

STATES OF JERSEY

Health, Social Security and Housing Scrutiny Panel Respite Care Review

Session 2

MONDAY, 27th FEBRUARY 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

Witnesses:

The Minister for Health and Social Services
Assistant Minister for Health and Social Services
Service Manager, Special Needs Service
Deputy Chief Executive
Service Director, Children's Services
Consultant, Paediatrics

Also present:

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

[14:32]

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

While you are all settling down, I will just thank everybody for attending this public hearing for the Health, Social Security and Housing panel. This is part of our review into respite care services. Do I need to reiterate my comments to the public? For the record, I should draw everyone's attention to the code of behaviour, which is behind you, and I think everybody is familiar with the requirements. I will leave it at that. We will start by introducing ourselves. Firstly, I am the Chairman of the panel, Kristina Moore.

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

I am Deputy Jackie Hilton, Vice-Chair of this panel.

Mr. S. Jones (Adviser):

I am Sion Jones, I am here to advise the panel on this review.

Deputy J.G. Reed of St. Ouen:
Deputy James Reed, panel member.

Ms. F. Carnegie (Scrutiny Officer):
I am Fiona Carnegie, Scrutiny Officer.

Ms. K. Boydens (Scrutiny Officer):
Kellie Boydens, Scrutiny Officer.

The Minister for Health and Social Services:
Deputy Anne Pryke, Minister for Health and Social Services.

Service Manager, Special Needs Service:
I am Chris Dunne, Director of Adult Services.

Assistant Minister for Health and Social Services:
Judy Martin, Assistant Minister for Health and Social Services.

Consultant, Paediatrics:
I am Dr Mark Jones, and I am a consultant paediatrician.

Service Director, Children's Services:
Phil Dennett, Director of Children's Services.

Deputy Chief Executive:
Richard Jouault, Deputy Chief Executive, Health and Social Services.

The Deputy of St. Peter:
Thank you very much for attending today. I think we will start by trying to get an overview of the service that is provided currently. I would just like to ask the Minister what the current volume of respite services and expenditure is.

The Minister for Health and Social Services:
I think before, as this is a very particular area, and we are Health and Social Services very wide, and I think going to get a great take on everything. Phil is going to do it.

Service Director, Children's Services:
The current respite provision is centred on 2 units, Oakwell and Eden House. I think the last paper that we provided, the staffing levels are mapped out there, so the actual total figures ... I do not have them with me but I know it is probably around £400,000 per unit. We are probably spending around £800,000 on our provision for respite care.

The Deputy of St. Peter:
Do you not consider Maison Allo, for example, as being part of your remit also?

Service Director, Children's Services:

We do not directly manage that facility. It is part of the provision that is provided but it is not directly ours.

Deputy J.A. Hilton:

Could I just ask about the funding there, sorry, I did not quite catch what you said. Did you say around £400,000 for Oakwell and Eden? Where does Maison Allo's funding come into that? That is additional to that obviously, is it?

Service Manager, Special Needs Service:

That currently sits as a part of the service level agreement we have with Les Amis, so there is a crossover with what we commission for adults as well as the children's respite that Les Amis provide.

Deputy J.A. Hilton:

Do you have a figure for Maison Allo, or is it just all in as part of the service?

The Minister for Health and Social Services:

I think it is part of the grant that we give to the service level agreement that we have with Les Amis.

The Deputy of St. Ouen:

Are you able to identify how much of that grant is allocated for children, young adults and how much of it would be allocated for adults?

Service Manager, Special Needs Service:

There are 2 separate components. Presently the component for children's respite, which you are interested in, is £229,000.

Deputy J.A. Hilton:

We are talking about Maison Allo now, are we?

Service Manager, Special Needs Service:

Yes.

The Deputy of St. Ouen:

I know you gave us some overlap; we obviously, as part of our review, are looking at transitional arrangements, but over and above the 2 facilities that you directly manage there are other provisions that you make. We have just spoken about Maison Allo, but there is also the Highlands and Outreach services. How are they funded?

Service Manager, Special Needs Service:

There are separate contracts in place. We were successful back in 2008 acquiring additional funds to establish adult respite. That was directly in response for relieving the pressure that we had within our children's respite at the time. Then following the tendering process it was in 2010 that we set up the first contracts and we have 3 contracts in place for the variety of adult respite that is there, and we are presently re-tendering at the moment. We built in a 2-year review of those services.

The Minister for Health and Social Services:

Because Highlands and the other packages, the 2 areas of packages, is for young adults and I think the States it was £600,000. It was Senator Shenton's proposition that came into the Business Plan.

The Deputy of St. Ouen:

We did ask at the last hearing for some information on overall finance and manpower resources delivering a whole range of children's services that your department is responsible for, also detailing an analysis of how those resources are spent. I think it would be useful certainly for this panel to have that information because it will help us to understand the overall resources provided to support respite on the Island, and linked to that we would be also interested to know what contribution is provided, if you are aware of it, by the charitable private sector to support respite care. I am aware that there has been funding provided to Eden House. Has that just been a one-off or are there ongoing sums of money that are used and provided by the different charitable organisations?

Service Director, Children's Services:

Certainly historically, around Oakwell, the Variety Club have been very supportive. Supporting particular projects on developing that building, so a lot of the building renovation is funded through charitable funding.

The Deputy of St. Ouen:

Is there any annual expenditure or any annual funding that is provided by first sector organisations to support respite?

Service Director, Children's Services:

Not that I am aware.

Service Manager, Special Needs Service:

In terms of revenue funding there is no ... it is just States funding that contributes in terms of revenue costs.

The Deputy of St. Ouen:

The staff in Maison Allo, for argument's sake, they will be fully funded by the States? Is that what you are saying?

The Minister for Health and Social Services:

No, Maison Allo is run by Les Amis, and they give the service level agreement. We have a service level agreement with Maison Allo, so our 2 respite centres are Oakwell and Eden House.

The Deputy of St. Ouen:

You have a States grant of £229,000 that is being provided to support the respite that is provided at Maison Allo, but there is also an additional sum of money that comes via Les Amis, a third sector organisation, to support, which goes to contribute to the overall respite that is being provided in that frame?

Service Manager, Special Needs Service:

No, if I can just clarify, sorry, the amount of money in the service level agreement with Les Amis covers their full running cost, their staffing support, for the unit that they run. So it is fully funded through that arrangement.

The Deputy of St. Ouen:

So there is no private money that is coming in to support that?

Service Manager, Special Needs Service:

No.

The Deputy of St. Ouen:

Or any other service that you are aware of?

Service Manager, Special Needs Service:

No, not from a respite perspective.

The Deputy of St. Peter:

Are you, as a department, content that you provide a good service?

The Minister for Health and Social Services:

I think it is fair enough to say, from my point of view, that we do provide a good service but obviously needs do change and the complex needs of children and young people do change, and so it is really reviewing, and that is the whole point, I think. That is why I welcomed your Scrutiny review because it is good to sit ... because we know there is a pressure on this type of service and will continue to be so. So it is good to know how we can look at it going to the future, what we do need, and also the financial implications attached to it.

The Deputy of St. Peter:

Talking about financial implications, in your 2012 budgeting there is £65,000 saving suggested following a redesign of respite services. Do you feel that you will be able to manage that saving?

Service Manager, Special Needs Service:

Do you want me to just comment on that? My understanding on that is that where there is the potential for any effective savings around respite services sits in older adult services, with changes in some of the provision that is on the go at the moment, and certainly not within children's service provisions.

Assistant Minister for Health and Social Services:

Sorry, I know we are here to be questioned but the papers we have got, and I have got the other ones, but the financial resources including Government funding we are ... James mentioned particularly Outreach. We have had this conversation earlier, we do not do Outreach, do we, for children? It is older adults. So when you say "young adults" we are classing as under-18 services, and older adults is anything up to wherever for respite.

The Deputy of St. Peter:

Our review specifically states that we are looking up to the age of 25, so we would consider young adults to be up to the age of 25, so that we can cover that transition period because it appears that there are quite a number of issues that need to be discussed in that transition period, which is quite a crucial point in any person's life.

The Deputy of St. Ouen:

I think we are recognising what we have learnt and heard already that just because a child gets to 18 years old, it does not necessarily mean that the life stops and there has to be a continuity of support and provision right through. I think this is why we have specifically said 25.

Assistant Minister for Health and Services:

The needs would not stop at 25 either, just unfortunately change to a different service.

The Deputy of St. Ouen:

At least we see the transition. We are covering the transition.

Deputy J.A. Hilton:

Can I just ask a question on your definition of Outreach, because I think I just heard you say that you do not do Outreach within Children's Services, is that correct?

Service Manager, Special Needs Service:

Yes.

Deputy J.A. Hilton:

What do you call children when you provide a service whereby a child is collected from its home and goes somewhere for a couple of hours? What does that come under?

Service Manager, Special Needs Service:

That is Outreach.

Deputy J.A. Hilton:

That is what I thought.

Service Manager, Special Needs Service:

What happens is, again just to try and help clarify, is at the moment the funding that we have available from a children's perspective, and forgive me because Phil and I are in transition ourselves with the management of this, is located within a residential respite setting.

[14:45]

What we do is try to be creative with that resource and at different periods we have been able to provide Outreach support to families. That is very much dependent on the pressures at any given time around the level of residential support that families might require. From an adult basis, from 18 plus, we

were successful in acquiring additional funding to deliberately set up those discrete services, one of which includes an Outreach service for adults, if that helps.

The Minister for Health and Social Services:

It is confusing until you understand whichever area and age group that we are looking at.

Deputy J.A. Hilton:

I sought clarification because I thought Outreach included providing services for children, as I just described. So you are confirming that, yes, you do provide that service to children and it is within the budget of the residential centres.

Service Manager, Special Needs Service:

The residential centres, yes. We have examples of individual cases where we have put packages of care in place in response to families. Usually for short periods of time it might provide additional outreach.

The Deputy of St. Peter:

How many children are currently in your residential care for respite?

Service Director, Children's Services:

We are very specific on that with a briefing note I put together. Currently at Eden there is one full-time resident and 4 young people accessing respite. At Oakwell there is one full-time resident and 10 young people accessing respite. In addition to that, as the panel members are aware, we have had a couple of families who were in crisis leading up to Christmas. At current we have placed 2 young people who were previously accessing respite at Eden in a U.K. (United Kingdom) placement at this point on a short-term basis in full, obviously, co-operation with families, while we explore the provision that they will both require later in the year. So there are 2 extra ones in the U.K. at this point.

The Deputy of St. Peter:

You are currently exploring the possibilities for their future care. What possibilities are you exploring?

Service Director, Children's Services:

Clearly we are relying on quality assessment of the facility that are in the U.K. to help us come up with some answers. We have already had some early indication and what we are looking to do is providing a small unit for those 2 boys and possibly the other young man who is at Eden House at the moment; so providing a specialised small unit for 3 young people. We might utilise the building Heathfield, which was previously a children's home anyway, which is sitting there empty. We are taking advice on that, on both the physical layout of that building and the staffing that will be required and the training that will be needed for that. But obviously there is a significant sum of money attached to that to provide that. It is not funding that we currently have, so we

are in discussion both with our Minister and Chief Executive about the funding of that.

The Deputy of St. Peter:

Given the current increase that we have experienced in levels of autism presenting themselves, would you not consider that you would need perhaps more than 3 cases?

Service Director, Children's Services:

That is possible but I mean I think what we have to do is look at the demand currently and looking at the young people who are accessing the respite services, and there were 3 young people who have gone into crisis. Now what the professionals are telling us of the other people who are accessing respite currently there is none of them who are requiring any further specialised support. The message coming from the families and from the professionals, if the other families continue to get their respite they are okay.

The Deputy of St. Peter:

It is good that you have mentioned that because I was going to ask you why you feel that these families have entered a crisis situation?

Service Director, Children's Services:

The message that I have been getting, and Mark might like to comment after me, is that with autism, as young people hit adolescence, it is quite often a crisis time. We have a number of these young people at the moment who are hitting adolescence and the complexities within the families and families who have struggled for some time have hit crisis at the end of last year.

Service Manager, Special Needs Service:

I think just to reiterate that. Our experience is supporting young adults on the autistic spectrum. We have experience around certain individuals, it is not everybody, but that period of adolescence is a particularly difficult time for families to manage, and Phil is right in terms of the range of young people that we are aware of and working with at the moment. A unit, as Phil had suggested, will certainly help in terms of us not having to respond from a crisis point of view and young people end up going off Island.

The Deputy of St. Peter:

In the research that we have gathered, it has been suggested to us that this crisis situation may not have arrived had those individuals received proper respite on a regular basis.

Service Manager, Special Needs Service:

My understanding is that each of those families had been receiving regular breaks and, I mean ... sorry, Phil, I am slightly out of touch, but I am aware of sort of the history with those families and I am aware that there have been regular breaks in place for the families where we have experienced increases in difficulty. I think my take on this, having worked in the field of autism for quite a number of years, is that there are some circumstances where the

complexities around individuals has, as I say, particularly at that time, is one that sometimes it is difficult to manage.

The Deputy of St. Peter:

How do you assess how many families require respite at any given time? How many are receiving it and how many are perhaps on a waiting list?

Service Director, Children's Services:

We have social work service, so apart from our respite facilities there is a social work team working with complex needs and disability. There is a child development centre, so there is links with Mont à l'abbé School. I know you have been speaking to the head teacher there, so there is a range of information out there, and assessments can be done and recommendations for respite can be made. Currently there is nobody waiting for the service, we are not holding a waiting list.

The Deputy of St. Ouen:

It is interesting just to explore your comment a bit further. You say there is no one on the waiting list. How do you determine need and whether they should be on a waiting list?

Service Director, Children's Services:

Every family who is provided with social work support will be assessed, so they get whatever support might be needed going into the family, but respite would be one of those questions as to whether that is felt appropriate. An assessment is done, discussions with the family and discussions therefore with the respite unit as to what is available. As I understand it the way, say, that Oakwell works, is that families who are requiring support, the management there work with those families across the year to see exactly when they can provide respite in the best interests of the family.

The Deputy of St. Ouen:

Coming back to the question our chairman asked about how do you assess the needs of each individual? We have been told that there is roughly 90 youngsters within the ages of 3 to 19 that are known and catered for within Mont à l'abbé School and there are additional youngsters that are in mainstream education. I am interested when I hear you comment on the fact that these are big issues when children come to adolescence because, as a lay person, I would think that because of the information that you have available through the education and the schooling and the Social Services you should know when these issues are likely to arise, what the demand is, and plan for it. Can you tell me if that is the case or if it is not why not?

Service Director, Children's Services:

I guess if you are talking about 90 young people, I do not know if the suggestion is therefore 90 young people need respite because that would not be the case, because our belief in Social Services is the families have a right to get on with their lives without Social Services' involvement, so not all those families would be needing respite. The point is that discussions with the school, with our social workers, those families who are saying there is a need

will be working with our social workers and assessments are done whereby respite could be one of the issues that would be identified. But we certainly would not be seeking to go into Mont à l'abbé and say every child who is coming up to adolescence we are going to provide a service.

The Deputy of St. Ouen:

No, we know there are a total of 100 plus youngsters. I just want to understand how you assess them. Are you saying that all of those youngsters are assessed and then the need is determined based on the assessment?

Service Director, Children's Services:

No, we are not necessarily involved with each and every family. Our social workers would be involved with some of those families.

The Deputy of St. Ouen:

So I am clear, you are saying that just because a child has special needs or learning difficulties, does not mean that Children's Services become involved?

Service Director, Children's Services:

There could be families out there, with children or adults, where there is a range of complexities or difficulties, who are choosing to deal with their situation themselves, the adult stuff as well.

The Deputy of St. Peter:

How does a family or an individual go about accessing a social worker because having met with a large group of parents there seems to be a general feeling that they did not access social workers and they felt that they needed one or one would be helpful to help them access services?

Service Director, Children's Services:

Access to our service, we are an open door service in all our areas. Anybody can self-refer. People can be referred from school, from a G.P. (general practitioner), from anything, so we will take referrals and we will look to work with their families. That goes for all our services, not just for the area of special needs.

The Deputy of St. Peter:

How do you communicate that to the public?

Service Director, Children's Services:

I mean I like to think we communicate that very well. The information goes out. It is a difficult one because we run a discreet service as well, so the whole area of Social Services, it is a discreet service so you do not want to go shouting it from the rooftops, but people know where we are and there is information there. If people do want to access any of our services we are in the phonebook, online, and all G.P.s will know how to access our service. But it is that subtlety.

The Minister for Health and Social Services:

I would have thought too, it is like a multidisciplinary business, these children presumably go to Mont à l'abbé School so I presume if the staff felt that they needed extra support, whatever that support would be, then they would know how to access Social Services. The same with their G.P.s and if they came within the hospital setting and identified that they would need more support in whatever way then that referral would be there.

The Deputy of St. Peter:

Sometimes there is a stigma attached, I think, to having a social worker and we heard somebody who said it had been suggested to them and they were almost horrified that that would be something that they required, but obviously it is the way of opening the door for many families to certain services. So, what we are trying to discuss is how you approach that.

Service Manager, Special Needs Service:

I think generally, we would expect that people should, and I accept what you are saying, there are families out there who are unsure but there is information that is out there. It is in the telephone book and, as Phil said, most points of contact would know there is a single telephone to come into the front door of Social Services. That has not changed. That has remained the same for a long time. I do think that we have a real opportunity to pick up the issues that you are raising through this report in order for us to be able to re-profile, in particular with the developments around broader community services. With the changes that have developed, Community and Social Services, but I do think this year we have an opportunity to, if you like, re-profile services across the piece. If that is the case in terms of what you are hearing, that is really important for us to do something about that.

Assistant Minister for Health and Services:

I think what you are asking is basically who sets the bar or who says who can have, and there will be people who need a lot and there will be people who need a lot less, but that lot less is very important to them and I think that is what Chris is saying. When we maybe open up to a sitting service, and it would not be ... when I said that there is no Outreach, they are Outreach, they come into residential, so yes we do pick children up from school and then they go to a residential setting, different in the elderly.

[15:00]

When you are assessing someone with a medical need, which we deal with a lot at Oakwell, sometimes that changes. But with autism and Aspergers, and I have spoken to the manager from there, you are right, we do not at 8 to 10 how they will present in adolescence and when they are going through puberty. We do need to do some work around that with your help and plan. But the problem is while we are fire-fighting there are 300,000 placements in the U.K. where do we get the money? So it would probably be a crossover, but we do need to ... we have had this conversation with Housing. Do we need another unit down the line to prepare now for ... we might have 8 or 10 year-olds who do not present a problem. They sail through it. But that is probably being very optimistic.

The Deputy of St. Peter:

I think the evidence that we have heard so far is that generally the need increases and becomes more of a crisis point towards adolescence, and early adolescence in particular.

Assistant Minister for Health and Services:

Yes, on those 2 spectrums but, as I said, if you have a child who is ... I cannot think of it. You know, medical, they will not present any worse probably when they reach adolescence but they are care, because even if you are just caring for them they grow, they are growing. If you are a 5 foot nothing adult you cannot even lift them. There are all different things that comes into that, that we obviously try and help with but a lot of it will be in the home and a lot of it is in the mix to look at the best way because we are based, always have been, bringing people into residential. I am not saying that we should not carry on doing that but if we spread it further going out some more we probably could help a lot more people.

The Deputy of St. Peter:

What do you see as the purpose of respite?

Assistant Minister for Health and Services:

I can tell you exactly what the purpose of respite is, because when you are caring for somebody, and even just to take them to the shops after school and everyone is looking at you thinking: "That child is naughty. That child is this" and they are not. Or you just want a day where you think: "Right, I am going to have my hair done today, and I am going to have 2 or 3 hours" and you are completely on your own and you know that child is looked after and catered for in surroundings where they are familiar and the people are not going to panic if they have a fit, they are not going to panic if something goes wrong, so it could be in my home. It would not matter to me if they are knocking on my door and saying: "All right, off you go, we will see you in 3 hours." Or I was bringing the child in. The child, to make sure they are safe, but for the adult, so they do not get to that point where they have to use the services or they cannot take it anymore.

The Deputy of St. Ouen:

I would like to ask the Minister, on that point, are you confident that the current provision meets current need?

The Minister for Health and Social Services:

As I said earlier on, we do provide a good range of services, and I think that is why I think this report is important because we do know that we need to change to see if we can adapt more with the specific needs of certain young children and also going into adolescence. But we need to make sure we have it right. It is what is needed. It is what the clients themselves need, what the families need, and that is the most important thing going forward and identifying the resources as well.

The Deputy of St. Ouen:

What do you believe the clients are telling you today? Where do you believe the increased demand is, if there is one, within the respite services?

The Minister for Health and Social Services:

The demand, I think, today and before Christmas was the respite at Oakwell and Eden House because we had 2 long-term placements, one at both places, so therefore the people who wanted the children who needed respite could not access it as easily because of long-term placement of a child. But these issues, however well you plan, there will always be a crisis point. I do not think you can ever plan not to have a crisis because you never know what is around the corner. So we are making sure that our service adapts to those crisis points and trying to prevent them reaching as much as we can.

The Deputy of St. Ouen:

Would you say that the services we are currently providing is proactive or reactive?

The Minister for Health and Social Services:

It is a bit of both I would have thought.

The Deputy of St. Ouen:

Do you believe that we are providing that support to those in need before they reach a crisis point?

Service Director, Children's Services:

I think we absolutely are. I mean I think if you look at the young people and families accessing service over a number of years, the care provided at Oakwell and Eden House has been first class. It has been proactive in working with families and has been reactive when that has been required. The reactive bit has created difficulties and, as the Minister said, the biggest issue we have had in recent times, and I met with groups of parents just before Christmas as this service came back under my structure, their biggest cry was that balance between providing respite alongside the need to provide long-term care at these crisis situations. What they were saying to me very clearly was the respite care that was provided to us is good but please do not take it away when there is a crisis, and that was the biggest message coming from the parents. I do not understand that. So they are saying the care was good, it was proactive, it was supporting them, but it was sometimes taken away because it was a long-term crisis.

Deputy J.A. Hilton:

Can I just raise this point? I think it is fair to say that historically Social Services have been aware that there was difficulty with beds being occupied by young adults at Oakwell who had multiple physical difficulties, and Social Services were aware of those young adults from birth - I think it is fair to say that without naming any names - so we had a situation where because no forward planning had taken place, we had 2 young adults bed-blocking at Oakwell, which had a knock-on effect further down for the young children accessing services at Oakwell. Would it be fair to say that?

Service Manager, Special Needs Service:

I would say no. I hope I do not sound defensive because I do not mean to be. I think to say there was no forward planning is probably a little bit harsh.

Deputy J.A. Hilton:

Can I just stop you there though because you were aware of those children as very young children and they presented with profound physical difficulties, so it should have been fairly obvious that their needs were going to transfer into adulthood. What I am trying to sort of tease out here, is why should I have confidence in what you are saying now about providing the care that those children need, who have now been sent to the U.K. because we reacting to a crises situation? Why should I be confident about that when I know that in that instance Social Services did not react quick enough?

Service Manager, Special Needs Service:

Where we would look at trying to see where there is a balance is that the majority of young people who have come through our systems of support we have been able to maintain staying on-Island, so a minority of people have ended up having to go off-Island. Sometimes that is quite a significant cost, to be able to ensure that for families of their children, their loved ones, remain on-Island. But we have far more examples of the successes than we do of where the challenge is such that we have resulted in having to go off-Island. Even on the occasions, and this is a rare occasion where we have had 2 young people at the same time, that have resulted in having to take that decision to relieve the pressure within our existing resources. This is quite unique for us. We do have to learn from that and we have to look and ensure that in terms of looking at the children and the families that we are supporting that we are not into a new area where that level of pressure might be consistent. But I do think overall, and I am aware of the efforts that were made in terms of business planning to try and improve services that we have in place, it did take a lot of effort to get to the point where we did finally secure monies around the adult respite which, in itself, released a lot of pressure, as I say, a couple of years ago. That was on the basis of a very clear decision that I took back in 2003, when I started here, that said in the absence of adult services I was not going to deny those very families you have referred to who would require that longer term support accessing the appropriate support now. What that did in itself was add weight to the problem, because until we had the extra resources in place that meant I was under pressure within the Children's Services responding to young adults over 18. It is unique the position we are in. It is something that we clearly need to address, and I am very keen because obviously the issue for me is that this follows through the circumstances we have with some of these young people becomes lifelong support, so it is really important for me, even though I have relinquished the management of Children's Services, to ensure we get this right. One of the things I was hoping to reference, because I just picked up in terms of the report that you had had over the services in Wales, and this was really interesting for me in terms of looking at the definitions that were there, because I think where we have channelled our energies and our efforts and had some excellent services in place, are around the short breaks that we can provide for people. Where we need to be thinking carefully in how do we, as

a small Island, target the right resources in around what is referred to as replacement care. Those situations when a family goes into crisis and whether for a short period or a longer period, and we have examples of both, requires something different. That is where we welcome the findings of the report to the systems, looking at what are the steps we now need to take to secure a better proactive response to those young people and families where there is a requirement for that replacement?

Deputy J.A. Hilton:

I think you mentioned earlier that you were going to provide a unit of accommodation for 3 youngsters with challenging needs. We have already discussed the fact that with babies surviving a much younger age with physical and complex needs that obviously that problem will grow, I think, as time goes on. So it always seems to me that we are crises managing and I am not convinced that enough thought is ... I mean we are aware of the growing number of children who present with complex needs and I am just ... it is not my feeling that you have taken that completely onboard. Not you personally, but Social Services, politicians, whoever, in providing the care that we should be providing. We always seem to be just - I think Deputy Reed mentioned it - we are always being reactive rather than proactive.

Service Director, Children's Services:

Can I just comment on that? In a sense we got to a similar place last year, which is why we brought in Action for Children because we felt the time was right for an outside body with expertise to come in and to challenge us and to give us some thought on taking the services forward. Now Scrutiny has chosen to look at this at the very time that we are bringing in Action for Children, and I believe you have spoken to one of the gentleman from that organisation. They are still looking at terms of references and firming all that up. We are looking to Action for Children to be very clear with us about ambition for the future, which is why we brought them in.

The Minister for Health and Social Services:

Just a point on that. I think when that came to ministerial in late summer, early autumn time, somewhere like that, we all felt it was important that we need to see where we are going, how we can best look forward to ... the service move forward and trying to be proactive. I think it is fair to say we will never ... you do not know what is coming behind and so I think because the economies of a small island, not only in acute hospital setting but also in Social Services is that one size will not fit all. We have to be in mind ... the numbers compared to Wales are relatively very small, so we have to adapt and make the services flexible as we possibly can so that we support more children and their families.

[15:15]

That is why we looked at the report to do a review by Action for Children because they are quite well placed to do such reviews.

Deputy J.A. Hilton:

We all are aware that there was a crisis situation at Eden, so my understanding is that the care was being provided as one residential place. You have one residential place at Oakwell and 3 beds.

The Minister for Health and Social Services:

Four.

Deputy J.A. Hilton:

There are 4 beds total but one residential I understand. Are you saying that, as of today all those families accessing respite prior to the crises back in October, they are all getting the same respite that they were then?

Service Director, Children's Services:

Yes, that is my understanding.

Deputy J.A. Hilton:

Because that is not what we have been told. I spoke to a lady who was accessing respite at Eden prior to the crises that took place and they were getting nothing.

The Deputy of St. Peter:

If you look at your figures they really do not stack up if you have one full-time resident at Eden, one at Oakwell, and 4 accessing respite at Eden House.

Service Director, Children's Services:

That is 4 across them both. They would not be there every day of the week.

The Deputy of St. Peter:

Exactly, so you have room for plenty more children to access respite.

Service Director, Children's Services:

I would not say "plenty more" but we have sufficient room at ... I spoke to the manager on Friday and she was very clear that currently at Eden House everybody who has been identified as needing respite is getting that.

Deputy J.A. Hilton:

That is different to the question I just asked though because you are saying she said that everybody identified as needing it is getting it, but the question I asked you was can you clarify that all those families that were accessing respite in October, prior to the crises are now getting ... Your answer was slightly differently.

Service Director, Children's Services:

Okay, to answer your question, my understanding would be yes, and I was told on Friday that they have returned to providing the services that was required by those families. If you are saying there is a family who is not getting the respite that they believe they should then they need to contact the service or contact me directly, and I will follow that up.

Deputy J.A. Hilton:

Thank you very clearing that up.

The Minister for Health and Social Services:

If they feel that they are not getting the service they require because of this then I think it is important that you ask them to get in touch.

Deputy J.A. Hilton:

Have you ever had a situation where because of demand on beds and things that you have had to use, say, Robin Ward for respite, for instance? Or have you ever had a child who has been there for an extended period of time because there has been nowhere else to put the child?

Service Manager, Special Needs Service:

On Robin Ward?

Deputy J.A. Hilton:

Yes.

Service Manager, Special Needs Service:

Yes, we have. Not necessarily from a respite, as a planned respite, but certainly from a crisis perspective we have had to utilise Robin Ward previously.

Deputy J.A. Hilton:

Does that happen very often?

Service Manager, Special Needs Service:

No.

Deputy J.A. Hilton:

Has it happened in the last year?

Service Manager, Special Needs Service:

No, I do not think so. There was certainly one occasion it happened when those services were under my remit but that would have been from 2010, I think it would have been when that occurred.

Deputy J.A. Hilton:

When that last happened for what period of time was respite provided by Robin Ward.

Service Manager, Special Needs Service:

I cannot remember the details, I just remember that there was a case that was quite complicated that had very complex family dynamics that we ended up resulting in using as the only appropriate setting we had available to us. That is probably an example of where, as an island, we try to pull out the stops to stop having to use the situation where a child may end up off-Island.

Deputy J.A. Hilton:

At the moment, currently are there any children in residence at Robin Ward or has there been recently?

Service Director, Children's Services:

It depends on definitions and I think you have to be careful here. There is a young child at the moment who is on Robin Ward, who has complex medical issues, and again Mark might want to come in further, and within it there is a complex family situation as well. We have sought extra funding for the care of that young child, but the child is with the parents and it will be support into the community. But as I understand it, the overriding issue for the young child being on Robin Ward is not because of family needs, it is because of complex medical needs.

Deputy J.A. Hilton:

As far as you can recall you have only had one child in there for respite?

Service Manager, Special Needs Service:

I think over the 8-year period that I was managing it I seem to recall there were 2 occasions when we ended up using Robin Ward for children due to circumstances where there was a breakdown in placement.

The Deputy of St. Peter:

Why has there not been any consideration given to providing long-term care for this year? You say that you are considering providing long-term care for 3 young people. Why has this not been looked at before?

Service Director, Children's Services:

As I understand it, we have never been in a situation where we have had to provide that. Again, our mantra within Social Services is working with the family and keeping families together and again that goes across the board, not just in this area. We are not about taking children from families and providing care elsewhere. It is only the given circumstances for these 3 individuals that we have now got who have all come to a crisis at the same time where the families are struggling and, certainly in 2 of the cases, the families are saying: "We cannot do this anymore, we need something else." In one of the cases the family is still trying to hang on in there, but it is a judgment of social workers and other professionals that they are struggling. Again, Chris might comment historically, but that is our mantra within Social Services, that we provide support to keep families together.

The Deputy of St. Peter:

Let us talk a little bit about the way the management structure works. I believe at the moment there is one manager who looks after both Eden House and Oakwell, is that correct?

Service Director, Children's Services:

Yes.

The Deputy of St. Peter:

Do you know how that manager divides their time?

Service Director, Children's Services:

The manager, Joanne Cowan, her job is, as you say, to manage that facility and it is across both the units. I would not comment that it is 50:50, but her job is to manage both facilities on an equal basis.

The Deputy of St. Peter:

Do you know how often staff meetings are held, for example, and appraisals are carried out?

Service Director, Children's Services:

I could not comment but it would be my expectation that there are regular staff meetings and yearly appraisals, which are in line with States policy.

Service Manager, Special Needs Service:

I can certainly comment on the team meetings because I know that there are weekly team meetings in place on both sides.

The Deputy of St. Peter:

What about purchase cards? Do staff hold purchase cards or credit cards?

Service Director, Children's Services:

Yes, I know purchase cards. Again I cannot comment because I do not know, but I know we have moved away from using purchase cards as a general rule.

Service Manager, Special Needs Service:

Certainly I would have been expecting the answer to that to be no because we started moving away from individual staff having purchase cards and moving back to a cash system where people are required to be supporting our community; that started about 18 months ago.

The Deputy of St. Peter:

The officers, the R.C.C.O.s (Resident Child Care Officer) in place, how are they trained to administer medicines and daily medication that any resident might need?

Service Director, Children's Services:

There is a mixture with R.C.C.O.s. Within Eden House and Oakwell we have R.C.C.O.s and there are also nurses at Oakwell, so the nurses, as part of their nursing training, delivery of medication comes under their professional guidance. R.C.C.O.s is a different issue, they are not nurses so as part of their training and supervision if medication is an issue then that will be covered within their supervision.

The Deputy of St. Peter:

It does not say that there are any nurses ... sorry, I do apologise.

The Minister for Health and Social Services:

I think there is a staff nurse on every shift.

The Deputy of St. Peter:

Quite right. We touched upon funding issues earlier but we did not discuss. For example, at Oakwell, Variety I believe have funded certain facilities there. Do you keep in touch with how much has been provided in terms of funding?

Service Director, Children's Services:

It is easy to get that information but I just know from the building; have you had the opportunity to visit the building? I mean if you look at that building as it was when it was first purchased many years ago, it was a straightforward bungalow. There is an extension, sensory garden, therapeutic swimming pool. They are looking at new shower facilities now. Each of those things have been provided from charity and I know Variety Club have done a lot of funding of that building.

The Deputy of St. Peter:

Do you consider the building to be fit for purpose?

Service Director, Children's Services:

I think if you look at it now, it has been there for some time and it is looking a bit ... I think tired would be the phrase that I would use, and I think it is probably in need of some updating. But I think the building itself is okay.

Deputy J.A. Hilton:

Do you think having the laundry facility in the corridor between the office and the 2 bedrooms is appropriate in that setting?

Service Director, Children's Services:

I mean I think if you look at any building you will probably do things differently. You are governed by the facilities that you have. The staff are using the facilities that they have there to the best of their ability.

The Deputy of St. Peter:

How would you fit in any refurbishment in your medium-term financial plan?

The Minister for Health and Social Services:

Phil mentioned briefly about shower facilities. They need to extend their shower and bath facilities and I know that is well advanced in the planning stage, so hopefully they are going to put a budget in for that.

Deputy J.A. Hilton:

Is the plan to refurbish Oakwell rather than have a purpose built building somewhere else?

Service Director, Children's Services:

We are not looking to build anywhere else. I mean that building we have got. We are looking at our capital projects at the moment across all our facilities. Me and Chris at the moment are in discussion about looking forward and what capital expenditure there will be and that is for all our facilities.

Service Manager, Special Needs Service:

I am really interested in your findings and any recommendations because one of the things that we often do, and again it is about being a small island community and we know that property is premium in the Island, and so I think at one level, to be fair, the work that has been done at Oakwell over many years has been excellent because it has created a very appropriate environment for children to really enjoy those breaks. At the moment I am just completing a first draft of a corporate capital plan in terms of investment for Community and Social Services, so I would really welcome the findings because that will help to feed into that strategy paper where we are looking at bringing together across the whole piece from a community perspective. What we need to do over the next few years in terms of investment is if we were sitting here talking about some of our other service areas we would be talking about some really excellent models and some areas that need significant investment equally. I think we would welcome your views on that.

The Deputy of St. Ouen:

I would just like to pick up on that. You speak about our views and that is great, and I mean we are going to be looking at what is provided, how the service is provided, how it is co-ordinated, is it meeting the needs and so on and so forth. But ultimately you are here because you are the experts, you are supposed to know what the needs and demands are, you are supposed to be able to be clearly indicating what challenges you need to address and how you are going to meet the current need. I suppose the question linked to Oakwell is can the Oakwell facility not only provide for current known need but equally for future need because it is all very well talking about whether you are going to tart it up or spend a little bit of money on it, but tell me, do you believe, knowing and having all the information at your disposal, that Oakwell will fulfil the needs both now and in the future?

Consultant, Paediatrics:

Maybe this will be a point which I could jump in because I think there is quite a lot of territory that has been covered. Just to specifically answer that question. I think as a clinician this requires consultation because the kind of children's needs that are being cared for in a respite facility are complex and varied. Clearly there are changes that are afoot within the care of children in hospitals which are requirements, increasingly demanding requirements, of a physical facility to be able to care for these children. That would equate to any facility that is provided by the Government or the States to deliver similar levels of quality in terms of the physical plant of a building that would be expected in a hospital setting. That might cover some specifics, for instance, infection control. So children who come from Robin Ward who might be discharged into the community and may well be carrying bacteria or other types of illness that are potentially communicable within a respite care facility.

[15:30]

So if you have high quality infection control facilities within a hospital setting those same requirements are needed for a respite facility and this is going to be one aspect of the kinds of consultations that need to take place when considering what do we do with a somewhat outdated facility such as Oakwell

to bring it up to the kinds of level of quality that you would expect within a hospital facility that you would then require within a community respite facility.

The Deputy of St. Ouen:

I hear exactly what you are saying. Can I ask, are you suggesting, quite rightly, that the hospital will focus on acute care and then choose to allocate places for patients and individuals for after care treatment within our current facilities?

Consultant, Paediatrics:

For adult care it would be difficult for me to comment as a paediatrician but almost certainly the hospital will be looking ... if there is a movement, which there will need to be, of patients after the hospital care facility to community over the next 20, 30 years, to increasingly grow community services, undoubtedly the hospital will expect of those community resources, which are being developed, that this same level of provision in terms of the physical plant being able to deliver safe and effective care in the community has to be of a similar level. You cannot compromise the physical plant on the basis of saying: "Well, this is a hospital facility and this is a community facility." They are the same in terms of the relative risks.

The Deputy of St. Ouen:

What you are saying, as I understand it, we have got a current service in place providing mainly short-term respite, which is Oakwell and Eden House. We have an issue because we cannot support and provide the long-term care. We have to use those same facilities if individuals come in. That causes a problem because we then struggle to meet the known need. You are now saying that in the future not only have we got a problem perhaps with providing provision of long-term care and meeting future need, but we have another element that is going to come into play, which is around the redesigned health service that will require further care in the community. Is that a good summary of where we are at?

Consultant, Paediatrics:

I think if we were to focus in on this issue about children's respite, a good analogy is what is in place in the U.K. with respect to hospice. Children who have life limiting conditions or who require palliation may well not receive that within a hospital but will attend hospice. In hospice, as has been developed through the charitable sector, it is now under the regulation and the expectations of the N.H.S. (National Health Service). In other words, the quality of care and the kinds of facilities and processes that are in place within hospice are equivalent or of a very high standard that would be acceptable within an N.H.S. provision. So although they may be largely still charitably supported, they still now receive accreditation, if you like, as a facility through the N.H.S. and through some funds provided to hospice that enable them to achieve those standards of care. This will be continuing to roll out within respite facilities.

The Deputy of St. Ouen:

Are the current facilities presently accredited on an annual basis: Eden House and Oakwell?

Service Manager, Special Needs Service:

Eden House is accredited through the National Autistic Society for its work around autism.

The Deputy of St. Ouen:

And Oakwell?

Service Manager, Special Needs Service:

It is not an accredited service.

The Deputy of St. Ouen:

There is no accreditation attached to it?

Service Manager, Special Needs Service:

No. There are attached standards that are applicable to achieve within that but it is not accredited.

The Deputy of St. Ouen:

So we are saying ... you spoke about U.K. standards so we could not be confident that we are meeting the U.K. standards because it is not accredited?

Assistant Minister for Health and Services:

We are talking about a completely different model.

Consultant, Paediatrics:

I think we are, but I do think that we will be increasingly judged upon by having ... outside individuals with expertise will be judged upon similar levels of care and provision. To go into some of the other topics that have been discussed here is about proactivity. No doubt the care that is provided and has been provided, that I have observed here in respite facilities has been very high standard. But it is the proactive nature of understanding who is out there who requires this kind of provision, and that is about being proactive and we can identify children early on who may have needs. For instance, as a community paediatrician I am on an assessment panel for autism and among those I would hope that there would be a social worker who could identify right at the point of diagnosis a person who likely is going to encounter difficulties during their lifetime and the families will require or may require respite. That is not in place. With other kinds of diagnoses, for instance, John and I and one of the providers for John's disability team, now we have a social worker who is involved with that team but it is not difficult to understand that referral acts potentially as an impediment to accessing care. So if you require to have to go through the process of making a referral that is one way to impede the potential for going forward because it means an active process of someone taking the time to say: "Okay, well I will go through the forms and the aspects of the information that social workers might require" without having a social worker right there and then saying: "Look, you do not need to do any referrals.

I am here, I have heard the whole story. I know what is going on and I will process this. We will introduce ourselves to the family and carry on.” It is a similar thing for parents who might want to access services themselves. To go to Social Services requires a degree of bravery. It requires a degree of courage to say: “Well, look, I am failing or I feel that I am in need and I need some help from a service.” To go actively through the doors of Social Services requires a very particular kind of person. Without advocacy, without somebody there to enable that to happen, it often does not happen. What I would say is we know what we know what we certainly do not know or that we do not know. I think there are probably many families out there who are struggling, who I encounter from time to time, who have never been involved with Children’s Services because they have never either had the opportunity to do so or they have never felt the gumption, if you like, the strength and the fortitude that it takes to admit that: “Actually I need some help.” It is easier to come to a doctor or easier to go to a health visitor. It is a little bit more intimidating to go to a children’s social worker.

The Deputy of St. Ouen:

Just on the hospice type facility, is it not true to say that at the moment Oakwell is being used as that type of facility?

Service Manager, Special Needs Service:

Yes, it has.

Consultant, Paediatrics:

It is not a step-down unit so we would not automatically use Oakwell as a unit for: “Okay, here is a patient who is ready for discharge. Here is the facility to enable that to happen.” But nevertheless from time to time we share the care of patients who come to hospital who might spend some time in hospital and equally who might spend some time in Oakwell.

The Deputy of St. Peter:

We stated a while ago about the process for adult respite care that was outsourced in 2008 and currently up for re-tendering. Have you considered that with a view to Children’s Services or outsourcing respite services? Or long-term care.

Service Director, Children’s Services:

The issues that we have at the moment, we are not saying that we necessarily have all the answers to this, and if there is a provider out there. In looking at the needs of these young boys who will come back to Jersey, we are in discussion with an external provider to look at what training might be needed to be delivered for our staff. It could be a small step to say we might outsource that. At the moment we are at very early stages of that. That is a possibility but we are not the only experts at this. There are a lot of people out there who can give advice and also might be able to provide it better and cheaper.

The Minister for Health and Social Services:

It is what is appropriate for the needs of that child at that time really. If we can do it a different way then we will look at it.

The Deputy of St. Ouen:

I am encouraged by your desire to deal with matters, but I am a little bit nervous that you seem to be unclear about what is required and how you are going to deliver it and the options and the alternatives, whether it is Outreach, whether it is seeking a private provider to deliver a certain service, and yet on the other hand you have made some decision about provision of respite because you bought beds from the private sector for young adults and older, if I am right, so what is stopping you? What do you feel are the difficulties in drawing from the vast range of experience and knowledge that you have, together with the users and the parents and your clients of determining this is what is best for us, let us deliver it. What do you feel is stopping you from doing that?

Service Manager, Special Needs Service:

I do not think anything is stopping us. I think we are in a process of change as services and, I guess as an island, one of the things that is difficult is that we do not have community care legislation in place that allows us to commission as effectively as we might do in the U.K. However, having said that, we take any opportunities that we can to improve the circumstance which, at the moment, there is a significant amount of services that we, as Health and Social Services, still provide. Certainly I know, because we are engaged in a number of conversations that will always ask the question: "Why are we still doing this?" We would much prefer to open up the market and develop a much broader market. When we got the opportunity to develop the adult respite it would have been very easy for us to have kept that in-house and set up new services and run those. We took the very deliberate move and said: "No, this is an opportunity for us to broaden the market, to encourage growth out there, both in the private and the third sector." That is exactly what we did. We capitalised on the opportunity. Again, I think we have hit a point of challenge to us with the circumstances that we have got and this now drives another position for us to take stock and think about those very issues. Again we welcome those challenges because the question about why do we still provide Oakwell and Eden House is because we always have. We believe we do a really good job because the quality of care that is provided is excellent. Sometimes when you are ticking along and the quality of care is good, that is not the point at which we challenge, which maybe the learning from this is maybe that is the very time we should be challenging ourselves. Fortunately we are in a place where there is a challenge and I do think it is very legitimate for us to stop and ask the question: "Why are we providing this?" and if we can come up with a solution that provides a different outcome that improves what we can provide to families then we would welcome that.

The Deputy of St. Ouen:

I hear exactly what you are saying, I applaud you for what you just said, but the reality is that there has been a lot of parents out there for a considerable amount of time who have been saying: "Look, the services are not right. The

services are not right. We feel that we are being neglected. You are not listening to us.” Even last week, we are hearing those same messages. If that is the case, what can we do collectively to make sure that those parents go: “Well, actually they are listening to us. Yes, they are going to make a difference. Yes, they do mean what they say. They are going to provide that range of support that everybody is saying should be there but is not.”

Service Manager, Special Needs Service:

I hope this is appropriate for me to say but I would welcome the opportunity of almost bringing the 2 sides together, and if that was facilitated by yourselves as a Scrutiny looking at these very issues because sometimes, and I know that certainly over the last year or so Phil and I have stood together with families and not necessarily received some of the same messages. Whether we do not create the right forum for people to be open with us, but we would welcome the opportunity of standing with you to engage with families and understand more of what it is that people want out of the services, and to seek ways of unpicking where we are. We get locked in with what we refer to sometimes as our service world and sometimes it is really difficult to unpick how we move from one system or structure to another. But we would be very open to engaging with you on that.

[15:45]

The Minister for Health and Social Services:

But it also demonstrates, I know, Phil does spend some time, and Chris as well, with families and I think Judy and I have met quite a few families who have got concerns and quite right. But there are always people out there who do not feel ... will say: “We do not receive this and we do not receive that” but we would like to hear their views as well. We can take a hostile(?) room if that is the right phrase. But we want to hear those as well. We have been engaging with families.

Service Director, Children’s Services:

Since this service came back under my structure I have met with groups of parents twice in an open forum at St. Peter’s Community Centre and they were both very positive meetings, I have to say. People were very honest, very forthright in their opinions and, I said it earlier, but their main message was please do not compromise our respite for the needs of long-term care. They were very complimentary about the care, very complimentary about the staff, but their concern was capacity. They understood, I have to say they were very understanding, because they also recognise that at anytime they could be the family that was in crisis, so they recognise that. But that was the message they wanted for me to take away from that meeting, and that is when we committed to children coming in, we committed that as part of that process the parents, the families, the young people would have a voice in that and that the children would come out giving clear messages. Alongside that I said I would be already looking at what we needed to provide to deal with that pressure, and the 2 young boys in the U.K. at the moment was a difficult step for us to take because, as Chris mentioned earlier, we like to keep young people in Jersey, but we made that decision because of the overall pressure

of the service. I believe that has made a substantial difference to Eden House.

The Deputy of St. Ouen:

If you were asked to identify the most significant concern of parents with children and young adults of special needs and behavioural difficulties what would it be? What is the main significant concern?

Service Director, Children's Services:

Are you talking about within respite?

The Deputy of St. Ouen:

No, just generally.

Service Director, Children's Services:

It is difficult to generalise because we are talking about children with a range of complex needs or medical needs. My own personal comment from talking to groups of parents on those 2 nights is that I think a concern from most parents that I spoke to was about long-term future; what happens to my child when my child becomes an adult? And that was the long-term question.

The Deputy of St. Ouen:

Exactly, and I suppose that I would hope when you talk about Action for Children and the work they are going to undertake, as much as we are looking at this particular area, there is a bigger, I believe, more worrying issue that needs to be addressed, and it is the transition. It is, how do we take these young adults as they leave full-time education, bearing in mind that, if you like, I would suggest that they are receiving a form of respite 38 weeks of the year, 5 days a week, to a period where generally one would be expected to enter some form of employment-type of opportunity. I think that for all of the talk and the focus on short-term respite for children and young adults, which is what we are looking at, the bigger issue by far, is what happens next. I mean, if there is any message to give you and to confirm exactly what you just said is that that is the one that needs to be dealt with as a priority.

Service Director, Children's Services:

I think you are right and without broadening too much, I think that is not just about us providing services, but about Jersey as a society, about how it values young people and adults with learning difficulties, and can they find employment, et cetera. So, that is not just about our services; that is a challenge for Jersey as a whole, to embrace that and say that young adults with a learning difficulty have a place in society.

The Deputy of St. Ouen:

Ultimately, Social Services, in reality, is the one that is required to be directly responsible for many of the services provided, that is associated and linked directly to the charitable or third sector organisations that provide the support for that group of people. You are even involved in Jersey Employment Trust.

Assistant Minister for Health and Social Services:

I am on the board and you were.

The Deputy of St. Ouen:

Exactly, so what I am trying to get at is that, yes, Jersey absolutely needs to get to grips with these issues, but you have an opportunity, as one of the main drivers and those responsible in this area, to enable that change to happen.

Service Manager, Special Needs Service:

Yes, I would not disagree at all with that.

The Minister for Health and Social Services:

Well, yes, and that is not only just one department, it is a multidisciplinary approach that you have to take. It is like with education, like, as we said, with the Jersey Employment Trust, and Acorn Enterprises, et cetera, come under the Jersey Employment Trust. So, it is a whole wide range, including Social Security as well, so it is not just one focus; it has to be much broader than that.

The Deputy of St. Ouen:

It needs a champion, I suppose, and what I am asking you is, are you going to be the champion? Are you going to be the one that makes sure that you get this multi-agency approach and you create that new environment that everybody is looking for?

The Minister for Health and Social Services:

We have a part to play. It happens now, does it not?

Service Manager, Special Needs Service:

It does happen now, and it is interesting, we have sort of slightly steered into a different remit with the employment framework, and of course the lead in terms of the sponsorship for that comes through Social Security, but you are absolutely right that we would want to and do play a very vital role. I mean, I still sit on the board myself of the Jersey Employment Trust, and would expect to maintain that, because it is imperative that as we move ahead we are creating better and better opportunities for people to move into employment, as opposed to, again ... I referred to being caught within services, that service land I referenced earlier, most young people today do not want to come into Social Services. They do not want to get lost in day services and such like; they want to be productive and contributing to society, as we do. It is absolutely imperative that we keep channelling our energies in the development. I have to say, I know you have been on the board with J.E.T. (Jersey Employment Trust); J.E.T. is an excellent example of the progress that has been made. As I say, I go back to 2003 when I first came along and transferred resources into what was J.E.T. then, and J.E.T. today is a significantly different body today. It is so progressive in comparison to where it was, and it is still on that journey, as we all are, in terms of trying to improve and change the quality of services we provide.

The Deputy of St. Peter:

While we are talking about that transition period and age group, I think it is a good time to touch on Highlands and the facility that is provided there, because we have received some feedback regarding the suitability, and I just wonder how suitable you think it is as a facility for young people.

Service Manager, Special Needs Service:

If we go back to 2009 when we first advertised for new services and we went through the tender process and the interviews. At that time it came through as the favoured option in terms of the environment, the quality of care that it was to afford, and bearing in mind that the target group of people that we needed to get this right for was young adults with multiple profound disabilities, they were the young adults as referenced earlier, young people coming through, and they were the people who were bed-blocking Oakwell at that time. As I say, that was my decision to enable families to continue to use, in effect, what was a children's service because I was not prepared for them not to receive the right support, as individual families. So at that time there was a panel that was appointed with independent representation from the Carer's Association, and that came through as the favoured option for residential respite. Now, we are at a point of reviewing those services now and we are in the process of retendering. It would not be appropriate for me to comment, because we have to allow a fair process to go through as to whether or not they would then be reissued with a new contract. But that will come into fruition over the next 2 months.

The Deputy of St. Peter:

I think perhaps on behalf of the families we have spoken to, perhaps things that you should take into account are issues like being in surroundings with people who have dementia, much older people, whether that is right or suitable; and also access issues, because, as you mentioned, often young people with profound physical needs, therefore wheelchair users, and yes, there are ramps and lifts, what happens in an emergency situation? Given the sensitivity, perhaps we should just place it there, but there is a significant concern, perhaps, among parents about what would happen to their child.

Service Manager, Special Needs Service:

I would just say in response to that, because I am very familiar with that issue having been raised early on, there was a very appropriate response given in terms of the registration requirements and the fire proceedings, and again, maybe outside of this, I am happy to talk about that if that is at all helpful. However, I would again welcome any comments from yourselves, because that will contribute to the process of reviewing and retendering services now. Again, I would welcome those comments sooner rather than later, because we are in the process of reviewing now.

Deputy J.A. Hilton:

I do not think you have covered this, but I just wanted to ask you whether you felt that the existing respite facilities were being best utilised, because I know at Oakwell, for instance, you are catering mainly for school-aged children, presumably. How much access do you allow for preschool-aged children for respite?

Service Manager, Special Needs Service:

At Oakwell?

Deputy J.A. Hilton:

Yes, I mean do you feel that the facilities are well-utilised?

Service Director, Children's Services:

Yes, again, the numbers that we have got, the numbers that we were given on Friday, everybody who is requiring respite is getting it there.

Deputy J.A. Hilton:

The only reason I asked the question specifically about Oakwell was the fact that it does cater for school-aged children, and presumably children are at school 38 weeks of the year. I am just wondering what happens the rest of the time. I mean, are there staff there ...

Service Manager, Special Needs Service:

It increases. Well, it is the holiday times, so support increases.

Deputy J.A. Hilton:

So, from a financial point of view then, that is where you will put most of your resources? You have not got loads of staff at Oakwell when the children are at school? That is what I am trying to get to.

Service Manager, Special Needs Service:

No.

Service Director, Children's Services:

As I said earlier, the way that it works at the moment, they have a blank calendar year and will go to families and say: "Where is it that we can best provide support to you?" So, they will say: "I want a week in August, or weekends here."

Deputy J.A. Hilton:

Can I ask how much care and how much respite do you offer to families in order to enable them to go away on holiday, say for a week? How often does that happen? How many families have you done that for in the last year?

Service Director, Children's Services:

Again, it comes back to the plan, so they will sit down with each family and say: "Throughout this year, what is it you require? Is it best that you have got one night every week of the year, or is it long weekends, or could it be a week's holiday you may require?" At that point, discussion takes place.

Service Manager, Special Needs Service:

Yes, sorry I am always conscious that there are historical issues that we have attempted to address over the years, and one of the issues that I am aware of with Oakwell is the need for families to be supported for a holiday break. We have had periods where we were unable to offer holiday breaks and then

there would be periods where somebody might get a holiday break. What happened, deliberately, I think it was about 2 years ago, we changed the booking system for respite. So, what we did was, based on the social worker's assessment of need, families were apportioned a full quantity of access to respite over a given year. Families could then choose how they utilised that. So, as Phil said, it might be that somebody decides to stay on a regular weekly break, to provide them that regularly. Whereas, other families might have said: "Well, we want a couple of blocks of breaks and have a holiday away." That worked well, as a fundamental change, and that is what remains in place today, as a system. It gave some control back to the individual families, and it allowed them to be negotiating on the assessment base with the social workers, what they felt was a fair and right apportionment based on their assessment of need.

The Deputy of St. Ouen:

Speaking about assessments of need, we heard earlier today about record of need and the person that spoke to us explained there was some quite significant difference between a statement of need, as the title used or the label used in the U.K., and what we have on the Island. Is this record of need the assessment you are talking about, or is it something different again?

[16:00]

Service Manager, Special Needs Service:

No, it is different again, because what you are referring to is the structure that was in education. The statement of need is pertinent to education services. We have a separate assessment of care need that the social worker would lead on.

The Deputy of St. Ouen:

Is that currently supported by legislation?

Service Manager, Special Needs Service:

Not in Jersey because we do not have community care legislation, but it is underpinned by best practice of the legislation that is in the UK.

The Deputy of St. Ouen:

What is stopping you linking the 2 assessments together?

Service Manager, Special Needs Service:

They look at completely different areas of need, in terms of outcomes. You are still looking at the assessment and diagnosis and such like, but we are looking at different areas. I am saying this conscious that you were Minister for Education.

The Deputy of St. Ouen:

I was the Minister for Education and I was also in a children's policy group, and we said our plan is to have wraparound care; our plan is to work with all other agencies to provide and meet the needs of each individual. We have declared it in strategic plans, business plans, and goodness knows what else.

What I am saying to you is that one of the opportunities to use and co-ordinate current systems to provide a better overall picture of the needs of an individual at one time, which may be at one time, which maybe would avoid perhaps some of the issues that you raised earlier, which is around, People do not want to walk in through the doors of Social Services and ask for help, whereas they are comfortable sitting in a school environment with a number of officials.

Service Manager, Special Needs Service:

That does happen now.

Service Director, Children's Services:

One does feed into the other, as I understand it, so within school, a school with young people, they would have regular educational reviews which would look at the statement of need and social workers can and will attend those meetings. So, there is that sharing of information, whereas Chris said they are fundamentally looking at slightly different things, it is about a child's access to education and how they might be supported, whereas what we are looking at is the community package. They are not sitting totally separately; they can overlap.

The Deputy of St. Ouen:

But surely the issue of the record of need not just looks at the child's education. We are not talking about children with normal ability. We are talking about children with specific special needs: behavioural problems, learning difficulties; a quite challenging group of people. I am struggling to understand why you can suggest that you can distance the educational needs from the remainder of the needs of not only that child but equally, and we must not lose sight of the fact, the family.

Service Manager, Special Needs Service:

Nobody is suggesting a separation at all. Where you started was as an understanding of a change from the statement of need to a record of need; that was a deliberate move on behalf of Education that moved away from where a statement of need in its identification of those needs would then have an obligation to provide that. The record of need is a slightly softer approach to that. The actual assessment that goes with that will overlap with the assessments that we undertake in Health and Social Services. So even in terms of some of the younger children, you would have a multidisciplinary representation from the Child Development Service, of which Mark is a very key player in terms of leading that, to work alongside our colleagues within Education to ensure that we understand the full range of assessment, diagnosis and recommendations around any individual, so some of the information will filter into both of those tools. The issue is that what Education use is their assessment of tool, their record of need, is to establish the support that is required in school. Our assessment is to establish what support is required out in the community and at home. They do come together; they are not separate pieces. It is just that, as a record, Education have their title and their documentation, and we have ours within the social worker's assessment.

The Deputy of St. Ouen:

Can you just confirm, finally, because I thought you told us earlier that not every child was assessed or went for a regular review.

Service Manager, Special Needs Service:

That is right.

The Deputy of St. Ouen:

So, who are the candidates? Who gets to be assessed? Which individuals, youngsters, get to be assessed and their needs determined? On the other hand, you have a record of need which is obviously looking at all individuals.

Consultant, Paediatrics:

The record of need is basically exactly as Chris describes it, a softer version, a non-legislative assessment of a child's educational needs and there are health contributions made to that, and sometimes social work contributions made to that. But its specific focus is education: what is the child required to access, and to benefit from education? Within care packages there is the development - and I think this is what you are speaking to - of a more holistic view about what a child and family might require from all services: from Health, from Social Services, from Education, and that is something called the Common Assessment Framework and that has been going in the U.K. for a while now and it has had some teething problems and so on, and we are looking to pilot that here. Although primarily it is about protecting children, it is about their welfare, it also can speak to other issues which are about children with special needs and assessing in the round from all different points of view. What is this child and family going to require, not just now but into the future? The idea is that everyone contributes to this one singular assessment. That is not in place yet; it is about to be piloted this year and we are hoping that it will provide some of that holism that I think you are describing. What it will not do is necessarily pick up on the entity which is, who is it that is having this assessment made? Because that is still professional judgment; it is judgment that is now broadened out to health visitors and to doctors and to lots of different people that would be able to contribute, but nevertheless it would not necessarily achieve the ends of saying: "We now know that we are covering all the children who have special needs and who will then therefore benefit from [for instance, as this debate is about] respite care." Because unless there is a greater degree of proactivity in terms of assessing all children who either have a diagnosis or who have a recognised special need, every one of those children and families requires an initial assessment to make that decision about whether they do or do not require, or would benefit from, respite provision.

The Deputy of St. Ouen:

What are the criteria used by the professionals to determine access to your assessment and ongoing support?

Consultant, Paediatrics:

Often it is professional judgment; it is not about any specific laid-down criteria. It is about people's intuition and understanding with their professional careers

behind them to say: "Yes, this family is struggling" or: "Yes, this child's needs are so complex that it is highly likely that this family will struggle" or it is an outside view that says: "This family really are struggling and we bring this to you as a professional to recognise and to take this forward."

The Deputy of St. Ouen:

So there is no process or procedure, a traffic light system, that goes: "The health visitor has highlighted this" or "The social worker has highlighted this, the school has highlighted this; right, okay, we need to do that."

Consultant, Paediatrics:

No.

The Deputy of St. Ouen:

No? Okay.

The Deputy of St. Peter:

Is there a health visitor who has the particular ability to deal with children with special needs?

Consultant, Paediatrics:

There have been, and yes, that has been so. We have had some changes in that area, but I --

Service Manager, Special Needs Service:

Part of the Child Development Service, which is the coming together of the relevant specialists has got a paediatric framework and includes specialist health visitors, and it is Family Nursing and Home Care that employ those staff who contribute to that.

The Deputy of St. Peter:

I would just like to go back to the current fulfilment of Eden House and Oakwell, because if I wrote this down correctly, there is one full-time residential person at Eden House and 4 accessing respite. Do you mean 4 beds or 4 individual people?

Service Director, Children's Services:

Four individual people.

The Deputy of St. Peter:

Why are there only 4 individual people? There are 5 beds and a flat there, at Eden House.

Service Manager, Special Needs Service:

No, there are 2 beds available at Eden House, plus a flat.

The Deputy of St. Peter:

But still, on any given month, surely more than 4 individual people could be accessing respite care on a short-term basis?

Service Director, Children's Services:

There could be, and that was a question that you asked earlier about are there families out there, you said, who feel that they should be accessing. Chris and I asked this question when we were gathering this information on Friday: "Is there only 4; is there anybody on a waiting list or anything like that?" and the clear answer is: "No."

Service Manager, Special Needs Service:

Just to clarify as well that the flat that is available at Eden House was always developed to respond to crisis situations, so it was not used as a regular facility for respite; it was the 2 main beds within Eden House. That was a deliberate move to minimise the numbers of children with complex and challenging behaviour that were being supported at any given time within that.

Assistant Minister for Health and Social Services:

I think to answer your concerns, and Phil has already suggested it, we need to find out if there has been any movement in criteria, because as you are saying, there is somebody there who did have services and after the crisis, now I am being told and you are being told and I am sure that we are right - hopefully we are right and if we are not, we should let you know - but I cannot see the criteria just moving overnight. Maybe they feel they do not have the ...

Service Director, Children's Services:

As I said earlier, if you are aware of a particular family, a parent who has got concerns, they can contact me directly. But being clear, those 4, there would be plus 2 for the 2 young boys who are in the U.K. at the moment, so that would have been 6; and there's one young boy who has moved at the facility at Brig-y-Don because we have provided some more there. So that takes it up to 7 young people who are around.

Deputy J.A. Hilton:

Eden, so it is the flat plus 2 beds, and you have got full-time residential in the flat, and only 4 families accessing the 2 beds?

Assistant Minister for Health and Social Services:

I am not a professional, but when I speak to the workers there, it is the complex needs. I mean, some of the children, young people, there cannot be anyone else there when they are there. That is the complex of their need. I might be talking out of turn, I was just talking to the people who work there; that is how they have to work, so it is no good giving the respite if they are upset.

Deputy J.A. Hilton:

Yes, I understand that. We have got some children in the U.K., but what are you going to do in the circumstances that maybe there is somebody who is accessing respite at the moment but that placement, that family, breaks down. Where are the emergency placements, beds and whatever? You do not have any?

Service Director, Children's Services:

If another family goes into crisis we do not have them, which is the situation that we have. We have had Oakwell and Eden House, which has operated as it has. We do not have the luxury of having houses sitting waiting, staff sitting waiting for an emergency. That is what this service has had to do, year on year, is to respond to that crisis.

Deputy J.A. Hilton:

I think that probably answers the question, because I spoke to another family last week - I am not going to say too much about that family - and I think that probably answers my question, why they cannot get increased respite.

Assistant Minister for Health and Social Services:

I think we also have not got the luxury, and the parents in these cases have agreed for a short term for their children, because they are their children and they would prefer not. But we have not got the luxury to go to the next county, where they will have. At that point, they would need to cross that boundary and say: "We are full at the moment; have you got anything in your respite?" It might be a 50, 100 mile drive, but you can be there; that is nothing in the U.K. We are talking, literally, off-Island. So, Jackie's right: what is our fall-back position? Do we keep a house completely, that is not utilised for so long or do we manage? At the moment, we are managing in reacting. But we know we need to do a piece of work that 3 or 4 years down the line we could be there.

Consultant, Paediatrics:

Can I just interject, as well? The other thing that is missing here is high-level foster care. So experienced, level 3 foster care, which does not exist in Jersey. So, most of these children who have high-level needs who suddenly arrive in crisis would not stay in Robin Ward, they would go to a community foster carer and not go to a residential respite facility. But the care provision would be from somebody who has exceptional experience in managing such children.

[16:15]

Deputy J.A. Hilton:

I think we may have asked questions about that before, but where are you exactly on progressing that?

The Minister for Health and Social Services:

On professional foster carers?

Deputy J.A. Hilton:

Yes.

The Minister for Health and Social Services:

Well, that is coming through in 2012.

Assistant Minister for Health and Social Services:

That is a very big word, which means 3 or 4 different things: respite ...

Deputy J.A. Hilton:

No, what Dr. Jones has just referred to.

The Minister for Health and Social Services:

Professional fostering?

Deputy J.A. Hilton:

Yes, what is your programme, because it has been talked about for quite a long time?

Service Director, Children's Services:

A couple of comments on that: we ran a specific campaign in the press to try and recruit foster carers to deal with youngsters with medical problems or special needs, and we have been unable to recruit to that. So, that was our first dip into the water. The bigger question about professional fostering, we had issues with Social Security, with the tax situation, about how the professional foster carer would be identified. That has taken some time to try and sort those issues out. We are now in a position where hopefully this year we will be making that first movement into that professional fostering bit. But I have to say, the issue of fostering in Jersey we are struggling with generally, recruitment of foster carers, and I could spend a couple of hours here discussing that. I think there are particular socioeconomic factors in Jersey which preclude us from recruiting enough foster carers. We have struggled with that for years. So it is a complex issue, but we are absolutely committed. If it was left to me, we would have no children in children's homes or respite; it would all be provided within family-based care. It is a complex area, but we are committed to trying to move into this area.

Deputy J.A. Hilton:

But presumably there will always be those children, like the ones that are currently in the U.K. and at Eden in the flat and transferred to Brig-y-Don recently. There will always be a group of those children for whom a professional foster carer would not be enough.

Service Director, Children's Services:

I do not know. Mark's statement about level 3; with the experience, with the support - and I think it is about the support that would be around them - you would have to have a vision that you could provide that. However, the fallback position is, there is always a complex one, you would not be able to deliver that. That would be our aim.

Deputy J.A. Hilton:

The only reason I say that is because I understand that some of those children are not just on one-to-one care, they are on one-to-2 care, and that is why I asked that.

Consultant, Paediatrics:

Nationally in the U.K., there are centres that will manage children who are beyond exceptional carer's provision, so they are usually facilities for a single child, so one child, with staff complemented for that facility alone, so often 6, 7 staff for one child. Those are national centres, so these are children who have to sometimes be travelling 300, 400 miles to such a centre. But they are exceptionally rare; most boroughs will be able to provide level 3 carers for children who have quite exceptional needs but not at the extreme end of the spectrum. Mostly that is about violence and difficulties on that level. What not having that level 3 provision speaks to is that if you run at capacity in your respite care provision, you do not have any flexibility. You are then stuck. If a crisis happens, it is going to affect the other children who are currently using that facility because they will not be going to a level 3 provision, and hopefully they will not be going to a hospital set-up.

The Minister for Health and Social Services:

No, that is the last thing you want to do.

Deputy J.A. Hilton:

I think that one of the difficulties when you are dealing with children on the autism spectrum who are accessing respite care, if the respite is cut they then have the added difficulty of coming to terms with the fact that their respite is cut, or if you try and change the provider that impacts on them greatly, as well. So, you cannot really be very flexible, can you?

Service Manager, Special Needs Service:

Yes, we have to manage that change well.

Deputy J.A. Hilton:

Yes, but it can, for those children, the more challenging children, have a quite a significant impact on them and maybe it could contribute to the family breaking down completely, because they just cannot handle the change.

The Minister for Health and Social Services:

But then, flexibility by any means can be difficult, and to be inflexible because of what you have said, but also it is important, as I said before, like the Island's size, because you do not have the numbers, what resources that we have, need to be as flexible as we possibly can to cope for each specific client's needs. So, it is difficult.

Deputy J.A. Hilton:

I accept absolutely it is really difficult here, because we are a small jurisdiction, we have not got the benefit of being surrounded by other counties; I do accept that.

The Minister for Health and Social Services:

There are some children away having care in the U.K.; I think that is sad, because I like to think that we are able in one way or another able to look after our own, and keep them here.

Service Manager, Special Needs Service:

Just in terms of the associated risks with those changes, you said you had had the opportunity to go down to Eden House, so I am assuming that you will have had the opportunity to have looked at some of the risk planning that is undertaken there, because I have to say the quality of risk assessment and planning and then the work that is done with families in terms of how you communicate with the individual and in particular the young person on the autistic spectrum, I have to say, it is exceptional there. If you have not seen that, it is worth seeing it just to understand, in terms of those very issues that you have touched on, how you best manage those changes. There are some exceptional examples of that work.

Deputy J.A. Hilton:

Are there difficulties with regard to Eden House because of the physical layout of the premises? Do you consider Eden House fit for purpose for dealing with those children with various challenging needs? I am thinking when it comes to if a child kicks off, for instance, how do you deal with that with open stairwells and corridors?

Service Director, Children's Services:

Some of the conversations I have had, initially with staff, since taking over this service, show they feel it is more appropriate for younger children, and then as the kids get bigger and more challenging, then that building does provide a bit of a challenge for that. When there are difficulties, there are stairs, all of that. So, it is an issue that we are aware of.

Deputy J.A. Hilton:

So what steps are you taking currently to address that issue?

Service Director, Children's Services:

When we look at this provision, particularly with these boys away, and we have thrown the Heathfield building into the equation now as to how we can provide care, so certainly with that building and the other buildings we have got, it is about looking at which is the best building to deal with the more challenging, and I think there is a school of thought which says Heathfield, which is slightly larger, bigger corridors, and could probably be better used for that age group.

The Deputy of St. Peter:

Coming to the conclusion that Heathfield may be a possible location for future services, I believe from our last meetings that there are 83 sites?

The Minister for Health and Social Services:

Eighty-six sites.

The Deputy of St. Peter:

Eighty-six sites in your department.

The Minister for Health and Social Services:

Across Health and Social Services.

The Deputy of St. Peter:

Yes, so you have assessed pretty much the available building?

Service Director, Children's Services:

That building is available to us because we have just emptied it. You talked about the use of specialists from outside. We have had some discussions with Richard Mills who is our external expert that we use. He has had a look at that building and feels very positive about it. We have commissioned a specialist architect with experience in this area to come and have a further look at that building, with his knowledge of similar facilities in the U.K., to make recommendations around that building.

Service Manager, Special Needs Service:

Yes, he was recommended through the N.A.S. (National Autistic Society).

Assistant Minister for Health and Social Services:

Yes, but to be fair, Housing built the building, and I agree that we are now addressing it. But if we had started at the beginning and we replaced Blanche Pierre with a community service, doing it again, if it is Heathfield or it is somewhere else, we have these professionals in to design out the dangers before we even build or before we redesign or refurbish. These are the people, and we took over a building which is brand new and it does the job. They are right; talking to the staff, they feel it is for younger children, because of a certain age if they become physical, it is very physical.

Deputy J.A. Hilton:

So, why do you think that the agencies who should have been involved were not involved in the design of that building, because presumably they knew at the time that it was going to be for children with more complex and challenging behaviour, so why did that not happen?

The Minister for Health and Social Services:

It was perhaps I think built with primary school children in mind?

Service Manager, Special Needs Service:

No, no.

Deputy J.A. Hilton:

No, I do not think it was.

Service Manager, Special Needs Service:

No, I was involved at that point, when that was developed, and at that time with the information that was available to us and within the resource that we had, that was the best that we could put together.

Deputy J.A. Hilton:

It is just compromising all the time.

Service Manager, Special Needs Service:

Unfortunately there is an element that it was, because at that time back in 2004 there was a limited resource that we had to be able to develop what is the existing Eden House. Since that time, there have been 2 different periods of further investment to address some of the knowledge and information that were required in that time. I have to say that from an architectural point of view, there is huge growth in understanding around the environment in terms of what we could or could not do, from that. I think what we do accept is that there are some young people who become quite large young adults with very complex needs that we have to look at individually and respond to uniquely. If you look at the history of the people that we have supported, we have quite a number of packages of care now out in the community with young adults who were the children coming through those services when we used to be up at Aviemore. I just take that back to the comment earlier about whether we are proactive or reactive, and again I would welcome the opportunity to talk to you about some of those packages, because there has been some really proactive work done around certain individuals that are very intensive to manage and maintain but are facilitating a great quality of life on an individual basis now. That notion of wraparound care and support for people to enable them to enjoy participating in the community, we have some really excellent examples of that, moving into our adult world, that has come through those services.

The Deputy of St. Peter:

Okay, well I think that probably draws us very neatly to a close today. Thank you very much for attending. We look forward to meeting with you again.

[16:27]