

Appendix 1

Interagency work with regard to Transition and young people moving from Childrens Services to Adult Services.

There has been a significant improvement in the sharing of information about children from the age of 15 and 6mths through to 17 plus as part of the Transition planning process for young people with disabilities in the Cardiff area.

I have been party to meetings with regard to the local college provisions and what post 18 support within the Cardiff and The Vale area. This is an essential part of the process to prepare both young adults and their families with their decision making for the future.

The report that we hold provides information on needs and care packages that are currently in place within children's services and what we project will be require when the child turns 18.

There has been discussion around the assessment process and timing of assessments being completed for young adults to ensure that there is a timely decision and information provided for the young person and families before they turn 18. Joint working is essential to ensure that what is identified in children's services will be supported and continued into adult services making this early intervention of joint working essential.

Development also of service user participation in transition is vital and the use of person centred planning needs to implement with a view to developing a document that the young person participates in. There are a number of different models and these have been established in the Vale which I was part of as a social worker in the CHAD team in the vale.

There is potential for a laptop to be utilised with the relevant communication software that is used in the schools to be used for direct work with the young people, not only in transition but could be used to ensure participation in assessment, care planning and reviews.

Financial Packages.

There are a significantly high number of CIN packages of care that are provided within CHAD.

Over the last year I have reviewed the CP12 process and made significant changes to ensure that these are completed in line with Care Plans and that a clear understanding of what is being requested. Previously a significant amount of CP12s were completed retrospectively and with a costing of "as per invoice". There was no review of the package also.

Since this has been implemented and reviews are completed in a timely manner we have had a much more clearer understanding of the financial packages in place and have made some significant changes in packages.

I have requested and we have developed a form similar to the current CP12 to be uploaded in Carefirst to enable managers to manage the significant volume of CP12s more effectively whilst ensuring that care plans and reviews are in place that evidence the needs and outcomes that are expected before agreeing to the funds.

This will enable a more effective gathering of data with regard to budget management also.

Transport has always been something that has impacted on the budget during school holidays especially. We have reviewed this and ensure that families without the Mobility component of the DLA or are unable to transport due to work commitments are assessed. The transport that we used to provide was on an individual basis, however I have negotiated with the Taxi Company and we now provide transport for children as a group where they share transport. This has been successful in ensuring again an integrated provision with peer groups and a more cost effective way of providing transport.

Provision of effective services.

There has been some work undertaking with a number of the schools with regard to utilising the provisions in place. For example Ty Gwyn School.

It is clear that the children with ASD and the more challenging of needs require a service provision to meet their needs with experienced and knowledgeable staff. A scheme during the summer holidays is potentially something that the LA could support and would meet the needs of approx. 12 children. It will be an inclusionary provision as opposed to the very individual packages of 2:1 support within the community. It is hoped that there may also be further development of early morning support and afterschool support. Scoping work will need to be undertaken with a view to the number of children that would need this service.

Front desk support

Due to the experience of the social workers in CHAD and the managers we have been able to manage our front door services much more effectively. The support of DTAF having a face in the office has been vital communication to ensure there is no duplication of referrals and intervention, whilst providing families with a timely response and effective signposting. However there is an increasing demand on DTAF which impacts on their ability to pick up cases at the point of referral.

An Eligibility Criteria is not fully in place within CHAD but our knowledge and experience of thresholds and the nature of a child's needs in relation to their diagnosis has enabled us to make decisions. There have been some recent challenges to this in relation to children on the ASD spectrum High functioning and children with mental health, who do not meet the criteria however due to the crisis that they often present with there have been a few cases that we have been requested to take. No criteria can be black and white however guidelines are required.

The provision of a disability (membership) or index would be supportive in the management of a front door service. It will allow us to be understand the demographics of children and young people with Disabilities in the Cardiff area, it would allow more interagency sharing of information of activities and groups within individuals localities, not only disability specific as there are groups that can support as the children we work with are children first and with support can access a more inclusionary service provision with their mainstream peers.

We have implemented a key classification on Carefirst with the child's predominant need for example, Learning Disability, Physical Disability or ASD etc. This is something that the WG have requested data on previously especially with regard to ASD strategy and the numbers of children with ASD open to Childrens services.

Service provisions

There has been a successful increase in the use of DP which has been promoted and continues to be an area of development. I had identified early on a lot of mismanagement of the DP monies as families were banking hours outside of the monthly periods to have weekly holidays etc. We have reviewed these cases and there has been some reduction in the ongoing hours but where it has been identified that additional during holidays is required this is then provided. The audits also undertaken by Hellen Coles has identified and then enabled us to recoup monies. It has been requested that all families use managed banking as it was identified that on non managed banking there was some inappropriate use of funds.

There have been some barriers to this with some families who children require the epilepsy medication Buccal Midazolam but I believe that this is being addressed and would enable us to refer more children to the DP service.

Allied health care no longer provide a service for children with disabilities in Cardiff and one of the strongest agencies who provide care is Carewatch at a significantly higher rate of pay per hour £17.95. Other agencies like New Directions have negotiated to look to provide a service along the lines of the DP rate of pay. There are other agencies also who are employed via a DP, for example smooth starts. With future planning it would be cost effective to develop a more competitive market with agencies to support in the choice of service provider with a reasonable rate of pay.

Specialist Childminders were managed via NCMA and when this ended there has been no clear service level agreement with them. There are meetings planned with them via the PSW Karen Haslett to ensure a clear plan is in place with them. These are important early intervention service providers for the young age group who are being referred into CHAD. However currently they have continued to work with children up to the age of 18 which is not appropriate so we will be looking to ensure that a service transfers once the child is in final year of primary school, to a DP.

Staff Team and Lead roles

There are key areas of development that we have identified and it is very positive to see members of staff keen to take a lead role. For example:

Asylum seeking families

Hearing and visual Impairment

Continuing Health Care

Challenging behaviour and mental health (CAHMS)

Service provisions – community resources

Charity funding

Carers Assessment

ASD

Transition

Workers are all looking to gather information on these areas to support in their individual and team knowledge.

A lot of the future work will be dependent on the changes that will be implemented via the Social Care and Wellbeing Act and how the future of CIN/Child Health and Disabilities teams will look.

Sara Cox

Team Manager

07.09.2015

The changes in the CH&D team have been positive following a difficult period of turmoil. The stability of the team and the permanent staffing means there are now much clearer routes of communication and processes for families and more joint work with other agencies.

There is still a piece of work to do around wider engagement with families to support any development work which will be facilitated through the Cardiff and Vale of Glamorgan Steering group for the Integrated work plan.

There remain challenges in terms linkages with Families First and thresholds for service as well as how the team are able to contribute to the wider agenda for Children with disabilities.

Overall significant progress has been made and the UHB look forward to working with the CH&D team in taking forward work on integration

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