

### **Impact of cut to CAMHS budget**

Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Birmingham Children’s Hospital (BCH) for the City and have seen significant improvements to service delivery over the last few years.

The proposed cut to the CAMHS budget is £1.43m which is around 25% of the community CAMHS budget and equates to a reduction in around 25 - 30 front line clinical staff. Community CAMHS deliver services to vulnerable children and young people with a range of mental health difficulties including those with neuro-developmental disorders; children and young people with emotional problems such as anxiety and depression and those with severe mental health issues such as eating disorders; psychosis and obsessive compulsive disorders. In addition the service is delivered to children who are looked after by the local authority as well as those with co-morbid learning disabilities and substance misuse problems.

The impact of this will be described in this briefing.

#### **Context**

These proposed cuts to CAMHS must be seen in the context of previous savings which the service has had to make. 2011/12 saw a 10% cut from the Local Authority (LA) funding stream in the previous round of budget cuts. This was achieved by the service through redesign meaning that the level of service provision was not impacted and we were able to improve the quality of the service by improving access and reducing waiting times. The scope for further significant redesign is limited within the next financial year and so we will have no choice but to cut the service.

The proposed cut for 2013/14 alongside the dramatic cut to Voluntary sector funding (£4.3m) across the City will have a massive and hugely detrimental effect on the welfare and mental health of children, young people and families in Birmingham. This cannot be underestimated and all the good work, early intervention and treatment developed over the last 10 years for the well-being of Birmingham’s children will be lost and the City will revert back to what minimal service provision existed many years ago.

The introduction of what was the ‘Mental Health Grant’ some years ago was following the publication of the national service framework for children, young people and maternity services. This funding was allocated and ring fenced specifically for Child and Adolescent Mental Health Services to support those vulnerable young people who needed this type of help and intervention. This Department of Health funded grant (distribution by LAs) was used to support these children and young people targeting those with Learning Disabilities; looked after children and other vulnerable populations. Subsequently this grant has been subsumed into the previous Area Based Grant of the LA and then into their total baseline budget. This means that currently what was ring fenced funding for vulnerable groups in the City is now able to be removed having a devastating impact on young people and families of Birmingham.

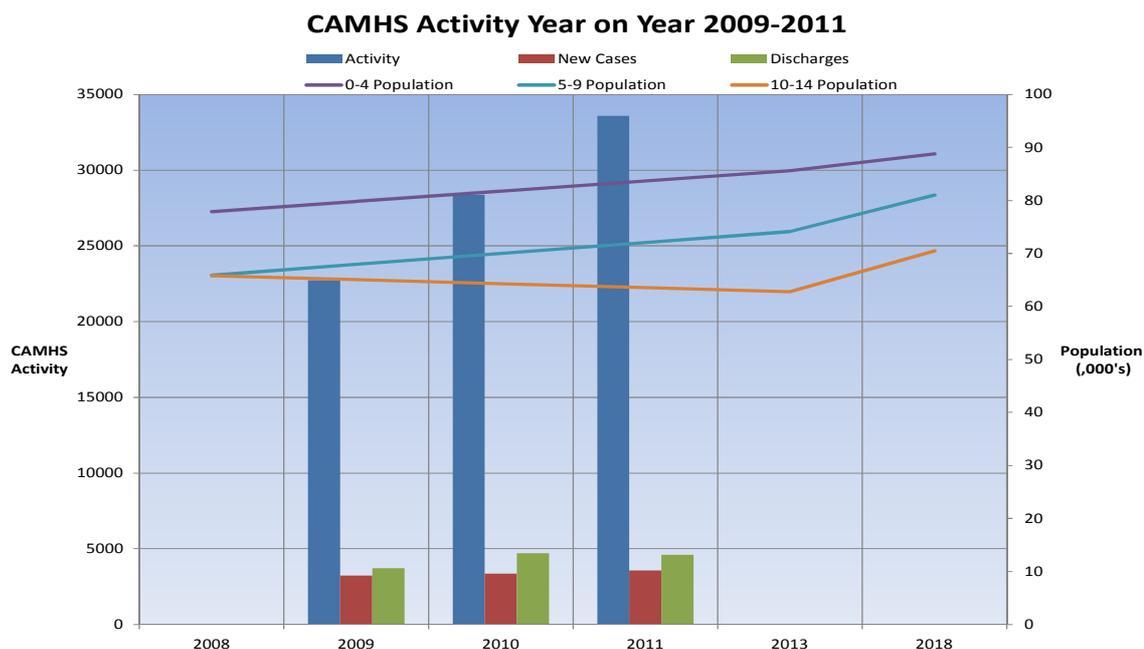
#### **Data and population growth**

Birmingham has a young population which is growing with forecasts of an increase in the under 16 population of 15.6% by 2020. The City currently has a population of over 1 million in total (ONS

2012) of which 22% is children and young people 0-15 years. In contrast to the national picture from the recent census, Birmingham has more children than pensioners. In addition over one third of the City is of an ethnic origin other than white and it is predicted that in future Birmingham will become one of the first majority non white City in the Country.

The child population growth will also mean that there will be a growth of those needing mental health services which currently stands at 10% of the child population. Financial austerity and continuing job loss and hardship indeed will impact on this figure. The proposed cuts to a service crucially dealing with a growing number of children and young people facing emotional and mental health difficulties will have a significant ‘global’ impact on the emotional health and wellbeing of the children of Birmingham.

BCH CAMHS activity and contacts have increased year on year for the last 3 years as can be seen in the chart below. This is in the context of a reducing workforce. However, as efficiencies have undoubtedly been made, a loss of £1.43m would mean a workforce cut of about 25%. Transformation and efficiency cannot in any way seek to ensure the levels of current activity and quality of service are maintained going forward, particularly in light of the population increases.



**Quality and Standards of care**

As an NHS provider of services we have a statutory obligation to deliver high quality and effective services in line with NICE guidance and other standards. In addition our population using the service need assurance that they will get access to timely, appropriate treatment and care as detailed in the NHS Constitution which is a legal requirement.

The mandate to the NHS Commissioning Board is that interventions for children with mental health problems should follow NICE guidance and people should have full access to these. In addition

children and young people’s access to psychological services has been highlighted as a continuing area for further growth. Access to such interventions will be limited both in terms of reduced numbers of families seen and the length of time in the service should the proposed cuts be implemented.

Interventions may be sub optimal in order for the service to meet demand even with reduced access. The impact of this will mean that children and young people do not progress as well as expected and additional mental health support would be needed in the future from both health and social care.

For example, children with severe and ongoing complex needs presenting with challenging behaviour, place a considerable burden on their families’ resources to help cope with the situation. Often this means both direct support from CAMHS to the young person themselves plus support and intervention for parents to enable them to cope with the difficulties they face on a day to day basis.

Without this support many families would be unable to cope with the continued challenge and more children may end up with both entrenched and long term difficulties needing adult mental health care but also requiring residential care as children. For example

Case study :

A 5 year old boy was referred from community paediatrics owing to increasing challenging behaviour and assessment for Autism plus high level anxiety following concerns from his mother who was becoming concerned about his behaviour which was impacting on all aspects of his life at such a young age.

Seen by CAMHS for full ASD assessment at school, individually and with parent. Single mother attended parenting /psycho-education group to help with her development of coping strategies and support plus information sharing about her son’s condition. Multiple sessions to help with anxiety management with both son and Mother and introduce techniques which would help reduce anxiety levels and enable young boy to function.

Multi-agency liaison and care planning with other social care/education professionals to ensure appropriate package of care put in place for young boy. Continual, ongoing support as each day different for Mother and her Son and each transition brings its own problems.

Mother describes CAMHS as ‘saving her life’ and enabling her and her son to be living together still. Without the level of help and intervention offered to her she feels she would not have been able to manage her son and her son would have just ended up not functioning or having any possibility of a quality life.

Alongside this, such a reduction in provision would mean a possible greater reliance on drug therapy and a rising drug bill. This will only exacerbate the lack of access to psychological therapies available for children and young people and not meet the current agenda of delivering increased forms of talking therapies.

In terms of quality, BCH CAMHS has recently had two peer reviews from the Royal College of Psychiatrists Quality Network for Community CAMHS.

Initial feedback indicates that the service is both meeting essential standards and exceeding some standards on a whole range of domains and delivering good quality services to users and families. These reviews took place in two of our ‘vulnerable’ population areas of Learning Disability and Heart of Birmingham CAMHS where high levels of deprivation exist.

We therefore know that our services are delivering excellent care and treatment, externally benchmarked and are seeking to move to a service model which aligns itself with the Local Authority model of delivery across the City in order to integrate and deliver better whole systems services for children and young people. This, we feel, will help improve the current failing children’s services within the Local Authority and help improve safeguarding practice. If the cut to services is implemented we will be unable to deliver such an improved, integrated re-designed service model which will clearly impact on the Local Authority.

In terms of equality, those children and young people residing in neighbouring districts, e.g. Sandwell and Solihull, who are not subject to such devastating cuts, will have access to specialist mental health intervention and support at a much earlier point in their presentation. This is not in line with the principle of equity of access to services regardless of where you live. This is particularly relevant given the levels of deprivation and numbers of children in need in Birmingham and an Equality Impact Assessment must be carried out to fully assess the implications.

#### **Reduced access; reduced workforce**

BCH Community CAMHS has improved waiting times considerably over the last three years; introducing a nationally recognised capacity and demand model (Choice and Partnership Approach CAPA) and having a leadership team which has focussed on the ensuring access to the service is timely and appropriate.

Consistently 90% of families referred to the service receive treatment within 18 weeks which is one indicator of a quality service and feedback from families in terms of waiting times has improved dramatically.

The proposed cuts to the service would affect around 25-30 front line clinical staff who would be made redundant and the improvements in access the current service has secured would be completely unsustainable. In real terms this would mean referral criteria becoming more stringent and approximately 1200 (at least) less referrals managed within the service meaning many children and young people not getting the mental health support they need.

Much research and experience tells us that early intervention with families is the best way to help build resilience for children and young people. By withdrawing such a significant proportion of the funding for community mental health services for children and adolescents this will inevitably increase the likelihood of their difficulties escalating. This will mean an increase in cases presenting with more long standing problems and often in urgent and high risk situations. These children and young people will then need longer and more intensive treatment packages.

In addition to more entrenched difficulties many children and young people may need costly inpatient or social care provision. These children and young people presenting with more complex problems will need more support which is not a cost effective way of delivering services and not consistent with the principle of prevention of illness.

### **Patient experience**

BCH CAMHS has worked extremely hard to improve our services over the last 2-3 years and ensure both engagement of families and young people in a more strategic way and ensure the experience of the service is a positive one.

For example we have implemented the CAMHS at home service whereby patients that were previously managed as an inpatient are now supported by the CAMHS team at home. Families are reporting that this provides a much improved experience and outcome. Another example is that we have set up a Place of Safety service for Birmingham young people so that they are supported in a specialist CAMHS service rather than a local police station. Both of these services are available for Birmingham young people however we know that they are not available in other towns and cities.

Consistently our patient feedback demonstrates high quality of care and treatment delivered by clinicians who are empathic, listen to families and are valued in terms of their knowledge. A recent national report (CORC) which measures outcomes of treatment indicated that Birmingham CAMHS achieved higher than the rest of the collective members in 11 out of 12 patient experience indicators.

Any cut to this extent of the service would severely affect our ability to deliver such high quality and effective services for families of Birmingham.

### **Impact on other provision- increasing risk**

As mentioned a prioritisation of need would be required and current demand indicates that it is the older adolescent group of young people who more regularly present in crisis and any cuts to services would mean this would be the main group of young people having access to the service as emergency provision will of course need to be provided. This will result in the support and guidance to parents and interventions with the younger primary school age children will invariably decrease.

This will also result in support to schools being withdrawn and primary care and universal services having to hold increased risk and manage younger children with challenging behaviour problems. In particular this would affect the special schools within the City with those with very challenging and complex children. However, a lack of early intervention provision would affect all schools as that level of consultation would not be available in a much reduced service.

In addition the help from the voluntary sector will also have been removed leaving schools and primary care (GPs, Health visitors, school nurses etc) to manage cases with no additional support.

This could lead to increased exclusions for children with difficulties which could have been managed in school if a range of alternative service provision had been available to them.

The trajectory for these children becomes one of a potential downward spiral which sees their difficulties escalating and their life chances and opportunities becoming significantly decreased.

As difficulties escalate through a lack of appropriate early support the need for complex family interventions rise and indeed the current huge financial demand on social care to provide placements for children will no doubt increase as families become unable to cope with escalating problems.

### **Redundancies**

The proposed cuts to the BCH CAMH Service equate to around 25-30 front line clinical staff being removed from the workforce. The financial cost of redundancy is estimated to be over £1.1 million. As a result of the nature of the funding reduction in terms of its timing it is unlikely that any of the staff affected could be redeployed elsewhere in the NHS and the financial, cost will therefore fall to BCH. The Trust is not funded for this and the unintended consequence is likely to be further service cuts to fund the redundancy bill.

### **More alignment and integration**

Whilst we appreciate the enormous difficulty and task ahead of the Council to ensure financial stability we seek to work with the Council to explore other options to reduce costs and continue improving services, building on the improvements already made. For example there is an opportunity to remove duplication of effort, streamline pathways and to increase training to school staff.

Our current service redesign has been predicated on aligning ourselves more closely with the model of delivering children’s services in an integrated way within Birmingham. We are seeking to work closely with the IFSTs through joint delivery at Children’s Centres and schools for instance.

We are still working through the impact of the cuts but would expect this to lead to more centralisation of services, with little alignment to LA services, little out of hospital support available and a focus on dealing with crisis. This is not in line with principles and priorities identified in the Business Plan.

We know that significant costs are associated with children and young people needing residential placements and would seek to work closely with the Council to repatriate these young people with complex needs and helping meet their mental health and emotional well being needs closer to home.

By making the drastic cuts outlined in the proposals these out of area costs will only increase as local services will be unable to meet the needs of these children and young people.

### **Impact of withdrawal of the Hospital Social Work team**

The Hospital Duty and Assessment Team have been located at BCH for a number of years and offer a service to all other acute trusts across the City. It deals with all new child protection referrals for children living in Birmingham who are admitted to the hospital. Children who attend Emergency Departments, outpatients and those admitted to the CAMHS Unit at Parkview are not dealt by the Hospital Team but are referred to the Area Teams.

The model of practice as described was identified as a good model of practice as by CQC/OFSTED Inspection.

Quote for CQC/OFSTED Inspection 7-18 June 2010:

*“46. Partnership working is inadequate overall. The partnership has failed to identify and tackle in a co-ordinated way the profound and longstanding problems facing the safeguarding and child protection services which is leaving children and young people unprotected and at continuing risk of suffering significant harm. However, there are examples of good partnership working at operational levels that are being built upon. **The hospital-based social work team at Birmingham Children’s Hospital has contributed to effective working between health practitioners and social work staff.**”*

(Inspection of safeguarding and looked after children services: Birmingham)

*Model of practice 2010:*

A referral is made to Hospital Team Referral and Advice Officer who will process the information and discuss with Senior Practitioner/Team Manager. If it is deemed to be a child protection concern, a Strategy meeting is held at the Hospital within 24/48 hrs. This is chaired by the Team Manager and attended by the Social Worker, Consultant in charge, Ward Nurse, HV, Police, Education and Child Protection Nurse. A collective decision is made re further action to be taken. The Hospital Social Worker will carry out the necessary assessments before the case is transferred to Care Management Team based in the Area Teams for long term involvement. The Hospital Social Worker may therefore be involved with the case for approximately 3 months.

The benefits of this model are as follows:

- The speed of response from referral to assessment is quicker, and the initial stages of the process are improved through better communication, understanding and exchange of information amongst different professional groups.
- Efficient and coordinated service to the child/family involved.
- Good working relationship between Social Care and Hospital with trained staff who become a core part of the multi-disciplinary team.
- Expert opinion is readily available from medical staff.
- Safe and timely discharge for the child.
- Promotes better understanding of partner agency’s functions and work pressures.

Due to the changes imposed by the Social Care New Operating Model in September 2011, a number of changes have taken place in terms of the Team structure and working practice.

- The referral and Advice Officers have been removed and placed in the Central IAT Team in December 2012. (see Appendix 2a)
- The current Social Worker Team is working on a 6 monthly Seconded Basis.

The removal of Advice and Referrals Officers is a recent development and Trust staff are already experiencing problems in making telephone contact with them which is causing a delay in having a discussion and making a child protection referral about a child who is attending hospital including the Emergency Department.

### **Specialised children’s hospital**

It needs to be recognized that Birmingham Children's Hospital is a specialized hospital with dedicated services for children. Some of the children are known to the hospital on a long term basis and therefore are regularly seen in the Emergency Department, Outpatients and Inpatients. The workload is therefore different by comparison to other Acute Trusts across the city.

The services provided include children with highly complex and challenging needs. Their length of stay in hospital gives an opportunity for staff to provide holistic care to the child and alerts them to child protection/safeguarding concerns. This could be by a direct disclosure by the child, staff observation of parental capacity, parental interaction with the child/siblings or parent disclosing domestic violence/mental health issues/alcohol drug dependency.

It is also the regional designated trauma centre. It admits children from across the City and beyond when specialist intervention is required for example, PICU, Burns and Neonatal Unit.

Some of the children will be admitted with serious and life threatening non accidental injuries. It also works under the West Midlands SUDIC protocol in terms of sudden and unexpected child deaths.

***An efficient and co-ordinated multi-agency response is therefore critical in dealing with such children.***

### **Increased risk**

Removal of the Hospital Based Social Work Team could lead to the following risks:

#### **Process:**

- Potential time delays in accessing the offsite Referral and Advice Officers to make a child protection referral could impede the child protection process.
- The risk of Hospital referrals not being prioritised by Area Offices could affect a timely assessment and discharge process for the child.
- Inefficient service provision to child/family as the Social Workers are not based on site.
- Area based Social Workers may not be familiar with Hospital personnel and processes which could lead to poor information sharing and may have a negative impact on the child/family.
- Increased costs due to increased time to process referrals

### Relationships

- Could lead to poor working relationships as hospital staff dealing with various Team Managers/Referral and Advice Officers/Social Workers who are unfamiliar with the Hospital setting.
- Poor communication/information sharing with Area Teams who are not familiar with the Hospital model may lead to unsafe discharge of the child from the hospital. **(Shortcomings in multi-agency working and information sharing are frequently identified as contributory factors in child protection failures as identified by various Serious Case Reviews).**

### Outcomes for children

- Decisions being made without full consultation with Hospital staff may be detrimental to the child’s welfare. **The Hospital works explicitly in line with the Climbie Recommendations (The Victoria Climbie Inquiry 2003) and therefore it is imperative this is taken into consideration by Social Care when a child protection referral is made by the Trust.**
- Potential to reduce attendance by hospital personnel at strategy meetings due to omission by Social Care, meetings being held off- site and consultants not being able to attend due to acute clinical commitments.
- **A model which was seen as good practice by OFSTED/CQC is discontinued**

### **A recognised and successful model**

Benefits of the team being at BCH are as follows:

- Effective inter-professional communication and cooperation is seen as central to the promotion of children’s wellbeing as well as enhanced benefits for service users.
- Co-location promotes better teamwork and information sharing. The Munro Report identifies Multi-Agency Safeguarding Hubs as a good practice model. The Hospital model can be seen as a similar model.
- Team can be easily accessed by children and families attending the hospital.
- Face to face discussions with Social Worker/Team Manager rather than via telephone.
- Opportunity to discuss cases with Duty Social Worker/Team Manager before making a referral thus minimising number of unnecessary referrals.
- Social Workers can access expert opinion from medical staff or have a face to face discussion on site.
- Specialist medical opinion available on site.
- Good partnership and collaboration with the Trust Child Protection Team which enhances good service delivery to children and families.
- Better communication, sharing of information and documentation.
- Social Workers can request up to date information on siblings attending the hospital as part of their assessment where appropriate.
- Team Manager is a valuable member of the Trust Safeguarding Committee.
- Build on good model of practice as identified by recent CQC/OFSTED Inspection.

**As well as responding to the consultation we have included our response to the recent decision to remove referral and advice posts from the hospital.**

#### **FOREWORD FROM ASSOCIATE SERVICE DIRECTOR (JENNIFER TURTON, BCH)**

On the 10<sup>th</sup> December I met with Kay Child to discuss the updated position regarding the Referral and Advice posts currently located at the Trust. At this point it was indicated that the final decision had been made that these posts were to be moved off site and that this would take place imminently (within the next week to two weeks). I explicitly voiced my concerns and resistance to the pace of this move. Accepting that the decision to move the posts lies with BCC, I still felt that the process by which this was done needed to be further considered and defined and appropriately risk assessed and communicated internally to ensure that all parties were aware of the change and new arrangements.

I was extremely disappointed and concerned to discover (via our Chief Nursing Officer) on the morning of the 13<sup>th</sup> December that this move had already taken place the previous day. I feel that having raised such clear concerns on the 10<sup>th</sup> it was remiss and professionally discourteous not to have been directly and formally notified that the posts had now been moved. I also feel that none of the concerns I raised had been addressed. I was provided with a set of minutes from November 2012 whereby the potential to move the posts has been discussed, but would raise serious concerns about the accuracy of these notes which imply support for the move from Pam Rees and Deepthi Jyothish which is not the case.

I hold ongoing concerns about the safety of our patients and the quality of their care and experience as a result of this move. I have not been provided with any evidence or supporting information which outlines the new arrangements and processes or how risks have been taken into account and mitigated. In an email from 13<sup>th</sup> December Kay Child states:

*‘In relation to risk assessment and EqIA, the point of this exercise is to secure proper governance and accountability for all social care activity coming from hospital settings, there will be no change to the social work service and an enhanced response from a greater number of R&A officers properly supported by on site qualified social workers, team managers and a service manager all with specific responsibility for referral and advice activity .’*

This response merely outlines the broad principles and intentions and does not address the operational detail and mechanics of the new system.

In summary, I feel that the process has been executed with excessive haste and insufficient assessment or communication to stakeholders and relevant parties.

### **Impact of other cuts**

The Business Plan recognises the importance of early intervention, citing it as a ‘guiding principle’ that can save money in the long term. It sets a priority to tackle inequality and deprivation and to safeguard children.

The proposed budget reductions contradict these principles and priorities by reducing some of the services that support early intervention and tackle inequality, for example (all references are to the budget reduction consultation document):

- 1. Voluntary sector funding- the proposed reduction will result in more than 5500 children and young people not receiving services as diverse as short breaks for disabled children, home start and intensive family support as part of a child protection plan.***

All of these services play a vital role in supporting families who are already identified as struggling, preventing escalation of problems. A reduction in these services will mean reduced support for parents accessing services and those with children who also have a learning or physical disability are increasingly anxious about their ability to cope when services are reduced.

The thresholds for services are already high, accessed only by those in most need. There is now much concern from parents that the eligibility criteria will be changed and that this will impact negatively upon them.

The voluntary sector bridges the gap and supports parents to be able to manage their children’s additional needs. With the anticipated reduction in support to families, children and young people will be less likely to develop and be supported to lead fulfilling and independent lives. The burden of care will fall upon their families. The council has a legal responsibility to provide care to these children and young people at times of crisis. Should the proposed budget be accepted crisis management will become the norm.

Children with disabilities are recognised as Children in Need (Section 17 Children’s Act). Social Care has a duty of care to provide appropriate support, which might be the provision of short breaks or family support. Anecdotally, families are already reporting a reduction in the short breaks offered to their children. Our families also tell us that they are experiencing a reduced availability of specialist childcare and childcare during the summer holidays. This support is vital as it keeps parents in the work place.

The proposed budget cuts will see purposeful reduction in number of disabled children in residential care. This strategy can only be successful if targeted support remains in place and at an appropriate level. It should be considered that residential care is always a difficult decision to make. If children and young people and their parents/carers are confident with the quality of the residential care they may resist a potential change of care provision.

Families report that it can take a long time to access resources from the Disabled Children’s Occupational Therapy team. While the planned changes to service are described to be from efficiency saving with no expected change to service provision any alterations to this plan will impact negatively upon families and children/young people.

CAF, CIN and Child Protection plans are only worthwhile if there are services to refer to that can engage with families and offer support. Multi-agency working and multi-agency support plans need services in order to be more than a paper exercise.

CAF is embedded into practice at BCH, particularly in relation to discharge planning. CAF plans often identify the need for family support for safe discharge.

***2. Re modelling and integration of preventative and targeted services - This proposal relates to the integration of the Education Welfare Services, Integrated Family Support Teams, Connexions, elements of the Children’s Social Care and Children’s Centre services. It is anticipated the services listed above will be configured around Council-managed Children’s Centres, which may realise savings through the rationalisation of management posts and salary grades.***

***24. Children's centres- £2m of the proposed saving will be achieved by reducing central budgets for non core elements of provision. The remaining £1m will be achieved by a percentage budget reduction to centres applied with due regard to deprivation levels of the areas they serve.***

It is acknowledged that there is benefit to co-location of services that can provide more effective communication and aid inter-agency working. However Birmingham LA children’s services have undergone significant change and reorganisation over past years leaving many colleagues and families confused. A period of stability is essential for families and professionals knowledge and confidence to increase, ensuring effective and appropriate use of the right service. Families need to get the right help at the right time from the right service, this is extremely difficult when services are constantly changing how they are configured leading to inappropriate referrals, misuse and missed opportunities to support children effectively. If children’s centres become solely targeted in areas of deprivation their role in early intervention and prevention will be diminished as they become less accessible and potentially less acceptable for the majority of families.

Effective leadership and supervision is a feature of numerous serious case reviews. The rationalisation of management posts during a period of change and reorganisation may lead to unsafe working practices. Social service teams are already working in challenging conditions with a requirement to improve practice. Good leadership is essential to good practice.

The public health role of all the teams mentioned above should not be underestimated, whether in terms of breast feeding rates, mental health and well-being, child obesity or antenatal advice amongst many other issues. All of the services listed impact on the social determinants of health and contribute to reducing health inequalities. As the LA takes on new public health responsibilities, the breadth and diversity of the work already being done should be acknowledged.

For BCH, many families are referred to the local children’s centre and IFSTs for advice and support. The many recent changes to service configuration makes it difficult for staff to maintain a clear understanding of what is available. Any further changes need to be made clear and a period of stability would support staff to appropriately refer and reduce the risk of children falling through the gaps.

Preventative work in terms of the public agenda is crucial and BCH recognises the value of LA staff and their role in particularly antenatally and with preschool children. Much of this work happens in Children’s centres and any reduction in provision is likely to have an impact on health outcomes both short and long-term.

The proposed changes for social care based on the ‘Right services-Right time continuum of need’ model rely on universal services providing coordinated early support to families with identified needs. This will often be part of a CAF plan and dependent on access to local services for families, significantly family support services from children’s Centres. The introduction of this new model, at a

time of service cuts, in the context of the recent Ofsted report and improvement notice, would seem to make no sense.

***14. Parent Partnerships - The service is currently provided by the Council to meet statutory requirements and involves working with parents of all children with special educational needs to provide information and publicity, training, advice and support. The proposal is to review and possibly outsource the Parent Partnership service.***

The parent partnership is a valuable resource to some of the most vulnerable families with children with special needs. They provide an advocacy service and support families to ensure their child gets the right provision at the right time. The SC landscape is complex, more so for families with literacy, language or disability issues. They need access to a service that can offer support in finding their way through. A reduction in the parent partnership service would contradict the aim to tackle inequality. For many families there is inequality of access to services, the most vulnerable are often the least likely to get what they need. Services that speak on their behalf are essential to reduce inequality.

Families will be unable to access advocacy services. The planned reduction of budget to and service provision of the advocacy service for young people when added to the planned reduction in the Parent Partnerships will severely restrict access.

**Examples from Practice to support prevention, early intervention and multi agency support for BCH patients.**

**Case Study One**

A patient at BCH is 12 months old and has been with us since birth. She has complex health problems that are lifelong and life limiting. Her mother is 21 years of age, immature and has difficult relationships with extended family members. Her father is also young, has not been able to adjust to the child’s health problems and has not visited the child during admission. Discharge planning has been complex, starting with a CAF and leading to SW support following referral by CAF to the disability team. Six months of multi-agency working has allowed for a safe discharge to grandparents, dependant on a multi-agency support plan being put in place. The support from social care was limited and difficult to negotiate. This included the provision of short breaks (hospice), family support and NHS funding for equipment.

Without substantial support including the provision of short breaks, it is unlikely that grandparents will cope long term. Parents are not able to care for the child safely. Inadequate support will lead to potential re admission and consideration of foster placement.

**Case Study Two**

We have an outpatient with complex health problems whose parents were at crisis point. A CAF was completed by BCH staff, resulting in an onsite CAF meeting that identified the need for family support from the children’s centre, additional respite, sibling nursery placement, effective information sharing and joined up multi agency work. All services were provided as part of the CAF plan.

This family was on the brink of complete breakdown and professionals were concerned that the children were potentially at risk of harm without the appropriate support being put in place.

Services did respond appropriately however the planned budget reductions would potentially mean this child would not have had access to the services needed. The situation could have escalated with negative outcomes for the children and potentially more costly interventions.