



Children and Young People's Centre
for Development and Disability

A good place to grow up



Hackney's Disabled
Children's Plan
2009-12



City and Hackney Community Health Services

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Executive summary

This Disabled Children's Plan covers the period from 2009 to 2012 and is for all those agencies involved in providing services for disabled children and their families - from universal, through to targeted and specialist services.

The plan details the priorities for the three years, linking into key national agendas that influence the provision of resources for disabled children and their families. The commissioning priorities are formulated into an action plan with the intention of capturing outcomes that are real for children and young people and their families.

After putting the plan out for consultation to professional stakeholders and parents in October 2009, 32 parents returned questionnaires (appendix) and noted the key area of development required is the increased involvement of parents and young people in contributing to the development of services, as well as better access to universal services and transition services. Play spaces seem accessible and inclusive but a strong theme was the importance of being safe.

The information from the parent's feedback and the professional feedback has enabled us to reflect on outcomes for disabled children which are in line with the Children and Young People's plan; we want to enable disabled children and young people to optimise their potential.

The Disabled Performance sub Group has been established to develop a performance framework that will drive up and improve outcomes and tackle some of those concerns raised through the consultation. Similarly, the transition arrangements have become firmly embedded with the publication of the Transition Guide, the first step in communicating to young people, agencies and their parents the expectations in transition arrangements from the age of 14. The development of the Targeted Health Outreach Team will ensure young people not eligible for adult services but who are considered vulnerable have arrangements in place for them also.



For the first time, case studies have been included within the Disabled Children's Plan to demonstrate improved ways of working which those families and services are experiencing.

Toni Dawodu
Integrated Head of Disabled Children's Services
August 2010

Hackney's Disabled Children's Plan 2009-12

1. Introduction

This plan should be viewed as part of the on-going process of improving services for disabled children and their families. There have been significant steps on that journey, but there is still much to be done.

Purpose

The plan is designed to:

- a) Further develop/embed the strategic vision for disabled children, young people and their families
- b) Review the Disabled Children's Plan 05-08 and its action plan
- c) Agree new actions in light of the Aiming High for Disabled Children (AHDC) transformation agenda.

This plan will follow the agreed priorities for the period 2009-12. The plan continues the vision, the aims and objectives for disabled children and their families in Hackney. The action plan will implement this vision.

Context

The government published Aiming High for Disabled Children (AHDC) in May 2007; this sets out the government's plans for disabled children. More recently, the Children's Health Strategy sets out the health commitments to disabled children. Locally Hackney has agreed to prioritise disabled children in its Children & Young People's Plan (CYPP) and in the Local Area Agreement (LAA).

Definitions

The three main agencies - Health, Social Care and The Learning Trust - use different definitions in working with disabled children. In addition, the plan will need to work within the context of the Disability Discrimination Act (DDA). (See Appendix 1 for details).

Status of plan

The 2009-12 Plan will be overseen by the Disabled Children's Board and will take forward outstanding issues from the 2005-8 plan. It will be reviewed each year against progress with priorities updated accordingly.

Progress since last plan

Significant progress was made between 2005 and 2008.

- The new integrated centre, Hackney Ark, opened in March 2008.
- A key worker system has been launched and is supporting many Hackney families.
- The Multi Agency Early Support service has been implemented and is co-ordinating a single point of referral for disabled children
- All of the above developments have contributed to improved joint assessments and better co-ordination of services.
- The resource centre at the Ark has made considerable progress in providing information to visitors.
- The recruitment of a Transition Co-ordinator has led to the improved transitions services.
- The parents group, Hackney Families Together (HFT), has been well used by parents.
- The Young People Forum has made strong progress.



However, further work needs to be done. This plan includes an action plan which will spell out how the partnership intends to improve outcomes for disabled children and their families. This will include the strengthening of a performance framework for disabled children's services and much will be done to develop Hackney's short breaks service and core offer. The plan links to Hackney's Children & Young People's Plan and will be used to direct the work of the multi-agency partnership providing services for disabled children and their families. There will be links to other relevant plans including the Play Strategy, the Youth Plan and the Child Care Plan.

2. Priorities for Disabled Children's Plan 2009–12

2.1 National Government

The National Service Framework (NSF) was published in 2004 and sets out the government's priorities for work with disabled children and their families. Aiming

High for Disabled children (AHDC) was published in May 2007. Money is allocated to ensure:

- a) Short breaks services are increased
- b) Transition services are improved
- c) Childcare is available for disabled children
- d) Parent forums are established which have impact on service development
- e) Palliative care services need further development
- f) Young People's Forums are further developed and have the opportunity to have an impact on service development.

AHDC requires all local authorities to develop a local core offer to families with disabled children. The main features of this core offer are:

- Transparency and information
- Assessment
- Participation and feedback

The additional funding provided under AHDC will be the opportunity for the voluntary sector to play an increased role in the provision of services to improve the lives of disabled children and their families and help them to lead lives as ordinary as possible. The additional funding should also assist Hackney to reconfigure relevant universal and targeted services so that disabled children can access provisions in the setting of their choice.

2.2 PCT/NHS

The NHS Operating Framework and Better Lives, Better Futures (the Children's Health Strategy) both include disabled children as a priority, highlighting the need to develop short breaks for health/palliative needs and develop a more effective community equipment service including the wheelchair service. This will ensure those requiring specialist nursing care and support are able to access provision in their local community.

2.3 Local priorities

The Local Area Agreement (LAA) has included NI54 as one of Hackney's 35 Key Performance Indicators (KPI), confirming the priority accorded to services for disabled children. The Children and Young Person's Plan (CYPP) has the included disabled children as a priority (see section 6 of the latest CYPP for details).

2.4 National indicators

NI54 is being developed; this will survey parents on an annual basis to ascertain their views about Hackney's services across health, education and social care and Hackney's core offer. (Hackney's Core offer will be developed in consultation with parents and young people to cover five main themes: transparency and information, assessment, participation and feedback.)

2.5 The Transition Self Assessment Questionnaire (SAQ)

This will review those areas that were assessed as "in development" in 2008, and update progress against these developments.

3. Vision and Values

All disabled children living in Hackney will have the right to the services and support they need to live ordinary lives; they and their families have a right to build a future full of opportunities including play, leisure, training, education and employment opportunities.

This will be underpinned by an inclusion agenda which is an active and ongoing process by which groups, schools, statutory and voluntary agencies and society seek to develop cultures, policies and practices which include all disabled children and remove barriers to participation and achievement.

Services will aim to help disabled children and young people, and their families, to transform their lives and fulfil their potential.

Disabled children and their families have the right to have all relevant information about services which could support their lives.

Services will support disabled children, young people and their families to:

- Have a healthy life style
- Be protected from harm and neglect
- Get the most out of life and develop skills for adulthood
- Be involved with the community and society
- Promote economic wellbeing so that they can achieve their full potential

3.1 Values

Disabled children, like all children, have important rights under the UN Convention on the Rights of the Child; all agencies will seek to uphold these rights.

The interests of disabled children and young people come first. Services should

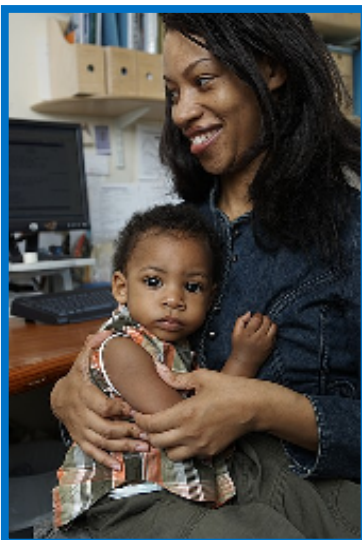
be built around their needs and delivered in a way that is accessible, welcoming, available and flexible, and that takes account of standard hours of 9-5 but includes weekends and overnights. Services should be delivered by a workforce with the appropriate level of skills and competencies given the complex range of disabilities.

Disabled children and young people will be involved in decisions and processes that affect their lives through active consultations by organisations that can support them to express their views.

Services should promote family life, recognise the importance of family members and acknowledge the need for regular breaks to sustain families with disabled children.

Voluntary and community organisations are important partners in helping to shape and deliver services through regular forum discussion (to ensure capacity building) and monitoring needs so that they can respond to market changes in light of changing disability needs.

Disabled children, young people and their families should have access to and participate in the services they need in a way that respects diversity and individual need. This includes taking full account of their race, ethnicity, language, religion, gender, sexual orientation, ability, impairment, age and social class. Disabled children, young people and their families should have access to services that are evidence-based, underpinned by best practice and proven methods to transform their lives, allowing scope for innovation. We aim to do this through our regular consultation with families and young people forums.



Disabled children and their families should receive a core offer of services.

Services need to be clear about how and why decisions are made and how money and other resources are used. Agreeing criteria for how some services can be accessed will foster better transparency and understanding of allocating provision.

Disabled children, young people and their families shall have the opportunity to choose, control and manage their own services where assessments indicate this is appropriate in line with the government's personalisation agenda.

Disabled young people should have the opportunity to optimise their independence, choice and control, and legal and civil rights in adult life, with the support of an advocacy service if appropriate, and where possible develop a person-centred approach as part of transition planning.

Case study: Rosalind and Esja, N16

My daughter Esja was born in 2006 and has global developmental delay. Before having Esja, I had little experience of the world of special needs. I did not know about occupational therapists, physiotherapists, audiology tests, statements, Makaton or disability living allowance. But I soon learned. On her release from hospital, Esja acquired a retinue worthy of a Hollywood starlet. Every aspect of her seemed to be under the care of some expert or other; from the geneticist eager to inspect the hair on her head, to the podiatrist interested in her curly toes. Not only did my daughter see most of the available services, she made her way to four of London's most esteemed teaching hospitals as an outpatient. One of these was only interested in her brain. The other specialised in bones. The remaining two shared feet, stomach, genes and diet. Although everyone was caring and professional, there wasn't time for discussion about where their specialty fit into an overall plan.

Thank goodness, then, for the Ark's Portage team. Here was a service that worked with us as a family, that fully took on board our capacity to work with them (or otherwise), and that concentrated on the skills Esja had and worked hard to improve them. And best of all, there was a drop-in! I could meet other parents and begin to feel less isolated.

4. Aims and objectives of the plan

- To continue the progress started in the 2005-08 plan and build on this work.
- To further improve access to universal services in a wider range of settings (including children's centres, extended schools/services, play services, youth services, leisure services and housing) and to take advantage of the opportunities to participate and benefit from the 2012 Paralympics.
- To further develop our early support provision for 0-5-year-olds, and to promote effective earlier intervention by identifying disabled children and young people and using effective interventions and support services utilising the key worker system where needed.
- To utilise an assessment framework such as the Common Assessment Framework (CAF) through the Multi Agency Early Support programme and to improve co-ordination of assessments and service delivery.
- To further develop our shared database, continue using IT where appropriate to improve information-sharing and the key worker/lead professional system where needed, and to reduce waiting times for services.

- To further develop the resource centre to lead on providing:
 - a) Good information to families of disabled children about relevant services and how they are accessed
 - b) To gather accurate data about the number of disabled children in Hackney through an opt-out system to make Hackney's Register (The Key) as accurate as possible
- To provide prompt, good quality services to meet the needs of disabled children and their families including more, and a wider range of, short breaks. The Short Break Plan will detail how this is to be delivered.
- To ensure that safeguarding awareness and services are applied effectively to all disabled children.
- To monitor that transition arrangements are in place for disabled young people as they move to adult services. Where young people are not eligible for adult services to ensure that the Targeted Health Outreach Team works to develop plans and interventions that signposts them to onwards services, employment or training.
- To develop a person-centred planning approach (PCP) within transition planning, including appropriate education, employment and training opportunities for all disabled young people, if that is what they want to aspire to.
- To utilise the DCACTH funding to improve sufficient supply of child care availability and information for parents of disabled children to facilitate their employment opportunities. (This takes into account childcare for disabled young people up to the age of 18.)
- To involve disabled young people and parents and carers of disabled children in improving services through forums and regular consultation events as well as ensuring they give feedback to the review of their own care plans and care packages.
- To develop a workforce strategy that has the necessary core competencies to deliver good quality services to disabled children and their families both within specialist disabled children's services and in universal settings.
- To maximise relevant welfare benefit take-up by families of disabled children.
- To increase the stock of accessible housing by:
 - a) increasing the number of housing adaptations done (including the number of Disabled Facilities Grants given)



- b) Liaising with Housing Department to optimise the number of new builds that are considered as disabled-accessible family homes
- To improve the educational attainment of all disabled children in both special schools and mainstream schools by:
 - a) Ensuring IEPs and PEPs are done within the required timescales.
 - b) Curriculum development for disabled children that meets their individual learning need.
 - c) Improving the range of educational and learning opportunities. (See the TLT's Our Vision for Inclusion- the Way Forward.)
- To improve efficiency and value for money (VFM) of services with links to NI54. (This will be overseen by the full implementation of performance framework for all services for disabled children and their families.) In addition, implement the pilot on Improving Outcomes for Children with Speech, Language and Communication Needs.

Case study: Bart and his key worker

Bart first became known to the team at Hackney Ark as an 8-year-old when he was referred to the Occupational Therapy and Physiotherapy teams. All of the initial work by his physiotherapist took place prior to the commencement of Multi Agency Referral Meetings (MARS), which bring together the medical, therapy and educational teams to discuss new referrals and to share information on ongoing cases. Bart was eventually brought for discussion at a MARS meeting in January 2009, at which time it was decided to allocate a key worker.

The support provided by the key worker has included:

- Providing the family with information about support groups
- Being present with the family to hear their story, including fears and hopes
- Assisting family through education statementing process and appeal
- Assisting with benefit applications and charity appeals
- Assisting with co-ordination of appointments
- Co-ordinating information between services and with family
- Assisting family in preparing for appointments

Through the MARS process we have been able to offer a level of flexibility to the family and to arrange provision of support in a way that fitted with the family's timetable rather than to a service provision timetable only. Bart's case is

illustrative of the old and the new way of working. He was initially dealt with in the old way, with a therapist providing an initial assessment in response to a referral and then doing all the follow-up work. After Bart was allocated a key worker, it allowed his clinician to “be the physiotherapist” again. Information could be shared within a team setting where responsibility for decisions was held by the team rather than by an individual. The feeling was that a team decision was more informed as it took into account the views of the various professionals present, rather than the singular view of one professional and service.

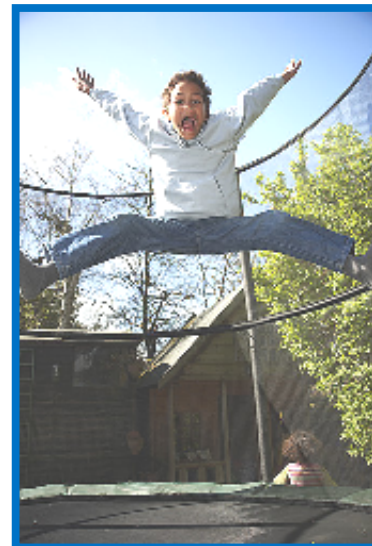
5. Governance and financial arrangements for Disabled Children’s Services

A Disabled Children’s Board has been in place for the last six years; however it has been reviewed to reflect what has worked well and what hasn’t worked. The Board’s reporting mechanism through the CYPP and the DCSMT will also be strengthened.

Sub-groups will continue to develop work around:

- a) Transition
- b) Workforce training/development
- c) Short breaks development
- d) Care pathways/assessment
- e) Improving the quality and performance of services delivered

Full terms of reference and membership of these groups can be found in Appendix 3.



6. Data collection and needs assessment

Hackney needs to improve how we collect information about disabled children. Having more accurate data about the number and range of disabilities will help us to plan services to meet the needs of this group. We need to further develop our capacity to identify unmet needs and produce an accurate “gap analysis” where services need to be developed to meet the gaps in service provision This will involve using the Joint Strategic Needs Assessment (JSNA) more effectively. (See Appendix 2 for data on needs,)

7. Financial information

7.1 We need to understand how much we spend on disabled children across all the different agencies/departments/sections; this work will be started during 2009-10. This will also include work to develop unit costs for each service (see Better Lives Better Futures - Children's Health Strategy 2009).

7.2 We will review what can financially be jointly managed and further develop services at the Ark, particularly with regard to the information and advice service the development of care pathways that streamline processes.

7.3 We will continue the development of a satisfactory arrangement for joint planning, and co-ordination of services and risk sharing, through the development of a Memorandum of Understanding between the three main agencies (health, social care, education).

8. Commissioning priorities for action

The following are our priorities for 2009-12:

- 1) Improve access to universal services (children's centres, extended school/services, play, youth and leisure and post-16 college courses) by monitoring the outcomes for disabled children and young people.
- 2) Provide co-ordinated early intervention and support for disabled children and their families through effective assessments building on the key working development and effectively linking to the single point of referral and access to the Early Support Framework.
- 3) Provide good quality information about services and improve the accuracy of data about the number of disabled children in Hackney.
- 4) Ensure safeguarding arrangements are in place for disabled children and that staff have been trained and are aware of their responsibilities
- 5) Develop the range quality and quantity of short breaks services and increase the number of disabled children accessing these services especially those with complex health care needs. (Link to the Short Break Plan.)
- 6) Improve transition planning for disabled young people through a person-centred planning framework, leading to optimum education, employment and training for disabled young people as they complete their transition to adult services. Develop health improvements through a targeted outreach service for those ineligible for adult services.
- 7) Develop supply of child care services to facilitate the opportunity for employment for parents of disabled children. (Link to Early Years and

Sure Start developments.)

- 8) Further develop the participation of disabled children and young people and their parents in service development and delivery.
- 9) Develop the workforce across all tiers through training programmes to facilitate access to universal services and improved quality of specialist services.
- 10) Optimise income for families of disabled children to reduce poverty, in line with government an anti-poverty strategy.
- 11) Increase the housing stock of accessible homes.
- 12) Improve the educational attainment of disabled children. (Link to TLT's "Our Vision for Inclusion – the Way Forward".)

9. Action Plan

The Action Plan, which begins on the next page, outlines how we will deliver the above priorities across tiers 1 to 3 of service delivery, and who is responsible for ensuring the plans are implemented within agreed timescales.



| Action | Setting | Type of intervention | Delivered by/responsible officer | Budget sources | Output | Outcome |
|--|------------|--|----------------------------------|----------------|---|--|
| 1) Improved access to universal services | Tier 1 | Specialist team to training and support inclusion across settings listed below | Head of therapies | SB - PCT | Nos of disabled children and YP attending universal services (as % of total users) | User satisfaction rating service quality |
| a) EY | Tier 1 | Accessible child care | EY | TLT | Disabled children quota (delivered (% of total users) | Users satisfied with service |
| b) CC | Tier 1 | All services within Children's centre | CC Managers | TLT | Quota %of total users | Users satisfied with service |
| c) Play | Tier 1 | Access to universal settings & specialist provision | Play Manager | TLT | Quota % of total users | Users enjoyed with service |
| d) Youth | Tier 1 & 2 | Access to youth facilities and Youth Offer for Disabled YP | Head of Youth Services | LBH | Quota %of total users | Users enjoyed service |
| e) Extended Schools | Tier 1 & 2 | Access to Extended schools | Head of Extended School services | TLT | Quota % of total users | Users satisfied with service |
| f) Leisure | Tier 1 | i)Access to full range | Head of inclusion in | Leisure | Quota | Users satisfied with service |

| | | | | | | |
|---|--------------------|--|---|----------------------------------|--|---|
| | | of Leisure services ii) Optimise participation in and benefit from Paralympics 2012 | Leisure services ii) Paralympics Service | 2012 Group/TLT Inclusion officer | %of total users Numbers involved , numbers benefitting | |
| g) 16+ College Courses | Tier 1 | Access to wider range of suitable courses with appropriate support as needed | Head of 16-19 services | LSC to TLT | Numbers of disabled access courses | Numbers completing courses successfully |
| 2) Provide co-ordinated early intervention & good quality support | Tier 1 & 2 | Key worker/therapy/SW | Head of each service in Hackney ARK | TLT/LBH/PCT | Numbers receiving Key worker support | Questionnaire indicates satisfied with service, benchmarking by professional re improved outcomes |
| 3) Provide an increase in range and types of Short Breaks provision | Tier 1, 2 & some 3 | Range | SBD Group /HS | DCSF & DH | Increased range of services available in both specialist and universal settings particularly addressing gaps in service provision Total Nos accessing SB identified Compare against the "offer" | Questionnaire indicates satisfaction expressed by disabled children and their families |

| | | | | | | |
|--|-----------------|---|---------------------------------------|-----------------------------|---|---|
| 4) Develop a communication Strategy | Tier 1,2 & 3 | Establish Information Group | Key Manager | | Up to date service directory available in all mediums | Parents & Disabled yp indicate satisfaction with Info available |
| a) Provide Information about full range of relevant services | Tier 1 & 2 | Information Sub Group | Key Manager | | Accurate register of disabled children | |
| b) Gather data about service need | Resource centre | | | | Strengthen participation and feedback | Parents & Disabled yp indicate satisfaction with Info available |
| c) Coordination of events | Tier 2& 3 | Apply opt out approach to New referrals to Register | | | | |
| 5) Safeguarding of disabled children | Tier 3 | Annual Audit | CYPS | Head of integrated Services | All disabled children under safeguarding services are audited | Safeguarding action for all disabled children is effective |
| 5) Transition and development of a PCP approach | Tier 2 & 3 | Prompt /joint assessments and Transition Care Plans | Transition service/ Adults LD service | Transition Coordinator | All disabled YP have TP | Disabled YP have their health needs met and are placed in EET or in settings to meet their needs and choice |
| 6) Consultation and Participation | Tier 1&2 | Parental involvement in a) ARK services | a) Service Managers | a) all | a) Parents on various Steering Groups /Boards | a) parents satisfied with level of involvement |
| a) Facilitate participation of Parents in | | b) SB service | | | b) More disabled children access SB | b) Questionnaire indicates satisfaction with SB |
| | | | | | | c) All disabled yp transfer to |

| | | | | | | |
|---|-----------------|--|---|---------|---|---|
| Service development and delivery | | development c) transition services d) Recruitment of key staff | b)LBH Service head c)Transition Co-ordinator | PCT | c)All disabled yp have TP | EET |
| 6) b)Facilitate the participation of disabled young people in service development and delivery | Tier 1 & 2 | Participation in Group, | Inclusion officers in TLT & Youth Service | TLT/PCT | Nos in the group Numbers involved directly in review meetings re Care plans/packages | Involvement in Youth Parliament Audit on annual basis of those involved in reviews |
| 7) Work Force Strategy development in both universal and specialist settings | All tiers | Training of staff in Early Years through establishing Core competencies and advanced skills/qualifications | Children's workforce Development Group | all | Numbers trained in disability awareness in universal and specialist areas | Questionnaire indicates user satisfaction Increase in provision in a range of settings |
| 8) Develop Joint Planning and service delivery of a) S< b) OT-Joint Equipment c) Complex care | Tier 2 & 3 | Joint Planning unit | Joint Planning Unit | All | Develop joint arrangements and manage budgets Audit services to determine unit costs | |
| 9) Welfare Benefits Take | Tier 1 & Tier 2 | Develop Income Maximisation Service Link to(LBH) Anti | Information Service/Resour | SB | Numbers getting additional income | How much additional Income (total) |

| | | | | | | |
|----------------------------|--------|--|-------------------------------|--------------------------|---|--|
| up | | Poverty Strategy | ce Centre | | | |
| 10) Housing | Tier 1 | Link to Housing Strategy (LBH) Increase stock of adapted housing through increased numbers of adaptations (inc DFG) | Special Needs (Housing) | Housing Revenue/ Capital | Increased number of adapted units available | |
| 11) educational attainment | Tier 1 | SEN support | Inclusion Service/Head of SEN | TLT | Numbers of disabled attaining Educational targets | Improved numbers achieving Targets (See TLT “ Our Vision for Inclusion- The Way Forward”) |

Appendix 1 – Definition of Disabled Child used by agencies

The Children Act 1989, the Special Educational Needs and Disability Act 2001 the Disability Discrimination Act 1999 and the Carers and Disabled Children Act 2000 all contain relevant definitions.

Children Act 1989 Section 17 (11)

For the purposes of this Part, 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.

It is likely that SSD will use the above definition to inform decisions about eligibility for various services

Of particular relevance to parents and carers is the relationship between the special educational needs legislation and disability legislation. There are a number of children whose needs fall both separately or across Special Educational Needs (SEN), disability or health legislative frameworks

The statutory definition of special educational needs is described in the Special Educational Needs Code of Practice as follows:

A child has special educational needs if s/he has a learning difficulty, which calls for special educational provision to be made for them. A child has learning difficulty if they:

1. Have a significantly greater difficulty in learning than the majority of children of the same age.
2. Have a disability that either prevents or hinders them from making use of educational facilities of a kind provided for children of the same age in schools within the area of the local educational authority.
3. Are under compulsory school age and fall within the definition at a) or b) above or would do so if special educational provision were not made available for them.

Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

Special educational provision means:

- For children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools, in the area
- For children under two, educational provision of any kind (Section 312, Education Act 1996)

The Disability Discrimination Act 1995 states:

'A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities'.

In this case long term means more than 12 months

(Section 1(1) Disability Discrimination Act 1995)

Hackney Disabled Children's Register

"A child young person is defined as disabled if s/he is unable to do the everyday things that children/young people of a similar age can do. That may be due to a physical or sensory disability, learning difficulties, severe communication difficulties, developmental, emotional behavioural, complex medical or mental health problem or any combination of these"

A child/young person must be aged 0-19 and satisfy one of the definitions above. The condition is long term, i.e. a condition which is expected to disable the young person for more than a year.

Together From the Start – A Working Definition of Disability (Department of Health guidance) defines disabled as:

Where a child's development is impaired, it is not always possible to know whether this represents a delay, which can be caught up, or whether development may remain impaired. Nor will it always be possible to determine clearly whether any impairment will be long term, but we are clear that the need for early intervention remains. The following definition of disability is used for the purposes of this guidance and the associated Early Support Pilot Programme (ESPP):

A child under 3 years of age shall be considered in need of early intervention if s/he:

- a) Is experiencing significant developmental impairment or delays in one or more of the areas of cognitive development, sensory or physical development, communication development, social behavioral or emotional development: or
Has a condition which has a high probability of resulting in developmental delay.*

Appendix 2

Needs analysis – data

This to include links to

- a) Numbers of Under 18's in receipt of DLA; <http://83.244.183.180/100pc/tabtool.html>
- b) Numbers registered with KEY; Data available from the Key Disability Register 2009
- c) SEN data;
http://www.learningtrust.co.uk/special_needs/general_information/policies_procedures.aspx
- d) Numbers receiving support from CDT; Data available from DCS 2009
- e) Numbers with transition Support; Data available from the Transition Service
- f) Hackney Borough Children & Young People Profile
http://www.hackney.gov.uk/xp-boroughprofile_chapter2.pdf

Appendix 3

Governance – Disabled Children’s Boards – Terms of Reference

Disabled Children’s Board

Purpose & Key Responsibilities

1. Be responsible for the implementation of the Disabled Children’s Plan 2009-12 covering all Services for Disabled Children.
2. Review & refresh the Disabled Children’s Action Plan annually, ensuring coherence with the CYPP and any other pertinent plans across all children’s services including those covering the Corporation of London.
3. Ensure that all Disabled Children’s services are developed in a manner that is consistent with the Tiered model of service delivery being developed across C&YP Services
4. Receive reports (x 2pa) from the Performance Sub Group in respect of the performance of all Disabled Children’s services
5. Decide on recommendations about the commissioning, de-commissioning & re-commissioning of Disabled Children’s services and agree annual investment plan.
6. Receive report from Training Sub Group identify any workforce & training needs in respect of Disabled Children’s Services and feed these into the Work Force Strategy Group/ CYPP Management Team as necessary
7. Receive reports (x 2 pa) from all Sub Boards listed below – and agree/ refer on as appropriate

This Board is accountable to the DCS Management Team and the CYPP Board

Membership

- Associate Director of Children’s Services (CHPCT)- Chair
- Head of Integrated Services (ARK)
- Joint Commissioning Manager (LBH/CHPCT)
- Medical Clinical Lead (ARK)
- Senior Manager C&YP services - Corporation of London
- AD (TLT)
- Head of Service Children’s Social Care with lead for Disabled Children
- Voluntary Sector Rep x 2 (HFBU & Huddleston)
- Parent Partnership Manager
- Key Manager
- Head of therapies
- Inclusion Officer – (Young People’s Forum)
- Parents Forum reps x 2

Meetings

The Disabled Children’s Board will meet every 2 months

Disabled Children's Performance Group (DCPG)

Terms of Reference

Purpose & Key Responsibilities

- 1) Map all existing resources/services for disabled children across all agencies
- 2) Analyse needs and identify gaps in service provision
- 3) Specify the type of service to address identified needs/gaps in services
- 4) Devise relevant & focussed outputs and outcomes for commissioned projects/services, including user/carer consultation & involvement
- 5) On a bi-monthly basis monitor, evaluate & review the effectiveness of all commissioned services in delivering agreed targets within agreed budgets (The effectiveness of each project to be based on a number of Quality Assurance factors, including a) extent of user involvement and feedback about quality of the service, b) accessibility of services in terms of service being delivered in non-clinic settings and c) value for money
- 6) Provide bi-annual reports for the Disabled Children' Board on budgets, & performance (meeting timescales, outputs, outcomes & user satisfaction & overall effectiveness and make recommendations about commissioning, or decommissioning of projects & services based on best available evidence & research.
- 7) This Group will host annual Workshops (x 1 p.a.) with all relevant to share ideas about improving practice and outcomes for disabled children and young people and their families

Membership

- Head of Integrated Services (ARK) - Chair
- CHPCT
- CSC Services ~ DCS, Performance
- TLT ~ early years/Inclusion, children centres, SEN, play
- Corporation of London
- Joint Children's Commissioning (LBH/CHPCT)
- Leisure Services

Meetings

- The DCPG would meet bi monthly and present reports to Disabled Children's Board in June & December

Disabled Children's Sub Boards

| Sub Group | Chair | Membership |
|---|-----------------------------|--|
| 1) Disabled Children's Performance Group | Head of integrated Services | Managers across the partnership Head of Commissioning |
| 2) Transition Board | Assistant Director (Adults) | Head of Integrated Services Transition coordinator Head of commissioning |
| 3) Parents Forum/HFT Users Involvement | Parent rep | All key agencies and 2 voluntary sector organisations |
| 4) Short Breaks Project Board | Head of integrated Services | SB Coordinator, Procurement Officer Head of Commissioning Parent Rep |

Each of the above sub-groups will agree its Terms of Reference and Governance arrangements. (Appointed Chair to co-ordinate)

Disabled Children Organisation/Structure Chart

