# Joint Resource Allocation Panel Guidance for Practitioners

### Purpose of the Joint Resource Allocation Panel (JRAP) child young people

JRAP is the forum for:

- Multi agency decision making and a key driver for achieving good outcomes for children and young people who have been assessed as vulnerable and have long term complex needs.
- Endorsing joint funding for independent sector placements from Health, Education and Specialist Children's Services (SCS)
- Identifying the needs of children and young people with complex needs and behaviours that will inform future joint commissioning strategies and provision planning
- Where any changes of need resulting in modification to the agreed provision and associated costs are returned to JRAP for further endorsement.

### **Principles**

The principles underlying jointly commissioned or agreed placements are:

- All agencies will act in the best interests of the child, recognising their corporate parenting responsibilities for disabled children and children in care
- Clear recognition of the Children Act requirements for:
  - > Children to be looked after in their families wherever possible
  - Family contact to be maintained by placements being made as locally as possible
- Ensuring the right services and provision are in place at the right time
- Decisions are made on the basis of evidence of children's needs and evidence of the effectiveness of the proposed provision
- JRAP will adhere to the \*Caldicott principles
- Ensuring decisions made will improve outcomes for the child
- The effectiveness of placements will be kept under regular review, minimum annually, and a review date will be set by JRAP, taking into account the views of those who are using them, and whether they continue to meet changing needs.
- To recognise the importance of joint strategic planning and commissioning ensuring an emphasis on consistency and equity within available resources
- In line with the Children and Families Act 2014 there are joint assessments, commissioning and review arrangements of children's health, education and social care needs
- Reflective enquiries to understand placements that end prematurely. This will be undertaken by a separate working party reporting to JRAP
- Ensuring best value from the public purse

# **Decision to seek an External Placement**

All Kent's children and young people will be educated, cared for and have their health needs met through Kent County Council and NHS Kent provision. For a small number of children and young people with multiple and/or complex needs a decision to seek an external placement will only be agreed where it can be satisfactorily demonstrated that:

- Flexible local packages have been exhausted
- There are no appropriate local facilities
- There is evidence that the child's needs are so complex that a specialist provision is required.

Where this is the case the relevant level of written authority, or confirmation of the agency panel decision within each agency must be obtained to search for an external placement. Once in place the process applies.

#### Process

JRAP meetings are held monthly on the first Tuesday of each month unless advised otherwise. The panel consists of representatives from Education, Health and SCS. Any referrals for JRAP need to be fully completed and sent to the panel administrator two weeks prior to the JRAP meeting at <u>admin.jrap@kent.gov.uk</u>

For a referral to be considered by JRAP it must be as a result of a placement being funded by at least two agencies. If only one agency is recommending a placement the request must be dealt with through that agencies process not JRAP. For SCS this will be the Access to Resources panel or Children in Care panel.

JRAP will consider the case on the papers presented and each case will be presented by the referring agency representative, for SCS this will be the social work area manager, Education a senior manager. Health will identify the appropriate lead officer.

There are 4 steps in the JRAP process:

- 1. Raising and completion of the JRAP Referral Alert
- 2. Completion and submission of the JRAP referral
- 3. Referral/placement choice and funding form endorsed at panel
- 4. JRAP review of placements

There are 3 parts to the JRAP referral form:

- 1. JRAP Referral Alert
- 2. JRAP Referral
- 3. Outcome Note

The JRAP referral form can be obtained from JRAP administration officer <u>admin.jrap@kent.gov.uk</u>

### **JRAP** Referral

#### JRAP Referral Alert (part 1)

The JRAP Referral Alert triggers assessment by other agencies in relation to whether in their view a residential placement is required and further, the potential to share costs and resources for the placement between agencies. *N.B: Consent from the parents and/or child/young person (if over 16 yrs) needs to be obtained for health to undertake an assessment.* 

The JRAP Referral Alert will be completed by the 'lead professional'/referrer who initiates the request. Once completed this must be sent to the JRAP admin officer at admin.jrap@kent.gov.uk. The JRAP admin officer will reply and forward this to the other relevant professionals e.g. health and education initiating the professional assessment network. The referrer will then liaise with agencies for each to undertake a thorough assessment and/or the provision of information to contribute to, and inform placement choice, discussion and proposals to internal agency panels. These discussions will take place prior to the JRAP panel and be brought to JRAP to be endorsed.

The Health assessment is required to be completed within 28 days. If the assessment is not completed within this time scale all parties must be informed. If there is no reasonable revised date for completion of the assessment the matter should be escalated to the relevant SCS Assistant Director and/or the Accountable Officer and senior manager within the CCG.

Each agency should make clear in their assessment what their own responsibility is in relation to the referral either for funding, allocation of resources or declining both of these and not supporting the proposal for a residential placement. The assessment should provide evidence of actions taken by each agency prior to the case being brought to JRAP.

In all cases, the decision regarding placement will be taken following a multidisciplinary assessment having regard to the holistic needs of the child and family as to what provision is required. Once agreed that a placement is required the lead agency should ensure funding is agreed from their own agency and what contribution other agencies will make to the provision. In principle agreement for funding must be in place prior to JRAP from each agency.

When undertaking assessments it is important for staff not to infer or state possible outcomes prior to assessments being completed and JRAP endorsement for funding of placements as this can raise expectations unnecessarily. An initial placement search should commence by each agency following assessment where there is agreement for joint funded placements.

The date the initial sharing between agencies of the appropriately completed JRAP Referral Alert form will be the date that any placement costs which are agreed commence from, or the date of commencement of the placement – whichever is first. Where agreement cannot be reached regarding funding by each agency a formula will be applied to the overall cost until any alternative arrangement is agreed. Any delays in agencies reaching a funding agreement will incur costs that will be backdated to the initial point of sharing of JRAP Referral Alert form.

Any change of assessed need resulting in a change of provision and cost will initiate further assessment via JRAP Referral Alert form. The proposed changes and associated costs will require to be agreed by each agency followed by endorsement at JRAP.

# JRAP Referral (part 2)

Once assessments and in principle agreement for funding/resources has been obtained from each relevant agency and a resource identified the JRAP referral should be completed. The JRAP referral (parts 1 & 2) and accompanying evidence must be submitted a minimum of 2 weeks prior to panel to the JRAP administrator admin.jrap@kent.gov.uk

- The completed JRAP Referral Alert must be submitted with the JRAP referral
- Each referral must have appropriate management approval before submitting
- Each line manager is responsible for checking the quality of the referral documentation and evidence
- A poor quality referral can lead to delay and may not be accepted. Where this is the case the relevant line manager will be informed
- A lead officer needs to be identified who will need to show evidence of liaison between each agency involved in the referral, this would usually be the person initiating the JRAP Referral Alert (\*\*as above)
- A breakdown of costs to be paid by each agency including core costs and any additional costs along with the recommended duration of the placement. This should be calculated by percentage and financial cost where any provider request additional costs the reason why these are requested need to be clarified and a clear rationale provided.

# Referral evidence required

The following evidence is required for each JRAP referral and must be submitted with JRAP Referral Alert (part 1) and JRAP referral (part 2):

- The completed assessment by each relevant service in relation to whether the child or young person requires a residential placement. If the assessment supports residential placement supporting evidence and rationale for this must be included within the assessment.
- Possible assessment formats are:
  - Health: Continuing Care, recommendation by CAMHS etc.
  - Social Care: Child and Family assessment, Access to Resources panel
  - o assessment/request and panel minutes
  - Education: the assessment has already been completed and the provision identified in section F of the EHCP, plus evidence that no day placements are available.

- Before any placement can be considered the following checks must take place. The residential unit/school has been approved or registered by Ofsted and where necessary the Care Quality Commission (CQC), has been visited if required by the appropriate practitioner, all relevant documents have been checked in line with departmental processes including the latest Ofsted reports and in some cases references from other placing authorities may be requested. For SCS these checks will be carried out by the Access to Resources Team, for Education (SEN) these checks will be carried out by SEN Area Manager.
- When potential placement(s) have been identified, the lead officer should make a recommendation on which is the preferred option and why. Where more than one placement can meet the CYP needs, a decision will be made by JRAP or the Chair of JRAP on the basis of the most efficient use of public money to meet identified needs.
- The provider will need to demonstrate the purpose of any additional funding, why it is essential, duration of the additional funding, how the impact will be monitored and reviewed against clear outcomes. A clear step-down timescale will need to be included and a recognition that in most cases this is for a limited period of time only.
- If referral evidence is not passed to JRAP then the case may not be heard and will need to be considered at the next JRAP Panel.

A social worker cannot make a recommendation for a residential placement without the relevant Assistant Director's authorisation.

In relation to education a SEN officer cannot recommend residential placements unless is based on distance grounds. Any agreement for residential must be endorsed by the Area Manager or County Manager.

Health can only recommend a residential placement based on health needs. This will have been authorised by a Director or Chief Nurse for the child/young person's CCG.

The ongoing review of provision to ensure the child's assessed needs continue to be met as defined within the Children and Families Act 2014 (s27) will take place within the existing review mechanisms e.g. CiC review, SEN review, EHCP review. Each agency will use internal review mechanisms to monitor placements against children's defined needs and outcomes.

### JRAP

The panel considers all referrals and if appropriate will endorse the request for funding. Notification of decisions and rationale are circulated via an Outcome Note (part 3) within 5 days of panel taking place. This includes any decisions not to endorse requests. The Outcome Note includes funding arrangements and agreement to these by each agency, any actions to be undertaken with timescales and named individuals responsible for these and the JRAP review date. The Outcome Note is sent to the referrer and those named agency representatives who have undertaken assessments as detailed in the JRAP Referral Alert and panel

members. It is the responsibility of the referrer to inform others e.g. parents, children and young people, Independent Reviewing Officer, advocates etc of the panel decision. Referrers are asked not to speculate on the panel decision but to wait for the panel decision before sharing the outcome.

The JRAP process culminates in consolidating all 3 elements of the referral; JRAP Referral Alert (part 1), JRAP Referral (part 2) and the Outcome Note (part 3) into a PDF document and circulating this to those identified above along with storing this in the JRAP files. Referrers will need to file a copy in the child/young person's agency file.

# Change Form (Form 4)

Where there is a request for a change in cost to an existing JRAP placement the lead agency will initiate and complete a Change Form. This form will be presented to JRAP for endorsement amongst agencies. This will be followed up with a completed outcome/ funding form which will be shared with the lead agency.

Circumstances in which the change form would be completed include:

- Increase/ decrease of funding e.g. increase or decrease of weeks attending a placement
- Additional/ removal of support
- An agency removed funding

If a change in placement venue is required, then the JRAP process will begin once more with alert 1.

# \*Caldicott Principles

1. Justify the purpose(s)

Every single proposed use or transfer of child or young person identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed, by an appropriate guardian.

2. Don't use child and young person identifiable information unless it is necessary

Child or young person identifiable information items should not be included unless it is essential for the specified purpose(s) of that flow. The need for the child or young person to be identified should be considered at each stage of satisfying the purpose(s).

# 3. Use the minimum necessary child and young person-identifiable information

Where use of child or young person identifiable information is considered to be essential, the inclusion of each individual item of information should be considered and justified so that the minimum amount of identifiable information is transferred or accessible as is necessary for a given function to be carried out.

4. Access to child and young person identifiable information should be on a strict need-to-know basis

Only those individuals who need access to child or young person identifiable information should have access to it, and they should only have access to the

information items that they need to see. This may mean introducing access controls or splitting information flows where one information flow is used for several purposes.

# 5. Everyone with access to child and young person identifiable information should be aware of their responsibilities

Action should be taken to ensure that those handling child or young person identifiable information - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect child or young person confidentiality.

### 6. Understand and comply with the law

Every use of child or young person identifiable information must be lawful. Someone in each organisation handling child or young person information should be responsible for ensuring that the organisation complies with legal requirements.

# 7. The duty to share information can be as important as the duty to protect child and young person confidentiality

Professionals should in the child's or young person's interest share information within this framework. Official policies should support them doing so.

