

REPORT TO THE HEALTH AND WELLBING BOARD

THE DISABLED CHILDREN'S CHARTER

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an overview of the Disabled Children's Charter and highlight implications with regard to the adoption of the Charter in response to a request made to Cllr Houghton, Leader of the Council, by a member of the public and supporter of the Charter.

2. RECOMMENDATIONS

It is recommended that:

- 2.1 The Health and Wellbeing Board signs up to the commitments highlighted within the Disabled Children's Charter.
- 2.2 That the Disabled Children's Programme Board should produce a position statement and implementation plan to address any gaps arising from the new charter to be reported to the Children and Young People's Trust and subsequently to the Health and Wellbeing Board.
- 2.3 That the JSNA is developed to inform the work of the Disabled Children's Programme Board inline with Charter requirements.

3. INTRODUCTION/BACKGROUND

- 3.1 The new Disabled Children's Charter (Appendix 1) has been developed by Every Disabled Child Matters (EDCM) to support Health and Wellbeing Boards meet their responsibilities towards disabled, children, young people and their families including children and young people with special educational needs and health conditions. It provides a focus in relation to the local authority's duty around short breaks and allocation of the non ring fenced Early Intervention Grant (EIG) by advocating a strong focus through the Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS) to ensure they adequately reflect the needs and views of this group and prioritise resources accordingly.
- 3.2 EDCM is a consortium campaign run by four organisations working with disabled children and their families. The organisations are: Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM was established in September 2006 and campaign to raise the political profile of disabled children and their families within central and local government.
- 3.3 Health and Wellbeing Boards who sign the Disabled Children's Charter will agree to meet its 7 commitments focusing on improving outcomes for disabled children and young people, and to provide evidence after one year which demonstrates how each of the outcomes has been met. The 7 commitments are highlighted below and a more in depth look at what each of the commitment will involve is provided in Appendix 2. Currently 34 local authorities have signed up to the new charter.

Charter Commitments

- We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs.
- We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board.
- We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board.'
- We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.
- We promote early intervention and support smooth transitions between children and adults services for disabled children and young people.
- We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners.
- We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners.

4. CURRENT POSITION IN BARNLSLEY

4.1 The Disabled Children's Charter replaces the Primary Care Charter and the Local Authority Charter which asked PCTs and LAs to commit to making services for disabled children a priority. Barnsley signed both the Primary Care Charter and Local Authority Charter in December 2011. Since that time the Children's Disability Programme Board have been responsible for working towards meeting these commitments in both a local authority and health context. A copy of both charters are included (Appendix 3 or Appendix 4).

4.2 Progress towards the charters has included:

- Our strategy of 'One Path, One Door' outlining the direction of travel for the development and delivery of services for children with a disability.
- Improved data collection through specialist registers contributed to by a range of professionals which have now been combined in the Children's Disability Register hosted by the new Children's Social Care database.
- Working arrangements across the CYPT allow professionals in Barnsley to work together to plan services for children and young people with a disability and develop understanding about the level of current resource and future need to meet demand and changes in policy.
- A range of targeted training opportunities and provision including clinical posts to support the short breaks programme.
- Parental engagement through the Parents and Carers Forum which has contributed to the ongoing development of a number of CYPT services including children's therapies, short breaks and the development of an Autism Spectrum Disorders Pathway.

- Children and young people have been engaged in the Capital Short Breaks Programme and short breaks review, information events and on an individual basis through child centred planning.
- A protocol for Transition has been developed and agreed by the Trust Executive Group which supports planning throughout children's and adult's services, work is currently being developed jointly with adult service to progress the personalisation agenda.
- A key area of development is around the Local Core Offer and the Education, Health and Care Plan.

5. NEXT STEPS/WAY FORWARD

- 5.1 If the Board is in agreement with the above recommendations the Charter will be formally adopted and a small working group will be pulled together from across health, education and social care with added representation from the Parent and Carers Forum to complete a position statement and implementation plan. Both documents will be presented to the Health and Wellbeing Board and monitored by the Children's Disability Programme Board and the Children and Young People's Trust Executive Group.

APPENDICIES

Appendix 1: The new Disabled Children's Charter

Appendix 2: Charter Requirements

Appendix 3: The original Local Authority Children's Disability Charter

Appendix 4: The PCT Children's Disability Charter

Commissioner Contact: Sarah Sinclair Telephone No: 774994 Date: 15th July 2013

Provider Contact: Sharon Cooke Telephone No: 774507 Date: 12th July 2013

Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
3. We engage directly with parent carers of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We promote early intervention and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners
7. We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: [Why sign the Charter?](#)

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Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau. Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk



**The Children's Trust
Tadworth**
For children with multiple disabilities

The Disabled Children's Charter

The '7 Commitments' listed within the charter and the evidence requirements around each commitment are listed below. This information has been provided directly from the Every Disabled Child Matters website.

Commitment 1

'Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs'.

In order to fulfil commitment 1, EDCM would expect a HWB to be able to provide the following evidence:

- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the Joint Strategic Needs Assessment (JSNA) process.
- The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate.
- The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families.
- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families.
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process.
- Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families.

Commitment 2

'Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board.'

Evidence:

- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement.
- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement.
- Evidence of partnership working with any local groups of disabled children and young people.

Commitment 3

'Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board.'

Evidence:

- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with any local parent groups, including the local Parent Carer Forum(s)

Commitment 4

'Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.'

Evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
 - Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people.
- This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children.

Commitment 5

Commitment 5: We promote early intervention and support smooth transitions between children and adults services for disabled children and young people.

Evidence:

- The way in which the activities of the HWB help local partners to understand the value of early intervention.
- The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people.

Commitment 6

'Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners.'

Evidence:

- Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care.
- Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system.
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families.

Commitment 7

'Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners.'

Evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

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Local Authority Charter

By [insert date within one year of signing charter], we will ensure that in our authority...

- We know how many disabled children live in our area and that all agencies in our area are planning services on the basis this knowledge.
- There is a key worker service in our authority providing support to families who are accessing more than one specialist service.
- Our parent partnership service is sufficiently resourced to provide advice, information and support to parents of disabled children and young people who have been excluded from school.
- Parents and carers in our area are getting accurate and timely information and advice on the full range of services available to them and their families.
- All staff have received both disability equality training and training to ensure that they have core competencies to work with disabled children; relevant staff have received specialist training and other staff know how to contact them for information.
- Disabled children are involved in drawing up our Disability Equality Scheme and also in monitoring its effectiveness in eliminating discrimination.
- Our Children and Young People's Plan explains how we will provide specialist services and also make all universal services including extended schools and children's centres accessible to disabled children.
- Our Local Area Agreement includes targets for the level of service to be delivered to families with a disabled child.
- Disabled children and families are involved in the planning, commissioning and monitoring of services in our area, including both specialist and universal services.

Signed

Lead Member for Children's Services (or equivalent)

Name of Local Authority:





Primary Care Trust Charter

By [insert date within one year of signing Charter] we will ensure that in our PCT...

- We know how many disabled children live in our area and that we are planning future services on the basis of this knowledge.
- We have an identified children's lead with specific responsibility for services for disabled children and families.
- We can demonstrate that we work closely with our local authority partners and have had an input into all the Children and Young People's Plans in our area and are members of all relevant Strategic Partnership Boards.
- All staff have received disability equality training and training to ensure that they have core competencies to work with disabled children; relevant staff have received specialist training and other staff know how to contact them.
- Parents, young people and carers in our area are getting accurate and timely information and advice on the services available to them.
- Disabled children are involved in drawing up our Disability Equality Scheme and monitoring its effectiveness in eliminating discrimination, including involvement in the planning, commissioning and monitoring of health services in our area.
- We are working to reform our community equipment and wheelchair service to improve the quality of the equipment available, and to address the holistic and changing needs of children and young people in a timely way.
- We are commissioning comprehensive specialist medical, nursing and therapy services for children with palliative care and complex health needs, and are working with all commissioners and local authorities in our area to integrate these services into wider children's services.
- We can demonstrate an effective partnership with disabled young people and adult service providers in our area to ensure a smooth transition to adult services for disabled young people.

Signed

PCT Chair

Name of PCT:



