

Specialist Child Health - Disabilities

Speaker key

ML Marion Levine

[caption] Describe your specialist area and your day-to-day role.

ML My name is Marion Levine and I am the Complex Needs Service Manager. I'm actually employed by the Primary Care Trust; I'm one of the health professionals in Sunshine House. But, obviously, Sunshine House is a co-location of a number of different agencies; so we have health colleagues working here from different disciplines; we have, obviously, children with disabilities; social work team; and many other agencies from across Southwark. And part of what Southwark's vision is, is about integrated services working around the child and around the family, so really Sunshine House and working within Southwark, gives a huge opportunity for people to work in an integrated way, alongside other disciplines and other agencies, in a way that perhaps you wouldn't have if you just are in other places where it's a single uni-disciplinary or uni-agency approach to working. One of the benefits of that is, obviously, for the child and the family, that you get better decision-making and better assessments of those children and the family, young people concerned. So, for us, one of the strengths in working across different agencies and working together is that we can do joint assessments, we can do joint planning, and that allows us to understand more what the bigger picture is and the more holistic view for that family and child. So as a health practitioner, I can support my social work colleagues in understanding the impact of disability. I can help them understand what the future is going to be for that child or that young person, what they physically will be able to do, or not able to do, and, in fact, the impact on life and everyday living for them and for the carers. So when it comes to doing assessments, if we can do them jointly, we have a much fuller understanding. That means, for me, it's fantastic when I do joint assessments and do joint visits, which we do very, very regularly with our most complex children, because I'm learning about how someone else asks those same questions, or asks slightly different questions, to find out relevant bits of information that help me see the bigger picture of what this means for the child and the family, to understand their coping strategies. That means that I'm more skilled up in being able to alert someone to difficulties at a much earlier stage; and, equally, for my social work colleagues, it allows them to say, this family have got a problem with this, now this relates to you, can you help us, and how do we put a care-plan together to make sure that all the needs are covered. And part of the vision, like I say, for integrated services is that we really improve our services, and meet the needs of children and family, and make all of our services very relevant and timely. And, actually, when you've got everybody round the table, helping to make those decisions, or doing joint visits and putting together joint plans for the child, you're going to get a much better outcome for the child and family that will be relevant, appropriate and actually meet their needs. So it's making life better, and making a bigger impact. Within the physiotherapy team and the therapy teams that we have here within Sunshine House, we see a lot of children from nought to 19 years of age, all of them will have been referred in with some sort of physical problem or a learning development problem, so

that they're behind their peers in some way. Now, the majority of our caseload tends to be children with very, very complex needs. So that would be complex physical disabilities; it would also include learning difficulties; and for the group of children that we have all the way, from nought to 19, that, in effect, we do most of our integration with our colleagues on, are the group that really have significant, complex, permanent needs. So it is a huge group of children with disability. That includes people with, and children with, cerebral palsy, with muscular dystrophy, with various neuromuscular problems and neurodevelopment problems. But we then also see children who have perhaps global delay, where everything is a bit delayed, so they have speech problems, they have mild learning difficulties, and they're really very vulnerable at school because they're behind their peers. And if we don't intervene and give appropriate intervention, they end up with behavioural difficulties because they're not coping; and it all gets into a bit of a vicious cycle for them. We do see other children who are a lot more straightforward; so a lot of our ex-premature infants come through to our services; and for a lot of our families there is a period of intervention, and then actually we don't need to see those children long-term, and obviously that is always the win-win, if we've got those sorts of cases. But the children that are with us for a lot longer tend to be those that require medical support, therapy intervention, which is what my service provides; and with those, often the family dynamics are slightly more complicated, the needs of the child, clearly, more complicated; so then it involves the wider, multi-agency team. It includes working with education partners as well, because all of those children have to go through to school. So from the point that they go to a nursery or a pre-school, through to primary and then secondary, and then transitioning to adult services, all of that is covered by us, and we see them through those transitions, and provide whatever is necessary to help them be as independent as possible, or help others to care for them in a way that really benefits everybody.

[caption] What do you think the perception is of Southwark (as a place and employer) in the market place?

ML I think it's an interesting question, because if you read the newspapers and see the news headlines, you would think that Southwark is not a very safe place to be and would be quite challenging. In fact, for all of us that work here, it's a very, very dynamic and vibrant borough, and in terms of the leadership around our health and our social care services there is a huge amount of creativity, innotivity [sic] that is there, that is saying, come on, let's make the services fit what we need for our local population. The local population keeps throwing up different challenges or varies and changes, so we've constantly got to be reviewing our services to say, what meets the need. What may have been right 20 years ago may not be right now, and we've got to move with the times and move with what our service users are wanting. So actually I can't speak for what the social care market place looks like; certainly within the health services within Southwark, there is a perception that this a very creative and dynamic borough, and lots of people are coming here because of our pioneering work around integration. And I think as people come and experience that, they are wanting to stay and a lot of our staff do stay for very long periods of time. So we don't have huge turnover of staff. People are happy here because they are well supported, and I think that goes across all of the agencies, and from the children services leadership structure we are well-supported, clear vision and a people with a lot of energy working together across agencies to deliver better outcomes for children.