

Children's Services

Current Position

The overall picture in Children's Services is one of significant achievement and continuous improvement. The sound strategic foundations which were laid in response to the Joint Review Report in 2000-2001 are now being translated into tangible improvements in standards of service delivery and practice.

Children and Families Services have worked in partnership over the past year to improve service delivery with the establishment of a Children with Disabilities multi-agency team and through the development of Gladstone College (partnership between Sure Start, Pupil Support and Barry College).

Option for Improvement

Over the coming year improvements will concentrated upon:

- The implementation of Children's Placements Strategy.
- Seeking enhanced Child and Adolescent Mental Health Services.
- Commitment to pilot direct payments for disabled children.
- Service information leaflets.

Issues Identified During Consultation	Priority Status	Action
<p><u>Education</u></p> <p>Schools should be more centre of community rather than 'exclusive'</p> <p>Supportive education - valuing all skills</p> <p>Financial education to teach money management</p> <p>Better career guidance at an early stage at school</p> <p>Possibility of gaining opportunities in the workplace – better education at local level junior, senior and tertiary colleges</p>		
<p><u>Health</u></p> <p>Start health education young - information – scare tactics?</p> <p>Remove fizzy-drink machines from schools</p> <p>Encourage more schools to join the Healthy Schools Scheme run by Health Promotion</p> <p>Early age – physical recreation</p> <p>More physical exercise in the curriculum</p> <p>Discourage solitary and sedentary activities such as play-stations in favour of organised activities</p> <p>Exciting activities to combat childhood obesity</p>		

<p>Sports clubs after school hours, but not as part of curriculum. Barriers are leader workloads and liability: too much liability and need for risk assessments prevents activities being run</p>		
<p><u>Leisure</u></p>		
<p>Improve sport and leisure facilities after school</p>		
<p>Personal safety and bullying a barrier to participation</p>		
<p>Need a seed change for young people to become more active. If its 'cool' to go to a leisure centre and engage in some form of exercise, they will go: many young people are group led - need to target peer leaders</p>		
<p>Need to encourage young people to participate more in sport although this doesn't interest all young people</p>		
<p>LHB and LA need to engage with the voluntary sector who may already be providing existing services e.g. coaching programmes</p>		
<p>Children don't have the money to pay to use leisure centres – costs parents a lot of money</p>		
<p>Children's play – poor in the Vale</p>		
<p>Loss of enjoyment of simple (and cheap) pleasures eg. playground games etc</p>		
<p>Play in the street</p>		
<p>Skate parks success – important for young people to be able to release energy and express themselves without frightening others in the community</p>		
<p>Noise needs to be considered when planning more skate parks – collective responsibility between youth, leisure services and police</p>		
<p>Gym equipment only accessible for over 16s – can something be put in place for younger age group?</p>		
<p>Dragon Sport</p>		
<p>Parental help in sports</p>		
<p>Promote the existence of youth clubs and centres and encourage participation</p>		
<p>Cater for teenagers, not children or adults</p>		
<p>Children and young people's views are needed in order to plan for improvement</p>		
<p>Bureaucracy stifling voluntary work – youth clubs etc.</p>		
<p>Difficulties persuading people to volunteer to support young peoples services, integrating able bodied and disabled young people sometimes works, but not always.</p>		
<p>Responsible licensing – we should look at the impact of granting alcohol licences and purposes of business eg. alcohol available in cafés which encourage youngsters to</p>		

attend		
Drugs and alcohol – intervention before there is a problem and need for services – prevention		
Young people have a right to hang around if they want, but are they vulnerable to drugs?		
Young people are no longer exposed to risk therefore they are not gaining valuable life experiences. We need to make people aware of the risks without creating fear. The media does not help with this		
<u>Children's Services</u>		
Transition problems apparent moving between children's and adults' services		
Children also suffer from depression – their mental health needs should be better serviced - services can be very limited		
Social pressure eg. divorce / separation lead to counselling needs, respite care		
In cases of bereavement, children are often overlooked – counselling focuses on the widow / widower		
Statistics of people in prison who have lost a parent / guardian seem particularly high		
HSC and WB consultation should include children (YP Partnership consulting on this ('Communities that Care' questionnaire). Need to include results of these consultations.		
Sure Start success in Barry, working with parents on play, diet and parenting		
Only one of the 35 0-3yr olds being Looked After by the Local Authority lives in the Sure Start area. Do you extend the service to other 0-3 year olds across the county, or carry on working in the existing area but increasing the age group to 4+?		
Consideration of social inclusion issues should include children		

Older People (OP)

Current Position

Work is currently ongoing to increase the proportion of older people, including assistance to carers, who are assisted to remain at home, where long-term care seems likely following illness, minor trauma or crisis, through new partnerships with health and the independent sector. / Ensuring all service users and carers receive an appropriate care management assessment and review. Services are provided by building on a responsive approach to Delayed Transfer of Care (DToC) through successful partnership working. There is also continued commitment to 'Creating a Unified and Fair system for assessing and Managing Care' through effective collaboration with NHS Trusts and the LHB. The Contact and Information Centre has been introduced as a means of developing consistent sign-posting routes for those Vale residents deemed to be of a lower level of eligibility for Community Care Services. A differential approach to Care Management is also being developed to ensure appropriate and equitable distribution of resources both human and financial.

Option for Improvement

Preventing unnecessary hospital admission where people become incapacitated through individual or carer problems.

Acceleration of safe hospital discharge where people have become incapacitated through individual or carer problems. Promoting equality of access to services.

Commissioning of services to meet lower level eligible needs through Service level agreements and contracts with the voluntary and independent sectors.

Issues Identified During Consultation	Priority Status	Action
<p><u>Leisure</u></p> <p>Better access to work for 70 yrs + age group through volunteering – gives people roles at community level and helps inclusion eg. school reading schemes</p> <p>Important to keep the mind active. People should be encouraged to maintain or even broaden their interests. U3A available in some areas but not widely publicised.</p> <p>Education – lifelong learning and leisure</p> <p>Changed role of leisure centres – more holistic and preventative / health promotion agenda. Now Health and</p>		

Wellness centres		
Age Concern 'Extend' programme not in leisure centres – it provides gentle exercise and social contact		
Leisure centres may be able to provide the space needed for complementary medicine - massage / reflexology etc.		
In some communities, there is very little to do – can be difficult		
Health		
PEARS scheme – help avoid inappropriate GP referral and make more effective use of two day care appointment		
SIT – patients are better served at a local level by early referral mechanisms		
Good capacity in other health / wellbeing areas being referred from Primary care		
Opticians are the second most common access to health in over 60s		
Explore flexible options for service provision (rehab / intermediate care) and living at home / community		
Out of hours provision: elderly need information on how to see their GP out of hours. Inappropriate admissions may occur out of hours unless professional agencies communicate better. Concerns about out of hours in Cardiff – could we have the same problems in the Vale?		
Doctors should be encouraged (by the LHB) to inform patients about alternative medicine		
There could be more promotion and use of alternative therapies and		

complementary medicine practised by reputable and qualified practitioners		
Prevention of accidents, particularly falls by older people caused by poor mobility, poor eyesight, medication – limited availability of grab rails and other equipment		
Balancing risk and independence / self-determination – (signing disclaimers?). Exercise to strengthen bones to have resilience against damage from falls		
Help for people to stay at home rather than go into hospital		
More stimulus for residents of care homes		
<u>Community</u>		
Retention of self esteem after retirement – simple hello to acknowledge that you are there, feeling of being part of a community		
Over 70 age group increasingly healthy and computer literate – one of communities valuable resources		
Many older people are in need of reassurance, especially in rural areas		
Befriending services help to keep older people in touch with reality		
Good neighbour schemes help with isolation		
Older people tend to be the forgotten group – they want to be safe, not subjected to ‘yob behaviour’, and they want to be useful		
Schools should be encouraged to access venues / events for older people		
Pockets of good practice need sharing,		

possibly with facilitation		
Help for older people to maintain home and garden to maintain pride / self-esteem (probation service not an ideal solution – fear of criminals)		
Gardening for older people – often grass cutting only		
Challenge of helping an ‘independent person’– we don’t want to impose assistance, but see the need for help. The older person is often afraid of being taken into a home and losing their independence, so doesn’t ask for help		
Less compartmentalisation of care services – community centres for use by all groups in society with mixed activities (example in Alton, Hampshire)		
Make people feel included		

Mental Health & Learning Disabilities

Current Position		
Work is taking place to provide Care Management within the context of a comprehensive local integrated Mental health service.		
Sustaining and developing the Adult Placement Service in order to maximise the availability to all adult service users across the Vale of Glamorgan.		
Maximising the opportunities for community living for people with mental health problems and learning disabilities.		
Option for Improvement		
Ensure that geographical variations in availability of service are removed and that appropriate community services are available to users and carers throughout the Vale of Glamorgan.		
Develop daytime support services with emphasis on flexibility and responsiveness.		
Develop a strategy and services for regular preventative respite care.		
Further enhance CMHT provision across the VoG.		
Establish new working protocols with health providers based upon the NAFW Strategy and National Service Framework and Care Programme Approach.		
Review risk assessment and risk management procedures for potentially dangerous individuals with mental disorders.		
Restructure day services in a differentiated model according to needs of users and carers.		
Develop local alternatives to inappropriate and expensive out of county residential care placements.		
Comprehensive review and re commissioning of existing supported accommodation.		
	Priority Status	Action
Issues Identified During Consultation		
Mental health involves an number of issues: employment, housing, leisure etc, therefore links need to be made between different strategies		
Need to improve information about what services are available for adults with mental health problems		
Need to improve psychiatry services for those with mental health problems – it is more difficult for those with any disability, either mental or physical, to access these services		
Substance misuse – poor referral / refusal to be referred		
Depression, drug and alcohol problems related to mental health issues can slip through the net		
Self-help groups (drug and alcohol)		

Older people slip through the net – poor support, dementia difficult to pick up		
Older people can often become drug dependent		
Stress related to local amenity and environment (physical environment – concerns of the elderly about environmental safety etc.)		
Need to remove stigma attached to mental health problems		
Mental health – age issues – limited to 65+		
Substance misuse – young people have fewer alternatives. Not all young people want sport facilities and there are fewer youth clubs		
Mental illness has drug and alcohol abuse as its major cause. Alcohol becoming too readily available. Number of off-licences being approved as disproportional to size of communities. More responsible licensing required		
Children are subjected to pressure from the media		
Mental health / substance misuse is a 'Cinderella area' that needs more attention as problems are increasing		

Lifestyle

Current Position

Choices such as whether to smoke, drink above recommended levels of alcohol, take regular exercise and eat less fruit and vegetables have consequences for an individuals health and a knock-on to the community and environment.

Consequently areas which require attention are around smoking; alcohol consumption; nutrition and obesity; physical activity, sexual health and workplace health

Option for Improvement

To work to support and treat people who have developed addictive patterns of use but also address the patterns of social deprivation in which the problems are rooted

To reduce teenage smoking (peer and youth based interventions).

To ensure access to good, affordable food and promote a healthy diet

Initiatives aimed at young people to encourage a higher participation in exercise

Supporting targeted community and voluntary based interventions such as the Barry Heart Health Project, Walking for Health, Smoking Cessation Service and the GP Referral to Exercise Scheme to improve lifestyle.

Increase use and access to leisure facilities

To promote sexual health - particularly reducing the increasing prevalence of STI's

To reduce employee's ill health by working to encourage work based health promotion and use the work environment to help people maintain their health.

To improve work opportunities for people not currently in employment due to ill-health or disability by working with Job Centre Plus and other partner agencies to improve health and fitness levels amongst job seekers.

To work to achieve the Corporate Health Standard.

Issues Identified During Consultation	Priority Status	Action
Community Spirit		
General isolation in communities – fragmented families and breakdown of community spirit / cohesion		
Restricted contact leads to feelings of isolation and loss of self worth		
Absence of people to talk to about problems leads to breakdown of mental health		
Small shops closing – lack of social contact		
Supermarkets should give back to the community – allow their free bus to be used to get to other locations to access services – subsidise corner shops		
New developments not integrated with existing community		

	Need to focus on social and economic exclusion and promote respect, sense of worth, belonging		
	Create inclusive society – deal with inequalities		
Community Organisations			
	Directory of services required		
	Unified Assessment could mean more contact with voluntary organisations who provide more ‘grass roots’ services		
	Voluntary service contributes to the community		
Community Consultations			
	Communities First areas – there is a problem in getting comments from residents and getting people to attend events to discuss issues		
	Need to be creative about engaging people – the same people always attend public consultation events		
	Need to involve ‘Joe Public’ in consultation		
Community Facilities / Environment			
	Finding venues for events is a problem in the Vale		
	Better sporting and leisure facilities		
	Sports grounds/public open space/dogs – needs maintenance		
Safety in the Community			
	Fear of crime is greater than crime itself		
	In urban areas, there is a greater threat of crime (more victims and perpetrators)		
	People must feel safe within the community so they are confident to use facilities		
	More visible police presence		
	Police knowledge good		
Housing			
	Affordable housing for all, especially first time buyers		
	Buying and renting are both very expensive in the Vale		
	Proven link between housing and health		
	Housing advice		
	Improve housing conditions – damp a problem		
Leisure Activities and Physical Exercise			

	Make leisure facilities more widely available to rural groups		
	Acquire the use of school playing fields at week-ends and holidays		
	Free access to facilities for 64 plus		
	Outreach workers from leisure to work in partnerships and communities		
	People should be encouraged to participate more in leisure activities e.g. swimming etc. for the able, craft classes etc. for the less able		
	Hobbies sustain interest, enable people of all ages to socialise more, communicate with others, and get a sense of achievement		
	Lifestyle choices and availability		
	Personal lifestyle choices depend on education and information		
	Society makes it too easy to not eat healthily – advertising; working parents; convenience foods		
	People have to want to take responsibility for their own health and wellbeing		
	Change people's mind set		
	TV could have a central role in educating: people know what food is healthy but don't choose it due to lifestyle (time pressures mean quick food)		
	Programme makers of soaps need to be encouraged to include issues in soaps (eg. show popular character cooking vegetables / nutritious food)		
	Promotional activities should be linked to vegetables rather than junk food		
	Education		
	Junk food is given to children as a treat – why not an apple or something healthy?		
	Nutritional education in schools for future generations about the benefits of good food and the knock-on effects of poor diets		
	But is the damage already done by the time they get to school? Pre-school / parental education – a healthy lifestyle begins at home. Vicious circle if parents don't eat healthily themselves		
	Society of working parents – time pressures and cultural move away from cooking fresh food		

Affluence		
Affluence does not always result in equity – eg. self funding service users are not offered social care assessments		
Unified Assessment may provide information on unmet needs – but there needs to be a mechanism to act on this information		
Health		
Community pharmacists are among the most readily accessible healthcare professionals available without appointment through the normal working day – contact point between health professionals and public, who are not necessarily ill. Major role in health promotion and improvement.		
ME sufferers need health and social care services to join together existing neurological services to provide an outreach service for all conditions. ME does not receive any specific service within Vale / Wales.		
Benefits of alternative therapies need to be researched ME sufferers cannot get to surgery, GPs do not always do house calls – postcode lottery		
Balancing act – being pulled between work and home leaves no energy for exercise		
Time-poor age group		
Planning and Support		
Lifestyle planning would help people to cope with changes in their lives, eg. personal development, parenting, retirement.		
Parenting skills eg. Sure Start (not Vale wide?)		
Work / Life Balance		
Work / life balance is important – flexible working / childcare / after school clubs		
Tackle employers to look at their policies on flexible working, overtime etc. - easier for larger organisations than small ones		
Local Authorities and larger organisations have implemented work/life balance policies such as time off for volunteering		
Family Responsibilities		
Difficulties combining work with family life		

Both parents work so no-one at home to take on caring activities		
Families are often a cause of stress		
Preparing for Retirement		
Work pressure contributes to men dying soon after retirement when the adrenaline stops		
Responsibility of employers to support workers and people to plan retirement (scale down work , voluntary work etc.)		

Transport and Access to Services

Current Position

Data suggests the Vale of Glamorgan has a high level of car ownership, indicating that most individuals do not need to rely on public transport. There is not a high incidence of fatalities in road traffic accidents, but the Vale does have a problem with slight accidents to pedestrians. The highway network accounts for 70% of all journeys to work. Only 2% of work journeys is made by cycle.

Option for Improvement

To improve to availability of public transport particularly in rural areas.

To help reduce road accidents

To minimise noise and air pollution caused by transport

To improve the use of cycles for work and leisure

Issues Identified During Consultation	Priority Status	Action
<p>Information and Communication</p> <p>Clear information about what is available in the community so that people are able to make an informed choice</p> <p>Access to information needs to improve – where to go for it and what is available?</p> <p>Messages need to be timely and reinforced</p> <p>Inclusion of directory insert in Vale Waves needs repeating regularly</p> <p>Expand on Gem ‘What’s On’ section– link from Council.</p> <p>Communication difficulties experienced in some areas, e.g. Western Vale</p> <p>Barry newspapers are not available in rural areas in the Vale; Gem not delivered to all households</p>		
<p>Physical Access</p> <p>Access in rural Vale is a problem: improvements needed to transport networks</p> <p>Even distribution of services regardless of location</p> <p>There is a balance of activities available in communities, but this costs a lot so is it better to provide transport to central location?</p>		
<p>General Access</p>		

	'User friendly' communication to access services e.g. telephone - elderly feel intimidated by new technology such as internet		
	Easy access through GP practices, libraries, council, social services, voluntary organisations and the press		
	Access to Funding		
	Local authority / health services don't meet local needs. Traditional boundaries i.e. transport, health, environment, need to be challenged / explored. Funding always tied to specific service boundaries		
	Needs assessments ignored because funding doesn't allow flexibility. Talk about 'delivery at point of need' but increased centralisation of provision.		
	Improved provision for those with continuing healthcare needs in terms of resources and financial support		
	Public Transport and Parking		
	Public transport is a major problem in the Vale and particularly important in rural areas		
	Infrastructure needs to be in place before the population increases		
	Free bus passes in some areas have made a difference		
	Children and young people are less dependent on public transport facilities as they have their own networks, rely on parents and share rides		
	Plenty of potential for increased car sharing		
	Older people have difficulties as they become unable to drive and have mobility problems and reduced access to networks		
	Mobility / Disability / Disabled Access		
	Bus stops are often some way from leisure centres which causes difficulties for people with mobility problems.		
	Transport is very important to blind people. The Blind Club relies on voluntary transport and very limited support from the LA in the form of taxis. Other transport is available with two days notice from a service provided by the Blind Institute in Cardiff.		
	A more responsive service is required.		
	Integration of Services		

Joined up thinking needed, for example free swimming is only useful if it is co-ordinated with public transport		
More variety of services e.g. drop-in services		
Voluntary agencies should be involved at the beginning of the planning process – not necessarily cheaper but can be more specialised		
Administrative boundaries create gaps in service provision e.g. “ART” between Western Vale and Barry; social services and education between Cardiff and the Vale		
Demands for equipment on administrative boundaries: difficulties with supply		
Cross-boundary services problematic e.g. joint funded posts		
Problems with transition between different age-defined services e.g. 16 to 19 years – more forward planning needed for those with complex needs		