



Building Bridges

**A Multi Agency Strategy
For Services for Children with Disabilities &
Complex Needs**

2006-09

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1. POLICY STATEMENT

Understanding and measuring the population of disabled children is complicated by differing definitions of disability across agencies, organisations and individuals and a lack of data. However, it is generally accepted that the population of disabled children is growing nationally and that the Halton population is increasing in line with this trend. Based on the national average rate of child disability recommended for service planning and a broad definition of disability it has been estimated that there are approximately 900 disabled children in Halton. Many will access mainstream and universal services and will not need specialist services to support them in this but a smaller, but very significant number will have complex needs and will need support from a range of health, education and social services to reach their potential.

This strategy is in its second phase, the initial phase from 2003 to 2005 predated the introduction of the Every Child Matters Programme, the National Service Framework for Children Young People and Maternity Services and the Children Act 2004 and the Halton Children and Young Peoples Plan. The initial phase of the strategy was in the vanguard of introducing multi agency working and co-ordinated services to children with complex disabilities and much progress has been made. This second phase will sit beneath the Halton Children and Young Peoples Plan will build upon the successes achieved so far, it will reflect the commitment of the Halton Children's Alliance to improve outcomes for disabled children in Halton and the strong commitment in Halton to the promotion of the rights of disabled children to be included in all aspects of the community and to ensuring that specialist services work closely with preventative and universal services to support inclusion.

2. INTRODUCTION:

Most children with a moderate level of disability will reach their potential without needing support from specialist disability services, some will need support from specialist services at particular stages and some will need support on an ongoing basis. In Halton there is a recognition that there needs to be a continuum of support available to children and their families and that specialist support should be available to disabled children and their families if it is needed. This strategy provides a focus for agencies to work together to improve outcomes for those children and their families with complex needs who will require specialist interventions and support.

Disabled children are amongst the most vulnerable groups in our communities and, as such, are at risk of social exclusion, the commitment of agencies to improving outcomes for this group is a significant measure of their effectiveness in meeting the needs of vulnerable groups.

The financial costs of caring for a child with a disability can be high - it costs on average three times as much to raise a child with severe impairment as a non-disabled child. Families also face other pressures, both physical and emotional. However, it has been shown that early intervention and the

provision of appropriate support can reduce the impact of these pressures on families and improve outcomes for children.

Most disabled children with complex needs receive services from health and education, and in 2004-5 ninety seven children and their families received ongoing support from social care services. Most disabled children with complex needs will also have special educational needs and this strategy sits alongside the Strategy for the Inclusion of Pupils with SEN. The two strategies converge to mutually support those children with the most complex SEN and/or disability where that child or young person requires specialist support and intervention across the statutory agencies of health, education and social care.

Services are also provided by the voluntary sector, sports and leisure, Connexions, Children's Fund and Sure Start. In order to have the greatest impact on the lives of children and young people with disabilities and their families, it is essential that all these services work to a single strategy for the commissioning, co-ordination and development of services.

Key partners in the development and delivery of the strategy are children and young people with disabilities and their families. The requirement to work in close partnership is laid out in all government policies and guidance, such as the Children Act 1989, The NHS Plan 2000, Together from the Start 2002, Every Child Matters Change For Children Programme, the Children Act 2004, the National Service Framework for Children, and the Valuing People White Paper 2002. Locally the need for this strategy was initially highlighted in a number of projects including the Ask Us Project, the Child Development Centre Review 2001, the Challenging Behaviour and Learning Disability Workshop 2001 and subsequent Shaping Services Project 2002 . All of these projects included consultation with parents, carers and, in the case of Ask Us, young people. The Building Bridges Strategy was initially developed in 2003 as a response to these consultations and since then parents and carers have played an active part in the work of the Children's Disability Partnership Board (CDPB) and its working groups.

The further development of this strategy will be based on a detailed local analysis of need and will continue to involve consultations with all stakeholders. It will be taken forward through the Children's Disability Partnership Board.

The Building Bridges Strategy contributes to the Children and Young Peoples Plan which is the overarching plan for children's services in Halton by setting out in detail the planning, commissioning and service delivery arrangements for services for children with disabilities and will give direction to the work of the disability mini trust.

The Strategy sets out the underpinning values and principles for provision of services to Disabled Children with complex needs and their families, the outcomes to be achieved the planning structure required to deliver the strategy and the actions which will support agencies in enabling disabled

children with complex needs to achieve the five high level outcomes set out in the Every Child Matters Framework.

3. DEFINITION OF DISABILITY

There are a number of definitions of disability used by different agencies and organisations:

- The Disability Discrimination Act 2005 defines a disabled person as “ someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”. This is a broad definition that encompasses most groups across agencies.
- The education service focuses primarily upon children and young people with special educational needs as defined in the Education Act 1996. A learning disability within the Education Act 1996 may include health and social care needs where these present a barrier to learning
- Social care services provide services subject to threshold criteria to children and families with more complex needs based on the definition of disability within the Children Act 1989:

“a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part—

"development" means physical, intellectual, emotional, social or behavioural development; and

"health" means physical or mental health

- Together From the Start 2000 recognises that it is not easy to apply existing legal definitions of disability to children under 3 years and provides an effective working definition for this age group. “ A child under 3 yrs of age shall be considered disabled if he/she:
 - i. Is experiencing significant developmental impairment or delays, in one or more of the areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development ; or
 - ii. has a condition which has a high probability of resulting in developmental delay
- The British Association for Community Child Health, Standards for Child Development Services, has a similar definition to that within the DDA but expands Communication to include speech and language.

- There is also a social definition of disability which defines disability as the system of social constraints that are imposed on those with impairments by the discriminatory practices of society.

The broad range of definitions highlights the difficulties in integrating services for children with disabilities and creating a common understanding of what disability is and what services for children with disabilities should encompass.

This strategy is aimed at children with complex disabilities and health needs and will need to be wide ranging in considering the needs of these children from early identification through to transition and adulthood. It will identify those areas where improvements can be made to promote early identification and support, family and carer support, participation and inclusion.

A child with disabilities and complex needs is defined as a child whose needs would be encompassed by a combination of the definitions outlined above and who would require a wide range of support from specialist and universal services to enable the child and their family to maximise their opportunities, reach their potential and participate on an equal basis with their peers.

4. VALUES AND PRINCIPLES UNDERPINNING THE STRATEGY

The vision for Halton which is set out in the Children and Young People's Plan is :

'A community committed to realising high aspirations where all children, young people and families are valued and respected and where inclusion and diversity are promoted.'

The vision for this strategy and the Children's Disability Mini Trust is:

- Every Child with a disability in Halton has the right to fully participate in all aspects of their community. Services will work in partnership with disabled young people and their families to achieve full participation alongside their peers.
- Specialist Services will be delivered in a co-ordinated, multi agency and multi disciplinary way on a continuum with preventative and universal services to ensure timely access to the appropriate service.
- The promotion of the needs of disabled children and young people and their families and carers will influence local policy and practice to ensure equity of access to all aspects of their communities.

The services developed and delivered in Halton within the parameters of this Strategy are based on a belief that:

- ❖ Every child is of equal value,
- ❖ Every child has certain fundamental rights
- ❖ Good health, family life and education are important for all children
- ❖ Gender, race, age, disability, and sexual orientation should be respected
- ❖ Children, young people and their families and carers are key partners in the planning and delivery of services and in their individual service provision.
- ❖ All children should be enabled to achieve their full potential
- ❖ All children should be protected from harm
- ❖ All children should have the same opportunities to participate in cultural, leisure, educational, employment and independent living experiences

5. LEGAL FRAMEWORK

The rights of all children and their families and the framework for the provision of services are enshrined in key pieces of legislation and associated regulations and guidance:

- The UN Convention on the Rights of the Child recognises the rights of all children to Protection, Provision and Participation
- The Human Rights Act (1998) recognises the right to privacy and family life, and protection from inhumane and degrading treatment
- The Children Act (1989) requires local authorities to identify children in need, to support families in caring for children and to develop services around the centrality of a child's best interests.
- Disability Discrimination Act (1995) amended 2005 gives children with disability equal access to goods and services
- The Children Act (2004) and the Every Child Matters, Change for Children programme set out a national framework for change in the delivery of services to children and their families to ensure integrated services with early identification of special needs and an integrated multi agency response.
- The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well being of children and young people and for providing high quality services that meet their needs. There are eleven standards and Standard 8 relates to Disabled Children and Young People and those with Complex Health needs.

The main themes of this standard are:

- ❖ Services promote social inclusion for disabled children and young people, to enable them to participate in childhood, family and community activities.
- ❖ Disabled children and young people have increased access to hospital and primary health care services, therapy and equipment services and social services.

- ❖ Services are coordinated around the needs of the child and family.
 - ❖ Services provide early identification of health conditions, impairments and any social and physical barriers to inclusion, through integrated diagnosis and assessment processes.
 - ❖ There is better early intervention and support to parents of disabled children through the development of multi-agency packages of care, including the use of direct payments and employment of 'key workers'.
 - ❖ Palliative care is available for those who need it. A range of flexible, sensitive services is available to support families in the event of the death of a child.
 - ❖ Services have robust systems to safeguard disabled children and young people, who are more likely to be vulnerable to abuse than non-disabled children.
 - ❖ Multi-agency transition planning takes place to improve support for disabled young people entering adulthood.
- The Carers and Disabled Children's Act 2000 supplements the Carers (Recognition and Services Act) 1995 by enabling local authorities to provide carers services in response to an assessment of need and also enables carers to receive Direct Payments in lieu of services.
 - The SEN and Disability Act 2001 established legal rights for disabled children and young people in educational settings not to be discriminated against or treated 'less favourably' than a non-disabled person for a reason that relates to the person's disability.
 - The NHS Plan 2000, outlined a new delivery system for the NHS and changes for social services and changes for NHS staff groups. It also set out plans for cutting waiting times, clinical priorities and reducing inequality.
 - Together From the Start 2002, guidance was produced primarily for use by all professionals involved with the planning and delivery of services to disabled children.
 - The Valuing People White Paper 2002, outlined the government's plan for improving the lives of people with learning disabilities.

6. PRINCIPLES IN PRACTICE

Services for children with disabilities will be characterised by the following:-

- **Flexibility** –Services will be developed that put the needs of the child at the centre of service delivery.
- **Choice** – where possible we will have a range of different services available with elements of choice for children and families
- **Accessibility** – while some services provided by statutory agencies will be subject to assessment and threshold criteria, other services in

the community will provide open access to children and families and some services are universal. Whether services are universal or subject to assessment the process for accessing them will be simple and clear and will avoid duplication.

- **Transparency** - where access to services is subject to assessment, these processes will be fair and transparent with the child and family participating fully and having access to all information recorded about them.
- **Multi-Agency** – Social Services, Education, Health, the voluntary sector and other agencies will work in partnership, together with parents to improve outcomes for disabled children with complex needs.
- **Inclusion** - Disabled children have the right to be included and to access services and activities within their local communities. Halton adopts the Merseyside regional policy on Inclusion which promotes the inclusion of every child in the mainstream early years setting or school of parental choice.
- **Participative** – services promote participation of young people within their communities
- **Valuing** –services will promote self-esteem and self-reliance, value children and their families
- **Holistic** – the provision of services will not focus exclusively on needs arising from disability, but will take note of other needs of children and their families
- **Outcome Focussed** – services will focus on improving outcomes and will be able to evidence improvement.

7. Aims of the Strategy

The aims of the strategy are that:

1. Disabled children with complex needs are supported to participate in all mainstream and community services, so that they have the same opportunities and experiences as their non-disabled peers.
2. Disabled children with complex needs are actively involved in and supported to make informed choices about their own plans including assessments, treatment and care, and in planning and development of services that affect them.
3. Families of disabled children with complex needs receive support through co-ordinated multi agency services. All families with high levels of need should have access to a key worker/lead professional.
4. Processes are in place to support early identification and provide specialist multi agency assessment to those children identified as having complex needs.

5. Disabled children with complex needs and their families receive effective early interventions including timely therapy services and provision of equipment.
6. Disabled children with complex needs receive effective multi agency support to enable smooth transition at key stages in their lives.
7. Children with disabilities are protected from harm within their community.
9. Service users will have the choice of a range of services provided by a range of agencies

These aims reflect:-

- Issues which are important to children, young people and their families
- Priorities for agencies currently working with children with disabilities
- Current Government agendas for children with disabilities, including the Every Child Matters Change for Children Programme, the National Services Framework and Valuing People, the SEN and Disability Act 2001

8. Outcomes

The outcomes we aim to achieve for children with disability are based on the five outcomes outlined in Every Child Matters and the 25 broad aims of the Children Act 2004:

Outcome 1 - Be Healthy

All Children with Disabilities will be enabled to achieve a healthy lifestyle.

- 1.1 Being physically healthy.
- 1.2 Being mentally & emotionally healthy
- 1.3 Being sexually healthy
- 1.4 Eating well and exercising
- 1.5 Choosing not to take illegal drugs

Outcome 2 - Stay Safe

All Children with Disabilities will be protected from harm and neglect and provided with the opportunity to grow up to become as independent as possible.

- 2.1 Being safe from maltreatment, neglect, violence & sexual exploitation.
- 2.2 Being safe from accidental injury & death.
- 2.3 Being safe from bullying & discrimination.

- 2.4 Being safe from crime & anti-social behaviour in and out of school.
- 2.5 Having security, stability and are cared for.

Outcome 3 - Enjoy and Achieve

All Children with Disabilities will be provided with the opportunity to get the most out of life and to develop the broad skills needed for adulthood.

- 3.1 Having early years opportunities
- 3.2 Attending and enjoying school
- 3.3 Achieving educational standards at primary school
- 3.4 Developing personally and socially and enjoying recreation.
- 3.5 Achieving educational standards at secondary school.

Outcome 4 - Make a Positive Contribution

All Children with Disabilities will be supported in making a positive contribution to the community and in not engaging in anti-social or offending behaviour.

- 4.1 Engaging in decision-making processes within the community.
- 4.2 Engaging in law-abiding and positive behaviour in and out of school.
- 4.3 Developing positive relationships and choosing not to bully and discriminate.
- 4.4 Developing self-confidence & successfully dealing with significant life changes and challenges.
- 4.5 Developing enterprising behaviour.

Outcome 5 - Achieve Economic Well Being

All Children with Disabilities will be provided with support in achieving economic well being.

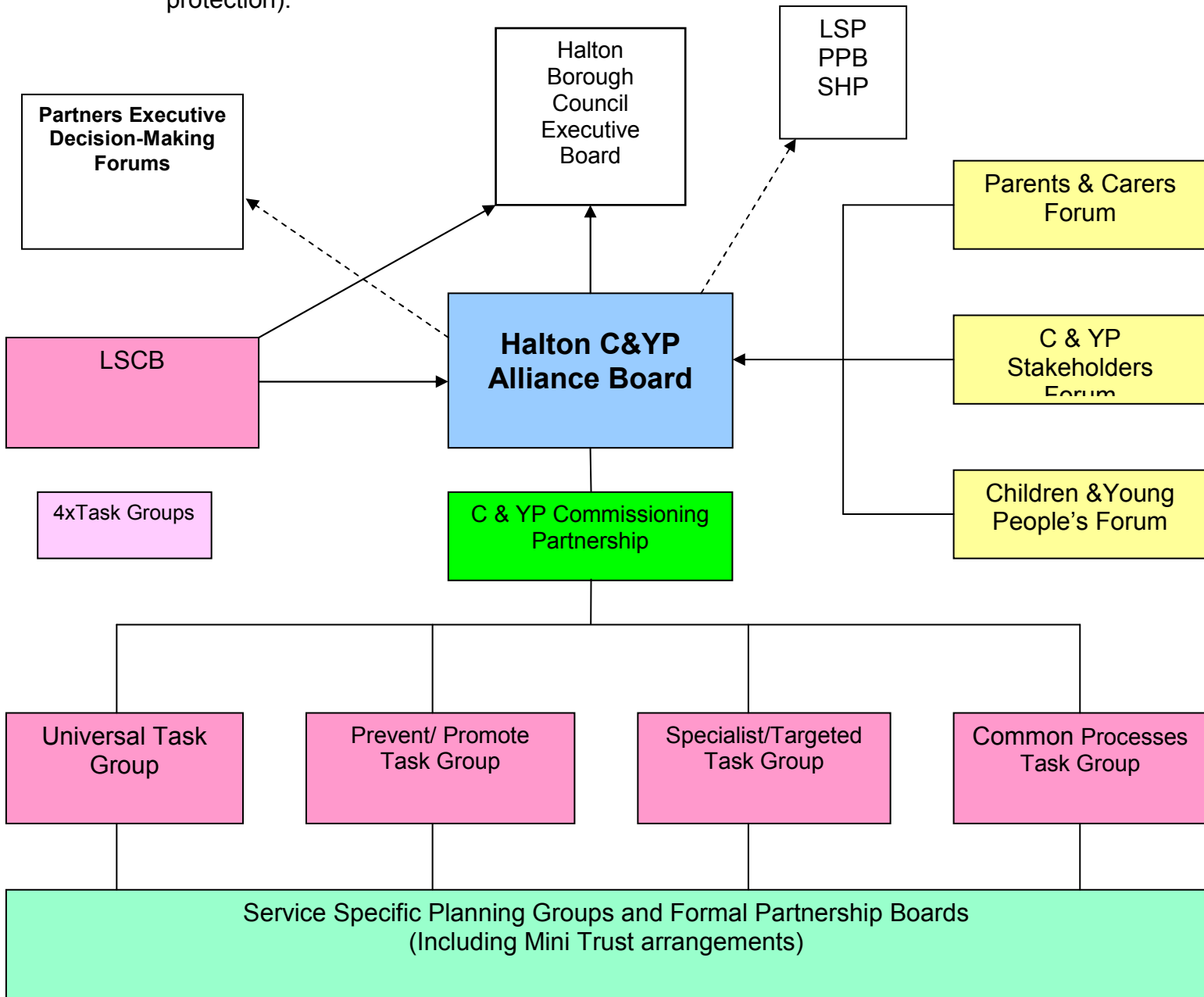
- 5.1 Engaging in further education, employment or training on leaving school.
- 5.2 Being prepared for employment.
- 5.3 Living in decent homes & sustainable communities.
- 5.4 Having access to transport & material goods.
- 5.5 Living in households free from low income.

9. PLANNING ARRANGEMENTS IN HALTON

1. Children and Young Peoples Alliance

A multi agency approach to meeting the needs of children and young people in Halton was initially developed in 2003 through the Children and Young Peoples Partnership.

The strategic role of the Children & Young Peoples Strategic Partnership is now being developed incrementally through six mini-trusts which in 2008 will become integrated into a single Children's Trust. The Children and Young Peoples Partnership has been re-constituted as the Children and Young Peoples Alliance Board to which the six mini trusts will report. From 1 April 2006 there will be mini trusts for CAMHS, Looked After Children, Children with Disabilities and Preventive Services. During 2006/07 mini trusts will be established for Children's Centres and Children in Need (including child protection).



The vision for such Trusts in Halton is based on a model of pooled budgets, joint commissioning, inter-agency governance arrangements, together with the joint management and co-location of staff where this makes sense to children, young people and their families. They will support those who work every day with children, young people and their families to deliver better outcomes – with

children and young people experiencing more integrated and responsive services, and specialist support embedded in and accessed through universal services. People will work in effective multi-disciplinary teams, be trained jointly to tackle cultural and professional divides and use a lead professional model where many disciplines are involved

Between 2006-7 the initial phase of service specific mini-trusts will seek opportunities for the co-location of staff teams where it makes sense to children and families receiving services, and will develop inter-agency governance arrangements.

The Alliance will be led by the local authority as this is where responsibility for some key statutory duties relating to children lie. The Director of Children's Services will be accountable for the services provided by the Alliance, and the Lead Member for children will be politically accountable.

The Alliance Board will:

- Develop joint measures for improving local outcomes for children and young people, including the establishment of pooled funds and the provision of staff, goods, services, accommodation or other resources as appropriate
- develop and implement the Children and Young People's Plan
- develop mechanisms for realigning resources and commissioning new services
- share information including performance management information and details of staffing, intervention/activity budgets and locally agreed performance targets
- develop reporting mechanisms for all agencies' performance information, and arrangements that address failures of services in meeting targets
- give consideration to and where appropriate ratify all significant service developments, strategies and plans concerning children and young people
- ensure wide participation in the planning and delivery of services via a robust communication/consultation/participation strategy, to include children, young people, parents and the stakeholders forum

The Alliance is underpinned by a **Compact** that sets out how the partners in Halton will work together to deliver better outcomes for children and young people. The range of new statutory duties for relevant partners introduced in the Children Act 2004 are included in the Compact. Each partner's contribution to the achievement of the Halton vision, together with the delivery of their statutory responsibilities forms part of the local strategic and operational arrangements. The Compact specifies who the partners and signatories are, what the expectations are of all partner agencies including adherence to the *Nolan principles*, information-sharing arrangements, accountability arrangements, responsibilities of the Alliance Board, structure and remit of all the sub-groups of the Alliance Board, the relationship of the Board to other strategic decision-making structures in Halton, and action to be taken in circumstances where agencies are identified as failing to co-operate.

10. STRUCTURE TO DELIVER THE STRATEGY

There are a number of organisations, agencies and providers who are involved in the delivery of services to children with disabilities. Each of these have service plans, structures and processes which govern their delivery of services. This multi agency strategy will co-ordinate these individual service plans with the aim of:

- integrating assessment processes for access to services
- providing both open access services and services to meet assessed needs.

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In order to develop and deliver this strategy effectively there needs to be a robust and coherent structure that:

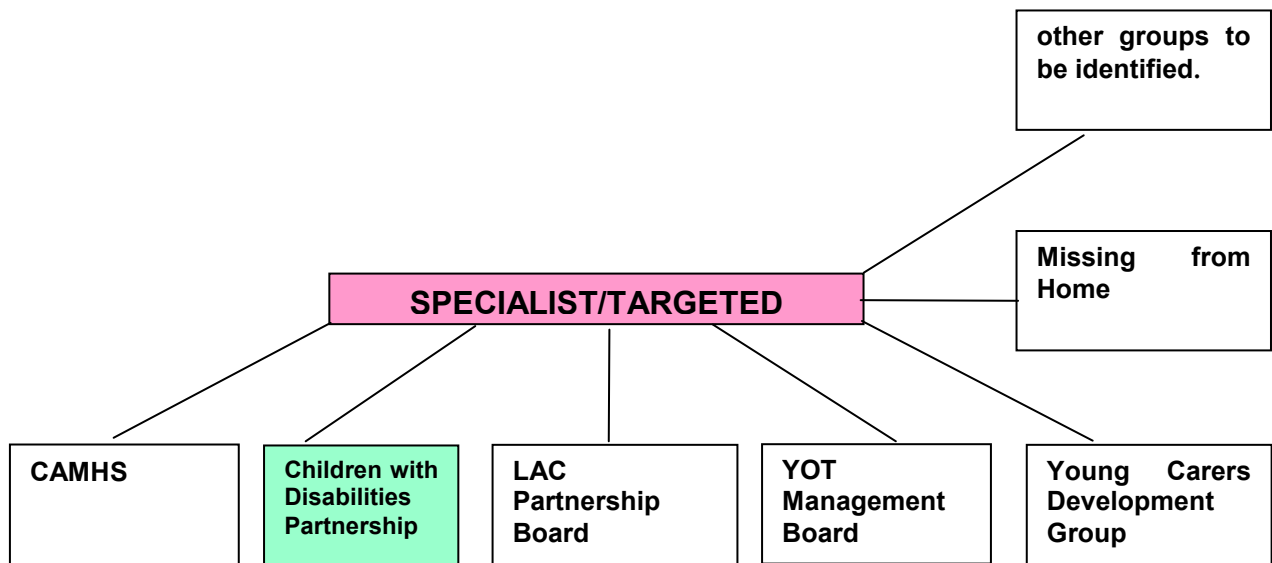
- Is easily understood by all stakeholders.
- Enables the participation of all stakeholders.
- Has the capability to change things for the better.
- Enables the work of the various stakeholders to be complementary and co-ordinated.

Children's Disability Partnership Board

The Children's Disability Partnership Board will oversee the implementation of the Strategy and for contributing to the delivery of the Children and Young People's plan.

The functions of the Children's Disability Partnership Board are:

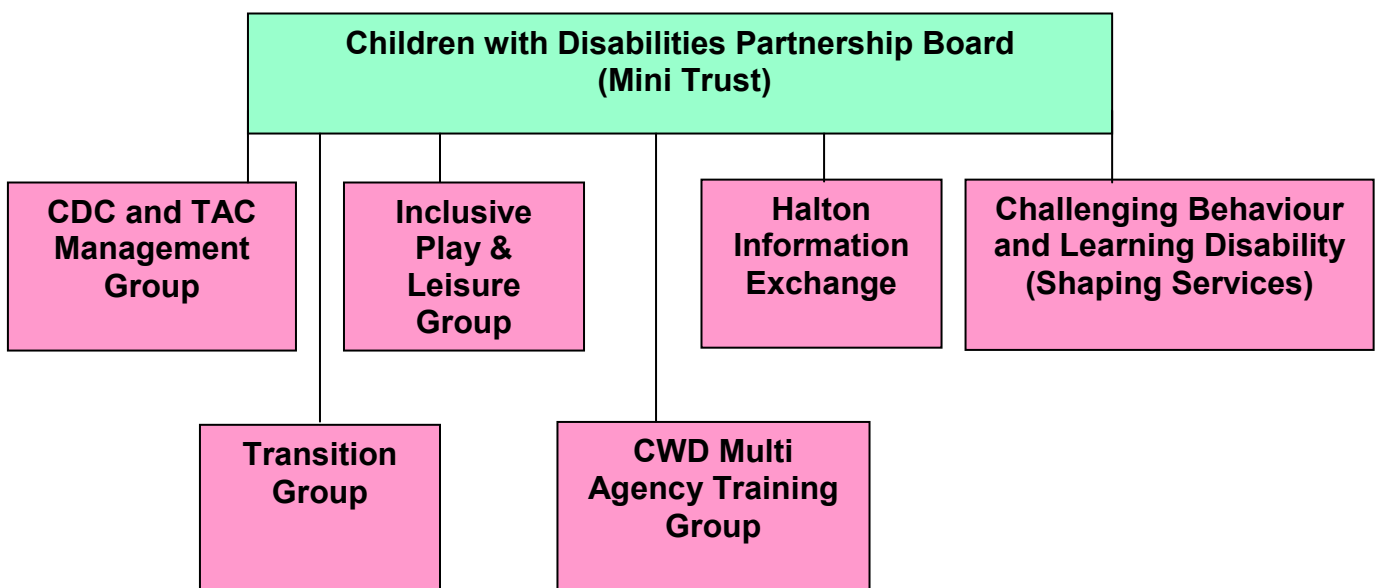
- To advise the Children and Young Peoples Alliance on all matters in relation to children with disabilities
- To develop and review Halton's strategic plan for children with disabilities as part of the overall strategic plan for children and young people
- To take account of research findings and government guidance and publications.
- To maintain an up-to-date analysis of local need.
- To identify service development needs.
- To promote multi agency training
- To monitor performance
- To develop integrated and co-ordinated multi agency working through the development of integrated teams with integrated governance arrangements.



Within this approach, three aspects of work will be piloted by the Children 's Disability Partnership Board, with the aim of developing single team governance and promoting the principles and aims noted throughout this document. The three aspects of work are:

- Integrated management and delivery of service,
- Co-location of staff
- Joint Commissioning from a Pooled Budget

A number of sub groups with a specific focus relating to the overall strategy will report to the Partnership Board:



The sub groups of the Partnership Board may change to reflect current needs and could therefore be short or long standing.

Membership

Agencies who are members of the Children's Disability Partnership Board are represented by senior managers at an appropriate level to influence the commitment of their agency's resources. Membership includes:

- The Children and Young People's Directorate
- Housing
- The Primary Care NHS Trust
- Connexions
- The Voluntary and Independent sector
- Schools
- Adult Services
- Elected members

Involvement of Parents, Children and Young People

A Parents Forum for parents and carers of children and young people aged 0 –19 living within Halton has been established to act as a reference group for the Children and Young People's Alliance Board and to enable the views of parents and carers to be integral in the developments of services. The Forum aims to be inclusive with membership from across all sectors of society and will include the parents of children with disabilities and other service specific groups.

The Forum will receive information on a range of key issues and consultations and will contribute views on the planning, implementation and development of services.

The Forum is supported by officers who engage with it at a variety of levels and outreach support is provided to canvas the views and contributions of parents and carers who are reluctant to fully engage with Forum meetings. The Forum will meet on a quarterly basis at a range of venues across the Borough.

The Children and Young People's Forum will also act as a reference and consultation group for the Alliance Board.

The aim is to create **Area Youth Forums** which will be co-terminus with the borough's areas and include youth representatives from all sectors of the partnership including voluntary youth organisations. Each area of the borough would elect two young people to form a Borough Youth Forum and to be candidates, should they wish, for the position of Member of Youth Parliament for Halton. The Borough Youth Forum would be involved in the development of the Children's Trust and inform and influence the development of the "Hear by Right" agenda within services and organisations for young people. It will

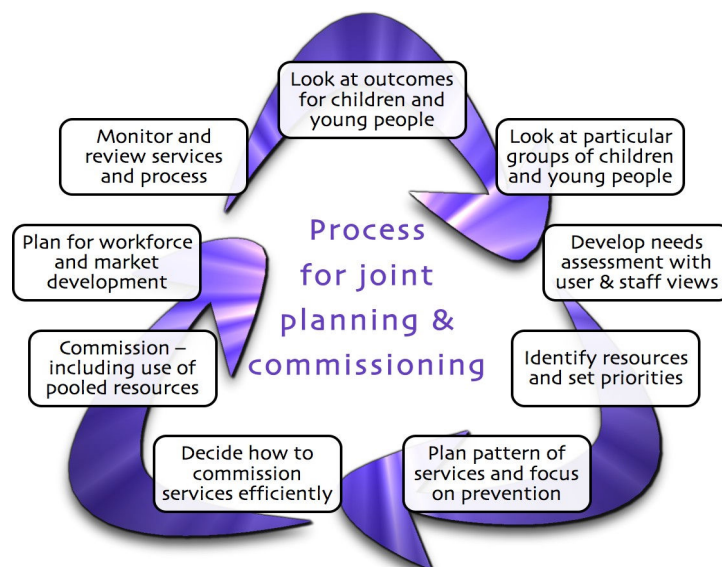
ensure that the views of children and young people, including children with disabilities, are taken into account at all stages of the planning and delivery of services.

Issues from these two forums which affect children with disabilities and their families will feed into the work of the Children's Disability Partnership Board and Mini Trust and issues on which the Trust requires consultation with parents, children and young people will be referred to both Forums for advice and consultation.

11. COMMISSIONING

Commissioning is the process of:

- ❖ assessing what services are needed in conjunction with all stakeholders in order to improve the outcomes for children and young people and mapping current provision (needs analysis).
- ❖ prioritising against national, local and service specific priorities
- ❖ putting into place those services in the most effective way to meet local needs (Planning the pattern of services)
- ❖ identifying where resources can be pooled between children's alliance partners (pooling budgets and joint commissioning)
- ❖ ensuring that the workforce is in place to deliver those services across the statutory, voluntary and independent sectors (Workforce and Market development)
- ❖ allocating resources to secure those services against outcome based targets (contracting)
- ❖ monitoring and reviewing services against the delivery of the outcomes for children and young people.



The commissioning process should ensure that;

- ❖ there is an understanding across agencies on the needs of children with disabilities and their families that is informed by local and national priorities and by the view and experiences of service users.
- ❖ Services are planned to meet those needs in a multi agency context
- ❖ Resources are identified and where appropriate pooled to provide the most effective services.
- ❖ Services are measuring success based on the outcomes for children

The commissioning of services for children with disabilities will link to the overall Halton Children and Young People's Joint Commissioning Strategy and will further develop the overarching needs analysis with a more detailed and specific needs analysis for children with disabilities and a detailed commissioning plan. All commissioning activity will be overseen and co-ordinated by the Children and Young People's Integrated Commissioning Partnership and reported to the Children's Disability Partnership Board and will ensure the achievement of best value, economy, efficiency and effectiveness in the provision of services to all children and young people in Halton.

Pooled Budget

A Pooled Budget is in existence that is registered under S31 of the Health Act 1999, and is a partnership between Halton Borough Council and Halton Primary Care Trust. The partnership jointly provides the following services

- Child Development Team Co-ordination
- Challenging Behaviour Service (Shaping Services)
- Halton Information Exchange (Child Disability Register)
- Strategic Management
- Carer Short Breaks

Further opportunities will be sought to jointly commission services through increasing the pooled budget or other opportunities.

12. PERFORMANCE MANAGEMENT

To measure how well the outcomes for children and young people in Halton are being achieved, all partners have adopted a unified Performance Management Framework

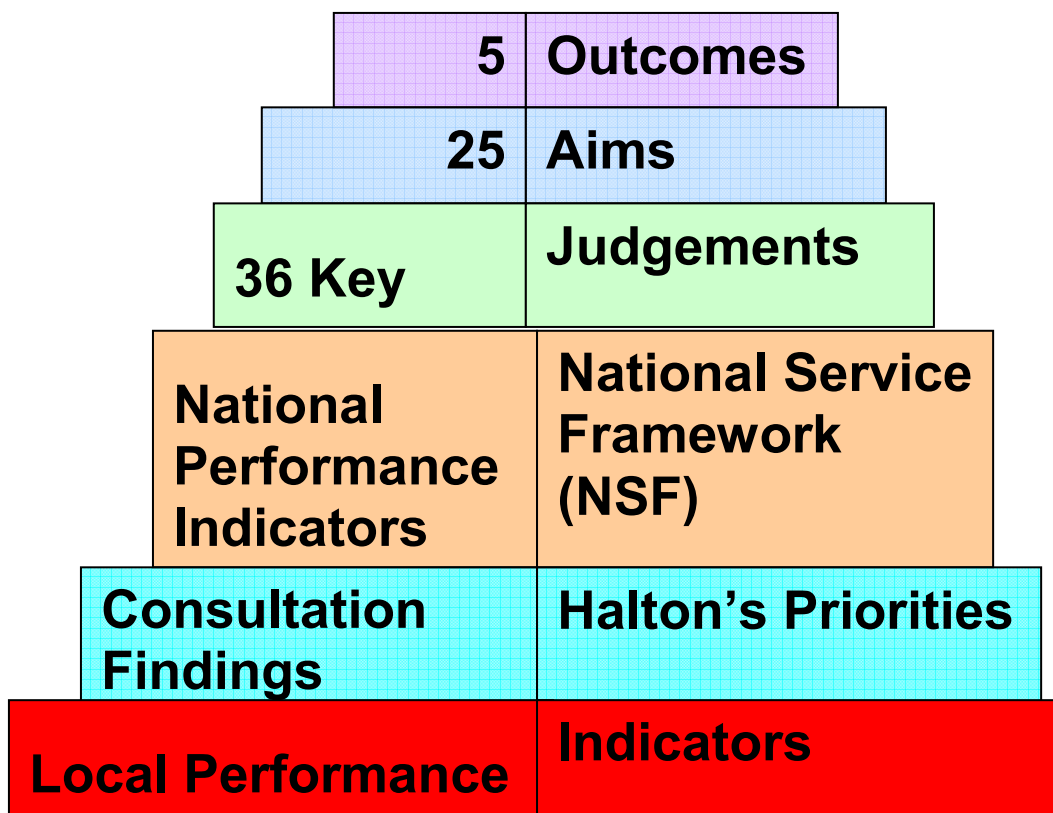
Performance will be measured against Local Targets that have been developed based on local need and against National Targets and Indicators across agencies involved in delivering services to Children with Disabilities.

The framework interweaves the Children Act Outcomes Framework with the range of national and local performance indicators for services to children and families, the key judgments of the Joint Area Review and the Halton Local Priorities. The framework will ensure the development of local performance indicators for the Children's Disability Partnership Board to effectively measure the outcomes of the services it provides for children with disabilities.

It will also provide the basis for the identification of service gaps that will inform the commissioning process. The framework allows for remedial action to be taken through the monitoring process using the 'traffic light system'

Each service provider fills in a quarterly data monitoring form which is submitted to the Children and Young People Directorate. Performance against national and local indicators will then be collated both by the Children and Young Peoples Directorate Quality and Data Division and by the Children's Services Quality Assurance Unit and will be reported to the Children's Disability Partnership Board and the Children and Young People's Alliance Board. Detailed quarterly performance management reports will be prepared for the Children's Disability Partnership Board, which detail performance against outputs and outcomes during the previous quarter and report on issues which arise from this performance. In addition, a more detailed annual business performance report will be produced. The Building Bridges Strategy and associated Plans will be reviewed on an annual basis.

The framework below gives a diagrammatic overview of the system for mapping all services for children and young people in Halton against the Children Act Outcomes Framework, national priorities and local priorities which include the findings of a major consultation exercise undertaken between November 2004 and February 2005 and will include the findings of a consultation on the Children and Young People Plan via the Halton Borough Council web site.



Reporting Requirements

The Children and Young Peoples Directorate Quality and Data Division receive information from all partner agencies which is then incorporated into the Children and Young Peoples database. The database can be interrogated to provide a wide range of information on individual children which assists in the early multi agency assessment of need and provides comprehensive performance information on children with disability issues which is reported to the Children's Disability Partnership Board and the Children and Young People's Alliance Board on a quarterly basis.

13. GOVERNANCE ARRANGEMENTS

The six core principles of good public service governance identified by the Independent Commission on Good Governance in Public Services (OPM and CIPFA (2004) *The Good Governance Standard for Public Services*), have been adopted by the Children's Disability Mini Trust. These are:

➤ **Focusing on the organisation's purpose and on outcomes for citizens and service users**

The Alliance and Children's Disability Mini Trust Business Plans, associated Strategies and the Halton Performance Management Framework fulfil the requirement to be clear about the organisation's purpose and its intended outcomes for service users.

All significant disability service developments, strategies and plans will be ratified by the Children's Disability Partnership Board and will be reported to the Children and Young People's Alliance Board. The outcomes to be achieved for children and families will be the foundation of all agreed service developments, strategies and plans.

➤ **Performing effectively in clearly defined functions and roles**

In Halton the Director of Children's Services has the lead role in establishing and maintaining inter-agency governance arrangements; the Lead Member for Children's Services has responsibility for ensuring that sound governance arrangements and a clear framework of accountability are in place, and has a leadership role in engaging local communities within the local authority and across partner agencies. The Halton Children and Young People Alliance Board is responsible for monitoring compliance with governance arrangements and offering strategic leadership and direction to drive through change.

In respect of children with disabilities and their families, the Children's Disability Partnership Board will be chaired by an Elected Member of the Halton Borough Council .The Multi Agency Strategy Manager for

Children with Disabilities will have lead responsibility for ensuring that a clear framework for the monitoring performance is in place.

➤ **Promoting values for the whole organisation and demonstrating the values of good governance through behaviour**

Members of the Children's Disability Partnership Board have collective responsibility and accountability for its decisions. Members should strive to make decisions that further the aims of the Trust in promoting outcomes for children with disabilities rather than the interests of their own agency.

Members of the Children's Disability Partnership Board are expected to work in partnership in line with the *Nolan principles* for the conduct of people in public life:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

➤ **Taking informed, transparent decisions and managing risk**

The Children's Disability Partnership Board will be the forum for considering issues in respect of children with disabilities. Decisions will be recorded and the minutes available for professional scrutiny. The Board will be supported by professional officers and will receive regular performance management and professional information which will indicate whether any of the Boards strategies, policies or performance areas are at risk.

➤ **Developing the capacity and capability of the governing body to be effective**

Agencies will be represented on the Children's Disability Partnership Board by a senior manager with the necessary skills, knowledge and experience to undertake the functions of a Board member. The Children's Disability Mini Trust Business Plan will be developed jointly by agency Board members and will be reviewed annually at a Board business planning day which will evaluate performance in relation to children with disabilities.

➤ **Engaging stakeholders and making accountability real**

The Children's Disability Partnership Board is the forum within which agencies are engaged with the process of delivering services for children with disabilities. The new integrated inspection framework, led by Ofsted, will inspect how Children's Services work together and the

development and outcomes delivered by Children's Trust arrangements in each area and will be significant in assessing the engagement of all stakeholders.

In addition forums have been established for parents, children and young people and institutional stakeholders. These forums will receive information on key issues and consultations and will contribute views on the planning, implementation and development of services.

The range of public information leaflets on children with disability processes also increase the accountability of agency members to the public in the execution of their professional responsibilities.

14. NEEDS ANALYSIS

This needs analysis sits beneath and links to the overall needs analysis for the Halton Children and Young Peoples plan and extends the detailed information on the needs of disabled children with complex needs in Halton in as far as the limited data allows and much of this is based on the current service usage as this can provide a good indication of need, although it is accepted that this is limited and improved data collection is needed to fully understand the needs of this population.

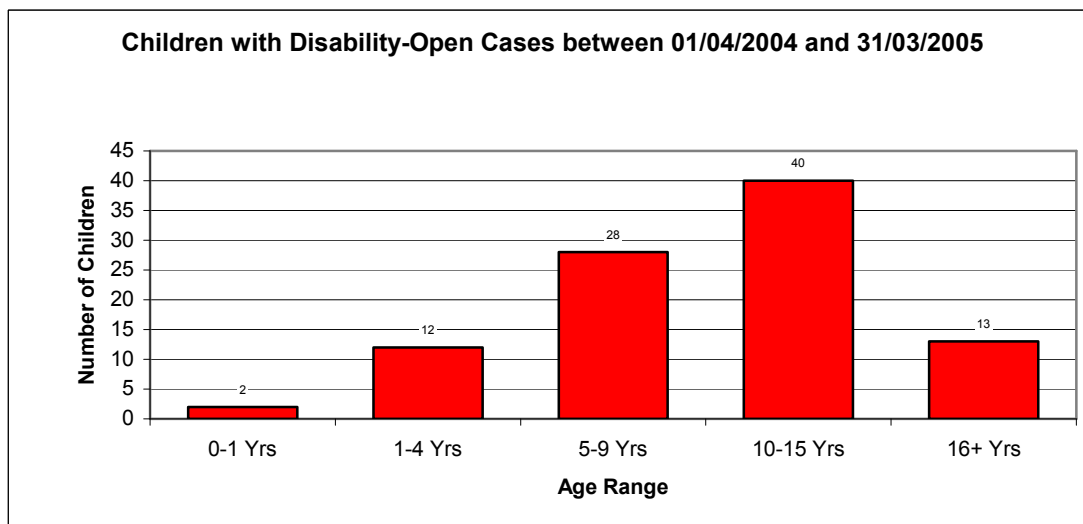
Counts of people with disabilities in the population as a whole are difficult to obtain and doubly so for any sub groups of the population. To some degree the Census can be used as a proxy measure of disability by using it's limiting long - term illness measure. This data has been analysed in the overarching Halton Children and Young People's Needs Analysis and has showed that there were 1,358 children with limiting long-term illness. The first phase of the Building Bridges Strategy indicated that there were over 600 disabled children living in Halton in 2002/3 and that this number was increasing in line with national trends. Reporting on 'disability ' is difficult due to the varying definitions; the national prevalence of Child Disability reported through DFES is 7% (770,000) whilst 'Together From the Start' suggests a prevalence of 3% for planning.

This needs analysis will focus on a smaller cohort of disabled children who have complex needs and who receive services from a range of agencies. It will examine the data available and the analysis of the information will be reflected in the Action Plan.

Child Disability Social Work Team

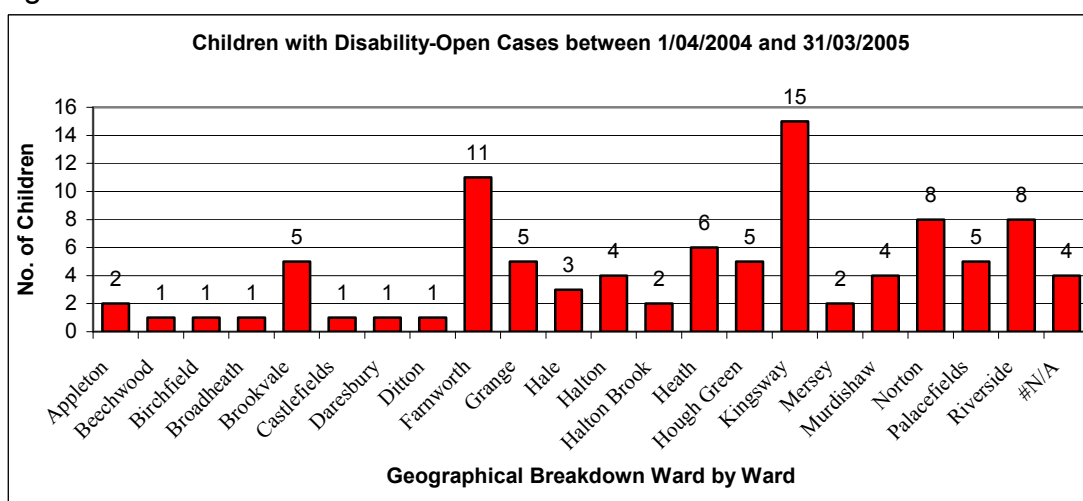
The Children with Disabilities Team is a specialist team that provides social work support, community services and residential provision for children with disabilities and their families. The staff group consists of 28 people including Social Workers, Community Support Workers, Care Workers, Administrative staff, a Cook, General Assistants and Handymen. The team is based on two sites with the Principal Manager, Practice Manager and the residential staff based at Inglefield Children's Centre in Runcorn and Practice Manager, Social Workers and support staff at Peelhouse Family Centre in Widnes. This enables the provision of a localised service to families throughout the Borough. In 2004/5 95 children received a service via the Child Disability Social Work Team.

Fig. 1



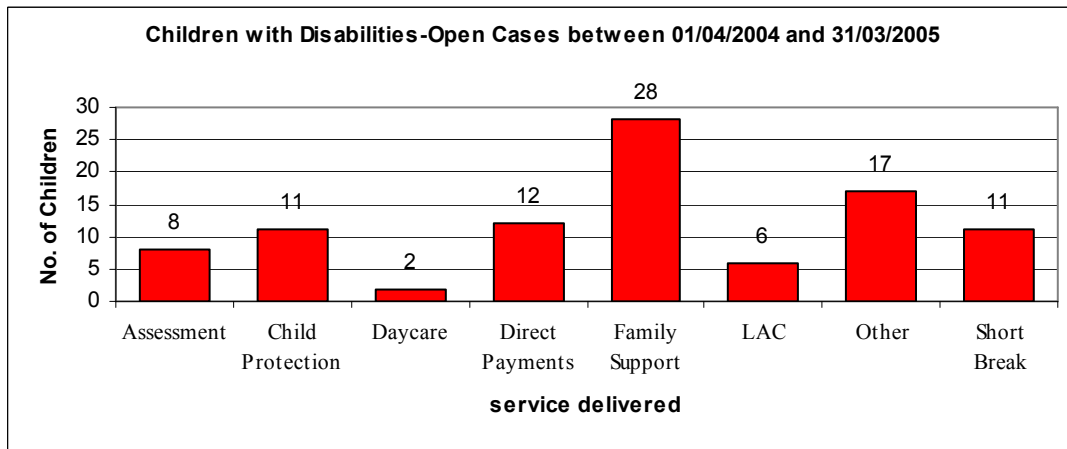
Most current involvement is in 5 to 15 yr age group with fewer young people over 16yrs receiving a service, although this could be because they are receiving a service from another council service.

Fig 2



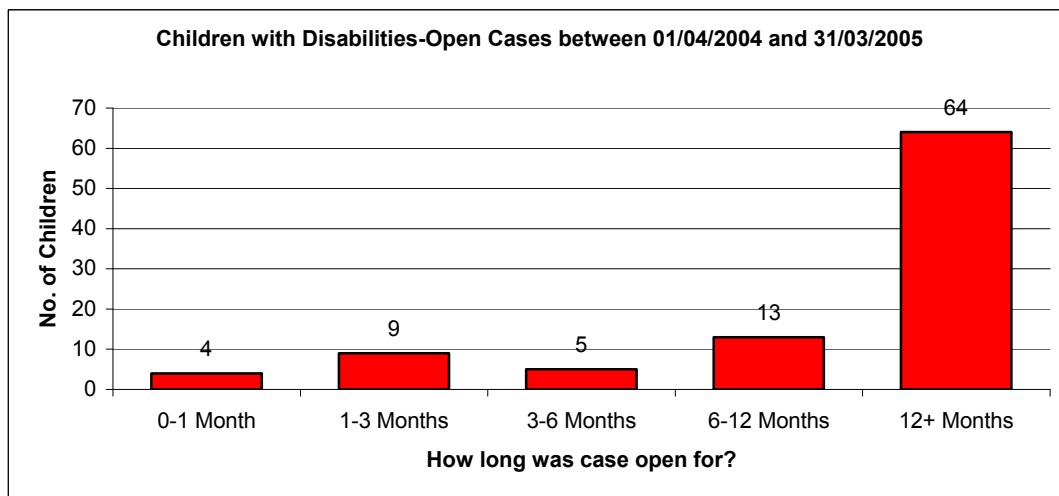
Farnworth, Kingsway, Norton and Riverside wards have the highest prevalence of disabled children living within their boundaries.

Fig 3



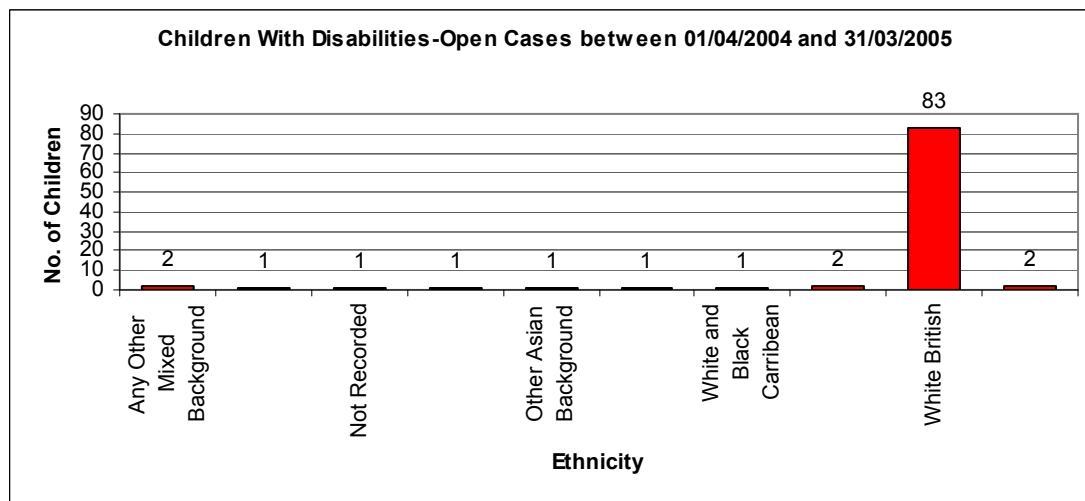
The greatest service demand was for family support, short breaks and direct payments. Families receiving direct payments can find it difficult to purchase a service if they require support for children with the most challenging behaviours and complex needs.

Fig 4



Most cases remain open for 12 months or more, this is due to the ongoing need for family support amongst families with children with the most complex needs. Disabled Children and their families who meet the threshold to receive a Social Care service will most likely be those with complex needs.

Fig 5



There were very few open cases involving children from minority backgrounds reflecting the overall population of Halton.

Equipment and Adaptations

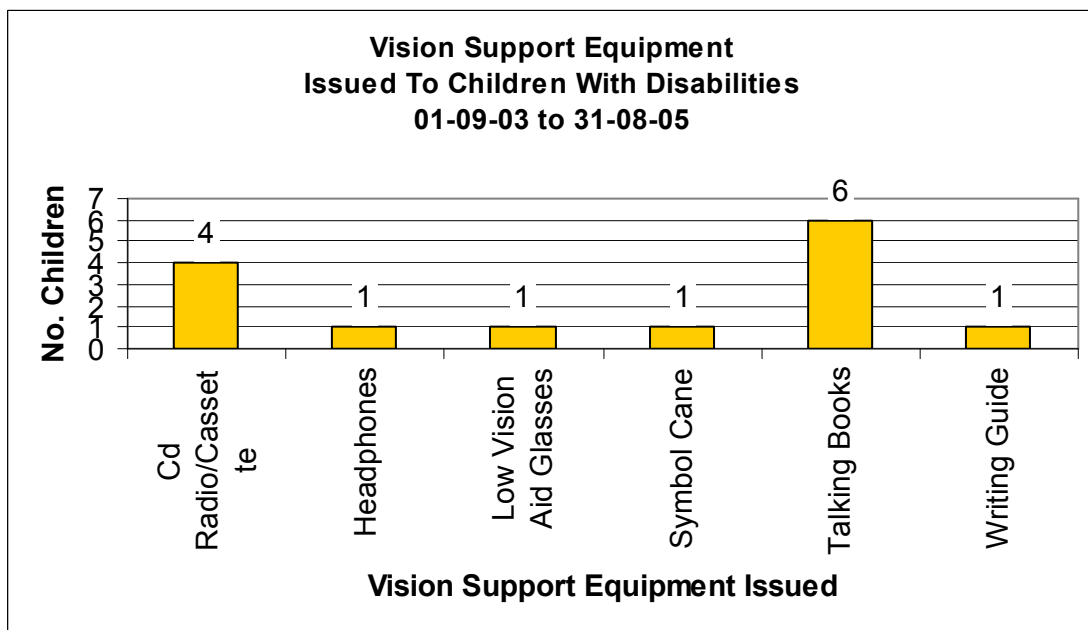
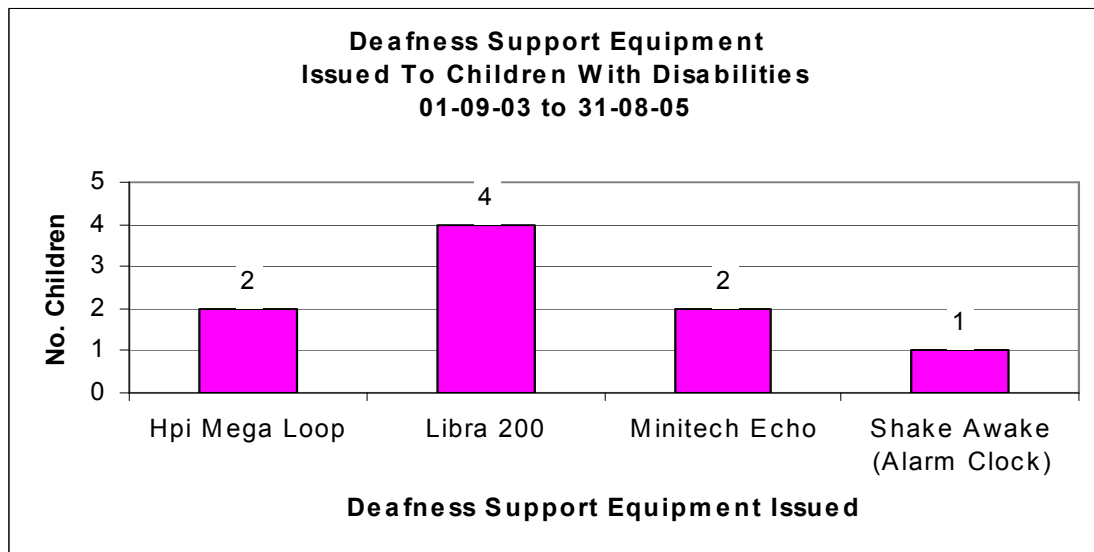
Specialised bespoke equipment is prescribed by the paediatric physiotherapy and occupational therapy service within Halton PCT and is procured by the Halton Equipment Service. Other equipment and adaptations to the home are assessed through the Independent Living Team, a cradle to grave service within the Health and Community Directorate of Halton Borough Council, that provides children's equipment through a Service Level Agreement with the Children and Young People's Directorate.

The most frequently needed minor equipment between September 2003 and August 2005 was bathing equipment and bath steps. Between the above dates 35 children were referred for assessment and 46 children were issued with equipment

Occupational Therapy	23
Vision Support	14
Deafness Support	9

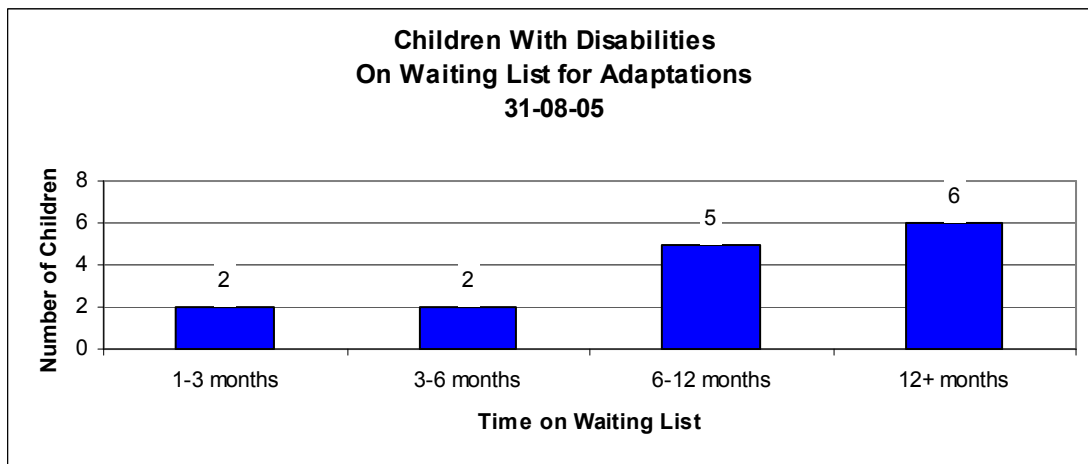
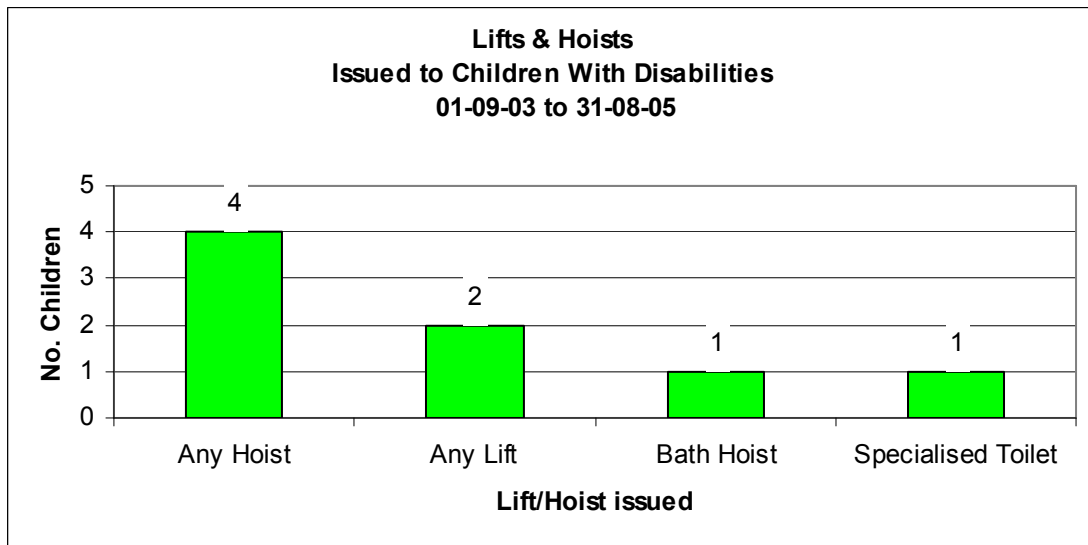
Vision and Deafness support equipment is provided to children at home by the Physical and Sensory Disability team which is a cradle to grave service based in the Health and Community Directorate, through service level agreements.

Fig6/7



Adaptations to the home are provided following an assessment by the Independent Living Team through the use of Direct Facility Grants. These are no longer means tested for children. The data shows that adaptations were recommended for four children, ordered for eleven children. 15 children were on the waiting list for an assessment by an occupational therapist for adaptations to the home with six of these waiting for more than 12 months and a further five waiting between 6-12 months.

Fig
8/9



Early Identification and Assessment

Multi Agency baseline assessment is undertaken by the Child Development Team . Fig 10 shows a sharp increase in referrals since 1995, this is attributed to improved referral criteria and improved referral rates.

Fig 10

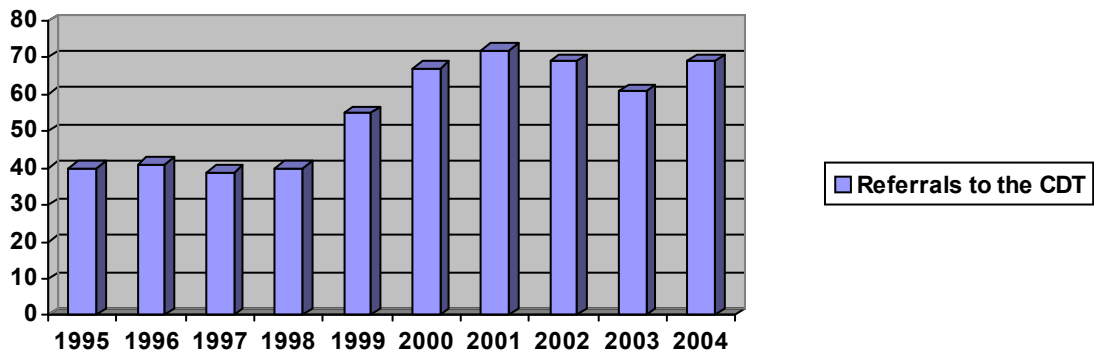
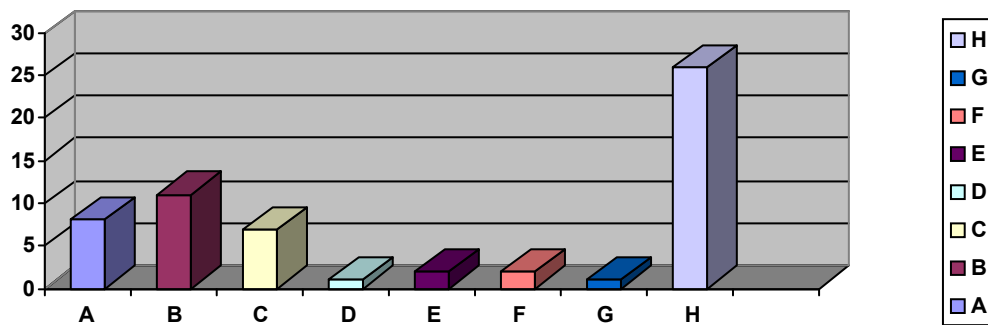


Fig 11



- A = Social Communication Problems / Behavioural
- B = Speech and Language Problems / Behavioural (including disorder)
- C = Physical
- D = Complex Medical
- E = Syndromes

- F = Hearing / Developmental Delay
- G = Visual Impairment / Developmental Delay
- H = Global Delay / Developmental Delay

Fig 11 shows a snapshot of data from 2003 showing the number children by referral. The majority of referrals from 2003 show developmental delay issues. From 2004 to 2006 the Child Development Team reports an increase in referrals re social and communication problems.

The Child Development Centre provides an assessment nursery for those with the most complex needs. Fig 12 shows the outcomes for children attending the nursery between September 2004 and July 2005

Fig 12

- 28 children accessed places in the CDC nursery during September 2004 – July 2005. These children are now placed as follows:

Education Setting	Number of children
Special schools	11: 10 Brookfield 1 Chestnut
Resource bases	4; 2 Oakfield, 2 The Brow
Reception classes	4: 3 EYA+. 1 statement
Early Years settings	4 EYA+
Ongoing assessment	5 continue placement in September '05.

This shows that of the 23 children attending the nursery during this period 11 moved on to Special Education, 4 to Resource bases, 8 to mainstream provisions.

Fig 13

Shows the figures of children that have been given an ASD diagnosis. I have the information for the last five years. The numbers of children diagnosed are in academic years from September to July.

Children who have received an ASD diagnosis

Dates:	Number of ASD children
September '01- July '02	5
September '02- July '03	7
September '03- July '04	10
September '04- July '05	10
September '05- February '06	2

September 05 to February '06

Total number S.C. pathway	Diagnosis confirmed	Ongoing assessment	No further assessment
11	2	6 *	3

* These children are likely to have an ASD diagnosis.

- There may be further children who are placed on this pathway who may need nursery placements, which may lead to a diagnosis before the end of this academic year.

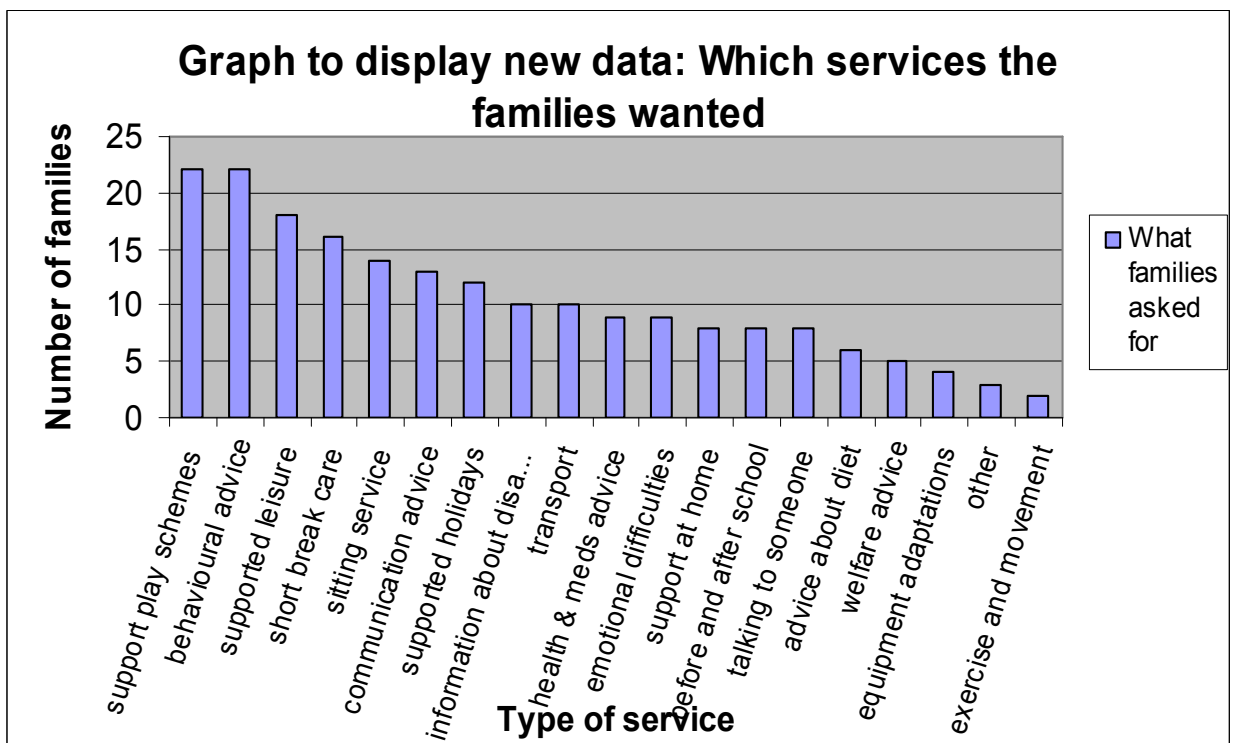
The figures show a significant increase between 2001 and 2005.

Severe Learning Disability and Challenging Behaviour

The Shaping Services Team is a multi disciplinary team offering assessment, behavioural advice and communication support to this group of children and young people and their families. All children and young people receiving a service from the team have severe learning difficulties and over half have ASD traits , other conditions include epilepsy, specific chromosome abnormalities and physical and sensory disabilities. The service has a strong service use influence with families being involved in the steering group. The service was introduced following consultation with families and the identification of gap to meet the needs of this group. Demand upon this service grows and a waiting list is now in place. Many of these children and young people and their families need ongoing support to ensure positive outcomes. Research in 2005 (Fig.14)indicated that families continue to prioritise their needs as

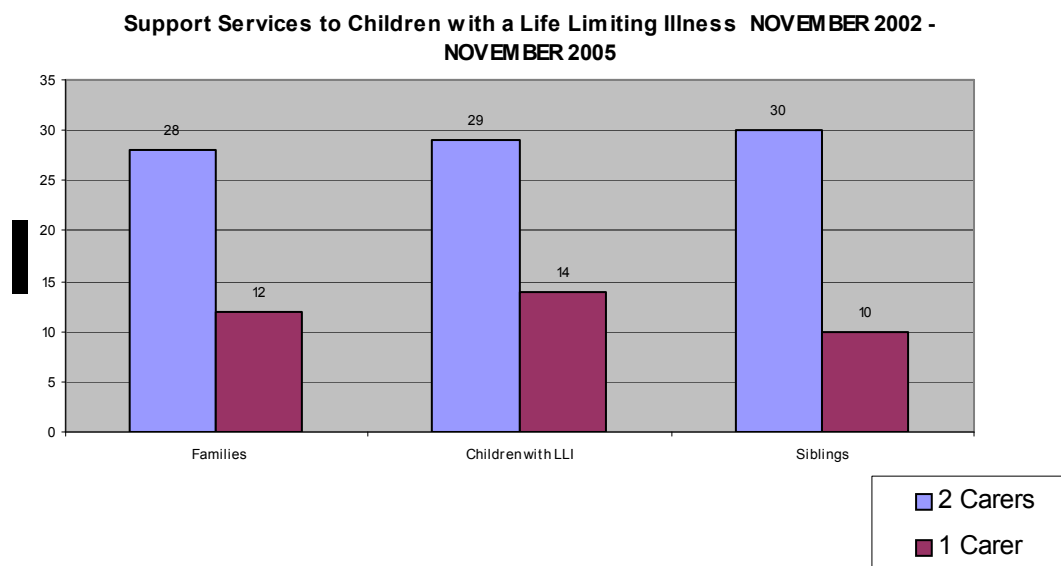
- ❖ Supported playschemes
- ❖ Behavioural advice
- ❖ Supported leisure

Fig 14



Support Services to Children with a Life Limiting Illness and their Children.

Fig 15 shows the number of families supported between 2002 and 2005.



Between these dates 28 families were offered a range of practical and emotional support.

Short Breaks

A range of carer short breaks are commissioned from the Voluntary Sector providing a variety of experiences for children including after school clubs and inclusive leisure breaks with a focus on providing a break for carers through a positive and enriching experience for the child and maintaining the child in their own home.

Overnight short breaks are provided, subject to an assessment of need by the Inglefield Unit and there are 5 Foster Carers offering short break foster placements.

Communication Aids

All children need to be able to communicate and to have access to the curriculum. However, some pupils have a significant difficulty in communicating with others, whether that's with regard to:

understanding language
communicating verbally

using written communication

Fortunately, there are a range of technological aids which can help.

Up until 31st March 2006 The CAP project managed a process of multi agency referral, assessment and provision of additional equipment and technology for pupils in England who have significant communication difficulties. CAP acknowledged that 'Communication difficulties may be the primary problem for a pupil (a severe hearing impairment, for example) or form part of a more complex picture (such as where a child has severe cerebral palsy and multiple learning difficulties)'.

The project was established initially through funds made available by Treasury's Capital Modernisation Fund. A grant of £10m was awarded over three years ending March 2004 (£1.5m, £3.5m, £5m respectively). Further funding was secured from the DfES to extend the project until March 2006. CAP, therefore, represented a significant initiative in the provision of Information and Communications Technology (ICT) to children with disabilities in England.

CAP had at its centre BECTA and the six CAP Centres: Abilitynet, ACE North, ACE Oxford, Deaf Children's Communication Aids Project (DCCAP), London CAP and SCOPE. Halton children were largely managed by ACE Centre North. The agencies involved were primarily Health and Education.

The intention was for CAP to leave a legacy of skilled personnel across the regions of England to continue providing support for pupils with communication difficulties in accessing the curriculum and the community. Halton's position now is that there is a mechanism to refer and assess children for this equipment, with an expectation that Special Schools should provide whatever the child needs.

Summary of Needs Analysis

1. The Child Disability Team provides services to a fairly stable group of children with complex needs and their families who often require ongoing support throughout their childhood.
2. The needs of families of children with SLD and challenging behaviour continue to grow with the caseloads for the Shaping Services Team growing and a waiting list developing. These families need ongoing clinical and family support services to maintain the family unit and improve outcomes for the disabled child and their siblings.

3. There is a steady increase in the identification of children with complex needs who require a multi agency assessment with an increase in the incidence of social and communication problems being reported
4. Almost 50% of children assessed with complex needs following the multi agency assessment then move on to special schools.
5. There is a significant demand for specialised equipment to meet the needs of children with complex disabilities. The waiting list for assessment and completion of applications for home adaptations is too long.
6. There is insufficient data to fully understand the population and it's needs
7. The take up of open access short breaks indicates that this a significant area of need and provides a level of family support that supports improved outcomes for children and families and meets a key area of need.
8. The number of children with a life limiting illness where the families sought support has remained stable over the past 3 years.
9. The pattern of service delivery for this group is complex and requires co-ordination between services and between specialist, preventative and universal sectors.

15. ACTION PLAN 2006-09

TARGET FROM	KEY TASK	ACTIONS	OUTCOME	TARGET/TIMESCALE	LEAD
CYPP p4	Ensure service planning and development regarding Disabled Children and Young People is based on robust analysis of need.	Undertake data and trend analysis to predict future needs regarding Disabled Children Establish improved data collection systems	Needs analysis complete, reported and used to inform future planning.	Dec 2006	Div Quality and Data Service Devt Advisor
CYPP P50	Develop, pilot and evaluate a framework for integrated delivery of services to Disabled Children and Young People with Complex needs.	Develop proposals for integrated and co-located multi-agency teams with integrated management based on co-location or virtual co-location. Develop framework for integrated front-line services, including the establishment of protocols for leadership, management and governance arrangements.	Options identified and way forward established Improved multi-agency working	Nov 06 March 07	Strategic Manager CWD Strategic Manager CWD Strategic Manager CWD

		Develop, and evaluate systems to rationalise assessment processes for professionals and families across agencies working with Disabled Children.	Duplication is reduced for families and professionals	2007-2008	
CYPP p51	Resources will be used more effectively by the use of pooled budgets	Explore expansion of pooled budget to include all services that will be delivered or commissioned through the Children's Disability Mini Trust	Resources will be used more efficiently and barriers to integrated working will be reduced	2007	Strategic Manager CWD
CYP p4	Parents and Carers will be supported to be partners in all levels of service planning and delivery	Carer Representation on Partnership Board and sub groups will be promoted and supported	Parents and carers are partners in planning	2006	Strategic Manager CWD
CYPP Be Healthy	Ensure that Children with complex health needs and disability receive co-ordinated multi agency assessment and support.	Develop agreed care pathways with maternity hospitals and Alder Hey Hospital Develop agreed Sharing the news protocols with hospitals regionally	All children with complex needs are offered timely intervention and support Consistency of practice is achieved for all families Families will receive	2007 2008	Strategic Manager CWD Woodview Co-ordinator Strategic Manager CWD Div Mgr SEN

		<p>Key working will be extended to all children with complex needs a part of a continuum of service linking to services for children with moderate needs based on embedding best practice of ESP and TAC .</p> <p>Develop multi agency service to Children with a Life limiting illness and their families.</p>	co-ordinated multi agency services		Principal Mgr CWD Social Work Team/ Mgr Community Nursing Team
CYPP Be Healthy	Ensure that disabled children are provided with appropriate equipment.	<p>The process for the provision of equipment will be mapped</p> <p>The feasibility of developing a single equipment service in all settings will be explored and recommendations made</p>	Disabled children and those with complex health needs will receive appropriate equipment timely to their needs.	2008	Strategic Manager CWD Equipment Service Manager
CYPP Be Healthy	Provide specialist multi agency assessment in universal settings	Explore feasibility of delivering multi agency assessment in universal settings	Children with complex needs access services locally and in	2008	Woodview Co-ordinator

		Explore feasibility of increasing locally delivered tertiary health services	mainstream settings		Consultant Community Paediatrician/Strategic Manager
CYPP Be Healthy	Provide information to families re disability and maintain register of disabled children.	Halton Information Exchange will establish links with Children's Information Exchange Numbers registered with Halton Information Exchange are increased year on year to agreed targets	Information is widely available in universal settings	2006	HIE Co-ordinator
CYPP H2	Improve the mental health of Disabled Children and Young People	100% of Disabled Children referred to CAMHS are offered an appropriate service 24hr CAMHS services is available to young people with learning disabilities	Disabled children and young people have stable emotional and mental health	2009	CAMHS Partnership
CYPP P17	Provide support to families of children and young people with severe learning difficulties in managing challenging behaviour	Co-ordinated specialist multi agency assessment, support and therapy is provided through the Shaping Services Team	100 % Children with SLD and Challenging behaviour are maintained in their own communities and families.	2009	Shaping Services team

CYPP S5	Ensure Children and Young People with Disabilities have security and stability and are cared for	All eligible families of disabled children will be offered a carers assessment by the Child Disability Social Work Team	CWD will have improved security, stability and care within their own home	2009	Principal Manager Child Disability Team
LAC Strategy	Ensure Looked After Children and Young People with disabilities have safety and security and are cared for.	Increase the number of foster carers offering short breaks to children and young people with disabilities. Commission a range of short break activities to provide carer breaks and leisure and social opportunities for disabled children and young people	Children and young people with disabilities have increased choice of placement type. Children and young people with disabilities will be offered a choice of open access specialist and inclusive leisure opportunities that also provide a break for carers	2008 5 additional carers	Principal Manager Adoption and Fostering Service
CYPP S5	Ensure Disabled Children and Young People have safety and security and are cared for	Ensure all contracts are routinely monitored. Ensure all contracts meet essential standards, including safety standards.	All CWD are kept safe with regard to all services they receive from contracted services	2009 100%	Strategic Manager CWD
CYPP (Background	Ensure Disabled Children and Young People have	Establish a baseline for the number of short	Children and Young People with	2009	Strategic Manager CWD/

information p12 and EA4)	safety and security and are cared for	breaks provided in 2006 and increase year on year through commissioning inclusive short breaks and building capacity within mainstream provision whilst maintaining a continuum of choice between specialist and mainstream provision	disabilities have increased opportunities to access mainstream social and leisure provision		Inclusive Play and Leisure group/ Quality and Data Division
CYPP (Background information p12)	Ensure Disabled Children and Young People have safety and security and are cared for	Develop systems and processes to build on yr 9 Transition reviews to ensure that all young people in Transition have the opportunity to have a person centred plan	All eligible young people will have a person centred plan.	2009	Transition Co-ordinator
CYPP EA4	Improve the educational achievement of Disabled Children and Young People	Reduce the number of pupils requiring a Statement of Special Educational Needs Reduce the numbers of children placed in special schools	More children will enjoy an inclusive education	2008 1.45% 2008 2.95%	Universal Task Group
CYPP MPC4	Improve the educational achievement of Disabled Children and Young People	Commission advocacy workshops to be delivered in partnership with special schools.	Disabled Children and Young People will develop improved confidence and social skills to enable them	2007	Strategic Manager CWD

			to express their views and participate		
CYPP MPC2	Ensure Looked After Children and Young People engage in law-abiding and positive behaviour in and out of school.	Develop a version of the year 9 Transition Pack for Children with Disabilities	Young People will experience improved transitions between services	2008	Targeted Task Group
CYPP MPC4	Ensure that young People develop self confidence and successfully deal with significant life changes and challenges	Barriers to effective transition from child to adult health services will be explored	Gaps in provision will be identified	2007	Strategic Manager
CYPP MPC4	Ensure that young People develop self confidence and successfully deal with significant life changes and challenges	100%of disabled young people progress into further education, work or other positive destinations each year			Preventative Task Group
CYPP MPC Background information p8	Children and Young People with physical disabilities and/or learning disabilities are helped to make a positive contribution	Evaluate Person Centred Planning Project and Explore alternative options for the delivery of Person Centred Planning for all young people with complex needs f Implement agreed option	All eligible young people will have a person centred plan.	2009	Transition Co-ordinator
CYPP MPC Background information	Children and Young People with physical disabilities and/or learning disabilities are helped to	Inclusive Play and Leisure Opportunities for children and young people with complex		2007	Inclusive Play and Leisure Group

p8	make a positive contribution	needs will be provided			
CYPP MPC	Ensure that young People develop self confidence and successfully deal with significant life changes and challenges	A programme of Disability Awareness training will be offered to mainstream providers	Disabled children and young people will have more opportunities to access mainstream services	2007	Multi Agency Training Group
CYPP p48	Disabled young people are supported to make a positive contribution to strategic planning and contribute to local issues.	The Borough Wide Youth Forum will link to Area Forums and provide a forum for young people, including disabled young people to influence local policy	Disabled young people will be represented in Borough Wide groups	2006	Youth Service

Local Performance Indicators

Measure	Data Source	Reporting Frequency
% of Parents/Carers of children with complex needs with access to information about services	Halton Information Exchange	6 Monthly
% Carers of children with complex needs whose assessed needs are met by Children's Services	Reviews Monitoring	6 Monthly
% Children with complex needs receiving Multi-Agency Assessments who access services to meet their identified needs	Reviews Monitoring	6 Monthly
% of Children with complex needs receiving family support rather than residential services	CYP Database	6 Monthly
Reduce waiting time for adaptations to safeguard children with complex needs in their homes	PCT	6 Monthly
% of Children assessed with complex needs accessing mainstream education	CYP Database	6 Monthly
% of Children with complex needs meeting education targets set in their Individual Education Plan	SEN	Annual
% of Children with complex needs accessing inclusive play and leisure opportunities	CYP Database	Annual

% of Children participating in person centred transition reviews to enable them to influence their own outcomes	Review Monitoring	6 Monthly
% of Children accessing more flexible and individual services through Direct Payments	DP Team	6 Monthly

GLOSSARY OF ABBREVIATIONS

CWD	=	Children with Disabilities
CDPB	=	Children's with Disability Partnership Board
DFES	=	Department for Education and Science
SEN	=	Special Educational Needs
TAC	=	Team Around the Child
DDA	=	Disability Discrimination Act
NHS	=	National Health Service
UN	=	United Nations
CYPP	=	Children and Young Peoples Plan