

Date: 6 February 2002

Venue: Committee Room 3, National Assembly for Wales

Title: Response from Newport County Borough Council

This response has been prepared after consultation with the team for children with disabilities and the service manager for Care and Assessment in Children and Family Services

1. The early identification and diagnosis of health needs

This task lies with the local Community NHS Health Trust. However we feel it is important that there are facilities for interpretation for those people from ethnic minority groups such as asylum seekers. In Newport within Social well being and Housing we subscribe to Language Line which ensures that our staff are able to deal with enquiries at the point of first contact and offer assistance and also have access to other interpreting services. This should be a requirement within Health Authority settings if it is not already available. For groups such as travellers and asylum seekers a single point of contact would be helpful. The Asylum Seekers Project in Newport links housing, health education and pre-school information. Protocols for referring children to the appropriate section of the Health Trust need to be developed. The Data Sharing Protocols between Newport CBC and the Health Trust and the Health Authority have been developed. Arrangements for counselling to be available at the point of diagnosis is seen as an important gap in provision

2. The provision of information to parents and guardians

Currently this information is passed on by health professionals as the children and families service area do not have any direct links with the hospital and outpatients clinic. There is currently only one specialist health visitor for the whole of Gwent therefore her role is by necessity limited. Referrals for an assessment by the children with disabilities team are made by the paediatrician and only then will the department become involved in supporting the parents. While not everyone will want a service from the department, information is seen as vital for the parents.

Children and family services are starting to develop this as part of our Children First MAP.

3. The Co-ordination of Care

Social workers are invited to multi disciplinary meetings on children. However there is not usually one care plan for a child. The health plan and the care plan for Services from the Children and Family Service will be different plans although they may impact on each other.

The New Assessment Framework may help in this with core assessments. However at the moment the core team approach does not work because of inequity among the partners and is very much health led. The development of a key worker system with impetus from the NAW would greatly benefit this process for children with a disability

4. Availability of care and treatment

Protocols exist in schools for the administration of medicines and this department is reviewing its policies in regard to children's homes and foster carers.

There is a lack on therapeutic services with waiting lists in most areas. Six months for an appointment with the Clinical Psychologist is typical.

5. Support for families and other carers

Newport Children and Family Service currently has a Respite Care Service for children with learning disabilities both with families and in residential setting and two beds for those with dual disability. It does not have any respite facilities for children with only physical disabilities and attempts to recruit families have not been successful. The health Authority also provide respite facilities. Holiday play schemes provide respite for families during the holidays and also ensure that children are able to share in positive experiences with other children. There is a Counselling Service for deaf children and young people funded by the Children and Youth Partnership Fund which works with young people and by engaging the young people offers respite to the families Support is also offered to parents through a parent support group.

6. Equipment and other social service needs

All referrals to OTs are seen within 7 days in line with the Assessment Framework. Provision of aids and adaptations will depend upon many factors

We hold a small amount of stock with Monwell Hankinson for toileting and bathing. There is also a stock of mobile hoists and slings which can be used for short term respite and which can be delivered at 24 hours notice in an emergency. Some equipment is tailor made and can take up to two months to deliver. Currently funding for this equipment is not an issue and therefore does not cause delays. Adaptations . this is a lengthy process and is dependent upon the Council DFG team staffing shortages in that team have meant delays. Where planning permission is required the process can take many months. There is a

long waiting list for adaptations and a priority system is in place. Where there is a urgent need priority will be given to the child. Better long term planning and more information early in the planning process would help. There are good and developing working arrangements between C&F and Health OTs

7. Children with special education needs

Many of these children are not known to our service therefore unable to make specific comment. However there are lengthy waiting lists which would affect all children particularly for speech and occupational therapy. The delay in provision of some of these services can result in the need for respite care when families are under strain.

8. Good practice

We are currently undertaking a multi agency review of services to children with disabilities which is covering all aspects including health needs and information. The development of single assessment and review processes and clear referral processes across agencies would help with the process.

27 November 2001