



**Stockton-on-Tees**  
BOROUGH COUNCIL

# **“ALTOGETHER BETTER”**

**A FIVE YEAR STRATEGY FOR IMPROVING  
THE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE  
WITH MULTIPLE AND COMPLEX NEEDS IN STOCKTON-ON-TEES**

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## 1.0 INTRODUCTION

- 1.1 The borough of Stockton on Tees is responsible for providing high quality services to 46,000 children and young people. Within that group are 1,800 who have particular needs, either physical, educational or emotional. Approximately 200 children and young people are looked after in public care and 200 are placed on the Child Protection Register. It is timely to consider a review of provision of services for those with complex needs.
- 1.2 From the outset there was a clear commitment from stakeholders towards a holistic approach to meeting the needs of this vulnerable group. The 'altogether better' theme became the philosophy underpinning the process. Altogether because the child was seen altogether as a whole, not divided with each agency taking an isolated perspective. Altogether because the family was seen altogether as a unit with the professionals wanting to work together to ensure their collective needs are met. Altogether because the services wanted to be together, integrated and coordinated as a team around the child and family not sitting in separate silos. Altogether because there was a common understanding of the need to combine health, education and social care into an integrated approach. The notion of 'better' which underpinned the approach was because the review team never lost sight of the overall aim of wanting better provision for these families, better planning with the family at the centre, better use of resources, better consultation with service users, better coordination and integration, better information and in particular a better quality of life with an emphasis on accessing 'ordinary' lives through effective support in mainstream settings.

### National Context

- 1.3 The Government's second Comprehensive Spending Review (CSR) will report in the autumn of 2007. It will set out national spending plans and priorities for the years 2008-09, 2009-10 and 2010-11. This CSR report will be informed by a series of policy reviews, one of which is a review of children and young people, building on the Government's strategy to improve their outcomes. A significant strand of this work is the disabled children's review.
- 1.4 The disabled children's review has involved a series of Parliamentary Hearings, supported by a consortium of charities working with disabled children and their families, to seek the views of disabled children, their parents and professionals. The hearings have followed the life cycle of a disabled child, covering the early years, family support and transition to adulthood. MPs have heard frank accounts from disabled young people, parents and professionals on areas of good practice, but also further challenges to the Government to improve services for disabled children and their families. Hundreds of disabled children and young people, parents, professionals and organisations have submitted written evidence, all of which informed the *Parliamentary Hearings Report, published in October 2006*.

- 1.5 Priority recommendations from the Parliamentary Hearings report included:
- significant additional resources targeted at disabled children and their families to be made available to planners and commissioners of universal and specialist services;
  - additional funding linked to the development of minimum standards, or a 'core offer' for disabled children and families which would create a universal entitlement to a minimum level of service; and
  - ministers should ensure that services for disabled children are part of every Local Area Agreement, and national Public Service Agreement targets should be developed for disabled children.
- 1.6 The culmination of the national disabled children's review is the report *'Aiming high for disabled children: better support for families (May 2007)* which sets out a range of actions and proposals to create a local and national focus on promoting the life chances of disabled children and their families. The CSR should announce the funding to make these proposals a reality.
- 1.7 A significant programme of work and policy reform has been put in place to improve outcomes for disabled children and their families. This work sits within the following strategies and frameworks:
- the Prime Minister's Strategy Unit report *'Improving the life chances of disabled people'(January 2005)*, set the Government the challenging goal of achieving substantial equality for disabled people by 2025. The report highlighted a number of changes that must be made in order to achieve this goal. In relation to disabled children and young people it focused on improved early support for families with young children and facilitating a smooth transition to adulthood.
  - at school, children with Special Educational Needs (SEN) (including most disabled children) are benefiting from DfES' long-term strategy *'Removing Barriers to Achievement'*. This includes action to improve SEN provision in mainstream schools and to encourage joint working between mainstream and special schools.
  - the National Service Framework for Children, Young People and Maternity Services is benefiting disabled children and their families through setting standards for the first time in children's health and social care services health support. Standard 8 specifically addresses the requirements of children and young people who are disabled and/or have complex health needs and their families.

1.8 This work is supported and underpinned by legislative and policy actions taken by Government in recent years, including:

- the Children Act 1989, under which disabled children are defined as “Children in Need”. Under the Act, Local Authorities have a general duty to “safeguard and promote the welfare of children in their area who are in need... To promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs”;
- the Disability Equality Duty, introduced into legislation in 2005, which requires organisations across the public sector (including schools and hospitals, local and central government) to be proactive in ensuring that disabled people are treated fairly and are included in all aspects of policy development from the outset;
- the Childcare Act 2006 which requires Local Authorities to have particular regard to the needs of disabled children as part of their new duties to assess the childcare needs of families and to secure sufficient childcare to children up to and including age 14 (18 for disabled children); and
- a requirement on most public bodies to have a Disability Equality Scheme setting out how they will meet their responsibility to promote disability equality.

1.9 Thus at a national level much has been done, however, research still suggests that children and young people with complex needs are particularly vulnerable to poor outcomes such as lower educational attainment, a greater likelihood than their peers of not being in employment, education or training post 16, being more likely to suffer from abuse or family break up, and facing more difficult transitions to adulthood (*Policy Review of Children and Young People : A discussion paper, HM Treasury and DfES, January 2007*).

## Local Context

1.10 Our vision is : Stockton on Tees is an excellent authority, working in partnership to provide a safe and caring environment for children and young people to learn. Every child matters and is given the opportunity to stretch for their dreams and aspirations, supported to reach their full potential and encouraged to make safe and healthy life choices.

To achieve this we aim wherever possible to meet the needs of every child and young person locally, by offering the highest quality integrated services across education, health and social care, to maximise their life chances.

This vision is supported by the five outcomes of the Every Child Matters Framework, the Children Act 2004, Youth Matters and the National Services Framework for children and young people. The vision has been widely consulted on, and endorsed by Key Stakeholders, The Children's Trust and Cabinet.

- 1.11 This review initiates a phased process to ensure provision of services for children and young people with multiple and complex needs in Stockton-on-Tees is made 'altogether better' with a long term goal of transforming their life chances. It is envisaged the process will have 4 phases. The work undertaken to date comprises phase 1, the Federation and re-configuration of the special schools and phase 2, the review of broader services for children with multiple and complex needs and corresponding recommendations. Phases 3 and 4, comprise the action planning and staged implementation of the recommendations.
- 1.12 It was recognised that locally there are a range of individually effective services but that: coordination was sometimes haphazard; structures did not always support effective integration; there were some gaps in services and at times elements of duplication which impacted on cost effectiveness. This mirrors the national picture for such services.
- 1.13 The review team therefore set out to audit services for children with multiple and complex needs and their families and make recommendations that would improve outcomes in three priority areas:
- Access and empowerment
  - Responsive services and timely support
  - Improving quality and capacity

## **2.0 WHO HAS MULTIPLE AND/OR COMPLEX NEEDS?**

There have been concerns that describing people as having 'complex needs' may be stigmatising. However, whilst such terminology could have been replaced with that of 'additional needs', it is felt that this would potentially be confusing given the common usage of the term 'complex needs' and also the equally wide definitions for 'additional needs'.

### **Complex terminology and multiple issues**

- 2.1. A review undertaken for the Scottish Executive (Rosengard, Laing, Ridley and Hunter - January 2007) of research published in the last 5 years revealed a plethora of terms linked with the concepts of 'complex' and 'multiple' needs, being used by various disciplines, sometimes specifically, but most often interchangeably. They include: 'multiple disadvantage', 'multiple disabilities', 'multiple impairment', 'dual diagnosis', 'high support needs', 'low incidence/high level needs', 'complex health needs', and 'multiple and complex needs'.

- 2.2. Rankin and Regan (2004) encountered a similar confusion of terminology but usefully identified the essence of complex needs as implying both:
- breadth - multiple needs (more than one) that are interrelated or interconnected
  - depth or intensity of need - profound, severe, serious or intense needs.
- 2.3. Thus an individual may be diagnosed as being on the Autistic Spectrum. Whilst this is clearly a disabling condition with a range of implications it should not automatically be considered as a complex need. Local services delivered through Integrated Service Areas should be able to manage the relevant implications at an early or targeted intervention level through Integrated Service areas. The need for more specialised input would only arise as 'breadth' and 'depth' characteristics became apparent
- 2.4. This framework of 'breadth' and 'depth' has been further reinforced in the local definition developed by the Complex Needs Steering Group which, in itself, is based on that used by DfES. Inevitably such a definition cannot be hard and fast and hence there may well be occasional instances where a youngster is deemed to fall within this category despite not fully meeting all the pre-requisites outlined.
- 2.5 **Children with Multiple and Complex Needs** have a number of discrete needs - relating to their health, education, welfare, development, home environment and so on - that require additional support from more than one agency.

Their needs are often chronic and may be life-long. These different needs tend to interact, exacerbating their impact on the child's development and well-being.

Children with higher levels of need are often described as children with 'severe and complex needs' or children with 'significant and complex needs'.

Thus, to unpick the above, such children and young people have;

1. A spectrum of need which has been sustained for at least 6 months (and is likely to be ongoing).
2. Needs falling at the severe/profound end of a spectrum of intensity;
3. Needs falling across at least two of the areas below;
  - Acute and chronic medical difficulties,
  - Multiple and profound physical and/or sensori impairments,
  - Behaviour problems which are often challenging,

- Significant Learning and or Language difficulties,
  - Parenting and Social Needs.
4. Intensive ongoing involvement of at least two agencies, usually drawn from;
- Therapy services
  - Specialist Educational Services
  - Nursing and Medical Services
  - Social Care Services (core teams or specialist personnel)
  - Mental Health Services

### **Incidence of multiple and complex needs**

- 2.6 Inevitably the lack of a clear definition and understanding of what is meant by 'multiple and complex needs' has hampered any clear quantification of the prevalence of such. Indeed in the recent Treasury report, *Aiming High for Disabled Children: Better Support for Families' (May 2007)* it was noted that data collection regarding the wider disabled child population was inconsistent and that Local Authorities and PCTs will be instructed by the government to improve this and to develop more co-ordinated data sets across agencies. Clearly many but not all children with complex needs would fall within such, as would other youngsters with disabilities who would not be considered as having multiple and complex needs.
- 2.7 In Stockton-on-Tees the picture is equally unclear as whilst there is a substantial amount of data available regarding children with identified special needs, children who are in care, children who are placed out of the authority, there is no specific dataset identifying which children would fall within this local definition. Rather such a categorisation is more likely to be made by individual professionals whose perceptions may not be wholly in accord with each other.
- 2.8 Table 1 provides a snapshot (in February 2007) of both the number of school age children who have a Statement and those pre-school children where professionals believe such is likely to be required. Some caution needs to be given to these figures though, as with the delegation of SEN funding to mainstream secondary schools, an increased number of children are being supported without requiring a Statement to be issued.



**Table 1 Statements (and pre-school children likely to require a Statement) By Need and National Curriculum Year as at February 2007**

| Year Group               | ASD        | MLD        | BESD       | SLD        | PD         | PMLD      | HI        | SLCN      | VI        | SPLD      | Total       |
|--------------------------|------------|------------|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-------------|
| Y5-                      | 0          | 0          | 0          | 1          | 0          | 0         | 0         | 0         | 0         | 0         | 1           |
| Y4-                      | 0          | 0          | 0          | 2          | 2          | 2         | 0         | 0         | 2         | 0         | 8           |
| Y3-                      | 0          | 2          | 0          | 5          | 8          | 6         | 0         | 0         | 1         | 0         | 22          |
| Y2-                      | 4          | 1          | 0          | 13         | 1          | 1         | 0         | 0         | 0         | 0         | 20          |
| Y1-                      | 10         | 0          | 0          | 5          | 1          | 2         | 0         | 0         | 0         | 0         | 16          |
| Y0                       | 9          | 0          | 0          | 11         | 7          | 1         | 1         | 2         | 0         | 0         | 31          |
| Y1                       | 15         | 1          | 0          | 9          | 7          | 0         | 0         | 1         | 1         | 0         | 34          |
| Y2                       | 9          | 1          | 0          | 7          | 5          | 5         | 0         | 0         | 2         | 0         | 29          |
| Y3                       | 15         | 3          | 2          | 13         | 11         | 2         | 2         | 1         | 0         | 0         | 49          |
| Y4                       | 22         | 4          | 12         | 10         | 12         | 5         | 3         | 3         | 2         | 0         | 73          |
| Y5                       | 19         | 12         | 13         | 10         | 6          | 2         | 2         | 0         | 2         | 0         | 66          |
| Y6                       | 23         | 10         | 16         | 13         | 7          | 3         | 2         | 4         | 0         | 2         | 80          |
| Y7                       | 23         | 21         | 17         | 11         | 8          | 3         | 4         | 0         | 2         | 2         | 91          |
| Y8                       | 30         | 24         | 31         | 5          | 10         | 0         | 3         | 2         | 2         | 1         | 108         |
| Y9                       | 31         | 26         | 29         | 9          | 9          | 1         | 2         | 2         | 4         | 3         | 116         |
| Y10                      | 30         | 26         | 33         | 6          | 7          | 1         | 3         | 1         | 0         | 1         | 108         |
| Y11                      | 22         | 36         | 26         | 1          | 9          | 2         | 1         | 2         | 0         | 1         | 100         |
| Y12                      | 4          | 16         | 0          | 6          | 0          | 5         | 0         | 0         | 1         | 0         | 32          |
| Y13                      | 3          | 9          | 0          | 8          | 0          | 3         | 1         | 0         | 0         | 0         | 24          |
| Y14                      | 3          | 8          | 0          | 4          | 0          | 4         | 0         | 0         | 0         | 0         | 19          |
| <b>Total</b>             | <b>258</b> | <b>197</b> | <b>179</b> | <b>124</b> | <b>99</b>  | <b>37</b> | <b>24</b> | <b>18</b> | <b>16</b> | <b>10</b> | <b>1029</b> |
| <b>Rate of incidence</b> | <b>25%</b> | <b>19%</b> | <b>17%</b> | <b>12%</b> | <b>10%</b> | <b>4%</b> | <b>2%</b> | <b>2%</b> | <b>2%</b> | <b>1%</b> |             |

| KEY  |
|--|
| ASD - Autism Spectrum Disorder                         |
| MLD - Moderate Learning Difficulties                   |
| BESD - Behaviour, Emotional and Social Difficulty      |
| SLD - Severe Learning Difficulty                       |
| PD - Physical Difficulty                               |
| HI - Hearing Impairment                                |
| VI - Visual Impairment                                 |
| SPLD - Specific Learning Difficulty (such as Dyslexia) |

2.9 Table 1 nevertheless shows;

- An age trend which closely matches that found nationally with the number of statements seeming to peak around Y8/Y9
- The single most prevalent area of need is Autism with, from Y4 between 20 and 30 youngsters per year group being identified as requiring a Statement

- The number of Statements for BESD significantly increases at Y8
- There is an indication of an increase in children being identified as having Severe Learning Difficulties with numbers at a pre-school and primary level being above that at secondary.

2.10 Tables 2a), 2b) and 2c) below have a similar “health warning” as they are taken from un-moderated data submitted to DfES by schools as part of their annual PLASC return. Nevertheless again there are some areas which are worth noting ;

- The rate of ASD in special and mainstream primary schools seems to be roughly twice national and regional rates.
- The rate of children with physical difficulties as a primary diagnosis in special schools is low because such youngsters have provision made within additionally resourced mainstream primary and secondary schools in the Borough.
- The rate of BESD in special schools is nearly twice the national average and above the regional norm. In part this will be accounted for by maintaining two special schools catering for that specific group of youngsters.
- The number of children identified at secondary school with BESD is 50% greater than numbers identified by primary schools which is akin to that in Table 1.
- The term SLCN (Speech, Language and Communication Need) has historically encompassed children who are on the cusp of ASD diagnosis – the lower local rate is probably related to the higher ASD rate with individuals being subsumed within the latter.

**Tables 2a. 2b and 2c: Number of children and young people with Statements of SEN or at school Action Plus by type of need (PLASC 2006).**

|                                | asd  | mld  | besd | sld  | pd  | pml | hi  | slcn | vi  | spld |
|--------------------------------|------|------|------|------|-----|-----|-----|------|-----|------|
| <b>2a) ALL SPECIAL SCHOOLS</b> | %    | %    | %    | %    | %   | %   | %   | %    | %   | %    |
| ENGLAND                        | 12.7 | 27.3 | 14.4 | 23.9 | 5.5 | 7.6 | 1.9 | 4    | 1.1 | 0.8  |
| NORTH EAST                     | 12.7 | 23.6 | 20.7 | 25.1 | 4.7 | 6.1 | 0.8 | 4.5  | 0.2 | 0.8  |
| Stockton-on-Tees               | 23.1 | 21.2 | 26.3 | 20.8 | 0   | 7.8 | 0   | 0    | 0   | 0    |

|   | asd | mld  | besd | sld | pd  | pml | hi  | slcn | vi  | spld |
|---|-----|------|------|-----|-----|-----|-----|------|-----|------|
| <b>2b) MAINTAINED SECONDARY SCHOOLS</b> | %   | %    | %    | %   | %   | %   | %   | %    | %   | %    |
| ENGLAND                                 | 4.5 | 27.3 | 29.4 | 1.3 | 3.5 | 0.2 | 2.4 | 6.4  | 1.4 | 18.5 |
| NORTH EAST                              | 3.6 | 30.4 | 27.5 | 1.9 | 3.6 | 0.2 | 2.3 | 5.6  | 1.1 | 18.9 |
| Stockton-on-Tees                        | 9.8 | 29.7 | 33.5 | 0.5 | 6.5 | 0   | 1.1 | 1.5  | 1.3 | 13.1 |

|                                       | asd | mld  | besd | sld | pd  | pml | hi  | slcn | vi  | spld |
|---------------------------------------|-----|------|------|-----|-----|-----|-----|------|-----|------|
| <b>2c) MAINTAINED PRIMARY SCHOOLS</b> | %   | %    | %    | %   | %   | %   | %   | %    | %   | %    |
| ENGLAND                               | 5.9 | 28.6 | 18.5 | 2.1 | 4.1 | 0.4 | 2.1 | 21.3 | 1.3 | 11.6 |
| NORTH EAST                            | 5.3 | 29.5 | 18.1 | 2   | 4.6 | 0.3 | 2.1 | 23.4 | 1   | 8.7  |
| Stockton-on-Tees                      | 7.7 | 38   | 14.4 | 1.8 | 6.6 | 0   | 1.3 | 11.6 | 1   | 16.5 |

2.11 A group which clearly would be considered as children with complex needs are those who are placed outside the local authority because of the need to ensure provision of an integrated package of education, care and sometimes therapeutic support. The Audit Commission (February 2007) found that the costs of such were steeply rising with research showing that whilst the actual numbers of places had fallen the rate of expenditure had risen by some 28% since 2003/04.

The following table details costs of Out of Authority (OOA) Placements (2007 data).

### Out of Authority (OOA) Placements (2007 data)

| Factor                        | Stockton | Average all Local Authorities | Average Statistical Neighbours (SN) | Commentary  |
|-------------------------------|----------|-------------------------------|-------------------------------------|---|
| Places per 100,000 population | 28.47    | 87.74                         | 75.25                               | We use OOA placements around 3 times less than either SN or all local authorities   |
| Cost per 0 to 19 population   | 33.51    | 52.77                         | 44.36                               | In comparison with other authorities our per unit costs in relation to the 0 to 19 population are approximately 1/3 <sup>rd</sup> less than SN and nearly 2/3 <sup>rd</sup> less than all LAs |
| Average cost per place        | £117,710 | £60,140                       | £63,290                             | The average costs of meeting the needs of individual young people placed OOA are higher than in other LAs   |

The above most up to date data shows us that;

- Stockton's use of OOA is significantly less than other LAs both nationally and regionally.
- Stockton's costs per 0 to 19 population are significantly less than other LAs.
- When we do seek a placement out of Stockton the costs are higher because the complexity of need is such that high levels of support are required. Other LAs place such children similarly but also place large numbers of lower cost pupils OOA hence when costs are averaged out, Stockton's seem much higher.

- 2.12 The Audit Commission research also showed that Health budgets for children with complex needs were not usually determined on the basis of identified need but rather on the basis of annual inflation. A number of anomalies were also identified with PCTs not financially contributing even when there was a clear medical diagnosis and where a lack of local services such as speech and language therapy, occupational therapy, mental health support and respite care (especially for aggressive or hard to manage children with ASD) were significant factors in having to seek an out of authority placement.
- 2.13 Current financial contributions to the 14 children and young people placed outside the Borough are;
- £765,101.44 from former Education budgets,
  - £717,402.29 from former Social Care budgets and
  - £243,156.28 from the PCT.

Of those 14 children and young people 7 have a diagnosis of ASD. The PCT contributes to one of those.

### **Awareness of and access to services**

- 2.16 The first hurdle for anyone accessing services of whatever kind is to gain information about what services are available, what these can offer, and how to access them. Anecdotal evidence and research reports all point to problems of inaccessible information, poorly advertised services, and low awareness among potential service users of what services can offer. Finding out what services are available can be compounded by a range of factors such as low literacy levels, language other than English as a first language, cultural factors and distance from information centres, and a lack of willingness to recognise or address problems.

*"People with basic skills and ESOL needs don't respond too well to leaflets, adverts and other written information."* (Social Exclusion Unit, 2005a).

- 2.17 When English is not the first language, many people find accessing information about services even more problematic. As a result, many migrants and asylum seekers are unaware of their entitlements. (N.B. The Disability Rights Commission in 2004 concluded that most services in the UK were not ready to 'take on board the complex needs of disabled people from BME communities').
- 2.18 Information and advice can be fragmented, uncoordinated and problematic to access and advice services tend to treat problems in isolation; advice is hard to access (particularly for vulnerable people); and websites are frequently hard to reach and difficult to understand.

- 2.19 Many people, irrespective of whether they have multiple and/or complex needs, find navigating through service systems complex and frustrating. As a result they are unaware of what services there are and how these could help them. Such a perception is equally true of professionals working with families and young people.
- 2.20 Low aspirations and expectations can act as barriers to services for people with multiple and/or complex needs. Such low expectations may stem from individuals life experiences and disadvantaged circumstances, or they may reflect that significant others (including family and the professionals supporting them) have low expectations of individuals or particular social groups, which in turn constrains their life opportunities and access to support.
- 2.21 Targets that are primarily designed to drive up average performance of public services, or to ensure that more people achieve a specific objective, may provide weak incentives for providers to help disadvantaged people. Put simply, providers may focus on those people for whom it is easiest to get a positive result. Additionally, differing service priorities and targets can inhibit joint working as services are reluctant to work outside their own area of responsibility (Social Exclusion Unit, 2005a).

## Local Provision

- 2.22 There are currently 4 Special schools, 1 specialist pre-school provision and 2 pupil referral units:

|                      |                                   |  |
|----------------------|-----------------------------------|--|
| King Edwin           | 64 planned places                 | 11-16 BESD   |
| Westlands            | 115 planned places                | 7-16 BESD/ASD  |
| Abbey Hill           | 230 planned places                | 11-19 MLD/SLD/PMLD/ASD/ANX   |
| Ash Trees            | 121 planned places                | 5-11 MLD/SLD/PMLD/ASD  |
| High Fliers          | 16 place Nursery & Parent Support | PMLD/ASD/SLD   |
| The Bishopton Centre | 46 FTE place                      | 11-16 pupil referral unit, providing education for Secondary aged pupils at risk of permanent exclusion, and those excluded from school. The Centre operates a time limited programme aimed at supporting pupils back into mainstream, alongside a collaborative managed moves protocol involving the headteachers of all 14 Secondary schools in the Borough. |
| Greengates           | 14 FTE place                      | 7-11 pupil referral unit, mirroring the Bishopton Centre's provision, but for Primary aged pupils.   |

In addition the authority funds 124 places in 5 mainstream settings and 80 places in 6 Primary mainstream support bases plus 24 Infant Assessment and Support Class places:

|                      |                   |   |
|----------------------|-------------------|---|
| Whitehouse School    | 55 planned places | Primary aged children with SEN, mainly physical   |
| Bishopsgarth School  | 40 planned places | Secondary aged children with special needs, mainly physical                                 |
| Northfield School    |                   | Is additionally funded for a visually impaired unit, currently providing for 5 young people |
| Durham Lane          | 14 places         | Speech and language unit for Primary aged children.   |
| Mill Lane            | 10 places         | Speech and language unit for Primary children   |
| Billingham South     | 20 places         | Mainly learning difficulties  |
| Harewood Primary     | 10 places         | Mainly learning difficulties  |
| Pentland Primary     | 10 places         | Mainly learning difficulties  |
| St Paul's RC Primary | 10 places         | Mainly learning difficulties  |
| The Oak Tree Primary | 10 places         | Mainly learning difficulties  |
| Tilery Primary       | 10 places         | Mainly learning difficulties.   |
| Billingham South     | 8 places          | Key Stage 1 assessment group  |
| Mandale Mill         | 8 Places          | Key Stage 1 assessment group  |
| St John's CE         | 8 Places          | Key Stage 1 assessment group  |

2.23 Approximately 600 children and young people currently receive support from social care and health services. Respite care services are offered in Hartburn Lodge and Piper Knowle. Westlands provides Monday – Thursday residential places for 15 students attending the school and King Edwin provide 12 places on the same week day basis. Family based respite care and specialised fostering support is also available. There is significant scope to align the range of residential provision currently offered in order to provide a more extensive and co-ordinated service across Stockton. Currently 14 young people are placed in residential settings outside the Borough because their needs cannot be met in Stockton, a further 54 children and young people are placed in out of borough schools, not residential.

2.24 In addition a range of Local Authority services are available to support children, their families and schools. Such services include, CAMHS (Generic and LD), Disability Team (specialist social workers), Educational Psychology Service, Specialist Teachers (for ASD, for LAC, for Literacy and Numeracy difficulties, for children with Medical Needs), Behaviour for Learning Team, SEN Section, Parent partnership, Speech and Language Therapy Team, Occupational Therapy and Physiotherapy Teams, Nursing Services, etc. Similarly the Voluntary Sector is active in supporting specific groups, members of whom may at some time fall under the Complex Needs umbrella.

### **Future Development**

2.25 This review of services for children with multiple and complex needs has at its heart the development of integrated services with delivery centred upon schools as the hub of provision whilst effectively supporting children and young people with multiple and complex needs within their local communities for as long as possible. We want to provide good access to respite care, additional services as appropriate and personalised support for education, training or employment post 16.

2.26 The first phase of this five year plan began with the establishment of the Stockton First Federation which has brought together Westlands and Abbey Hill Schools. It is envisaged that this Federation will expand over time to include all stand alone specialist provision within the Authority enabling the development of integrated school provision for children with significant needs which can equally reach out to support the wider Inclusive vision of the Authority by working in partnership with local authority services to maintain the majority of children in their local community and schools. The development of joint special and mainstream places, the sharing of expertise, jointly funded partnerships between mainstream and special schools are all seen as stages in realising that vision which at its core has an implicit recognition that;

- all children have the right to learn together,
- all children have the right to learn together,
- children should not be devalued or discriminated against by being excluded or sent away because of their disability or learning difficulty,
- children belong together - with advantages and benefits for everyone.
- there is no teaching or care in a segregated school which cannot take place in a mainstream,
- given commitment and support, inclusive education is a more efficient use of educational resources,
- segregation teaches children to be fearful, ignorant and breeds prejudice,
- all children need to develop relationships to prepare them for life,
- only inclusion has the potential to reduce fear and to build friendship, respect and understanding.

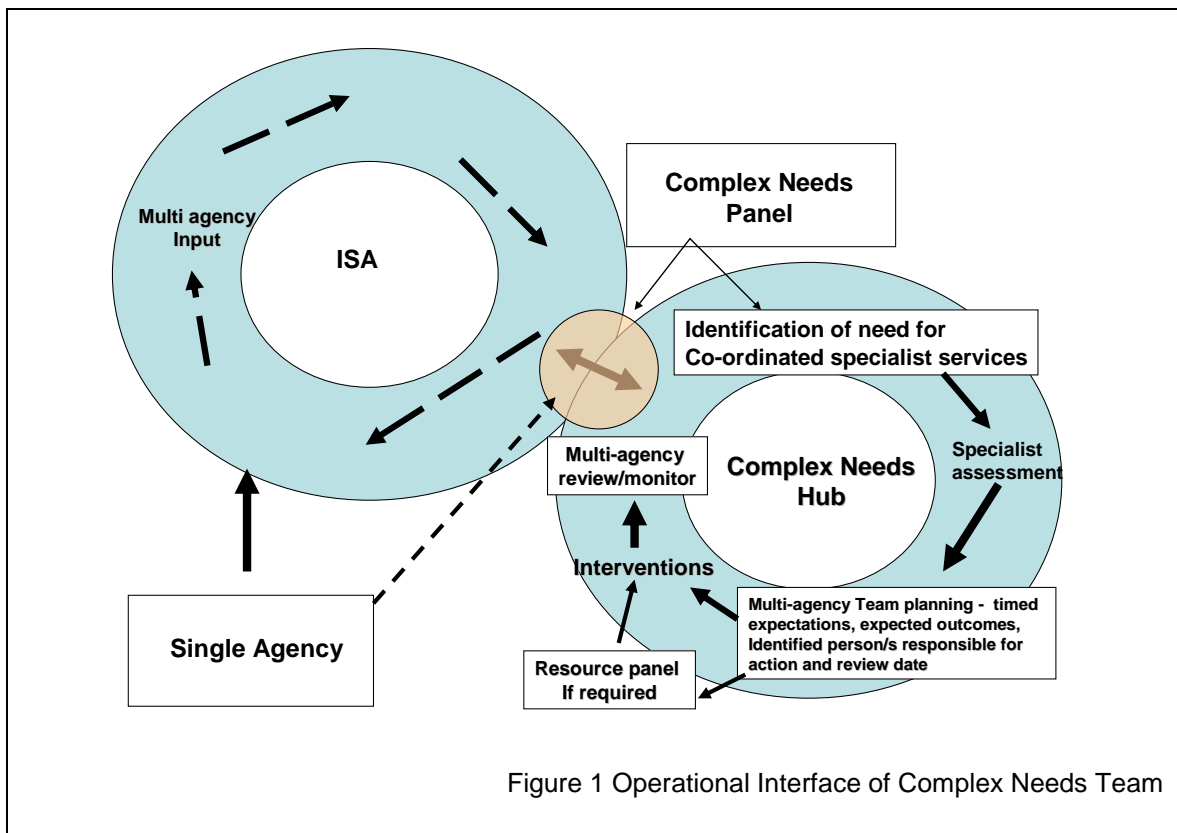
*Centre for Studies of Inclusion in Education (September 2003).*

2.27 The review also looked specifically at how the range of support services could be integrated into a single Complex Needs Team which could then respond in a timely and effective fashion, identifying gaps in provision and strategies for meeting these.

2.28 Such work takes place against a backdrop of emerging geographically based Integrated Service Areas (ISAs) in Stockton. The operational



interface between the Complex Needs Team, ISAs and other agencies can be conceptualised in Figure 1 below.



2.29 This model recognises that many services managed from within the Complex Needs team will also maintain a role across the entire prevention, early intervention, targeted continuum and as such will provide a valuable point of reference and advice for geographical based ISA staff and managers to use in the development of a broad range of earlier interventions in support of the inclusion of young people. For example providing ongoing training to frontline teams on how to meet the needs of ASD would have a positive impact in supporting earlier intervention and lessening the need for later more specialised interventions.

2.30 A model outlining a possible structure for the Complex Needs team is included as Appendix A.

### 3.0 METHOD

3.1 This review has taken as its starting point that fact there is a wide range of effective good practice taking place within the authority but that this is largely uncoordinated with both duplication and gaps in service provision which impact on cost effectiveness. Likewise service structures do not necessarily always support effective integration but in line with the Workforce Development strategy there is scope to remodel and realign such services to better effect.

3.2 It was therefore imperative that the widest possible range of stakeholders should be active partners within the process of this review in order that

recommendations could be determined from all perspectives and that a common ownership of the proposed solutions would follow.

- 3.3 The process began with a workshop in December 2006, attended by an invited audience of a wide range of professionals drawn from mainstream and special schools, representatives from PCT Services, CAMHS, Connexions, North Tees and Hartlepool NHS Trust and CESC teams. (Appendix B).
- 3.4 This workshop took real case studies across differing ages in order to identify what factors (such as good practice, duplication and gaps in provision,) had had an impact on the eventual/ongoing outcomes for individual children.
- 3.5 From this starting point a number of common themes emerged with delegates being able to identify a number of low cost improvement strategies (Quick Wins) which very much built on existing good practice and developments already under way. In addition a range of more complex/intractable areas for consideration (Wicked Issues) were also identified. (Appendix C).
- 3.6 In order to clarify the landscape within which the review was taking place, a representative multi agency steering group initiated an Audit of Service involvement within the Multiple and Complex Needs arena across a number of dimensions such as gaps in provision, key Performance Indicators, Eligibility Criteria, Out of Authority Provision. (Appendix D).
- 3.7 From the Audit and the original workshop four amalgamated themes were identified for more detailed analysis;
  - Transitions
  - Residential & Respite Care/Fostering & Adoption/Out of Authority Placements
  - Eligibility Criteria/Early Intervention/Prevention Support Services
  - User Views/Diversity/Parental Involvement

In addition relevant national and local data regarding incidence levels was circulated to Steering Group Members.

These four themes were then explored outside of the Steering Group in the form of working parties drawn from a wider range of stakeholders with the findings from that analysis providing the basis for the recommendations detailed in Section 4 (Appendix E).

- 3.8 The Steering Group has also developed a local definition of Multiple and Complex Needs, outlined in paragraph 2.5 and at Appendix E.
- 3.9 Also included in the supporting papers are the PID for the review (Appendix G) Steering Group Minutes (Appendix H) and Parent/Carers Views (Appendix I).
- 3.10 The Steering Group has anticipated that this report and its findings will set the parameters for the wider agenda for the development of an integrated team for supporting children with multiple and complex needs within the Borough. In addition the Action Plan developed from this review will also provide the framework of the work stream for the soon to be appointed Manager of that integrated team.

## **4.0 RECOMMENDATIONS**

### **4.1 Planning, Commissioning, Co-Ordinating and Delivering Services**

- 4.1.1 Stockton Children's Trust Board (CTB) and partners accept and work to the agreed definition of 'multiple and complex needs' presented by this review. (Appendix F).
- 4.1.2 A clear and explicit commissioning strategy is developed, to include for example direct payments, transitions, early intervention, holidays and short breaks, and person centred planning.
- 4.1.3 A strategic lead for commissioning services for children and young people with multiple and complex needs is identified, to work directly to the Complex Needs Service.
- 4.1.4 Multi-agency protocols and agreements are developed across services and agencies, to set out how partners will work together to support children, young people and their families from birth through to transition to adulthood.
- 4.1.5 A single point of contact/central team/base is established to co-ordinate the delivery of complex needs services for children and young people. The central team should include close and explicit partnership with the developing Federation of Special schools in Stockton.
- 4.1.6 Clarify and agree the extent to which commissioning responsibility for complex needs remains with the CTB/Council, and the extent to which it goes out, to schools or the Federation for example.
- 4.1.7 Establish and maintain an active database to enable a clear understanding of the population and its needs. The data base must be accessible, able to be interrogated, and co-ordinated, through dedicated MIS time.

- 4.1.8 Review and refresh the protocols surrounding Health Care and Social Care tasks, with a view to achieving better efficiencies and promoting inclusion (clinical governance).
- 4.1.9 Review current eligibility criteria and establish a range of appropriate services for the increasing population of high functioning ASD children and young people within the borough.
- 4.1.10 Review protocols and establish clarity with partners in relation to the provision of services for looked after children and young people with complex needs.
- 4.1.11 Review policy/funding priorities in order to establish permanence of funding to support and develop good practice that has previously depended upon grants (for example the highly successful Early Support Key Worker programme).

## **4.2 Communication**

- 4.2.1 Develop an information/communication strategy and ensure explicit linkages to the CTB Service Directory, to improve the management of information across and between Services and provide information to families at the point of need.
- 4.2.2 Review and refresh confidentiality/data sharing protocols across agencies, and agree a common process.
- 4.2.3 Develop protocols and procedures to enable the views of children and young people with multiple and complex needs to be explicitly embedded within the developing PIC network and service design.

## **4.3 Residential / Respite Care**

- 4.3.1 Action the recommendations of the 'Short Break Unit for Children with Disabilities' report and proceed to commission a new respite/holiday/day care unit to replace current Piper Knowle and Hartburn Lodge provision. (Appendix J).
- 4.3.2 Develop options for 52 week residential provision as a CESC/Health partnership alongside the Federation and King Edwin school.

## **4.4 Workforce Development**

- 4.4.1 Undertake a robust skills audit, alongside the developing Children's Workforce Development Strategy and ISA development, to match workforce development needs to current and future context and population.
- 4.4.2 Support and embed the key worker system operating within Early Support, and extend it across the age range and into transition.

- 4.4.3 Review CPD and training policies to ensure SEN and disability training pervades Children's Services staff initial training and continuing professional development.
- 4.4.4 Develop the lead professional role, and distinguish between the roles and responsibilities of lead professionals as against key workers.
- 4.4.5 Develop and agree across agencies a common competency based appraisal system which is applicable across the range of statutory systems currently in operation.

#### **4.5 Council Issues**

- 4.5.1 The Council transport policy, pays explicit attention to the needs of children and young people with multiple and complex needs.
- 4.5.2 The developing Parenting Strategy pays explicit attention to the needs of families supporting a child or young person with multiple and complex needs.
- 4.5.3 Complex Needs Service to work with Adult Services to develop and implement effective procedures around person centred planning, to support families and young people on transition from Children's to Adult's Services.

#### **4.6 Referral Systems / Eligibility Criteria**

- 4.6.1 CAF to be used as the single referral method by all agencies, through to a single multi-agency complex needs panel sited within the Additional Needs and Therapies Service group, referred to in 1.5.
- 4.6.2 Until such time as CAF is operational, all existing referral criteria to be cross referenced to the agreed definition of 'complex needs' referred to in 2.5.

### **5.0 CONCLUDING COMMENTS**

- 5.1 This review has identified that multiple and complex needs affect a wide range of children and young people to varying degrees and with varying consequences.
- 5.2 Overall, there is a variety of excellent practice, including;
  - Targeted and outreach information provision provided in accessible formats.
  - Single access points and 'one stop shop' approaches.
  - Services that address 'whole person' needs and do so in partnership.
  - Personalised and person-centred service responses.

- Co-ordinated and integrated assessments.
- Outreach services that seek out and stick with 'hard to reach' groups.
- Community development and empowering approaches, such as peer education, that promote participation and engagement.
- Professionals with a remit to link and co-ordinate support services such as key workers, link workers or service navigators which help minimise the impact of service fragmentation.
- Creative examples of joint work, partnerships and joint training.
- Access to direct payments.

5.3 Nevertheless there are concerns about the quality of some responses obtained regarding children with multiple and complex needs, who continue to be significantly disadvantaged and excluded. Such concerns arise out of gaps in services and support which stress the need for more innovative and creative joint strategies, as well as partnerships that actively involve service users in increasing the effectiveness of the service response.

5.4 This report provides clarity about the framework and priorities which need to be addressed in respect of this especially vulnerable group of children and young people and as such is another piece of the jigsaw in the development of excellent integrated services in Stockton-on-Tees.