A MULTI AGENCY STRATEGY FOR SERVICES FOR CHILDREN WITH DISABILITIES
FOREWORD

The Tameside Children & Young People Strategic Partnership is committed to the development of services for children with disabilities. The key stakeholders who deliver services for children with disabilities and parents of disabled children have contributed to the development of this strategy.

This strategy sets out the vision for services for disabled children; it outlines the national context and local picture. The strategy also identifies the values and principles that underpin the strategy, the outcomes it strives to achieve and the structure required to deliver the outcomes.

In order to develop this strategy a vision for service delivery is used which shows the direction of travel. The following vision is taken from Every Child Matters. Parents and stakeholders agreed that the Every Child matters vision would be used as this signifies what we are trying to achieve in Tameside.

Children and young people who are disabled supported to participate in family and community activities and facilities. Health, education and Children’s social care services organised around the needs of the children and young people and their families, with co-ordinated multi-agency assessments leading to prompt, convenient, responsive and high quality multi-agency interventions that maximise the child's ability to reach his or her potential. Children and young people and their families actively involved in all decisions affecting them and in shaping local services.

(Change for Children-Every Child matters)

1 In 2003, the Government published a green paper called Every Child Matters. This was published alongside the formal response to the report into the death of Victoria Climbie. Following consultation the Government published Every Child Matters: the Next Steps, and passed the Children Act 2004, providing the legislative spine for developing more effective and accessible services focused around the needs of children, young people and families.
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1 Introduction

It is estimated that there are about 11 million disabled adults and 770,000 disabled children in the UK, equivalent to 24% of the adult population and 7% of all children. Since 1975, the fastest growth in numbers has been for children, from 476,000 disabled children under the age of 16 in 1975, to 772,000 in 2002. (Lenehan, Morrison and Stanley, 2004).

Disabled children are first and foremost children, with all the rights, needs and aspirations of all children and young people. Ensuring their rights are met requires providing services that are in line with the United Nations Convention on the rights of the child; the Human Rights Act 1998, the Disability Discrimination Act 2006 and Aiming Higher for Disabled Children.

Children with disabilities and their families are at risk of social exclusion, and many children with disabilities and their families, need additional services to support them.

Financial hardship is one of the main causes of social exclusion. It has been estimated that the annual cost of bringing up a disabled child are three times higher than those for a child who is not disabled. The care demands on parents, multiple appointments with services, and lack of childcare affects their ability to work. Mothers of disabled children are less likely to have paid employment than other mothers, and fathers’ employment and earnings are reduced. Disabled children often use specialist services that are not provided in the communities in which they live, often resulting in them not having opportunities for play and socialisation with non-disabled children. (Council for Disabled Children; The Pathways to Success; 2006)

The report ‘Improving work opportunities for people with a learning disability’ (Learning Disability Task Force 2006) highlights the importance of employment for achieving inclusion, independence and choice. National figures suggest that 65% of disabled people of working age who are without a job actually want to access work, statistics that are likely to be reflected in the local population.

Early identification of health conditions, impairments, social and physical barriers to inclusion is vital to a child’s development and life chances. Children are growing and developing. Delaying early intervention can result in irretrievable loss of function or ability or the intervention being less effective. (DfES; Together from the start, May 2003)

Disabled children are often subject to multiple assessments by different people, each collecting similar information. The support for disabled children can involve several agencies; the quality of the support depends on good multi-agency assessment, care planning and intervention. (Council for Disabled Children; The Pathways to Success; 2006)

Parents of severely disabled children or those with high levels of need require a single point of contact with services and an effective named worker (Key worker or Lead professional) to help them obtain and coordinate the services they
require. Studies of Key workers consistently show fewer unmet needs and
greater family well-being. However nationally less than a third of families with
severely disabled children have a key worker. (DfES: Every child matters: next
steps; 2004)

Most disabled children receive services from health, social care and education.
Services are also provided by the voluntary sector, sports and leisure,
Connexions, Children’s Fund and Childrens Centres. In order to have the
greatest impact on the lives of disabled children and their families, it is essential
that all those services work to a single strategy for the coordination and
development of services. Key partners in the development and delivery of the
strategy are children and young people and their families.

The requirement to work in close partnership is laid out in all government policies
and guidance, such as Every Child Matters 2003, The National Service
Framework (NSF) 2004, Valuing People 2001 Extended schools: Providing
opportunities and services for all 2002, Together from the start, Child Care Bill
2006, Education and Inspection Bill 2006 and Removing Barriers to Achievement
2004.

2 Vulnerability of disabled children

Children’ recognise that the available UK evidence suggests that disabled
children are at greater risk of abuse and that the presence of multiple
impairments appears to increase the risk of both abuse and neglect.
Research into risk factors for abuse of disabled children is very limited. However,
a number of reasons for increased vulnerability are referred to below;

- Society devalues and disempowers disabled people. Attitudes lead to a
  created vulnerability.

- Disabled children and their families face many barriers to their full
  participation in society which limits their capacity both to contribute
  towards and access community resources and services, including
  preventative services.

- Lack of awareness amongst carers, professionals and the general public
  of the vulnerability of disabled children and indicators of abuse.

- Beliefs that disabled children are not abused or beliefs that minimise the
  impact of abuse. These can lead to the denial of, or failure to report
  abuse.

- General lack of communication and consultation with disabled children
  over their experiences, views, wishes and feelings and the lack of choice
  and control they have over many aspects of their lives.

- Lack of appropriate or poorly co-ordinated support services can leave
  disabled children and their families unsupported and physically and
socially isolated. Isolation is widely considered to be a risk factor for abuse.

- Structural and skills gap between professionals working with disabled children and those in child protection leading to barriers to an effective child protection system.

- Lack of comprehensive and multi-agency assessments and planning in relation to indication of need at an early stage. This leading to both a failure to promote the child's welfare and failure to identify early indications of possible abuse.

- Assumptions are sometimes be made about disabled children e.g. their mood, injury or behaviour. This can result in indicators of possible abuse being mistakenly attributed to the child's impairment.

- Disabled children's dependency on an abusing carer can create difficulties in avoiding or communicating about abuse especially if this is a key person through whom the child communicates.

- Some disabled children may have learned from their care or wider experience to be compliant and not to 'complain'.

- Lack of effective sex education or safety and awareness work with disabled children.

3 Local Picture

Information about local children with complex needs and disabilities can be gathered from a number of sources in Tameside. The number of children who use each of the local services depends on the capacity of the service and the nature of the support provided. The various local services do not currently combine their information, so there is no complete list of all children with disabilities. There are currently 211 open cases held on the children with disabilities social work team of these 6% are children looked after by the local authority. The Tameside Children with Disabilities register is a voluntary register. 315 children were registered in 2004 this fell to around 170 in March 2007. This does not signify a drop in the number of children with disabilities in Tameside.

Information about Children with Disabilities known to Tameside were provided in November 2006 as part of a local needs assessment:

Oakdale School & Acorn nursery currently provides services to the largest number of disabled children. Children with Severe Learning Difficulties make up 49% of the 100 pupils, with Cromwell school providing services to 70 young people aged 11-16. The proportion with Profound & Multiple Difficulties in the 0-5 years age group is 46%. About half of children at Acorn, Oakdale and Cromwell have physical difficulties.

The proportion of children with Autistic Spectrum Disorder is considerably higher at Acorn & Oakdale, 33%, than at Cromwell, 8%, whilst the proportion of children with Severe Learning Difficulties is lower at Acorn & Oakdale, 35%, than at
Cromwell, 71%. These differences are thought to reflect a change in diagnostic practice, so that the SLD population at Cromwell includes children who have learning difficulties consistent with ASD, but did not receive this diagnosis when they were younger.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Cromwell</td>
<td>70</td>
<td>13%</td>
</tr>
<tr>
<td>Oakdale &amp; Acorn</td>
<td>100</td>
<td>18%</td>
</tr>
<tr>
<td>Dovestones</td>
<td>35</td>
<td>6%</td>
</tr>
<tr>
<td>Out of Borough (Parkdean &amp; New Bridge)</td>
<td>20-30</td>
<td>5%</td>
</tr>
<tr>
<td>Hawthorns</td>
<td>50</td>
<td>9%</td>
</tr>
<tr>
<td>Samuel Laycock</td>
<td>125</td>
<td>23%</td>
</tr>
<tr>
<td>Dale Grove (5-16)</td>
<td>70</td>
<td>13%</td>
</tr>
<tr>
<td>Secondary CAMHS</td>
<td>42</td>
<td>8%</td>
</tr>
<tr>
<td>ASD Special School (Inscape House)</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>ASD Resource School: Primary</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>ASD Resource School: Primary</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>All</td>
<td>536-546</td>
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</table>

Many children with complex needs need considerable support from health services.

The Child Development Unit at Rowan House undertakes assessments of preschool children who are referred following concern about their development.

4 Local service delivery

Some good examples of multi agency working can be found within Tameside, However this is usually down to positive professional relationships rather than integrated systems that support multi agency working in the longer term. Services currently work to different threshold criteria, which can be confusing for parents. Some services have waiting lists for example the occupational therapy service, which adds to the difficulties in co-ordinating multi-agency interventions for children.

At present children who require a medical assessment are referred to Rowan House Child Development Unit. The assessment is completed over six morning sessions and results in a plan for the child. This allows for a co-ordinated approach in a set timeframe. This assessment process has been in place for many years and whilst there is a lot of good practice that can be taken from it, the time is right for a review which encompasses the wider developments within services for children and young people. A integrated care pathway for children with complex needs is already in place with a common assessment and Key Worker principles in place.

The children with disabilities social work/support team use the Assessment Framework to undertake assessment of need. The subsequent support plans show little evidence of a co-ordinated multi-agency response to the child’s needs although there will often be many professionals working with the child.
Early Years settings in Tameside vary in their ability to respond to the needs of disabled children. The Early Years Service has recently been reshaped alongside the children’s centre agenda ensuring that strong foundations are in place for:

- The rollout of Early Support principles
- Targeting of settings around inclusive practice
- Improved performance management around outcomes for young children

An Early Support project is currently underway to implement Early Support across the borough.

All of the above offers a clear rationale for the modernisation/change of services for children with disabilities with a view to improved integration, co-ordination and vision.

5 Providing and enabling a range of inclusive activity sessions for people with disabilities

The Sports Development Team has been instrumental in establishing the Tameside Disability Sports Forum, which is made up of all the key agencies and associations involved with disability sport and physical activity. The group is fully constituted and meets regularly to develop disability sport by raising awareness, sharing best practice, identifying new opportunities and discussing local and national issues.

The Sports Development Team delivers a range of activities within school, club and community settings for people with disabilities. Schools provision involves close partnership working with all Tameside’s special schools, whereby specialist coaches deliver curricular and extra curricular sessions. Community provision involves the delivery of specific sessions on a weekly basis. A focus on clubs has resulted in the development of extended opportunities, most notably with Tameside Titans Football Club and East Cheshire Athletics Club.

The School Sports Partnership provides appropriate pathways in coaching and competition, linked to local and national structures. Specific programmes are available for young people with a disability in mainstream schools to ensure that provision is in place to support young people’s involvement in sport and physical activity and to nurture talented performers.

The School Sport Partnership also employ a special schools School Sports Coordinator (SSCo) to increase the quantity and quality of curriculum and out of schools hours Physical Education and School Sport offered in all of Tameside’s special schools.

The services provided aim to affect all four areas of children’s lives through:

- Improving health and well-being through physical activity (physical).
• Empowering the young people to feel part of the community by giving them an opportunity to express themselves and have a positive contribution to disability sport (social).

• Improving skill and capability levels and by supporting the young people to achieve their goals and feel happy (skill).

• Developing a sense of pride by enhancing levels of self-belief, confidence and self-esteem (psychological).

**6 Definition of Disability**

There are several definitions of disability used by different agencies and organisations across Tameside. For the purpose of developing this strategy, the following definition agreed with the Children with Disability Forum will be used.

*A child/young person has a disability if he/she has an impairment, which has a substantial adverse effect on his/her ability to carry out normal day-to-day activities similar to others of the same age. The impairment should be long term (lasting more than six months) and could be in one or more of the following areas: mobility, fine motor skills, hearing, personal care, continence, vision, communication, learning, consciousness (for example epilepsy), physical health, emotion, social development, behaviour. Children/young people will be additionally disabled because of other barriers such as their environment, other people’s attitudes, financial limitations and social exclusion.*

(Agreed at Children with Disabilities Forum 2006)

**7 Scope of Strategy**

The scope is wide ranging and spans many services/agencies. The action plan for the strategy will look at how service developments will be prioritised over a three year period starting with services for children who have complex needs, early intervention and increased provision of high quality childcare, co-ordinated assessment, on-going support and transition to adulthood, the development of the local CAMHS to better respond to the mental health needs of children with learning disabilities and a review of equipment for disabled children.

Co-location options will be developed in order to bring together key services that are involved in the assessment and delivery of services for children with disabilities and the publication of clear entitlements that are well understood, with minimum standards as part of a local "core offer" in line with "Aiming high for disabled children: better support for families".

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2 Child and Adolescent Mental Health Service
3 Aiming high for disabled children: better support for families May 2008 (DfES)
8 Core Values

Driver

Inclusion is the Key driver for all service developments. This strategy will build organically on its principles and current best practice to provide a fully cohesive, and integrated service based on clearly identified and understood needs.

The following diagram (DfES Children’s Trust) highlights the tiers of integration from governance to front line delivery and how these relate to each other.

9 Principles in Practice

The characteristics of services for disabled children in Tameside will be:

- **Flexibility**- services will be flexible to meet the individual needs of children and families.
- **Responsive**- prioritising disabled children with early interventions and coordinated timely support.
- **Choice**- a range of inclusive services will be available to meet the individual needs of children and families.
- **Empowerment**- provision of information that offers transparency in decision-making allowing for informed decisions, greater understanding of entitlements, and the process for accessing services.
- **Accessibility**- local services will be inclusive and used wherever possible. The assessment process will be timely, understandable and empowering for children and parents.
• **Multi-agency**-services will work in partnership with parents to develop the service and in the delivery of integrated packages of care tailored around identified need.

• **Participative**-disabled children and their families will have the option to be fully involved in the way services are planned, commissioned and delivered, increasing their choice and control.

• **Valuing**-The voice of children and families will be encouraged and listened to in the future development of services.

• **Holistic**- Services will not only focus on the child’s needs arising from disability, but will take account of the holistic needs of the child and family

• **Assessed and Reviewed**-disabled children and their families will benefit from integration of assessment processes, with shared information, shared basic assessment providing a gateway to more specialist assessments where necessary.

10 **Legal Basis**

The rights of all children and their families are enshrined in key pieces of legislation and associated regulations and guidance, in particular:

• The UN Convention on the rights of all children to protection, provision and participation.
• The Human Rights Act (1998) recognises the right to privacy and family life.
• The Children Act (1989) requires local authorities to identify children in need, to support families in caring for children.
• The Disability Discrimination Act (1995) giving children with disabilities the same equal access to goods and services.

11 **Outcomes**

Tameside Children with Disabilities Integration group have prepared a summary of the outcomes included in Every Child Matters Framework specific to children with disabilities. Local outcomes were also developed by the group and included in the framework (see appendix 2 for full framework). They bring together the priorities for children with disabilities at both a national and local level. The following is a summary of those outcomes; -

Be Healthy

• Disabled children and young people receive co-ordinated services, which allow them and their families to live as ordinary lives as possible.
• Disabled children and young people receive child-centred, co-ordinated services from the point of referral through identification and assessment to delivery, supported by a named lead professional.
• Early identification and intervention are provided through holistic assessment and diagnosis. Interventions support optimal physical,
cognitive and social development, and are provided as early as possible with minimum waiting times.

- Disabled children and young people who require ongoing health interventions have access to high quality, evidence-based care, delivered by members of staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support.
- Families affected by a life-limiting illness or death of a disabled child are supported.

Stay Safe

- Disabled children and young people are safeguarded from emotional, physical, sexual abuse and neglect, in line with *Working Together to Safeguard Children* ensured by Tameside Safeguarding Children’s Board strategies and procedures.

Enjoy and Achieve

- Disabled children and young people are able to access all mainstream children’s services so that they have the same opportunities and experiences as their non-disabled peers. These childhood, family and community activities promote active participation and inclusion and provide additional support where required.

- Families are offered a range of appropriate family support services that are flexible and responsive to their needs and that promote their inclusion in the local community. The option of direct payments is available and promoted.

- Transition planning will be about real choice and will have regard for long term decisions and not simply a process for moving young people on to post 16 education.

Make a positive contribution

- Disabled children and young people 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.

- Multi-agency transition planning and services focus on meeting the hopes, aspirations and potential of disabled young people, including maximising inclusive provision, education, training and employment opportunities.

Achieve economic well-being

- Children & young people with learning difficulties & disabilities are helped to achieve economic well being

- Parents and carers are able to access services that promote whole family economic well-being e.g. high quality childcare
12 Children’s Need Framework

TMBC and Partner agencies have developed and signed up to a Children’s Needs Framework. This framework links to the Lead Professional principles that will be used within Tameside to promote early intervention and improved co-ordination of service delivery. The framework also supports professionals in the development of a common language. The framework sits alongside the local Information Sharing and Assessment system and associated child and family/team around the child approach to family support with the lead professional/key worker role being an integral part of the process. This framework and the lead professional principles will be fundamental in new service design and delivery.

The following diagrams show the Tameside Children’s needs framework, the second shows the organisation of specialist services to meet the needs of children with disabilities to meet the NSF target ‘Disabled children and young people receive child-centred multi-agency co-ordinated services from the point of referral through identification and assessment to delivery, supported by a named key worker/care co-ordinator’.
12.1 Tameside Children Needs

Level 1 - Universal
Universally and generally available services to improve outcomes for all children and promote social inclusion.

Level 1/2 - Lower Level Need

Co-ordinated assessment, intervention and support.
Children with additional needs, plan and review process.

Level 2/3 - Additional Need

Level 3/4 - Higher Level Needs

Level 5 - Complex Needs
Specialist assessment, review, support and intervention services.

Needs Met

Low Need

Fast Track through levels when serious injury/allegation or high level of concern from any agency

Offer Services in Parallel with Assessment of need

High Need

Needs Met
12.2 Children With Disabilities Framework

Tier 1
For all children
Universal Services based
All services are inclusive and informed.

Tier 2
For child who has Lower Level Need
Universal Services based
Assessment, intervention and support from trained and supported workers within universal services to meet early identified additional need e.g. IEP/extra HV input/parenting group etc

Tier 3
For child who has needs that require support from services that are additional to or different from the universal setting.
Setting/Children’s Centre/Area co-ordinated and located multi-agency assessment, intervention, and support. Input from one/two specialists working in partnership with existing services. Outreach consultations by team.

Tier 4a
For a child with higher level or complex needs
Early Support Teams brought together to deliver multidisciplinary care pathways for specialist multi-agency coordinated assessment, intervention and review.
Referrals to, and coordinated from central point (? move to CC/Area in future). Central support and training for Lead Prof for CWD.

Tier 4b
Ongoing Support
Ongoing support by dedicated team.
Multi-disciplinary Team
Long-term and ongoing specialist assessment review, support and intervention services by dedicated team.
13 Service Planning and Reporting Structures

If a robust and coherent strategy is to be developed and delivered for children with disabilities in Tameside a structure is needed which

- Is simple and understandable by all stakeholders
- Enables the participation of all stakeholders and groups
- Enables service delivery undertaken by different groups to be complementary and contribute to the strategy and overall direction of travel
- Has clear lines of accountability and communication

To achieve the above the following section shows a service planning and reporting structure followed by a diagram showing the key linkages.
13.1 Service Planning and reporting Structure for Children with Disabilities

**Membership**
- Head of Inclusive services-SfCYP
- TMBC
- PCT associate director-Children
- PCT Strategic lead for children
- Tameside Children with disabilities Forum-Parent Reps
- School Reps
- Area co-ordinator- Enjoy and achieve
  Manager –multi agency services for children with disabilities
  Children's centres & extended schools lead
- Pennine Care Rep
- Paediatrician
- Adult Social Care & Health

**Role**
- Needs analysis
- Develop and implement Strategy
- Engage all stakeholders in agenda
- Monitor work of task groups
- Performance management
- Review and evaluate the strategy

**PEC**

**Enjoy and Achieve Sub-Group**

**TAMESIDE CWD PARTNERSHIP GROUP**

**Joint Exec Commissioning Group**

**Reference/consultation groups(see over)**

**Lead Member**

**Children's Leadership Team**

**Children & YP Strategic Partnership Board**

**Short life Task Groups**

**PCT Board**
13.2 Key Linkages

- Youth Service
- T3SC
- SEN advisory group
- Connexions
- Adult social care & health
- Learning disability partnership
- NSF LIG
- CWD Forum
- OKE

Consultation/reference group(s)

Tameside Children & young People Strategic Partnership

Community Children's Nursing Service

Adult Social Care & Health Transition

Schools
- Children's
- Centres/Extended schools
- Early Support & portage
- Childrens information service

Inclusive Services teams: Educational Psychology; Sensory/ASD Support; Assessment, review and monitoring; CWD team and CWD provision

Pennine Care-CAMHS

Community Health services: Physiotherapy, Occupational Therapy, SALT, G.P's, Health visiting, orthoptist, community paediatricians, school nursing

Hospital services: Paediatricians, SCBU
14 The Children with Disabilities Partnership Group

A Children with Disabilities Integration Group has been operating for around three years. Its membership has been fairly consistent over that time. The group collectively undertook some of the work necessary to set the foundations on which to develop services. This included the development of the Framework for children with disabilities, the reporting structure and outcomes framework (appendix 1) and the establishment of a multi-agency Manager post. This group will evolve into a Children with Disabilities Partnership Group.

The purpose of the Children with Disabilities Partnership Group is; -

- To develop and review the strategic plan for children with disabilities
- To guide the manager of multi-agency services for children with disabilities in the development of an integrated service.
- To commission services in order to implement the strategic plan
- To complete an analysis of local need
- To Monitor work of task groups
- To develop and agree Performance management arrangements

Membership of the new Partnership group has been broadened to include representatives from a range of agencies who are at appropriate levels within their organisation and are able to influence the commitment of their agency resources. Young people with disabilities will have a voice in the group; the actual process for this will need to be developed through consultation with disabled young people.

Working groups will be set up which will be long standing or short life to progress the key areas of service development that are agreed at the partnership group. The work of these groups will be overseen by the Partnership group and progress/proposals reported back through the reporting structure.

Reference groups will be used to consult on a wider basis on the strategic plan. A mechanism to enable this wider consultation will be developed.

15 Participation of Parents and Carers

A number of children with disability parent groups are already in existence across the borough. The main mechanism for consultation and participation of parents of disabled children is the CWD Forum. The forum is held on a monthly basis and is chaired by a parent. The forum members invite a range of professionals to join their meeting to discuss particular relevant /pertinent issues. Whilst this forum offers an effective mechanism for consultation it is important that parents are involved throughout the planning process.

A parent representative has supported the Children with Disabilities Integration Group. This representation will be increased following further consultation via the forum. This consultation will look at the following
• How are parent members chosen?
• How many parent members there are
• How long would they be expected to be a member for?
• What is their role? An independent voice or representing a wide body of parental views
• What practical support would be needed to enhance their participation in the group?

16 Actions to Achieve Outcomes

The following section identifies the key actions that are necessary in order that services in Tameside meet the key outcomes identified in the outcome framework. The actions are split into those that will be progressed in year one and those that will be progressed in years two and three.

Actions Year 1-March 2007-March 2008
Actions Years 2 and 3 –March 2008-2010

<table>
<thead>
<tr>
<th>Be Healthy</th>
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<tbody>
<tr>
<td>• An Early Support Pilot project will be completed which will result in recommendations for roll out across the borough from March 08</td>
</tr>
<tr>
<td>• A multi-agency/disciplinary assessment process will be developed which will provide early identification of impairment and additional need</td>
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<td>• A single referral point for children with disabilities will be established</td>
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<td>• A review of assessment processes will be conducted leading to integrated care pathways</td>
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<tr>
<td>• The development of the local CAMHS to better respond to the mental health needs of children with Learning disabilities/disabilities</td>
</tr>
<tr>
<td>• An exploration into the benefits of redesigning services including the integration of management and teams will be undertaken</td>
</tr>
<tr>
<td>• A proposal for the development of an integrated service will be developed.</td>
</tr>
<tr>
<td>• A Key worker/Lead professional service will be available to support families that are accessing 2 or more specialist services</td>
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<tr>
<th>Stay Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Awareness raising on safeguarding issues in relation to children with disabilities will be undertaken with service providers</td>
</tr>
<tr>
<td>• New procedures will be written to sit with the safeguarding procedures to offer further protection to children with disabilities</td>
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<tr>
<td>• A strategy for the recruitment of respite/foster cares for disabled children will be produced to meet identified and projected need.</td>
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<tr>
<td>• The transition policy will be reviewed to improve the transition to adulthood and improve post transition support</td>
</tr>
<tr>
<td>• Person Centred Planning will be developed further across agencies to support the transition process</td>
</tr>
<tr>
<td>Enjoy and Achieve</td>
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<tr>
<td>---------------------------------------------------------------------------------</td>
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<tr>
<td>• Carers of children with disabilities will be offered assessments of their own needs</td>
</tr>
<tr>
<td>• A review of children’s equipment will be completed to improve access and promote timely response</td>
</tr>
<tr>
<td>• The children’s need framework and Lead professional / Key worker principles will be adopted for children across the borough.</td>
</tr>
<tr>
<td>• Parents and children will contribute to their assessment and will be supported in doing so</td>
</tr>
<tr>
<td>• SEN statements will be of high quality and reviews will be developed to avoid duplication</td>
</tr>
<tr>
<td>• Children will have opportunities to access mainstream settings and providers of services will be supported in the development of providing inclusive services</td>
</tr>
<tr>
<td>• New services will promote inclusion and enable children with disabilities to access appropriate mainstream cultural, play and leisure activities</td>
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<thead>
<tr>
<th>Make a Positive Contribution</th>
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<tbody>
<tr>
<td>• Parents and carers will be supported to become full partners in the development of services including partners in policy making</td>
</tr>
<tr>
<td>• Children with disabilities will be supported in making their views heard in the assessment and review process</td>
</tr>
<tr>
<td>• An increased choice of breaks and family support will be developed</td>
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<thead>
<tr>
<th>Achieving Economic Well-Being</th>
</tr>
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<tbody>
<tr>
<td>• All year nine pupils with disabilities will have a transition review</td>
</tr>
<tr>
<td>• Person centred planning will be developed and used for disabled young people at the transition stage</td>
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<tr>
<td>• Increase the number of families/young people in receipt of Direct payments</td>
</tr>
<tr>
<td>• Information on benefits will be available to parents</td>
</tr>
<tr>
<td>• Support and guidance will be available to parents on education and training at the transition stage</td>
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<thead>
<tr>
<th>Well Managed Service Outcomes</th>
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<tbody>
<tr>
<td>• Management information systems will be reviewed and developed so that we are aware of how many disabled children live in the area and services are planned on the basis of this knowledge</td>
</tr>
<tr>
<td>• A performance management reporting framework will be developed</td>
</tr>
<tr>
<td>• Co-location options for staff delivering services for children with disabilities will be developed and progressed</td>
</tr>
<tr>
<td>• A joint partnership budget will be developed</td>
</tr>
<tr>
<td>• A single record will be progressed</td>
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<tr>
<td>• A training programme will be developed to ensure that staff have the core competencies to work with disabled children</td>
</tr>
<tr>
<td>• Parents and carers will have access to accurate and timely information and advice on the full range of services available to them</td>
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</table>
17 Conclusions

Getting to a point where services for children with disabilities in Tameside are fully integrated would mark a milestone of a long journey. It would start a new phase of work, which in itself would present many challenges. Full service integration is a long term, complex project. It involves structural and cultural change for organisations and individuals within them. However, parents and professionals report that multi-agency teams do bring real improvement to understanding of roles, better joint working and an improved response to requests from families.

This strategy provides a shared and unified vision for the development of services for children with disabilities and their families over the next three years. It has been developed with the active involvement of stakeholders and provides a clear framework through which the vision of better outcomes for all children with disabilities and their families can be achieved.

18 Consultation

This strategy was developed in consultation with staff from a range of agencies delivering services to children with disabilities in Tameside. A key stakeholder event took place in March 07 where the values and principles that underpin the strategy were developed and agreed. A consultation event for parents took place in May 07. The developing strategy has been shared at the monthly Children with Disability Forum. A presentation “The way forward” which summarised the main points of the strategy was delivered to the Adult Learning Disability Partnership Board in March 07. Individual meetings with Adult Social Care and Health services managers have taken place during November 06-May 07.

The Strategy will also be subject to a formal consultation process. Copies of the strategy will be circulated to all key partner agencies and parents. Further consultation events will be held in September 07 for parents and young people to gain final feedback prior to formal publication in November 07.
### Appendix 1
OUTCOMES FRAMEWORK

<table>
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<tr>
<th>Outcome:</th>
<th>Be healthy</th>
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| **Aims:** | Children and young people…  
  - Are physically healthy.  
  - Have healthy lifestyles.  
  - Are mentally and emotionally healthy.  
  - Are sexually healthy.  
  - Choose not to take illegal drugs. |
| **Inspection criteria:** | 1. Parents are helped to ensure their children are healthy  
  2. Healthy lifestyles are promoted to children & young people  
  3. Action is taken to minimise environmental health risks for children & young people  
  4. Children & young people’s health needs are identified & assessed at an early stage  
  5. Children & young people’s physical health is supported  
  6. Children & young people’s mental health is supported  
  7. Children & young people who are looked after are helped to be healthy  
  8. Children & young people with learning difficulties & disabilities are helped to be healthy  
  9. Breastfeeding is promoted.  
  10. Children and young people are discouraged from smoking and substance abuse and supported in giving up.  
  11. Disabled children and children with long term medical conditions receive co-ordinated services which allow them and their families to live as ordinary lives as possible. |
| **Additional local outcomes:** | 12. All families with high levels of need should have access to key worker/ care co-ordinator.  
  13. There is an integrated multi-agency assessment process which provides early identification of impairment and additional needs.  
  14. Disabled children and young people receive child-centred multi-agency co-ordinated services from the point of referral through identification and assessment to delivery.  
  15. Children with disabilities and their families receive effective early interventions including timely therapy services and provision of equipment.  
  16. Early identification and intervention are provided through clinical diagnosis and the Framework for the Assessment of Children in Need and their Families. Interventions support optimal physical, cognitive and social development, and are provided as early as possible with minimum waiting times.  
  17. Disabled children and young people who require ongoing health interventions have access to high quality, evidence-based care, delivered by staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support.  
  18. A range of flexible sensitive services are available to support families affected by a life-limiting illness or death of a disabled child. |

### Outcome: Stay safe

| Aims: | Children and young people: |
- Area Child Protection Committees (Local Safeguarding Children Boards) have strategies and protocols to ensure that disabled children and young people are safeguarded from emotional, physical, sexual abuse and neglect, in line with *Working Together to Safeguard Children*.

**Inspection criteria:**

1. Children & young people and their carers are informed about key risks and how to deal with them
2. Steps are taken to provide children & young people with a safe environment
3. Steps are taken to minimise the incidence of child abuse and neglect
4. Child protection arrangements meet the requirements of "Working Together to Safeguard Children"
5. Children & young people who are looked after are helped to stay safe
6. Children & young people with learning difficulties & disabilities are helped to stay safe
7. Children affected by repeat domestic violence are identified, protected and supported
8. Guidance and training is provided to staff, carers and the public on how to recognise and raise child protection concerns and training needs are regularly reviewed
9. There are secure arrangements for the recording and sharing of information on children & young people at risk, including those moving across council boundaries and between countries.

**Additional local outcomes:**

10. Area Child Protection Committees (Local Safeguarding Children Boards) have strategies and protocols to ensure that disabled children and young people are safeguarded from emotional, physical, sexual abuse and neglect, in line with *Working Together to Safeguard Children*.

**Theme:** Enjoy and Achieve

**Aims:**

Children and young people:
- Are ready for school.
- Attend and enjoy school.
- Achieve educational standards at primary school.
- Achieve personal development & enjoy recreation.
- Achieve educational standards at secondary school.

**Inspection criteria:**

1. Parents & carers are supported in helping children & young people to enjoy and achieve
2. Early years provision prepares children for school and helps them meet early learning goals
3. Children & young people are enabled and encouraged to attend and enjoy school
4. Children & young people are supported in developing personally and academically
5. Action is taken to ensure that educational provision is of good quality
6. Educational provision is made for children unable to attend school
7. There is a range of accessible recreational provision for children and young people
8. Children & young people who are looked after are helped to enjoy and achieve
9. Children & young people with learning difficulties & disabilities are helped to enjoy and achieve
10. Training is provided for early years staff, with particular attention to the needs of vulnerable and under-achieving groups
11. Steps are taken to ensure that children & young people who have been excluded from school attend appropriate alternative settings aimed
at securing re-integration into mainstream provision or work
12. A range of affordable, accessible, challenging and rewarding voluntary learning and recreational opportunities is provided.

| Additional local outcomes: | 13. Disabled children are able to access all mainstream children’s services. These promote active participation and inclusion in childhood, family and community activities.
14. Children with disabilities are supported to participate in all mainstream and community services, so that they have the same opportunities and experiences as their non-disabled peers.
15. Service users will have the choice of a range of services provided by a range of agencies.
16. Families are offered a range of appropriate family support services that are flexible and responsive to their needs and that promote their inclusion in the local community. The option of direct payments is available and promoted. |

| Theme: | Make a positive contribution |
| Aims: | Children and young people:
- Engage in decision-making.
- Support the community and the environment.
- Choose not to offend or engage in anti-social behaviour.
- Choose not to bully or discriminate.
- Develop confidence and enterprising behaviour. |

| Inspection criteria: | 1. Children & young people are helped to develop socially and emotionally
2. Children & young people are helped to manage changes and respond to challenges in their lives
3. Children & young people are encouraged to participate in decision making and to support the community
4. Action is taken to reduce anti-social behaviour
5. Children & young people who are looked after are helped to make a positive contribution
6. Children & young people with learning difficulties & disabilities are helped to make a positive contribution
7. Children & young people are supported at key transition points in their lives
8. Children & young people are encouraged to participate in the planning and management of services and activities

| Additional local outcomes: | 10. Children with disabilities 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.
11. Disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support, and in shaping services.
12. Multi-agency transition planning and services focus on meeting the hopes, aspirations and potential of disabled young people, including maximizing inclusive provision, education, training and employment opportunities. |
<table>
<thead>
<tr>
<th>Theme: Achieve Economic wellbeing</th>
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<tbody>
<tr>
<td><strong>Aims:</strong> Children and young people:</td>
</tr>
<tr>
<td>• Engage in education, employment or training on leaving school.</td>
</tr>
<tr>
<td>• Are ready for employment.</td>
</tr>
<tr>
<td>• Live in decent homes and communities.</td>
</tr>
<tr>
<td>• Have access to transport and material goods.</td>
</tr>
<tr>
<td>• Live in households free from low income.</td>
</tr>
<tr>
<td><strong>Inspection criteria:</strong></td>
</tr>
<tr>
<td>1. Childcare is available to meet the needs of parents in work or seeking work</td>
</tr>
<tr>
<td>2. Young people are helped to prepare for working life</td>
</tr>
<tr>
<td>3. Action is taken to ensure that 14-19 education is planned in a co-ordinated way</td>
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<tr>
<td>4. Action is taken to ensure that good quality education is provided</td>
</tr>
<tr>
<td>5. Community regeneration initiatives include action to address the needs of children and young people and their families</td>
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<tr>
<td>6. Steps are taken to give families and young people access to decent homes</td>
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<tr>
<td>7. Children &amp; young people who are looked after are helped to achieve economic well being</td>
</tr>
<tr>
<td>8. Children &amp; young people with learning difficulties &amp; disabilities are helped to achieve economic well being</td>
</tr>
<tr>
<td>9. Steps are taken to ensure that young people are financially literate</td>
</tr>
<tr>
<td>10. Initiatives are targeted at the most needy areas and address the broad range of family needs in an integrated way</td>
</tr>
<tr>
<td>11. The use of temporary accommodation for families with children and young people is minimised.</td>
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