily accessible to children and families. The service will recognise the different phases of delivery of services and support in the life of the child and young person. Local arrangements will reflect the three administrative areas East/North East, West/North West and South.
- 3.3.2 The integrated 0-5 service for children with complex needs would be best focused on a Child Development Centre, of which there are three (North East and East, North West and West, and South). Child Development Centres currently provide early assessment of young children's needs and development and they support interventions to aid their progress. An alternative setting would be one of the six resourced children's centres.
- 3.3.3 The 0-5 service is likely to include:
- Specialist health visiting
  - Hearing Impairment and Visual Impairment service
  - Early Years Support Service
  - Leeds Inclusion Support Service
  - Portage
  - Speech and language therapy, occupational therapy and physiotherapy.
- 3.3.4 The service will work with families and with the full range of early years settings and with Settings Improvement. It will lead on the planning for the child's transition into statutory education. It will maintain relationships with key professionals including Child Health and Disabilities social workers (children with disabilities are regarded as children in need under section 17 of the Children Act 1989), paediatricians, acute services, and educational psychologists and others who may be based elsewhere. Where for example, Child Health

and Disabilities social workers are not part of the core team, a link will be established between the social work team and each of the three area teams.

- 3.3.5 For children and young people from 5 to 14 with complex needs, the most appropriate setting for the service will be a Specialist Inclusive Learning Centre (SILC) site, or resourced or partnership school although it is recognised that current accommodation may present constraints. Very early discussions regarding accommodation have taken place but further work is required to move this forward with all partners. This service will be delivered across three administrative areas (East/North East, West/North West and South).
- 3.3.6 The 5-14 service for children with complex needs is likely to include:
- Child Health and Disabilities social work
  - Hearing Impairment and Visual Impairment service
  - Leeds Inclusion Support Service
  - Speech and language therapy, occupational therapy and physiotherapy
  - SILC nursing.
- 3.3.7 The service will work with families and with the full range of educational settings and with those colleagues who work in other services to improve the quality of provision in all settings. A key feature of this service will be the provision of a single point of contact for the families of children with complex needs, ensuring that families experience a seamless service from the point of diagnosis onward, through an identified co-ordinator or key worker. It is acknowledged that not all children and young people with complex needs attend their local SILC at present. Protocols will need to be developed to address cross area co-ordination.
- 3.3.8 The service will maintain relationships with key professionals including paediatricians, acute health services and educational psychologists. It will plan for and support the needs of the whole child and family. This will include access to and progression in education, access to leisure and enrichment opportunities, participation, care in the home, short breaks, relationship issues. It will also need to be responsive to a crisis or sudden change in families' circumstances e.g. arranging short term emergency residential or other placement.
- 3.3.9 Young people from age 14 onwards will be supported by the team of lead professionals based at the SILC/resourced provision/partnership school, but in addition the team will be augmented by specialist Connexions workers. The focus will be on preparation for transition into post-16 learning and onwards into independent living where appropriate, supported by adult services. The integrated team for the area will be augmented by the Social Care Transitions Team, which will operate city-wide, with alignment to the three areas.

#### 3.4 **Service proposals: Centrally retained**

- 3.4.1 Some functions will be most appropriately delivered via a centrally retained service, because of their small size and specialist nature; to retain flexibility in the use of scarce resources; or to ensure consistent application of key processes. Centrally retained services will include Children's Learning Disability Nursing and Continuing Care and health short breaks service, plus the Leeds Children's Nursing Team. Where this is feasible, centrally retained services will be aligned to the three areas in order to build knowledge and relationships and to share information.
- 3.4.2 The Special Educational Needs Statutory Assessment and Provision (SENSAP) service includes case work officers, alongside monitoring and development officers who deal with Statements of Special Educational Needs and run the systems to support educational settings to include children and young people with complex needs. It is essential that these processes are applied consistently. A centrally retained team with named staff aligned to the three administrative areas is proposed.

- 3.4.3 The Educational Psychology Service works closely with SENSAP. The equivalent of 10 Educational Psychologists is required to carry out statutory functions for children with special educational needs. Clearly the service also carries out a range of other functions. It is proposed that this service is centrally retained but closely aligned to the three areas, with a Senior Educational Psychologist overseeing work for each administrative area. Educational Psychologists' input into Wellbeing Teams, for which they will need to provide consultancy, advice and support, should be determined by a time allocation. Other services and functions, for example the Looked After Children teams, will also benefit from educational psychology support, and again this could be determined via a time allocation formula.
- 3.4.4 The Social Care Transitions Team is located in Adult Services. It is a small team with a city-wide remit. It has key relationships with Connexions and with the Specialist Inclusive Learning Centres.
- 3.4.5 The Parent Partnership service will continue to operate as a small, arm's-length, centrally retained service. It may be appropriate to configure the service on an age basis, 0-5, 5-14, and 14+.
- 3.4.6 All services, although locally delivered, will require professional leadership, quality assurance and support to be delivered centrally. The management arrangements are being developed as a central aspect of the transformation programme.

### 3.5 **Settings Improvement**

- 3.5.1 Settings improvement work is crucial to ensure that all provider settings such as Early Years settings, schools continue to develop their inclusive practice and that effective approaches are shared and adopted. This area of work is being considered as part of the Universal strand of the Transformation Programme. Settings offering more targeted and specialist services, such as curriculum advice and the moving and handling training provided by the East SILC, must be included in the overall approach to settings improvement. Settings improvement work in health will also need to be taken into account. NHS Leeds currently has agreements with Early Years, Education Leeds, the fostering/family placement service and Weekenders to provide child-specific training to settings to enable them to deal with children's medical needs.
- 3.5.2 It is envisaged that settings improvement will be delivered via centrally-retained or commissioned services, aligned to the three areas. This could include the existing SEN Support Service. It is also important that there is a clear link between those providing advice and support on meeting individual needs, and those concerned with settings improvement so that practice is constantly reviewed, refreshed and enhanced in the light of experience.
- 3.5.3 As part of the new integrated service offer, it will be important to be clear about the sources of advice and support across the city, to ensure that provision is sufficient to meet need and is equitably distributed.

### 3.6 **Other services**

- 3.6.1 Some city-wide services to support children and young people with SEN and Disability are currently provided through service level agreements with the Specialist Inclusive Learning Centres. These are the Physical Disability and Medical Service, an equipment service for schools, the Home and Hospital Tuition Service and the STARS service which delivers support for children and young people with Autistic Spectrum Disorders (ASD). It is proposed that these arrangements are systematically reviewed to consider their fit with the integrated service for children with complex needs, once established, and any other relevant developments such as the opening of new provision for primary children with ASD.

### **3.7 Management arrangements**

- 3.7.1 Management of the integrated service across the whole age range (0-5, 5-14 and 14+) is likely to be via three area managers who will be responsible for ensuring that the needs of children and families in their area are met, that services are responsive, and take account of the needs of the whole child and family. These managers will be responsible for ensuring that the appropriate plans are in place to anticipate the needs of individual children and families, and for monitoring outcomes. The managers will be likely to have some core services under their direct control, and to be responsible for the co-ordination of service delivery across agencies outside of their direct control, such as acute health services. They will need to work closely with the managers of the universal settings and with the Wellbeing and Child Protection teams in their area.
- 3.7.2 The whole service, including the three area teams and the centrally-retained and aligned elements, will require a leader with complete oversight and accountability to ensure strategic vision, service development and consistency of delivery. Professional leadership will need to be retained, for example for health staff, for educational psychologists and for staff who work with visually and hearing impaired children and young people. This can be provided separately from the day to day operational management of the work of the area team.
- 3.7.3 The new service will need to take account of the Transforming Community Services programme underway in Health and the changes imminent this year in relation to operational alignment.

## **4.0 Future Direction of Travel**

### **4.1 Processes**

- 4.1.1 The new integrated service will need to fully understand the needs and experiences of disabled children and young people in Leeds. A well-understood and frequently acknowledged difficulty for children with complex needs is that they can be subjected to as many as 18 different assessments and that these are often not co-ordinated, and may be simultaneous or sequential. In order to streamline these processes, reduce duplication and improve the experience of children and their families, it is proposed that the Common Assessment Framework (CAF) becomes the primary assessment and co-ordination tool across all agencies, used at the first point of contact. It is acknowledged that acute health needs (survival) would, however, take priority. For children with complex needs, the CAF will always remain active and open and can therefore form the “spine” for the other, more specialist assessments that will inevitably be required.
- 4.1.2 It is proposed that a robust system, building on current arrangements, is put in place so that all children with complex needs who may experience special educational needs are notified by health services to Leeds children’s services at the earliest possible opportunity. A unique identification number should be allocated to the child and used by all services. A single point of contact within children’s services could then maintain a more complete record of those children with complex needs in Leeds than exists currently. It is proposed that each case is allocated to a key worker from the integrated team in the relevant area and a CAF is initiated. This can then be shared as the basis for a unified assessment, planning and review process.
- 4.1.3 Where parents do not agree to a CAF being initiated, they are of course entitled to receive services, though co-ordination across universal, targeted and specialist services that they may access may be more problematic. It is proposed that a key worker is identified to maintain contact with the family and get in touch at regular intervals (perhaps 6 monthly) to offer advice and support if required. This is in order to “keep the door open” to further dialogue and cooperation as the evidence is that families differ in their response to having a

child with complex needs, and may well wish to access support at different stages. Any processes that are put in place must have a strong emphasis on listening to families and responding in a way that they are able to cope with.

- 4.1.4 A key transition point occurs in Year 9 when the 139a Assessment takes place. The need for a unified assessment, planning and review process continues. A transitions panel and team in Adult Social Care deals with planning the transition for this phase.
- 4.1.5 There are currently a number of panels in place dealing with different aspects of planning and resource allocation for children with SEN and Disability. With a strong unified planning and assessment process in place it should be possible to review and rationalise the panels, increasing transparency about decision making, improving joint planning particularly at key transition points, and reducing demands on people's time – both for families and professionals.

#### **4.2 Areas for Detailed Further Development**

1. Discussions with other services including CAMHS and Adult Services are scheduled.
2. Once the overall framework and shape of the service has been agreed, further work will be required to map out the numbers of staff involved including leadership and management structures.
3. The relationship with the Wellbeing Teams will need to be outlined including referral and communication processes.
4. The relationship with settings improvement delivery across universal and specialist settings will require detailed consideration.
5. Processes and panels will need to be reviewed to ensure a robust system is in place.
6. Other specialist services such as those provided by the SILCs will need to be reviewed to ensure they are consistent with the new model of service delivery.
7. Further modeling working is ongoing regarding the services which will support the wider group of children and young people with statements and/or FFI (funding for inclusion) including those children and young people with behavioural difficulties.

## **5.0 Conclusion**

- 5.1.1 The model for the service for children with complex needs is being shared at the September/October transformation programme blueprint events. Feedback received will be taken into account as the model is further refined. Development work underway is looking at the detail of the implementation options and how the new arrangements would work in practice.

### **Background papers**

Report of the Interim Director of Children's Service – Children's Services Update (September) 2010

Scrutiny Board – Services for Children with disabilities, special educational needs and additional health needs – Inquiry into Service Redesign – Terms of reference