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Do you represent an organisation? (If so, name of organisation and type: e.g. voluntary, public body, private company).	Commission for Social Care Inspection CSCI was established in April 2004 and is the single Inspectorate for Social Care in England. I
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	Which area of the review are you responding to? (please mark X)
Prevention strand	X
Review of disabled children	X
Strategy for youth services	
Review of high cost, high harm families	

Overview:

The Commission is pleased to have the opportunity to contribute to the call for evidence to support the Children and Young people's Review. The evidence and narrative set out in relation to the prevention strand applies equally to the other strands. We have, however, made some additional comments in relation to services for disabled children.

Our comments reflect the evidence found in our regulation, inspection and performance activity. In the main, this evidence has been set out in our national reports including Making Every Child Matter (2005), Safeguarding Children (2005) and the State of Social Care (2005). We have also included early indications coming out of our recent Annual Performance Assessment activity with councils, and from the Joint Area Reviews. In some cases, we have given examples of what we believe to be good practice.

An important rider to our comments is that we are looking at Children's social care at a time of transformational change. The Every Child Matters Agenda continues to be the driving force for improvement and its impact is still being worked through. It is obviously too soon to evaluate just how much of a difference it will make. A number of the issues and barriers that prevent better outcomes for children, young people, and their families, may be mitigated by its effective implementation.

There are some common themes coming out of our activity that in many ways are recurrent themes. They include the ongoing importance of clarity of vision and direction, strong leadership, capacity (workforce and financial), effective performance management arrangements, a trained and effective workforce, and good partnership working. In addition, the involvement of children, young people and their families in developing services that meet their needs continues to be a central component of the ambition to improve outcomes.

1. Terms of reference for the Children and Young People's Review (prevention strand of the review)

In relation to the role of universal services in providing access to protective and preventative support, risk assessment and referral, there is evidence from a wide range of sources of continuing problems concerning both the recognition of welfare concerns, and inappropriately high referral thresholds in many social care services.

Effective referral arrangements

The second joint Chief Inspectors' Report (July 2005) highlighted that not all agencies knew how to recognise the signs of abuse or neglect and, furthermore, how to act on them. It was not always easy for staff to gain access to relevant information or advice about welfare concerns to inform decisions about what action to take. This has serious implications for certain groups of children, such as pre-school children. The Report also highlighted that recognising child protection concerns for children with disabilities is a particular area for development.

Thresholds for access to services

Evidence from a range of inspection and performance activity highlights concerns about thresholds for access to services. This ranges from instances where criteria are not clearly established, are not known or agreed by other agencies, are implemented inconsistently, or are set too high.

There has been limited success in developing jointly owned thresholds, although as preparations for more integrated services develop, there has been real progress in a small number of areas in gaining multi-agency involvement and ownership.

Staff and partner organisations, especially the voluntary sector, commonly express concerns that the criteria for access to services are set too high, resulting in all but the neediest children finding it difficult to get help. Some families are likely to be subject to avoidable pressures and children may experience preventable abuse or neglect. They have raised concerns that without early assistance children experience additional difficulties and then require more intensive services.

Many agencies report that children's social care teams prioritise child protection cases but do not respond appropriately to children in need. In practice, staffing shortages and workload pressures can combine to raise thresholds.

In advance of Every Child Matters, some councils were already working effectively with partner agencies to enable access to support services without the need to make unnecessary referrals to child protection services.

Example

Bolton Metropolitan Borough Council developed the Bolton Child Concern Model, which set out graduated levels of vulnerability on a continuum of child concern. The model helped all agencies working with children to achieve a shared understanding about the thresholds for intervention. It also enabled children and families to access some services directly. This work has been adapted to operate within the Information Sharing and assessment model.

Evidence from inspections indicates that the stress for initial contact teams can be exacerbated by high volumes of imprecise and undifferentiated referrals. This can result in insufficient information being gathered or delayed responses. Consequently initial assessments are less reliable. This may have important implications for future work. The better performing services have invested resources in strengthening first contact arrangements, including developing robust multi-agency agreements in relation to referrals.

Although the development of Children and Young People's Plans and progress on the Every Child Matters agenda may signal a shift, the evidence suggests that early intervention strategies need to be improved. In the field, many managers observe that preventative work has reduced even though there is an agreed local preventative strategy in place. In line with the concerns about high thresholds, the ambitions of many children's social services are not always achieved in practice because both staff and financial resources are concentrated on safeguarding activity. This applies particularly in councils where there are high levels of social work vacancies.

Family Support

The development of Sure Start and Children's Fund projects has increased the range of services to families in many areas although access remains uneven, especially in rural areas. The range of Government-funded projects such as these has improved families' access to services in some areas, by widening the range of providers. However, some councils have been more proactive than others in commissioning and supporting these facilities. Other councils have been less proactive. Where councils adopt a more coherent approach to the use of disparate funding schemes, they often improve the value of these investments.

Most councils offer a small range of services to support the families of children in need, including those where there are concerns of abuse and neglect. These are provided most often through family centres or through family support staff, supporting the families at home. High demand carries the risk that they are available to fewer and fewer families, and often for limited periods of time. It is rare to find a comprehensive range of family support services with open access.

There are indications that for this type of work with families, results are often not immediate and there has to be a commitment to the longer-term benefits. There are two critical stages in preventative services that are not sufficiently addressed. Firstly, identifying and supporting children susceptible to developmental delay before they start school (portage type assessments) and, secondly, making sure that children who may develop difficulties two years before or after transfer from primary to secondary school do not develop more complex problems (befriending, counselling, low level group work).

Families value these services offered through family centres highly. Some centres provide an impressive range of services.

Example

Richmond-upon-Thames family support centres contribute to core and court related assessments, life story work, supervised contact with families for children under 12, drop-in sessions, positive parenting advice, workshops and holiday play activities. They are developing consultations and joint work with health staff and psychologists. Voluntary organisations, including a service for Asian women experiencing domestic violence, hold regular sessions there.

In a few areas, family centres focus on child protection referrals, particularly working with younger families where there is evidence of domestic violence or substance abuse. This has reduced their capacity for early intervention work. Parents sometimes comment that services are more concerned with observing and judging them than helping them to care for their children.

The best services generally:

- Draw flexibly on a range of council and external resources
- Combine skills from a range of disciplines
- Prioritise training and development for their family support staff
- Use a variety of settings
- Operate out of hours, to respond to the 'real time' needs of children and families

Example

In North East Lincolnshire, the MAST primary school based project has been developed with the Children's Fund. It aims to identify and work with children with emotional and behavioural problems before these become too established or serious. It offers individual support, focussed group work and, as needed, whole class development. This holistic approach is highly valued by parents.

Example

South Tyneside Council used Children's Fund resources to double its family support team capacity. This helps ensure weekend and evening access to the team and prompt responses to referrals. In its first year of operation, it is estimated 92% of young people using the service have been diverted away from the looked-after system.

Example

In Newham, EarlyStart is a universal service across the borough, demonstrating a commitment to prepare all young people well for school. A very good integrated strategy is delivered effectively and the family centres offer a wide range of activities to children and families. The council promotes maximum access and participation in leisure and sports facilities and has one of the most extensive free community sports programmes for children and young people in the country. Effective multi-agency partnerships and well-targeted action promote equality and reduce disadvantage. Very good support for personal, social and emotional development contributes to learning and good behaviour among children and young people. Children and their families receive good support to manage major challenges in their lives. A very good range of opportunities enable large numbers of children and young people to make decisions about services and influence their current and future delivery.

It is apparent that the work in Newham has produced a range of impressive outcomes for children and young people. Young children make very good progress, often from a low baseline. Most children with learning disabilities and physical disabilities are identified early and supported well. Overall, identified vulnerable groups make very good progress given their starting points. Effective partnerships with statutory, voluntary and community groups, innovative use of funding, well-targeted services and good multi-agency action promote equality and reduce disadvantage.

Strategic and financial planning

The importance of developing effective commissioning strategies is widely recognised. Preventative strategies need to be supported by

strategic plans to make better use of existing services, both universal and targeted, to maximise the benefits of increased provision. Most councils have recognised the need for early intervention but have yet to incorporate it into their strategic plans and ensure implementation. Not all councils have strategies that are accompanied by sound financial plans.

Local areas need to have the strategic capacity, including the information, to design services that will meet needs in different ways and achieve a balance between targeted and local services. Service commissioning initiatives are often small-scale and opportunistic, often prompted by new funding opportunities. They rarely involve disinvesting resources from existing services to reinvest in new services.

Effective commissioning needs to be anchored in a thorough analysis of the needs of the local population. Many councils still need to do this effectively. Progress in this area may be supported with the development of children and young people's plans.

Example

Bedfordshire has developed a leading edge commissioning team that is reshaping services in Bedfordshire to meet the assessed needs of children and families. The key achievements include; effective work with other agencies to allocate resources; consistent decision making and robust monitoring of quality and outcomes; improved financial management, which has resulted in reduced costs and efficiency savings; a refocused sustainable strategy, moving expenditure from looked after children to family support. They have also developed a wide range of targeted family support services that promote independence. These include; crisis intervention, and a range of family support measures.

Generally commissioning for children's services has relatively little influence on the shape of the social care market. The balance of procurement is towards spot purchasing. Some regional consortia have been developed but their impact needs to be reviewed. There is clearly scope to engage more systematically with providers to reduce volatility in the market and introduce greater cost control.

Planning increasingly takes place in the context of local partnership. Several councils report that local health trusts, particularly primary care trusts, are not always able to play a full partnership role with local authority services for children. Competing priorities between health agencies and local government appear to drive local agendas. Challenging financial pressures make true partnership a challenge.

Financial plans are generally not yet aligned to current or anticipated strategic commitments. Most service budget plans are robust for a year at a time, and medium term planning is not well developed in many councils. Many services are concerned that the proportion of their expenditure spent on looked after children frustrates their ability to invest in early intervention and preventative services, so they are 'prisoners of existing financial commitments'. There is a need to consider how to develop financial planning and commissioning, and align them more closely to increase the scope for service and financial shifts.

CAMHS

Where there are children and young people in need of CAMHS, there is evidence of reduced waiting times but young people can still wait months to be seen following a referral. Many services acknowledge that they meet only a small minority of need. However, access is improving and there is evidence of work to develop a better understanding of local need and multi-agency strategies to meet it.

Example

Working with health providers, Leicester, Leicestershire and Rutland councils set up a Child Behaviour Intervention initiative on a pilot basis. It involves social care services, education and health staff and provides early support to families with children and young people up to the age of 16 without previous statutory agency involvement. Its success has meant its extension, with support from the Children's Fund. Family support workers work with families on a time limited contract basis.

Example

Southampton's behaviour resource service works with children and young people with complex mental health and behavioural difficulties, living at home and in residential facilities. The team works with health, education and social care staff. Impact assessment suggests the team has helped: reduce the incidents of children moving between services and placement breakdown rates; reduce out of borough specialist residential placements and substituted treatment for prison sentences for some young people. An outreach service works with disabled children with challenging behaviour seven days a week. Staff provide intensive support to all the family.

16-18 year olds

Issues remain however about the services available to 16-18 year olds. In many settings these young people are treated in adult facilities. Services for young people and children with the greatest needs are often limited. Specialist provision is often high cost and

difficult to organise. A few services have been commissioned across councils and PCT areas but such collaboration is limited.

Carers, workers and managers often suggest that services do not meet current requirements, including refusal to work with 16-18 year olds; or they are based upon outpatient models where home visits are difficult to arrange or where there are restrictive ways of operating.

The links between adults and children's social care

Many disabled and mentally ill adults known to social services are parents. Inspection evidence suggests that assessments often focus on the needs of adults and do not adequately assess the needs of parents or their parenting capacity. In many cases they fail to address children's needs appropriately. As well as ensuring there are collaborative systems in place at an operational level, strategic commissioning decisions need to reflect this in the services they develop.

New children's directorates offer opportunities for more joined-up approaches. However, there is a risk that links with adults services will become more distant. It is important that local partnerships ensure that activities with groups of parents and their children are properly co-ordinated.

Workforce issues

Improving the quality of the workforce is key to ensuring that staff work effectively together in multi-disciplinary teams in different ways to improve outcomes. Pressures on the capacity of the social care workforce are limiting the ability of social care to meet the demands placed upon it. This includes the need to attract and develop high quality management.

2. Terms of reference for the Review of Disabled Children

The issues raised in the previous section also apply to services for disabled children. There are, however, some additional issues

Evidence from inspections confirms that services to disabled children and their families have improved in many areas but overall progress remains disappointing. There is still a lack of joined-up approaches across agencies leading to repeat assessments and poorly-co-ordinated provision. There is often a lack of knowledge about the range of provision available.

Co-ordination across agencies

Few disabled children's teams are truly integrated and single line management is rare. Cultural barriers, different eligibility criteria,

priorities, referral systems, and statutory requirements across health, education and children's social care, continue to challenge the development of single service models.

Financial challenges cause particular difficulties. Problems in accessing continuing health care increase the difficulties for families. Some Primary Care Trusts have found it difficult to finance placements that they acknowledge require health input. Funding difficulties have made the establishment of joint service teams in some areas problematic.

Respite care

Respite care is viewed by parents as an important resource. Both the quality and availability of respite care are variable. In some areas, respite care continues to be provided in large residential facilities and inappropriate provision. There are examples of new services being developed that offer more than just respite. These include:

- More domestic scale residential provision
- More and better developed link family schemes, offering regular substitute care with the same carers
- Link workers, providing home-based support
- Better organised access to discounted leisure facilities

However, demand for respite care usually far outstrips supply. In part, this may be due to there being few local purposeful and enjoyable activities available for disabled children and young people through mainstream youth and leisure services.

Specialist services

The increase in the number of children who are medically dependent means that their parents want support services delivered by people who understand their particular condition and how to manage it. In some areas, a few specialist services have been developed that include social care provision (e.g. outreach domiciliary services for children with autistic spectrum disorder). These examples, however, are rare.

The transition from childhood to adulthood

Arrangements to help disabled young people make effective transitions to adult living are improving. Specialist workers or small teams are being set up to support transitions and it is increasingly common to find protocols between key children's and adults' services. However, practical arrangements are often unsatisfactory because

- There is insufficient multi-agency planning around the needs of cohorts of disabled young people, as they grow older.
- Whilst services are offered to those with the most complex care needs, the position is often more difficult for other young

adults such as those with moderate or mild learning disabilities

- Adult service staff often start to work with young people in transition too late

Top-level leadership is needed to speed up the process of integrating services and improving inter-agency planning. There are hopeful signs that the new children's Trusts arrangements will create a context for this to happen.

Example

In Norfolk County Council, three specialist teams across the county provide services for disabled children covering the full range of functions, including child protection and support to looked after children. There is a high level of joint working across agencies with individual children and multi-disciplinary assessments. An independent organisation has run courses on direct communication and child protection with disabled children.