

Ilm m3.01 solving problems and making decisions

[Education](#), [Sustainability](#)



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Problem Solving The Joint Service for Disabled Children is a partnership developed by Enfield's Children's trust. It comprises specialist, inclusive, voluntary, healthandeducationservices to support and promote opportunities for all disabled children and their families in Enfield. The service is open to any disabled children and young people who have significant global delay, autism or life threatening conditions under the age of 18.

In my role as inclusion development manager I am responsible for enabling disabled children and young people to access mainstream activities of their choice within the borough. I provide the resources, staff and training for any universal activity to support identified disabled children. This ensures that all disabled children and their families are supported to take part in and enjoy local community life, whenever possible using local childcare facilities, leisure and recreational activities.

I am also part of the management team tasked with generating new ideas to improve the lives of disabled children and their families. It is this role that we were presented with the following problem - Significant numbers of parents have presented to the service requesting over night respite (essentially a night away for their child at a recognised respite provider). The cost of over night short breaks (respite) is highly significant in the services overall budget, far in excess of any other service we provide, and even a small increase would put a huge strain on resources.

Far more cost effective is to build support mechanisms around the child andfamilyin their own homes. This is done by building packages of support

which provide short breaks but without the huge cost of outside provider overnights. So in order to understand this issue more we firstly needed to ascertain what it was about the overnight breaks which were so appealing and see if we could find another possible solution. We decided to utilise our parent's forum to generate ideas.

Understandably this generated a wide array of reasons for why parents valued over nights so highly, however there were significant threads and themes which consistently appeared and by far the most significant was that a high proportion of parents identified the need for a full night sleep, something they are unable to achieve due to being disturbed by their disabled child. In addition when asked about factors which significantly affect their quality of life sleep deprivation was one of the most significant factors right across the spectrum of need and demographic.

There is a wealth of evidence to support the notion that sleep problems are far higher in the disabled population than in mainstream families (Pahl and Quine 2004) The service holds an away day twice a year and part of the session was given to a brain storming session around the issue of sleep problems and what we as a service should do to address them. By involving the team in this process this will ensure that any ideas generated will have team ownership.

A number of ideas were put forward, but by consensus there were four areas which were felt were appropriate responses to the issue of demand for increase in over night provision. [pic] The first option was for the team to think more laterally in terms of what we offer to parents. This could be done

by identifying key areas in the day that parents were struggling with and identify additional support during these times. This could be around bed times and waking times etc. and in turn offering parents more support to recharge batteries through offering additional short breaks (a short break is an activity such as playschemes or after school groups etc). Another solution would be to analyse what the service is spending in other areas and cut other budgets significantly to fund additional overnights and in a similar vein to task the team with finding more cost effective over night breaks by opening up to tender to find possible other cheaper providers.

The final and most popular idea was to offer some form of sleep counselling to enable parents to gain back control of this part of their lives through behaviour management and support to change their child's sleep habits. A simple decision making grids illustrates how this might meet the main areas of need as identified by the parents. Decision making model

Criteria	Offer more diverse	Sleep intervention	Offer increased over night	Find cheaper over night	respite program	night respite options	Cost effective	Parental approval	Long term sustainability	Improved sleep opportunities in short term	Improved sleep in the long term
Offer more diverse	High	Low	Low	Low	Low	Low	Low	High	High	High	High
Sleep intervention	Low	High	High	High	High	High	High	Low	Low	Low	Low
Offer increased over night	Low	Low	High	High	High	High	High	Low	Low	Low	Low
Find cheaper over night	Low	Low	Low	High	High	High	High	Low	Low	Low	Low
respite program	Low	Low	Low	Low	High	High	High	High	High	High	High
night respite options	Low	Low	Low	Low	High	High	High	High	High	High	High
Cost effective	Low	Low	Low	High	High	High	High	High	High	High	High
Parental approval	High	Low	Low	Low	Low	Low	Low	High	High	High	High
Long term sustainability	High	Low	Low	Low	Low	Low	Low	High	High	High	High
Improved sleep opportunities in short term	High	Low	Low	Low	Low	Low	Low	Low	High	High	High
Improved sleep in the long term	High	Low	Low	Low	Low	Low	Low	Low	High	High	High

Intuitively the sleep intervention program is an appropriate response as it directly responds to the parents need for their sleep deprivation to be addressed.

It's more sustainable than the others and it's focussed on the area identified and not just fire fighting and therefore a potentially proactive way of working which is easier for staff to identify with. It's cost effective with just the initial

outlay and staff counselling time. Its solution focussed with clear parameters on intervention times. Parents will hopefully support something which gives them a long term solution to their problem and not just a short term solution which is offered by overnights. A potential sleep programme training course was identified which would involve five members of staff being identified to be trained to become sleep counsellors. They would work directly with the parents and enable the parents to change bedtime routines and behaviours in order to improve sleep patterns in the child. Before presenting to the joint service steering group we carried out an SWOT analysis to anticipate issues which may be raised in the presentation. SWOT analysis of sleep program Please see appendix (1) The use of a SWOT analysis provides a methodical and honest assessment of our services strengths and weaknesses for carrying out a defined sleep program. It will also expose threats which may pose a threat to its sustainability and opportunities afforded by the process. The objective of the analysis is to ascertain whether the sleep program is a viable affordable, sustainable response to the need for a sleep intervention process.

Strengths in more detail The major strength of the programme when functioning to its potential is its affordability and sustainability. Even a minor reduction in over night's expenditure will see the program more than pay for itself. The initial outlay of training could be offset against respite savings. The difficulty is that preventative work is difficult to quantify and illustrate as it hasn't happened, but a reduction in the number of looked after children may be used as a key indicator. The program clearly tackles the root cause

of the presenting problem; whereas overnights give short term relief to parents the sleep problem itself is still there in the future.

There is plenty of evidence to suggest that improved sleep is positively correlated with improved cognitive performance (The national Sleep Foundation 2004) This would also have significant impact on incidences of challenging behaviours, reducing it dramatically (Green et al 2010) and better quality of life indexes for parents of disabled children (Prosper, Mard and Beecham 2011), both of which could act as markers for the success of the program. The practical applications of a sleep program can be applied to other complimentary areas of work (Sleep Scotland 2001) such as home care and other counselling conditions. Weaknesses in more detail Identification of our weaknesses needed to be done as constructively as possible with no blame or finger pointing, however several key points emerged The first is can the staff hours be found to sustain a sleep program? How can we illustrate that time spent in the program will in the long term reduce hours in other areas. Have the current staff group the necessary communications skills to make effective counsellors?

As the sleep service grows there will become a need for additional staff time, resources as well as someone to coordinate the service administer the service and manage the new counsellors. A fundamental question is it possible for the recruitment process to reflect the need for new workers to potentially add to the service. Marketing and branding are also time consuming as the service grows. All these growth factors had to be factored in to produce a long term picture Opportunities in more depth There are

opportunities to offer the counselling service to outside agencies with a cost attached. There is no other comparable service within the borough so this is a viable option.

This could help in sustaining the service or even to expand it. The publicity afforded of a proactive response to significant and widespread sleep problems, identified by the parents of Enfield themselves, will help put the service in a positive light. This in turn will help our cause when decisions on future cuts are made. This in turn compliments the move politically for parents to have more control over their lives. Pro active approaches are also always easier to “ sell” to staff by addressing the cause rather than fire fighting the effects. In its favour additional funding streams are available to those ideas generated and supported by parents and children.

More effective use of money and resources will also appeal to stakeholders. The positive outcomes of a sleep program such as improved concentration of children resulting in a reduction of incidences of challenging behaviour, and increased educational achievement is going to appeal to a number of partners, which may influence them to invest. Finally and most importantly, an effective service will put less pressure on other related services resulting in economies for the stakeholders. Threats in more depth The current economic climate is going to have a huge bearing on the success or otherwise of the project. Given this there is a danger that parents may interpret this as a cost cutting measure around over nights.

Parents may still need overnights despite intervention making it a costly additional service. Research needs to be carried to ensure their isn't a larger

service such as MENCAP that can deliver the sleep service more economically. Does the political economic downturn means that projects which offer projected savings are less attractive than short term cuts to services? In order for the service to grow future training opportunities are essential, is this going to be viable when it's acknowledged that the first budgets to be reduced are training budgets. Are the funding streams used currently likely to remain as further cuts are deemed necessary?

Will the outlay of intense training be viable if staff retention is problematic? Could collaborative efforts for example coordinating approaches with medical interventions i. e. use of melatonin in conjunction with psychological interventions be more cost effective? Inter agency working is essential for the sleep program to succeed, is the communication system robust enough for multi agency support? Will cuts mean only front line services that are statutory in nature be preferred over seemingly peripheral services such as a sleep counselling service? Will elements of the service be put out to tender and is this likely to be picked up in this?

Given the threats outlined by the swot analysis it is clear that in order to present a convincing case to our steering group it is necessary to present an outline and costing for how the service might develop. The main objective would be could we illustrate the effectiveness of the sleep program as an intervention? Could we illustrate parental satisfactions as a response to sleep issues? Therefore we identified a diverse number of partners to carry out a pilot project. With it being multi agency the strain on any one service could be portrayed as manageable. The SWOT analysis illustrated that there are

major potential benefits to partner agencies so their involvement and investment was essential. We would carry out analysis of the success or otherwise of a sleep clinic with a small number of parents from diverse backgrounds.

They would be asked to fill in a number of satisfaction questionnaires prior to and after the intervention. Feedback on behavioural changes from a previously obtained baseline would be obtained from partner agencies involved i.e. schools. We would need to highlight circumstances when the intervention could have most benefit i.e. care plans in child protection cases, complex issue children or families in other types of crisis. All of these will have great appeal to senior management teams. After the pilot parents and senior management would be invited to a presentation of the results. An exercise would be given to the parents whereby they become budget holders.

They would be "given" the money that they are entitled to for their children. They would then be given the costs of all services available to them. By this means parents will be able to see for themselves the cost effectiveness of the intervention and the huge costs of over night respite. They would be empowered to know how they could have a substantial package of support around them for the cost of very few overnights. The issue of sleep programs would be shown to be a very cost effective tool in obtaining a good night's sleep. Finally the sleep clinic team would present to all partner agency staff. Cascading of skills would be essential and appeals for constructive criticism of the scheme could be made.

Essentially there has to be a selling process and ownership of the service throughout the joint service. If it is then a viable option we would meet with managers to move the project forward!!! Appendix 1 | Strengths | weaknesses | |(i) Affordability and sustainability |(i) Is there sufficient availability of staff to undertake the |(ii) Tackles root cause of presenting problem | training |(iii) Cognitive improvements as a result of better quality |(ii) Staff skilled enough to communicate at the highest level | sleep | in order to make venture successful |(iv) Improved Staff skills set |(iii) Who has time to coordinate project? |(v) cascading of skills will appeal to budget holders |(iv) Therapeutic change can be time consuming |(vi) reduction in aggressive incidences which are as a direct |(v) Does recruitment reflect the need for these particular | | result of sleep deprivation | skills? |(vii) additional resource to offer families in crisis child |(vi) Who is going to market and brand the service? | protection etc |(vii) Need for administrator and stats holder |(viii) a new approach to empowering parents to enable them to | | | take control of their own lives | | | opportunities | Threats |(i) Outsourcing counselling service to other agencies if proved|(i) Parents may interpret this as a cost cutting measure around| | successful | over nights |(ii) Response to significant and widespread sleep problems |(ii) Parents may still need overnights despite intervention | | identified by the parents of Enfield themselves | making it costly additional service |(iii) Above (ii) compliments the move politically for parents |(iii) Could a larger organisation undercut the sleep service? | to have more control over their lives |(iv) political economic downturn means | |(iv) addressing the cause rather than fire fighting the effects|(1) long term savings options less attractive than short term |(v)

Additional funding streams are available to those ideas | cuts | | generated and supported by parents and children |(2) Training budgets are the first to be cut when money is | |(vi) More effective of money and resources will appeal to | tight - threat to future growth | | stakeholders |(3) Service once offered will need to grow to meet need is this| | Improved concentration of children and young people resulting | viable? | in a reduction of incidences of challenging behaviour, and |(4) Are there more cost effective services already in existence| | increased educational achievement | that that Enfield could tap into instead | | An effective service will put less pressure on other related | | | services | | ----- Need for more overnights and better quality of sleep Increase in overnights by moving other budgets Offer diverse options to support parents in coping Support parents in managing their sleep Seek out cheaper respite units