

STATES OF JERSEY

Health, Social Security and Housing Scrutiny Panel Respite Care Review

MONDAY, 12th MARCH 2012

Panel:

Deputy K.L. Moore of St. Peter (Chairman)
Deputy J.A. Hilton of St. Helier (Vice-Chairman)
Deputy J.G. Reed of St. Ouen

Witness:

Deputy A.E. Pryke of Trinity (Minister for Health and Social Services)
Deputy J.A. Martin of St. Helier (Assistant Minister for Health and Social Services)
Managing Director, Community and Social Services
Director, Adult Services
Service Director, Children's Services

Present:

Ms. K. Boydens (Scrutiny Officer)
Ms. F. Carnegie (Scrutiny Officer)
Mr. S. Jones (Adviser)

[11:15]

Deputy K.L. Moore of St. Peter (Chairman):

Thank you very much for attending this morning. Thank you to the members of the public who have come along as well. I just have to draw everybody's attention to the code of behaviour for members of the public that is displayed on the wall and, in particular, to the following points, that all electronic devices including mobile phones should be switched to silent. The taking of digital images or audio recordings by the public will not be permitted. If you wish to eat or drink please leave the room. Finally, I would like to ask that members of the public do not interfere in the proceedings and as soon as the hearing is closed that those are to leave quietly. Members and witnesses may wish to communicate but could you please do so outside the building. We need to also introduce ourselves for the record. I am Kristina Moore. I am the Chairman of the Panel.

Deputy J.A. Hilton of St. Helier (Vice-Chairman):

I am Deputy Jackie Hilton, Vice-Chairman of the Panel.

Deputy J.G. Reed of St. Ouen:

Deputy James Reed, member of the panel.

Mr. S. Jones (Adviser):

I am Sion Jones. I am here advising the panel on their review.

Ms. K. Boydens (Scrutiny Officer):

Kellie Boydens, Scrutiny Officer.

Ms. F. Carnegie (Scrutiny Officer):

Fiona Carnegie, Scrutiny Officer.

The Minister for Health and Social Services:

Deputy Anne Pryke, Minister for Health and Social Services.

Assistant Minister for Health and Social Services:

Judy Martin, Deputy of St. Helier and Assistant Minister for Health and Social Services.

Managing Director, Community and Social Services:

Managing Director of Community and Social Services.

Director, Adult Services:

Director of Adult Services.

Service Director, Children's Services:

Director of Children's Services.

The Deputy of St. Peter:

Thank you very much. So this meeting follows on from a week of hearings, Minister, and every parent we met mentioned a fight and a struggle to access the respite services that they felt they needed. One encapsulated the argument by saying in the U.K. (United Kingdom) it is a right, in Jersey it is a fight. What do you think of the position and that view that has come forward?

The Minister for Health and Social Services:

I think it is very sad what you have heard from parents and I think it is very good that you have been doing this review because we too have understood that there are challenges, especially over the last year when there are some families with children have been in crisis and we have had to give the best care we have to them. We identified that we need to look at these issues, at these short term issues, of how parents and families access the respite care but also looking ahead to the future and how we know that it is not just going to be a one-off issue that we need to plan and make sure that respite services, whatever category, and those needing long-term placements are properly looked at and we need to do a business case accordingly.

Assistant Minister for Health and Social Services:

Can I just add to that, funnily enough I just bumped into a few of the parents that I knew through a different issues that we had, on a big issue, and that was said to me over the weekend, but when I got to discussing ... I have been in the U.K. with a very close relative and I do not believe that is actually true. There is a lot of fighting goes on there for placements as well, and with the cutbacks in the U.K. at the moment I know, as I say from close personal experience, they are fighting and it is not right, and we should be all aiming ... but it is not a God given right if your child has got a disability. As I said last time, the only benefit they do have is moving across the border if they get somebody who is in crisis that they need to ... they can go somewhere else. So it may not disrupt the people already in the service but some do fight very hard to even get into the service.

The Deputy of St. Peter:

I think the point that was being made, and I do take your point, is they do have legislation behind them that confirms an expectation of care. Whereas that is not so much the case here and so it really is down to the criteria that you set as a department and the operational access to social workers seems extremely important from what we have learnt. Also the level of importance that is given to respite and how important do you feel it is for young children and their families to have access to respite?

The Minister for Health and Social Services:

I think just to pick up the first point you said about legislation. I understand and I am sure Sion can put me right, that it is legislated to look after all children in need rather than saying how many hours a family can have of respite. So as I understand it, that falls under that legislation. We are here if a family does need respite and we know that there has been some challenges. We still have a good service here which I think it is important to be flexible as much as we possibly can with our resources because we like to think that we can take care of our children here - to pick up the point that my Assistant Minister said - rather than having to send them off Island, which I know we have done.

Deputy J.A. Hilton:

Do you not feel there is a question of a little bit of déjà vu there? There was a situation in recent years where bed blocking was occurring at Oakwell. Social Services would have been aware of those individuals from birth and so would have had ample time to prepare for transition for those youngsters and what eventually ended up happening was because nothing was put in place to allow those young people to move on bed blocking did occur. It would seem to us that forward planning just simply does not exist. The reason that respite broke down in October was because Social Services or the Children's Service or whoever just had not put enough thought into the plans for the future and to assist families who would reach crisis point if the available support was not there for them.

The Minister for Health and Social Services:

I think some of the points were quite understandable but then I think because on the whole we have only ... compared to the whole big issue of Health and Social Services, these number of children are quite small and each family has very particular needs because a family come in in crisis or whatever you can never tell what is going to happen next week. You mentioned about bed blocking which is an awful phrase. I understand on the issue before Christmas there was one particular child who we had

no ... this particular child had to come into our care on a permanent basis and even with the best will in mind, with all the planning and whatever, we could not foresee that. You never know what is going to happen tomorrow.

Deputy J.A. Hilton:

No, but one point I would like to make is in evidence we have heard from a professional that those children who may require to go into residential care can be easily identified at the ages of 7 or 8 years old and currently we know, through evidence given that you have a half a dozen individuals who require high levels of support and we are aware of those, and 2 were placed in the U.K. because of the crises situation that happened in October. What can you tell us to convince us that you are on the ball and that this situation is not going to arise again? That you are thinking about those individuals who are in the system now, aged 7, 8 and 9 that are going to present with real difficulties in a few years' time.

Assistant Minister for Health and Social Services:

Just from my point of view, and as I say I work with the parents, the parents of the children that reach crisis never wanted them to go into care so if we had have said to them at 7 or 8: "Do you think when your child reaches 12, 13, 14 you would like to put them in care permanent or for a long term stint?" they would say no. So they are not born with a physical disability, I understand those children are a lot better to plan for. I totally agree with that. If I would ask staff working there, we could have 2 Oakwells, 2 Eden Houses, 2 whatever sitting there empty for a lot of the time and if we had a pot of money as well that when we needed to ... that is an ideal situation. That is what you want. Can we do that? Can we plan to have a residential place that could be empty 9 months a year or for 2 years at a time? If we need to plan for it that is what we will have to budget for.

The Deputy of St. Peter:

But statistical evidence does not really back that up unfortunately, Deputy. It is a well-known fact that numbers are on the increase and it was also mentioned in our evidence that there is a feeling that diagnosis is avoided at whatever cost to try and prevent people from entering the system as well. We cannot kid ourselves that ...

Assistant Minister for Health and Social Services:

You will talk to certain parents who do not want a label put on their child, and it is there ... I do not agree with that. Asperger's, autism is one of the most difficult - from different ages - to present and when a doctor or psychiatrist or whoever puts the label on they will only do that when they are absolutely convinced. Many, many of these children with the right support - and you are right - and the right amount of breaks for the families, they will go through adolescence, they will reach adulthood and they will not need to be in care. It is not ideal for any of them and, I agree, we do not want to send children away but what do you do? Do you keep these places there just in the background and they have to be budgeted for? You are talking hundreds of thousands of pounds.

Deputy J.A. Hilton:

But do you not agree that had the respite been available to that young person who ended up at Eden House and the family had not gone in crisis it would not have resulted in 2 families having to agree to their children being sent to England?

Assistant Minister for Health and Social Services:

If we are talking about the same ... I do not want to speak exact cases but all the cases I know they were getting respite prior to the crisis.

The Deputy of St. Peter:

I think in some of the cases the respite had failed due to emergency provisions they made.

Assistant Minister for Health and Social Services:

I think we are getting to close to individual cases. I know they spoke to you in confidence so ...

Managing Director, Community and Social Services:

Can I respond to your earlier comment about diagnosis and delay of diagnosis? I am not aware of any evidence to suggest that anybody has ever had a delayed diagnosis for purposes of saving resources, and if there is any evidence to suggest that I would be very grateful to receive that. I would be aware of many clinicians who would be very careful in providing a differential diagnosis. They may take their time in doing so because, as you say, labels can stay with you for life. But the suggestion I think that diagnoses are deferred as some way of saving resources is wholly inappropriate.

The Minister for Health and Social Services:

Yes, and I would endorse what the Director has just said. If you do have that evidence then we do need address it and to speak to the family to understand their understanding of it.

The Deputy of St. Peter:

We can provide you with that I am sure because I think it is a theme that recurred during evidence that we gathered over the past week.

The Deputy of St. Ouen:

Can I just ask, Minister, what importance do you personally place on providing appropriate support for families with special needs children?

The Minister for Health and Social Services:

I place very high importance of it, as I do with every service within Health and Social Services. Every service that we provide across the remit is important because it is important for all our Islanders, whatever age, to get the right treatment at the right place and at the right time. Regarding respite, it is important and I think that is why, looking forward to their need, we instigated a review by Action for Children who are beginning to work now to identify the needs going forward.

The Deputy of St. Ouen:

Are you suggesting this does not have a high priority ...

The Minister for Health and Social Services:

No, I have not said that. No, I am sorry I have not said that at all. I said everything that we provide in Health and Social Services is important across the board, and that includes respite care.

The Deputy of St. Ouen:

I hear what you are saying but where would you place this in the areas of priority that would ... first of all, would you like to see improvements made in this area? If so, do you believe it is a priority when you regard all the other services you provide?

[11:30]

The Minister for Health and Social Services:

Of course it is important, like every other service that we provide. That is why I said about the order of importance is that we have ... like yourselves too with the scrutiny report, we will look at the recommendations and work with you on that, but also looking at the Action for Children report too on how we can look at the service going forward, making sure it is sustainable in whatever way for our children and the families too.

The Deputy of St. Ouen:

But the reality is, Minister, that as I think has been mentioned earlier, this is not a new problem. There has always been a concern that has been raised about the appropriateness of support provided to families and children with special needs, and I suppose what we are seeking to find out or wanting to learn is that when you say it is important, how are you going to make sure that improvements happen within the service?

The Minister for Health and Social Services:

Well, we need to understand what the recommendations are that you are going to bring forward, what the recommendations are that Action for Children are going to bring forward, what are the recommendations that we are doing in house as well. Then take the next step forward, what do we need to improve the service? Is it a building? Is it more resources into social work? Whatever line that we need to go down. Also identify the financial resources that we need to go alongside it.

The Deputy of St. Ouen:

I am pleased that you will take into account the report and the findings of our review, but the reality is that your department has dedicated officers who have been working with children and adults and have a whole range of experience, and I would expect that as a department you would be, one, very aware of the concerns and issues that we have found in our review and, more importantly, you would have a view as to what is required and what you would like to see improved. It seems to me that you seem to be choosing to perhaps avoid your responsibilities by suggesting that others should be telling you how to improve your services. How would you respond to that?

Service Director, Children's Services:

Can I comment? The issues you are raising, I have met with groups of parents on a couple of occasions and the overwhelming message I received from parents was that they were happy with the respite they were receiving, they were happy with the services provided both at Oakwell and Eden House. The issue, which we touched on last time we met, was the pressure that put on from the long term residents, the need to provide services for them. So the actual respite, from what parents were telling me, if that issue was resolved they were very happy with the respite that they were

receiving both in quantity and absolutely in quality. I want to stress that. The issue is sorting out that issue of the respite up against the crises that have occurred and that is why we commissioned, last year, Action for Children to come in and to help us look at the issue as to how we could move forward. We have been aware of this issue for a long time. We have our own thoughts on it and we wanted some independent specialist thought as to how to move forward on that. Your involvement on this as well will also help to inform that. But we have been aware of this and we have been working with the families around this.

The Deputy of St. Peter:

The point we are trying to make is, as you say, you have been aware of this for some time and so why get to the crisis point when you are aware of a situation that may arise on the horizon and you described to us at our last meeting the provisions that you are putting in place to deal with the current need for long-term residential care and so what we are trying to say is that is great but we do not want to see this again in 2, 3 years' time and on a rolling basis as the years progress. So we would like to see provisions put in place so it does not happen again.

Director, Adult Services:

Sorry, Chair, just to respond to that. I have to say we concur entirely with what you have just said because we do not want to see repeat patterns of these situations. Obviously within the existing resources that we have we, over many years, constantly tried to improve the quality of service that people do receive. In particular in this area ... you referenced earlier about whether you would have confidence in terms of us being able to further develop and take forward appropriate measures and I think in relation to the services that are in place we have evidence to demonstrate that we invested in such a way to improve both the knowledge base and understanding of some of these very much more complex issues, autism in particular being one of those issues, and evidence around the quality of training that is now in place across those services, all of that in an attempt to try and improve the responses that we do provide to individuals and families. Our keenness to get that right is not just about children and young adults with their families but it is also about that forward into long-term support for those individuals as adults who have the right to live independent lives in the community. There is information available, and again we would be very happy to share that with you, in terms of the policy of the training and investment, in particular working in partnership with the National Autistic Society and having their specialist adviser on Island now and working in partnership with Autism Jersey as a consequence of that. Running parallel to that we were probably more advanced previously in support services for children and young people with multiple profound disabilities but we do continue to invest in our knowledge and understanding and trying to ensure that services develop in line with best practice around those issues.

The Deputy of St. Ouen:

Can I ask, Minister, do you have a current policy regarding respite care and services provided?

The Minister for Health and Social Services:

There is a policy put in place for children and families that need that respite and I understand that it is a criteria in place at Oakwell and Eden House.

The Deputy of St. Ouen:

So there is a policy in place?

The Minister for Health and Social Services:

There is a set criteria. I am sure Phil can talk to it.

Service Director, Children's Services:

I think it has been sent to the panel.

The Deputy of St. Ouen:

I am afraid that I have not yet seen it. So if it has been, that is great, but it would be useful to see the current policy and the criteria used to determine whether young people with difficulties can access, or families more importantly can access the respite care on the Island. That would be great. As I say, if you have provided it, thank you, if you have not then that would be great.

The Minister for Health and Social Services:

We have provided it.

The Deputy of St. Peter:

It has appeared to us that it is the social workers who direct the traffic, as it were. They are a key part of the process of putting a family through the criteria and making that decision and then passing them to the right agency. But it seems that there has been quite a high level of turnover within that staff and we see that you are currently a member of staff down in your system. What is being doing to ... are you considering increasing the number of social workers you have in this area or what is being done to stop the high turnover of staff and encourage retention in this area?

Service Director, Children's Services:

I am not aware there has been a high turnover in this area. There has been a couple of changes at management level but the senior social worker we have had in there ... Chris, it was back in your team originally but they have been around for some time.

Director, Adult Services:

Yes. There were historical issues and I am going back to probably between 2004 and 2007, in that sort of era. There were historical issues of being able to recruit appropriately and establish a social work team working with children and young adults with special needs. Following service review that team got moved back into the children's service from a standards perspective in terms of social work. But my understanding is that since around about 2008-2009 that has been particularly consistent. You have the team now.

Service Director, Children's Services:

Regarding your question about workload and allocation of social workers, you will be aware because again we sent a structure which shows the whole width of services that we have to provide, and as you know it is a complex area. But in our restructure we are looking to see - and there is a meeting going on today looking at all allocation of work for social workers across the service - what the workload is and if some changes need to be made to that. So that work is going on as we speak.

The Deputy of St. Peter:

Thank you. What work is being done to recruit an extra member of staff?

Service Director, Children's Services:

Recruitment issues across the board, and again we are not holding many vacancies across our whole service, has been looked at. The interviews have taken place and they are looking at social workers that applied and their particular skills as to which area they would be recruited to.

The Deputy of St. Peter:

We notice also in your restructuring that you are allocating one team leader to continue to manage Oakwell and Eden House. Do you think that is satisfactory having one person across the 2 units?

Service Director, Children's Services:

If you look at our structure it is about the management responsibility at that level to ensure a consistency across all our residential and respite provision. The manager at that level will need to have the expertise to be able to look at both those areas so I believe that is the appropriate way forward and that we have staff with the expertise and training to move that forward.

Director, Adult Services:

If I could just comment as well. In my previous role I was involved in managing some of those services at a point of change and obviously again in terms of the recent restructuring for community and social services where some of the senior management line management has changed, one of the points is that we had a series of reviews into service a couple of years ago and in regards to Oakwell in particular with the needs of the children and young people there, it was recognised that it was appropriate to change one of the core roles to being registered nurses. Having introduced that to the system that means there is a registered nurse leading each shift and within their role they have a responsibility in terms of that management of the shift that is a legitimate as a registered nurse. That changed the emphasis of what was required in terms of direct management onsite as regularly. At that point we did have a manager managing 2 separate services involved with Oakwell and that worked very well, and looking across the piece as these recent changes happened it was very appropriate for us to be able to consider having a single manager and then looking at changing slightly the structure at Eden House to accommodate that. So that was a very deliberate move of trying to make, again, the best use of the resources and reinvesting those same resources to ensure the quality of support was in place for the children.

Service Director, Children's Services:

I would add, I think that structure has been successful and I come back to the point I made previously that the parents I speak to are very complimentary about the service that is provided in both Eden House and Oakwell from a quality point of view. So I think that shows that we got the structure right and, as Chris said, the expertise down through the line is spot on in my opinion.

The Deputy of St. Peter:

That is reflected in the evidence that we have heard as well.

Deputy J.A. Hilton:

Absolutely without question everyone we have spoken to has praised the quality of the staff involved in all the respite facilities.

The Minister for Health and Social Services:

Thank you for that comment and I think what I will do is I will go back and ask Phil to relay that to the staff because I think it is important.

Deputy J.A. Hilton:

Can I just ask a question about Eden House and around the work that has been carried out recently. Can you tell me why that work was not done at the outset? The viewing panels, the ...

Director, Adult Services:

I might be better providing an initial response to that because I was involved in the early days when Eden House was first established. There are 2 clear issues, one was the resource we had available to us and the second was the expertise and knowledge we had in terms of what we were developing at that time. What we did was put into place to the best of our ability at that time, within the resources that we had available.

The Deputy of St. Peter:

Did you discuss those issues and where to put the resource with any of the staff who might be experienced in using areas ...

Director, Adult Services:

Yes, I did.

[11:45]

Deputy J.A. Hilton:

So that was the decision to cut corners basically because that is really what it amounted to at the time. I accept that you are saying that you have constraints on resources and everything. At any time did you to the Minister at the time and explain that situation?

Director, Adult Services:

Yes, I did. I attempted to acquire as much resource as we could in terms of investment, and what we developed was in terms of the best opportunity we could in within the resource that we had available.

Deputy J.A. Hilton:

Did you explain fully to the Minister that you felt that the service was being compromised and that really there was a health and safety issue with regard to your staff?

Director, Adult Services:

I think there are 2 issues there because one of them is that it was deemed to be developed at an acceptable level at that time based on the knowledge and information and information.

Deputy J.A. Hilton:

Okay, thank you.

Service Director, Children's Services:

I think that is an important point because we are learning, we are managers, we are experts in this area but the area is developing and I can draw comparisons with our development in other areas. Another area of responsibility for me was the Greenfield secure unit. Now, what was acceptable as a secure unit there 10 years ago or 15 years ago is not acceptable now. So when we had the opportunity to develop that building we did so by calling on expertise from the U.K. and we have built a state of the art secure unit. I think the comparison is well made that as you develop suddenly you think: "We need to have further physical development as well as training and investment in staff" and that I think that is where we are now. We tried to get that building to the best possible standard to meet the care needs of the young people.

Deputy J.A. Hilton:

How long has Eden House been operational? About 3 years?

Director, Adult Services:

No, it is a bit longer than that. I think it is about 5 years, 4 or 5 years.

Deputy J.A. Hilton:

I think as a panel we were just a little bit surprised that it was a new facility and it seemed that money was being spent on it now to bring it up to an acceptable level as far as health and safety, and we were just rather surprised at that. That is the only comment I would like to make.

The Deputy of St. Peter:

While we are talking about the standards in the buildings, what are your views of Oakwell? Would you consider it fit for purpose?

Service Director, Children's Services:

I think you asked that question last time and I commented that clearly there is need for further investment in that building. If we look at what it was when it first came board as a detached little bungalow there has been significant investment in that, in providing the therapeutic pool, sensory garden, extension and there is further plans now to develop the shower and bath area for the young people. We have been, all the way along, interested in developing that building and we have done that in partnership with the third sector who have come forward with considerable charitable donations. So it is about resources but it is about having that plan to move forward and there is further need for work with that building.

Deputy J.A. Hilton:

Have you got any long-term plan in mind about whether you are going to consider refurbishment and extension of Oakwell or are you thinking maybe you will build something from scratch in another location?

Service Director, Children's Services:

We are in the process of reviewing our whole estate, our provision for children, and that is not just in this area, we have been looking at Heathfield and other buildings that we have, we are in the process of looking at all of those buildings to see if they are fit for purpose because some of those buildings ... Oakwell has been there for many years. I have been in Jersey since 1989 and I think it was opened about that time, and some of our other buildings are on a similar basis. So we are reviewing our whole estate.

Deputy J.A. Hilton:

If it was measured against a U.K. standard, because we do not have the same legislation, is there a standard in place in the U.K. that we could judge Oakwell against and would it meet the standard laid down in the U.K.?

Service Director, Children's Services:

We always aspire to best practice and I mentioned the secure unit before, when we built that we went to the U.K. and worked to the best standards in that building. Currently ... I think Oakwell does meet those standards but I think that there is always room to look at that and as I say in the review of the estate we would have to decide is that the most appropriate building and all that.

Deputy J.A. Hilton:

So that is measured against a U.K. standard presumably because presumably we do not have a local standard.

Service Director, Children's Services:

No, we go to best practice in the U.K.

Deputy J.A. Hilton:

So you are saying as far as you are aware that Oakwell does meet best practice in the U.K.?

Service Director, Children's Services:

That would be my expectation.

The Minister for Health and Social Services:

I think it is fair to say that it is a very important issue about the fabric of all our buildings and, as Phil said, we have looked at a review of all Health and Social Services property because some of them have lacked capital investment for many, many years and we need to put some money and resources into it.

The Deputy of St. Peter:

Have you been able to allocate any financial ... we have all talked about resources and it does appear that this is going to be a key issue, have you managed to identify any resource that may become available to improve this service?

The Minister for Health and Social Services:

You mean the actual fabric of the building or resources going forward, staff and resources?

The Deputy of St. Peter:

Well, both.

The Minister for Health and Social Services:

I know that with within the capital side of it there is a review and there is going to be some capital spend across Health and Social Services in 2012 going forward. As regards the resources, Health and Social Services money is pulled in many, many directions and not only with on Island placements but off Island placements too. It is under pressure but we are looking at whether we can use another property with a view of being able to bring those children who are in the U.K. home, providing that we have the resources and providing the unit is good.

The Deputy of St. Peter:

It is a very difficult question and I think you fully understand the importance of keeping a young person in the Island wherever possible, but speaking to some professionals who have experience of centres in the U.K. we had a description of a 26 hectare site with horses and all kinds of facilities, can we realistically provide that or an equivalent that would benefit the young people here?

The Minister for Health and Social Services:

That hit the nail on the head and that is something that I question every day of the week. Do we need to revise the service here or is it better done in the U.K. There is not one size that fits all unfortunately and we just have to look and see what we can provide on Island and sometimes we cannot. I think we have to be very honest about that. But if we do provide something on Island we know that if we are going to look at these children returning sometime it will be: "Is it the right thing for them" and making sure that we have the right place for them. That is the most important thing at the end of the day.

Managing Director, Community and Social Services:

Can I just add to that because I think that whole issue is very important about care on Island and care off Island and the risk management that goes with those decisions. At the end of the day if you are looking for people to integrate into their community then care in someone else's community always presents itself with a problem of how you are going to reconcile them back at some point into their own community. So there that is a constant decision and we are currently looking at 2 children that were placed off Island about how and whether that return to Jersey can be facilitated and there is a capital plan bid in for that for the 2013-2015 programme.

The Deputy of St. Peter:

If you are making that bid now, we will go back to the previous issue of planning for the future and future needs, have you considered perhaps making the bid times 2 in preparation for the future?

Managing Director, Community and Social Services:

There is more to it than just that element of it. The capital bid goes beyond just those 2 children.

Service Director, Children's Services:

It is that difficult issue that we have got. The principle that we work to is working with families to keep the young people with the families. That is our starting point.

The second point, if that is not possible we are looking to provide that in Jersey very clearly. For the 2 young boys who have had to go to the U.K. hopefully it is a temporary basis, and we have another young boy that we could talk about, so the facility that we are talking about could be for 3 young people. There is that issue, and it is the one we are juggling with all the time, about trying to avoid the crisis in having to provide but not quite knowing what is around the corner. As Judy said before, we cannot have a unit sitting there empty because something might happen in the future. So we are trying to work with the families in order to keep the young people based there.

The Deputy of St. Ouen:

You say that the Social Services mantra is working with the family and keeping families together. The reality is that, as you have told us at past hearings, you tend to be reactive rather than proactive and that you wait for the parents or the individuals to walk through the door rather than trying to understand their needs and identifying their needs at an earlier point. What do you plan to do to become more proactive in your approach which would certainly support your mantra of working with families and keeping families together but equally maybe it provides some solution to some of the issues you now face?

Service Director, Children's Services:

I would challenge that we are a reactive service. I think there is always an element within Social Services that you react to situations but we are a very proactive service across the board. In this particular area young people are identified at a very early age and support is given from a range of professionals. As they get older and issues can sometimes become more complex, then we are working proactively to try and support those families to avoid that ultimate reception into care.

Director, Adult Services:

I would absolutely agree with that as well because whether it is through the Child Development Service, whether it is through our counter or whether it is through the Children's Services, in particular for families with children with various disabilities people unfortunately naturally get involved at a very early stage and we can almost become intrusive in some families' lives due to the needs. I think Phil is absolutely right that there are circumstances based on a small Island population, a small Island surrounded by water with no bordering authorities to be able to share responsibilities around key specialist services, we end up as an Island having to and trying to respond to everything that comes along. So things happen on a small scale but a big impact because of that. We will sometimes end up reacting because of those circumstances, but the endeavours are always ... just going back to an earlier point, regardless of children and adults it is our ambition to enable people to remain in their home community which is the Island of Jersey with their families.

The Deputy of St. Ouen:

We hear those words but the reality is, and I think what we are struggling with as a panel, is that you are suggesting that parents are telling you one thing and we are getting told and being given a different picture to that one that you are portraying. I happened to briefly glance at the KPMG executive summary on the Health and Social Services. One of the main comments about the current services in Jersey is that the services are poorly integrated across the States departments and with external

agencies. It just highlights that although we do have individuals and staff and different services available, we do not seem to be able to convey the range of services to the users and how they can best access them and, secondly, make sure that they fully support the family both at an early and through the period of their difficulties.

Managing Director, Community and Social Services:

With all due respect, Deputy, I think you are taking a giant leap from the KPMG report which is talking about integration of primary and secondary care to the issues of children's services where I believe there is good evidence that there is excellent integration across services. Children are identified very early, as you say, they will access a variety of multi-disciplinary services at the Child Development Centre. There is speech and language therapy, occupational therapy, and we are working in parenting groups at a very early age. So these are proactive services that are provided to children in Jersey. But what we cannot predict is changes to family circumstances, families break down, families move into the Island and clinical conditions do change. The path that a child may take with any diagnosis is not absolutely predictable. Two children with the same diagnosis may have very, different paths. There are a whole range of social and clinical reasons behind that.

The Deputy of St. Ouen:

First of the all the KPMG report, I will just remind you, does cover and talks about Health and Social Care Services in general. So that does include ...

[12:00]

Managing Director, Community and Social Services:

I am just referring to that point is in relation to primary and secondary care.

The Deputy of St. Ouen:

Further to that, I think that parents have been telling us, and we hear the words that you keep saying and using, a little bit of support early on at the most appropriate time would certainly be beneficial to them. For many they are not seeing the social workers, they are not getting that support, they speak about having to fight and ask for help rather than being offered the appropriate support, which one would expect to find in anything that surrounds family services. So it is different and I suppose the challenge that we will and are setting you is that you are going to have consider why the parents are expressing this view and where the gaps are in your current services. As I said, we are not criticising necessarily what you are doing, what we are saying is that your users, the people you are wanting to help are saying: "We need and we are not getting the sort of help that would most appropriate to us." It is not a case of providing a wish list, it is simply that they recognise that they are responsible for their children absolutely, in fact we have been extremely impressed by the level of responsibility that they take but they say: "We do need some support. We need someone to listen to us." For whatever reason it does not seem to be happening.

Service Director, Children's Services:

As I said earlier, I have had 2 forums with parents when I have met with them, I am happy to commit to that in all areas and if there is evidence of people being unhappy with the services then I absolutely want to take that on board. It is interesting that the first question that the Chair asked at the start of the meeting about statutory

responsibility here compared to the U.K. Jersey has to get its head around that issue as to whether we want to make it a statutory responsibility as it would be in the U.K. under section 17 of the Children's Act. But from particularly one parent group that I met one of the parents there stood up and was very clear in her opinion that having lived in the U.K. and then moved here, she said it was a statutory responsibility in the U.K. but the service she got here was far better than what she was receiving in the U.K. We have no statute to compel us to do it but we are providing good respite services. It is just interesting in that dilemma.

Deputy J.A. Hilton:

I think what became apparent in the hearings that we had with the public is that a lot of the parents when asked to cut the hours of respite care that they were receiving did so because they always had this feeling that there was somebody who was in greater need. So there is this feeling of camaraderie among the parents and they support each other to the nth degree, sometimes to the expense of themselves, and we have met parents who pre the crisis at Eden House were receiving a particular type of respite who are not receiving that now. I think we asked you that question previously about did you feel the need was being met and I think you answered that you felt it was because you have just repeated what you said previously about the meeting that you had had with parents. I have been through the transcripts and I have looked to see what people were getting pre the crisis and what they are getting now and it is not the same. Also that applies to Oakwell. We have spoken to another individual whose respite was cut because of the residential that went into Oakwell. So I think there is still a need out there that is not being met that was being met before.

Service Director, Children's Services:

That is our commitment to try and resolve that, as I have said a number of times over these 2 meetings now, we recognise the number one issue is that difficulty of the respite up against the need to respond to the crisis and what we are trying to do now is to look at that and to work in order to commit to parents that their respite, whatever they get, will not be impacted in the future. That is what we are aiming for. I accept that we are not there yet because of the current crisis that we have got but that is our aspiration.

Deputy J.A. Hilton:

That is a good aspiration to have and it is good that you have said that. But what is concerning me slightly, I think you, Richard, mentioned that you have a capital bid in for 2013-2015 to address some of these issues.

Managing Director, Community and Social Services:

Some of the money is early ...

Service Director, Children's Services:

2012, yes.

Managing Director, Community and Social Services:

The capital bid around children's services is a 2013-2015 bid but some of the elements in relation to these 2 particular children are for 2012 monies and we currently have somebody looking at that, an expert from the National Autism Society.

Deputy J.A. Hilton:

Have you factored into your ... we had a witness who mentioned ... in fact he came with you last time, the doctor from the hospital, the paediatrician came, and we all know that with the advances made in medical science that some babies that maybe 20 years ago would have died now survive so that pool of babies will grow in the future so how much of that do you factor into your deliberations when you are deciding what future care is going to be required.

Managing Director, Community and Social Services:

I think that is true and there is an issue of we are living in the science of small numbers in Jersey so you will have a baby surviving with no chance, he is now 16 with campomelic dysplasia. That is a very, very rare condition, you should not really have one in a population of this size but we have one and another again in a further 10 years, and that is the nature when you have such a small community, so it is very difficult to predict about providing services for these almost singular numbers. We recognise there will be increasing numbers of children with complex needs coming forward.

The Deputy of St. Peter:

Yes, but that is one thing you can predict because when these babies are born and survive, you note they are there, they are in the system so you can predict that in 16, 20, 30 years' time you are still going to be required to provide a service for that individual. So it is highly predictable.

Managing Director, Community and Social Services:

In fact it would be interesting if the paediatrician was here on this case because on that particular case the life expectancy would not suggest that that child would be requiring services 10 or 15 years later but in fact they are. So sometimes children will exceed what you expect they will be able to achieve and that is testament to the quality of the service they have been provided on Island I believe.

The Deputy of St. Peter:

If we could move on and discuss the respite care for young adults that is currently provided at Highlands. I believe there is a tender process which has begun and the time for expressions of interest to come forward closed recently. How many expressions of interest have you received?

Director, Adult Services:

We have had 7 expressions of interest that have come through across the range of services that we are looking at providing.

The Deputy of St. Peter:

What would be the next stage?

Director, Adult Services:

Just this morning we completed the analysis of the applications and have shortlisted the various companies that we would like to invite to an interview process. So there will be visits -- first of all where it is associated to residential beds there will be visits of the panel that is in place and that will take place before the end of March. Letters

will go out today, so they do not know that yet. Then we are anticipating that by mid to late April we will have completed ... in fact we have set a date for the interviews with a view to having new contracts in place and signed by the end of May when the existing contracts finish.

The Deputy of St. Peter:

Okay, thank you for that.

Director, Adult Services:

Can I add one other point just because it has been really encouraging in terms of the diversity of what we have received this time as opposed to the first around. I think that is testament to what is a developing market in the Island around being able to have a much better range of appropriate services available to us. It is very encouraging.

The Deputy of St. Ouen:

What sort of services have you asked the parties to tend for?

Director, Adult Services:

There are key components. There is the provision of a residential short break so obviously the facilities to be able to provide the beds and then there outreach services that include both a specialist sitting service and an outreach in taking ... supporting individuals out into community, affording the family a break while providing, hopefully a meaningful opportunity for individuals.

The Deputy of St. Ouen:

So you set out general requirements that --

Director, Adult Services:

Yes.

The Deputy of St. Ouen:

-- you have asked people to tender for?

Director, Adult Services:

Yes, we have.

The Deputy of St. Ouen:

Can we be provided with the criteria that you have used, put in that tender.

Director, Adult Services:

Certainly, it is all available on the portal that is on the States website, but I will gladly forward you a copy of the data.

The Deputy of St. Peter:

Good.

The Deputy of St. Ouen:

Minister, can I ask you, if additional resources were allocated specifically to improve the respite services, what guarantees can you give us that those funds not only will be used for that purpose but will remain to help develop that particular area?

The Minister for Health and Social Services:

I think that those funds have been allocated, it would probably be extra funding that we would look for and those funds will be allocated to the region that they have been allocated to.

The Deputy of St. Ouen:

But is it not true that you provide and move funds to deal with different crises on a year by year basis?

The Minister for Health and Social Services:

I think that is a question you have to ask the financial accounting officer.

Assistant Minister for Health and Social Services:

It is just that it can be done across any department, Education, anywhere. It is a top line budget that is decided. What you are asking, I think, is if we got extra funds, we built an extra facility or a different facility, that is capital, and then we would need a revenue budget year on year to keep it going. I would fight, the Minister would fight, where else would we put it if we were able to convince the States that we need it? It would not go anywhere else.

The Deputy of St. Ouen:

Would I be right in saying that, to your knowledge, that the funds that have been allocated in the past to support special needs ...

The Minister for Health and Social Services:

That is a different question you are asking.

The Deputy of St. Ouen:

... and respite services do remain and have been maintained at the levels allocated?

Assistant Minister for Health and Social Services:

James, all I can give you ... you want guarantees. All I can give you as guarantees is how we are now. We have a Director of Social Services. I mean I was in the States before, and on the committee twice on Health and I used to, and it is not my words, I was told it was a Cinderella service, the Social Services part, not just respite, not children, whatever, but now we have absolutely under the new chief officer ... we have a Director of Social Services and those budgets will be set. They are revenue. If we go to the 3-year medium term plan, if we can convince ... you help us convince the States we either need this extra or we need to be doing it a different way, that is where the money will go.

Managing Director, Community and Social Services:

Can I just comment on that? There are monies within budget heads, within the revenue budget of the department, and of course there is some latitude to move some of those monies around, and at the current time that money is moving in the direction of the Children's Service because we currently have cost pressures within this area, so

we are obviously hoping to divert monies towards these services to deal with these crises that are found now because they are not in the budget to deliver. You have to have that latitude in the budget otherwise we simply would not be able to respond to the crises as they appear. But in terms of developing new services, 80 per cent of that budget will go on staff and so it is very clear to see where the money is. If you have got staff one year and you have them the next year you know where the money will be; it will be in the staff salaries.

The Minister for Health and Social Services:

I think the £600,000 that the States approved back in 2010, the amendment to the Business Plan that Senator Shenton brought, that has been used for the services for respite, for young adults.

The Deputy of St. Ouen:

Again, I appreciate that you have provided us with a range of information over the last 2 or 3 days, which we have not had the necessary time to fully consider, but previously we have asked questions around resources available and used to support respite services and parents. In fact, we have found on a number of occasions that after pressing and asking further questions additional resources have been identified within the overall sum. So it is still difficult for us to understand what amount of funds, what resources you have, are dedicated to supporting respite services.

[12:15]

If we knew that then it is much easier to start and go: “Right, okay, this is the sum that we have now been allocated. If we want to see improvement this is the additional money and resources that we require.” Do I presume that that work is being undertaken at the moment?

Assistant Minister for Health and Social Services:

You are asking, James, also to say the 2 families that we found in crisis that we could have seen that at the beginning of last year because that was in the overall budget. It was providing respite to, as you say ... I thought we had gone back, but you say we have not gone back to the full of what we provided at Eden and Oakwell before, so I apologise if we did give you the wrong answer, because that was one of the questions I went away and was sort of looking into. The budget ... as Richard said, if we have not got flexibility and we are absolutely in crisis, either because the family or we find out the court have said: “You must take that child into care” and they also have severe needs. We have to be able to use a budget. There is contingency obviously and that will be in the medium-term plan. There will be a contingency pot that sits outside Health and if we found we could not manage it in our budget we would have to go there. I see what you are trying to ask us. I cannot say, and I do not think any of our officers or any expert could tell us what we are going to see next year. You are right, we know the children who are diagnosed, we know who are being born this year that have severe difficulties. When will they need our services? As Richard said, the crisis does not always hit because it is our services. The marriage breaks down, there is another baby in the family, and that family that was managing great a month before suddenly their whole world is turned upside down and we have to respond to that as well. We have not created that crisis.

The Deputy of St. Ouen:

But you are right and I like the words when you say “you have to respond” because I think there was a question as to whether you are responding to those changes. You are picking up those additional pressures that can happen in any family but pick a family ...

The Minister for Health and Social Services:

But we are responding to this.

The Deputy of St. Ouen:

That is the way that I would hope that we will see further development in the future, that we can and do work with these parents to help them through these pressures.

Assistant Minister for Health and Social Services:

As you say, the only saddening thing that I have heard round the table today, and I do not know how many people you interviewed, just that I did happen to meet a family that you had interviewed and I know them from another ... outside, they are not my district, or anything like that, they felt that maybe you are the ear that we have not been able to provide. That is quite upsetting really because I am available, Anne’s available, the officers, to me, are always there. So it saddens me to feel that they cannot come and tell us; if they cannot, why they cannot. I do not really understand that.

The Deputy of St. Ouen:

I think we are struggling with the same thing, just picking up on another area, you talk about information gathering, and being able to understand what the particular situation is, 20 years ago a Joint Secretariat was set up following recognition in, I think it was 1988, by the then Public Health Committee recognising there was a need to co-ordinate management services for people with learning difficulties and special needs. Twenty years ago, to this day, that secretariat has existed. It includes parent groups, user groups, officers, from various different departments, and I know that the people that we have spoken to within our review have raised exactly the same concerns regarding the services provided in respite and have raised it not only through the Joint Secretariat but other groups, but for whatever reason, and we are asking you, why with all of these different groups, different people, whether it is charitable or third sector or others, why have we not seen the improvements and being able to deal with the issues that have been consistently raised throughout that period?

Director, Adult Services:

Just in response to that, I have sat on the Joint Secretariat for the last 9 and a half years now. I would be one of the few stalwarts who have consistently attended and I am aware that there are issues that have been raised through that group. Actually, as an outcome of the actions of the joint actions from that group we have had some very positive outcomes. The issue around respite service is something that was discussed within that group with a focus on adults, and the endeavours that had occurred that did result in lobbying through that group that ultimately did result in supporting the bid that Senator Shenton at the time took forward. Certainly there was not any significant in terms of issues raised around the Children’s Service because within the Children’s Service there has always been a reasonable level and equality within the services that were provided and more recently that has been impacted by, as you say, the need to

respond to various families that have gone into crisis resulting in a residential placement. I mean the Joint Secretariat at the moment has been through a change over the last 12 months. It has come out the other side again now, but I believe it is just as strong as a committed body of people in terms of working together. Equally, the bit that I would welcome out of this is once we do have the outcomes of your findings and the outcomes from Action for Children as well, that I would be expecting that we would be looking at how we can support to ensure that those outcomes are put into place.

The Deputy of St. Peter:

We were talking earlier about communication and the communication you have received from the Joint Secretariat but there are, I believe, advocacy services as well because perhaps some people would find it difficult to call the Assistant Minister or the Minister themselves and deal with them face to face, but how often do you meet, other than through the Joint Secretariat, with charitable organisations who would have that knowledge, because we found that they do hold an awful lot of knowledge?

The Minister for Health and Social Services:

They do because they are families who are dealing with it every day, all day. I mean going back to the Joint Secretariat, I have met with them. I think it was last year when we had a full day up at Jersey College for Girls when they were, I think, revamping themselves. I was quite impressed with the range of services, range of parents and other groups that fall under it. We do meet from time to time and I do meet various third sector groups and whoever wished to, I do try and engage but I take it that I cannot engage with all third sector groups, but I am very happy to.

Managing Director, Community and Social Services:

Can I just add a comment to that, and also pick up on Deputy Reed's comment earlier about the discrepancy. I think the biggest mistake is to think that you have done communication. Obviously we need to have an open dialogue with both our service users and our third sector providers. I am not particularly surprised that there is a discrepancy between what we are hearing and what you are hearing. That does not particularly surprise me. I think some service users will not wish to tell the service provider that they are unhappy. That does not particularly surprise me. In a small environment they would think erroneously that it might affect the care that they get, and that is the same with complaints, people sometimes think: "Oh, I do not wish to complain because ..." In fact complaints are the life blood of improved services, so we really do welcome your report, because it gives us an opportunity to triangulate what we are hearing and if it is different it does not mean it is right or wrong, it just means it is different, and we welcome that.

The Deputy of St. Peter:

Just to perhaps stand it on its head slightly, one comment we did hear several times was that he who shouts loudest seems to get the better result. That perhaps does not work in all situations but it was quite a strong feeling that those who did lobby or make a fuss did receive a change to their services.

The Minister for Health and Social Services:

Thinking of an issue you brought up last time was about people accessing Social Services is their stigma because it is Social Services. I took that away and given it

some thought and that perhaps we should be just Community Services. Is being Social Services, is that a stigma? Is that the hurdle to people accessing services? If it is then perhaps we should drop that.

Director, Adult Services:

Just in response to the issue about those who shout loudest, there is a, I would suggest, cultural shift that we have had to learn to manage over a number of years, certainly I personally have had to manage over the last 9 and a half years, and as a small island again what we know is there are individuals who would shout loud and who would generate significant support and, with respect, significant political support that often puts us under significant pressure. We have had to learn how to manage that better over recent years, and in particular more as we do live in a world of more stringent financial scrutiny with the economic downturn as it is. But what I would say, I am pretty confident today that it is not those who shout loudest that get ... those that shout loudest that do not get tend to shout a bit louder but we try to respond on a basis of fairness and it has to be on the basis of an assessment of need.

The Deputy of St. Peter:

Are you 100 per cent certain that everybody who has need and would benefit from using the service receive that benefit?

Service Director, Children's Services:

I do not think we can ever be 100 per cent certain. I mean I would like to think that the majority of people with need out there we are in contact with and are providing support for those families, but you can never be 100 per cent certain. I do think everything Richard said about improving communication and listening, we have to continue to do that, but I would hope that the majority of families that are in need of our support are in contact with us and are receiving the help they need.

Managing Director, Community and Social Services:

I think the best we can hope for is that the finite resources that we have available to us as a community are prioritised and rationed, and that is the word, appropriately to meet the needs of all the services. That is as good as it can get.

The Deputy of St. Peter:

We did feel there was a bit of a mixed message, I think, last time because we were told that everybody after the period of emergency last year that this year now everybody who was receiving the service is now receiving it again, and there was nobody on the waiting list. We went away and we felt that perhaps that is not the case.

Service Director, Children's Services:

Dealing with that, I mean I said last time very clearly, I was not aware of any waiting list and I said if you were aware of information then I would ask you to provide that or to direct the parents or the families to me, and I have heard nothing from anybody. We have checked again. There is nobody on a waiting list for any of our services and we checked that this morning. Now there might be an issue of where, say, we have had to reduce the services that are provided because of the pressures that we had, but I am not aware of anybody that is on a waiting list. So if there is evidence to that I would be grateful to receive that, or for the families to contact me directly.

Deputy J.A. Hilton:

I think you have hit the nail on the head there. There may not be a waiting list but there are certainly families who are receiving a reduced service since the crisis.

Service Director, Children's Services:

Well, since the crisis, of course we have got the building work ongoing, so that is the issue. Our hope is that having managed the crisis, and dealing with the young boys who are in the U.K. and the young boy we have got at Eden House and the building finished, that we can return to normal service for all families. That is my aspiration and to do that as quickly as possible.

Assistant Minister for Health and Social Services:

I think we probably answered the question wrong. People are not back to the level they were before, and that is our aim, so you were right and we obviously got the answer wrong.

Managing Director, Community and Social Services:

May I suggest something, I think the terminology "waiting list" means people who are on a list not receiving any resources, waiting for the resources to be allocated to them; we have no waiting list.

Assistant Minister for Health and Social Services:

They did not ask that question.

Deputy J.A. Hilton:

I think we accept that. What we are saying, no, you have not got a waiting list but we are aware of families who are not receiving the level of respite that they were receiving pre the crisis. The question I had asked before, at the previous hearing, it was a very similar question and you answered that everybody receiving respite pre crisis ... the indication you gave to us was that everybody receiving respite pre crisis, now everything was tickety-boo and they were receiving the respite they received then, which it became blatantly obvious to us on meeting parents they were not.

Service Director, Children's Services:

As I said, there is still the significant building work going on and while that is going on clearly we cannot provide respite during that period. I think maybe there was a misunderstanding of waiting lists as opposed to disruption to service.

[12:30]

Deputy J.A. Hilton:

Could I just ask questions around not so much children's respite; it is accepted by the panel absolutely that the service provided by the providers Oakwell, Eden House, Maison Allo, are second to none; absolutely brilliant.

Service Director, Children's Services:

Sorry to interrupt, I know what you said before, but if there is any press statements that that could be said because I know I received calls last time on reporting of it

where staff were quite distressed. They felt it was an attack on the quality of their services and I think it is very important ...

Deputy J.A. Hilton:

Absolutely not.

Service Director, Children's Services:

As I say, whenever I have spoken to families that is very clear, but I think it is very important that we put that out because of course staff are out there working in a very difficult environment and I think it would be good if a statement reflected that.

The Deputy of St. Peter:

We may have to work together on that. I was in fact criticised in one of my first interviews on the subject saying that the staff were providing a good level of service because they said: "And how are you qualified to say that?"

The Deputy of St. Ouen:

I think if we are challenging anybody we are challenging the managers, the directors and the policy that supports and provides the respite and understanding that frontline staff are just there delivering the services that they are resourced to provide. So I think we need to get that message very clearly to them and, I mean, we would not presume to take over your responsibilities to ensure that your staff are well aware of the views being expressed by the panel, and the questions that we are asking. None of them have been at the actual care that is being provided in your home. No question has been asked in that particular area. It is all about what services are being provided, and that is the message that we need you to take back.

The Minister for Health and Social Services:

Just to pick up a point there, James. You just said the staff are there just to provide the services, well they do more than that. I have very dedicated staff right across Health and Social Services and every area, the staff go that extra mile because it is our staff who look after children, who probably then deal with the parents, part of the community, and our staff, I stress again, do go that extra mile to provide very good services across the board.

Service Director, Children's Services:

As do the managers. [Laughter]

Deputy J.A. Hilton:

I just wanted to ask a question around the transitional respite with young adults. My understanding is that is currently provided through Highlands and Les Amis.

Service Director, Children's Services:

Yes, from a residential perspective, yes.

Deputy J.A. Hilton:

With regard to that is there some sort of policy or best practice about mixing young with old, physically disabled with people with learning difficulties and mixing the sexes and trying to understand whether there is any ... I do not know enough about it and that is why I am asking that question. Is it normal practice in the U.K. to mix

young men and women together where you might have a young person who is not able to communicate verbally with other young people who have got other types of difficulties? I am talking about vulnerability here.

Director, Adult Services:

Yes, I appreciate the comments. I do not think it is uncommon for that to happen, however most authorities I think would possibly develop areas of specialism, and I referenced earlier about the uniqueness of a small island community surrounded by water means we have no neighbours to negotiate with in terms of a range of services that might be available that we then commission to each other. So we are still in a place, whereas as a small island we are responding to a broader range of needs. We have endeavoured to put measures in place to ensure that people are safe, that there are no unnecessary risks taken. What that often results in is where there are risks we end up responding with individual packages of support for people. So in the main, what we deliberately have sitting within our adult social work service is a co-ordinator to facilitate in terms and based on the assessment of the need and the apportionment of that service that is available within an adult service. Interestingly, obviously, the first time round that we commissioned the services we took some decisions based on those very issues, and so the model of Highlands is one that we are actively reviewing now to see what might we do differently, what might we change, in terms of the focus of its service. Of course it has to then go back to the temporary process in order to regain a subsequent contract. I hear the point, the challenge to us, as ever, is we are a small island community trying to do an awful lot with what we have got. I would suggest that we do manage those risks well and the partner agencies we work with are exceptionally good at working with us on managing those risks.

Deputy J.A. Hilton:

My concern arose because I accept we are a small jurisdiction and it is very difficult, but I was just concerned about the safety of individuals maybe with profound physical difficulties and not being able to communicate, being put in a situation that their health and safety was being compromised. I just wanted an assurance that ...

Director, Adult Services:

I would say people's health and safety is not being compromised within that.

Deputy J.A. Hilton:

And their physical wellbeing is ...?

Director, Adult Services:

Is well looked after, in both settings.

Deputy J.A. Hilton:

Also it is my understanding I believe that Les Amis they have somewhere called the Lodge, I think.

Director, Adult Services:

Yes, they do.

Deputy J.A. Hilton:

With 5 rooms where they provide respite for both male and female at the same time. A comment had been made that the staff do not always sleep in the spare rooms in the immediate vicinity, they sleep sort of 10 yards away down a corridor somewhere else.

Director, Adult Services:

No, that is not my understanding.

Deputy J.A. Hilton:

That is not your understanding?

Director, Adult Services:

No, but I am happy to pick that up if that is an issue of concern for the panel.

Deputy J.A. Hilton:

Well, it concerned me because of the aspect of having young men and women together in the same place and what could come out of that, if they were not being supervised properly. That is why I wanted to ask you, is there a standard and do we operate to the care we provide? Is it normal to have young men and women with different needs and disabilities sleeping right next door to each other?

Director, Adult Services:

Just I think in terms of what is normal and what is not normal. One of the things that we discussed when we were first setting up respite services is that all of us engage in a community that is a fairly eclectic mix of people, and one of the benefits of having a mixed community is that very issue that you never prescribe who gets on well with whom and what the benefits are of having ... if you are somebody who has a multiple profound disability and you only ever engage in an environment where everybody else has a severe communication disorder, the benefit of engaging with other people who will communicate with you and there is a vibrancy going on around that, there is as much evidence to suggest that that is of value to the individual.

The Deputy of St. Peter:

We have discussed greatly overnight stays but what importance do you put on respite on an outreach basis or professional sitting services? Have you looked into that? Currently you have included that in your tender for the ...

The Minister for Health and Social Services:

For the young adults, yes. We have had it for the last 3 years, have we not, so it is important. That was part of the package that went out for tender 3 years ago, and I think it has been quite successful.

Director, Adult Services:

I think it is vitally important to have a range of options available because in order to provide a break for a family you should not just be reliant on the fact that the person who has cared for has to leave the family home and sleep overnight somewhere else. As much as that is a great benefit to some families, it is just as good a benefit to be able to have those short breaks, so that is where preceding this, things like the inclusion project which developed access to supportive access to the youth groups and such like, was just as important as having residential beds as part of a package of support services available to families and individuals.

The Deputy of St. Peter:

Are these services available to children as well?

Director, Adult Services:

I mentioned last time that these services are discreet and contracted services are only available to adults. Within our Children's Service we had not had any opportunity of developing separate services for outreach, although there are packages of care in place for some families where that has been essential and appropriate. What we have done was start to transfer some of the residential monies to develop outreach services and reduce the number of residential nights but I think I explained last time, obviously once you get pressure of requiring those residential nights back we have to target and prioritise those resources. Presently the resource is mainly targeted at a residential overnight break.

Service Director, Children's Services:

It is important to recognise as well though, my discussions with families as well, and Chris touched on it, families want different things. Some families will say an outreach, come into my family would be very helpful. Others, they were very vocal in this, are saying they would find that quite intrusive. It would not be a break at all and their desire as a family is for the respite to be a residential, so you do have different needs across different families and that is about assessment and, as Chris said, a menu of services you can provide within the limited budget that we have got.

The Deputy of St. Peter:

We talked earlier about having flexibility. Also there is the issue of the school holidays. It seems that this can be a real time of stress, so other options perhaps could be available during those times. I understand that this is obviously something moving slightly into Education's arena, but are you aware of that period of stress?

Service Director, Children's Services:

I mean for all families that we work with, in whatever area, when you get to holiday time, and big holiday times, it is a stress and we have had a number of initiatives across the whole service to try and support particular timings for families. Now I know in the past Education ran a place scheme at Mont à l'abbé, I do not know if that is still operational.

Director, Adult Services:

Yes.

Service Director, Children's Services:

As you say, that goes into the Education bit and their area of responsibility. It is something that we are aware of and try with our flexible approach, as you see from the information you have got, families are asked when they would like that particular respite to happen.

The Deputy of St. Peter:

How far in advance do you expect the families should book the services that they require?

Service Director, Children's Services:

I am just trying to remember from the information that was sent, but I can clarify that. I do not have that immediately.

The Deputy of St. Peter:

Because we had evidence that as often as 2 months in advance for sitting time, which does not leave a lot of room for flexibility within a family unit.

Service Director, Children's Services:

As I understand it, again this is when it was in Chris' area, that was the response of the families who were saying they wanted to be able to book well in advance rather than being at short notice, so information was sent out that the families could book a particular night or weekends or longer if they had something coming up. I think that was right.

Director, Adult Services:

Yes.

The Deputy of St. Ouen:

Can I ask, changing the subject slightly, what qualifications are required to become a residential childcare officer?

Service Director, Children's Services:

Within the 2 units that we have got, there is clearly the need for qualified nurses, which we have got, and the residential childcare officers, what we are looking for is experience and it can be a range of qualifications. But when staff are with us they would then, if they have not already got it, engage in the N.V.Q. (National Vocational Qualification) process, we have invested in that significantly over the last few years. So staff could come to us with a variety of different qualifications, not necessarily a professional qualification like nursing or teaching but other qualifications across the board.

The Deputy of St. Ouen:

Such as?

Director, Adult Services:

It could be N.N.E.B. (National Nursery Examination Board), it could be an interest in sociology, A level of policy, a variety of qualifications. We are not saying: "You must have a degree at this level." The residential childcare officer is a particular level that we are trying to recruit to and then invest in their training and development.

The Deputy of St. Ouen:

Can you confirm that the residential childcare officers are not trained to administer medicines and daily medication?

[12:45]

Service Director, Children's Services:

Again we send that information through and it is different across the 2 units. At Oakwell, medicines are administered by the nursing staff. At Eden House, where the

range of medicines is not as complex, all staff are trained in the health and safety of medication and can administer medication in discussion with the families who place their young people.

The Deputy of St. Ouen:

So it is possible that an unqualified residential childcare officer may issue medication?

Service Director, Children's Services:

The residential childcare officer, if it is within the framework of their job, might have to administer medication in discussion with the families, it is very clear what the medication is and training takes place. We do not have qualified nurses at Eden House.

Managing Director, Community and Social Services:

But only in the same way that appropriately trained parents may dispense medication; the whole issue is about whether it is appropriately risk assessed. It is not necessarily about the qualification of the individual doing it, it is about the risk assessment taking place and the appropriate training for the individual to do so.

The Deputy of St. Ouen:

I also recognise that the responsibility of parents is somewhat slightly different to public services they are providing, and there is appropriate training and support that needs to be made available, but thank you for confirming. Just to pick up on the point you made earlier, in terms of the investment for Community and Social Services, can you just tell us about this corporate capital plan that is being developed?

Managing Director, Community and Social Services:

We have currently submitted a number of bids to the...

The Minister for Health and Social Services:

It has not come as far as ... are you talking about all health and social services across the board?

The Deputy of St. Ouen:

No, this in particular was mentioned by the Service Manager of the Special Needs Service.

Director, Adult Services:

If that was me in my previous role, then at the moment there are a number of business cases that have been developed for improving the estate from within which we provide a whole range of services, so that includes both children and adults. That has all culminated recently in a series of business cases that have been submitted, which ultimately go through the Treasury, for inclusion in the 2013 capital plan. I understand it is this Wednesday but that is ...

The Minister for Health and Social Services:

Corporate Management Board I think is this Wednesday. But it all depends which area you are ...

The Deputy of St. Ouen:

We are talking about respite. This was an issue that you raised in our discussion that we had at our last public hearing where you mentioned about the corporate capital plan that was being developed by the department. I want to understand, you have just spoken at length about respite facilities and services and so on and so forth, I want to know how that fits in with this, or does it, with this corporate account.

Director, Adult Services:

Yes, sorry, if I recall, you mentioned the issue last time about whether ... you presented me with a point that said: "Would you start with Oakwell again if you had that?", and I think the point was that if we were starting afresh then clearly we would be developing a different scenario. We would be looking at a bespoke environment for the provision of those services. What I referenced was the fact that I, on behalf of the Minister from within Community and Social Services, was pulling together a paper that summarised all of the capital issues that we have on the go at the moment, and that has now been completed, and it was a supporting paper to some of the initial business cases that have gone through to Treasury. The majority of that sat in, from an adult perspective, around the provision of long-term residential services for adults with special needs.

The Deputy of St. Ouen:

Minister, you are aware of this, are you?

The Minister for Health and Social Services:

Yes. I was just trying to identify which bits you were talking about.

The Deputy of St. Ouen:

Included in that claim what improvements or changes are being proposed?

The Minister for Health and Social Services:

For which area?

The Deputy of St. Ouen:

For respite services.

The Minister for Health and Social Services:

As I understand it, as we mentioned beforehand, is to make a unit for those 3 children that we mentioned.

Director, Adult Services:

The bit that it has started to respond to is trying to respond to the longer term residential needs that are presently impacting on respite as opposed to the notion that we might suddenly build a new Oakwell, so at this stage it is those residential components and that sits within the Children's Service element of that.

The Deputy of St. Ouen:

If we seem to be proactive rather than reactive, what it seems to me, is that you are telling us: "Right, we know that we have got 3 individuals that need long-term residential support, so we are going to provide for them."

Director, Adult Services:

Yes.

The Deputy of St. Ouen:

That will be that facility taken care of. If we are going to be proactive we should be going: “Right, okay, not only might we have to provide for these 3 individuals but in the future there could be additional demands” and so on and so forth. I suppose what we are wanting to try and understand is, how are you preparing for that? What confidence can you give us that you have a grasp of that future need and are preparing for it now rather than just simply dealing with the matters at hand?

Director, Adult Services:

Where that links together is that what we have to be planning for is the longer term arrangements for these young adults because as young adults where families have gone into crisis and return to live in Jersey, that is not the end of the story, because what we will have is leading up to 18, which is not too far away, the requirements in terms of longer term residential support. Within the plan the focus is on redesigning the appropriate accommodation that is available for adults. So the needs of these 3 young people have been included in that longer term adult strategy, with a view that recognises, if we can get an appropriate resource in place for those younger adults there will be a throughput that will then enable us to have resources in place for that middle ground, if a family does go into crisis.

The Deputy of St. Ouen:

What would your response be ... we have spoken a lot about this issue of long-term respite, but the biggest concern, the parents are saying, which we really have not touched on to any great extent, is transition. Parents say: “What happens after 18?” How are you going to, as a department, as a service, deal with what are significant questions being asked, and issues that parents are going to be faced with as their children move out of full-time education into what we would determine as adult life? Maybe, Minister, you would like to comment first of all. How are you going to address that major concern?

The Minister for Health and Social Services:

It is a concern and I think those are the issues we have been talking about over the last couple of months, and as Chris quite rightly said, it is that transitional place and if we can get a unit for those 3 young children, or they are not young particularly, it allows less other resources ... free up other resources to be able to ... it is putting different sections in place to allow something else to be able to happen.

The Deputy of St. Ouen:

You want to be able to provide improved services that not only inform the parents about what is available and how they will be able to cope with a child who moves into adulthood, but also there is going to have to be some knowledge of ongoing support. At the moment it seems that, again from what we have heard, that certain support is tailored right through full-time education and then there is a sort of complete break almost as the child transfers into adult life.

Director, Adult Services:

Yes, it is very different, as it is with any child moving out of an educational facility and into an adult world. What we had to do in recognition that some of our traditional services, which we are continuing to try and develop and improve, is we can only respond as best we can on an individual basis, and that is very much more of what we want to be able to do. Actually what has happened over recent years, and I know that you have been involved in some of this with the involvement with the Jersey Employment Trust was try to ensure that there were appropriate services, the support, training and placement into work, because the majority of young people today coming out of educational services do not want to get lost in an adult service that holds people back. We continue and we are absolutely signed up to this in terms of improving and releasing some of our existing resources that are tied up in services to enable much greater investment around the person, and that is regardless of need. It is really important to emphasise that point because that is much more achievable with people with lower levels of need who maybe have more independence to take this issue. How you enable that to happen for people with much more complex needs is really important for us to get right.

Deputy J.A. Hilton:

Transition is really important and we have heard from a lot of parents that there is more support while children are under 18, but then there seems to be a gap and we certainly heard evidence that one particular individual who had been receiving 4 hours of respite at Eden pre-crisis, post-crisis does not receive anything, not a minute. Have you got any comment to make on that?

Service Director, Children's Services:

As I said, we have got the issue of the building works that are going on there. If that was an assessed need beforehand it should still be an assessed need afterwards, and that service should be provided. Now, as I said, the building work is disruptive at the moment and my expectation is that whatever people got before they would get afterwards. But, as I say, if you want to direct that particular family in my direction I am more than happy to meet with them to discuss that.

Deputy J.A. Hilton:

So you would accept that if that need was there pre-crisis indeed that family, even though the individual is 18 years old, should receive ...

Service Director, Children's Services:

Sorry, I missed on that bit.

Deputy J.A. Hilton:

So how is it different just because one day he is 17 years old, 11 months and 30 days, it suddenly changes when he becomes 18 that 4 hours of respite suddenly becomes nothing.

Director, Adult Services:

Yes, I absolutely agree, that should not be the case, unless there is evidence from a reassessment that says it is different. If it remains the same the expectation is that that level of support should be in place. I would expect that would be picked up from within the provision out of the adult respite, if that young person is now 18.

Deputy J.A. Hilton:

So adult social services you mean?

Director, Adult Services:

It would be adult respite service.

Deputy J.A. Hilton:

What advice could I give that parent, where can I direct that parent to go?

Director, Adult Services:

I am happy for you to give them my direct contact number, to phone me directly in order to respond to that.

The Deputy of St. Peter:

It is approaching 1.00 p.m. so I think we will close the meeting formally. Thank you very much for attending today and for responding to many of the points that we made in our last hearing, and for providing all of the extra evidence that you have done. We have really appreciated your efforts in that respect. We will be putting together our report as of tomorrow and we look forward to presenting it to you next month.

The Minister for Health and Social Services:

Thank you. I think most of the information that you have asked for we have sent, but I think there are a couple of things on the financial side, which is going to take a little while to unpick and itemise, but it will be done in the next week or so.

The Deputy of St. Peter:

Thank you very much.

[12:58]