**SurveyMonkey Questions for LA at KIT on 22/01/21**

1. When a young person moves into adult social care from children’s services are they allocated a named social worker? If not, when was this policy changed and why?

In the community trust, the case should be allocated to a named worker for the transition period, I am aware of a few exceptions where the young person has not been eligible for support via social care, or the person refuses to accept social care involvement. We can’t remain involved if the person does not consent to our involvement. But the majority of those young people who are transitioning to adult social care will have a named worker. If this is not the case, please can you alert me?

1. Can direct payments be used to buy goods? Is this a new policy and when did it change?

This is not an easy yes or no, the direct payment can be used to buy goods in some circumstances, but it must relate to Care Act needs and must be agreed. It cannot be used to purchase things like wheelchairs as these are funded and provided by wheelchair service. Direct payments also cannot be used to pay for clinical services or for treatment, we receive regular requests from one provider re DP fund therapy / counselling, this is not possible as these are treatments and must be health funded.

1. What goods (as opposed to the services/support of a personal Assistant) can adults buy for their support needs?

There is no set list, it would need discussing with the social worker and then would need to go through the usual authorisation process.

1. Do the commissioners for adult social care for young people between 16-25 receive feedback on the views for this group on the services they need and value? Who or what organisation provides the report?

The Community Trust seek feedback, and feedback forms are distributed to teams to pass out when involved with people. Other feedbacks channels are via the Community Trusts 0-19 services and from Partners. The Council also seeks views from users and these are then provided to the Trust.

1. How does adult social care work in partnership with the independent advice service, Wirral SEND Partnership?

Adult social care refers to advocacy in line with the council’s contract with N Compass. We also recommend people look at relevant SEN information sources such as the Local Offer <https://localofferwirral.org/> and Wirral Livewell <https://www.thelivewelldirectory.com>

 Adult social care are members of the SEND operational and strategic meetings, we also signpost to WIRED etc.

1. Is there a report commissioned from the IASS on the themes and trends of support and issues raised by young people 16-25 with SEND?

 I am not aware of this sorry.

1. What areas have been identified as needing further support by the commissioners?

A new plan is currently being formulated, as a community trust we operate within the Section 75 agreement, if the commissioners identify any areas needing further support this is escalated to us via contract meetings

8. CADT social care advice team. For the staff on the phones, how are they trained in the law relating to SEND?

The CADT workers are there to take the basic information, they are not trained specifically in SEND. Transitions referrals should not really be coming via CADT as we meet monthly with Children’s services and we have a list of transitions cases identified, we work on these in advance. The transitions meeting includes managers and workers from Children’s, Children’s Disability team, transitions team, community trust and integrated Disability team. It should only be a few cases that go to CADT, and in most cases this is when they haven’t followed the agreed transitions route in place with the Council.

9. On the CADT phone service, has there been any feedback on the service requested from service users? Could feedback be requested perhaps by a survey?

This is being explored so we can capture feedback at various stages of a young person’s journey.

10. Case process. Why is the practice that a case is closed after a support need is raised, even though the adult will have on going needs, and the case has to be reopened and reallocated every time a different need or support request is raised? Has this been shown to be an appropriate and effective way to manage the service?

In the Community Trust we provide services to over 10,000 people, so we can’t realistically have all cases allocated at all times. We have a limited staff resource and so we are actively involved when we need to be, but when things settle and a care plan is in place we place the case on review and can pick it up if any issues arise. However, we have agreed that young people undergoing transition will be allocated a social care worker until they are at least 21.

11. Laptops. There are now voluntary groups collecting laptops to give to schools. How are the LA linking in with these groups? Assistive technology and support for parents and carers. Would the LA be interested in surveying parents to see what support they need to support their child’s use of computers at home for school in going?

This is an issue for children’s services and education rather than adult social care.

12. 6.7 and 6.24 of the statutory Care Act guidance 2020 states assessors must be appropriately trained. Can adult social services provide comprehensive evidence of how their social workers are trained so that those with complex needs are adequately assessed under the care act and not simply deemed to lack capacity and excluded from any input into their own care act assessment?

I find this question disturbing as no one regardless of capacity should be excluded from their assessment. The young person’s voice is the primary voice we need to hear.

Our staff access relevant core training as agreed by the health and social care system. In relation to specific conditions, we would rely on health colleagues with experience in this area, we can also access bespoke training if needed.

13. It is very clear from the amount of internal disagreements between senior managers of social care and education (some witnessed in-front of parent/carers and young people) that education and social care work in silo. What steps are social care and education taking to ensure the joined up approach required by the Children and Families Act 2014 is achieved so young people achieve the outcomes on their EHCP’s.

As a Community Trust we operate in line with The Care Act 2014, we do work with our partners in education and children’s services. However, we are separate organisations and we have limits around what we in adult social care can and are legally able to fund. Disagreements occur when services are commenced with the assumption adult social care will take over funding, this is not how it should be, we can only fund certain services and so partner agencies should not be committing adult social care expenditure on things we cannot fund. We are undertaking lots of work in this area and I have regular discussions with CYPD and education services about this issue.

It should not be played out in front of parents and carers, and I am sorry if this has happened.