

Annex A – Covering Template for Responses

Please complete the attached cover sheet when sending evidence, indicating the set of questions to which a response is being provided and contact details of the person for any follow-up queries.

| Contact details for respondent | |
|--|---|
| Name | |
| Job title | Change Manager Change for Children Team |
| Do you represent an organisation? (if so, name of organisation and type: e.g. voluntary, public body, private company). | Bradford Children's Services Social Care Representative |
| Postal address | Olicana House Chapel Street Bradford West Yorkshire BD1 5RE |
| Telephone number | |
| Email | |

| | Which area of the review are you responding to? (please mark X) |
|---|---|
| Prevention strand | |
| Review of disabled children | X |
| Strategy for youth services | |
| Review of high cost, high harm families | |

Annex B2: Terms of reference for the Review of Disabled Children

Objective:

To improve outcomes and life chances of disabled children through the development of effective and accessible services for disabled children and their families.

The key questions the review will address include:

The changing profile of disabled children, for example, due to increases in complex disability and rise in Autistic Spectrum Disorders, profound and multiple learning disabilities and low birth-weight babies and the challenges this poses to services.

Bradford Figures from 2004

3.3% of Bradford's child/youth population have a disability
Number of children registered has risen from approximately 400 to over 1,973 within the last 10 years
394 children held on the data base with health problems/severe illness
33% of those registered have Asian heritage
2,576 Children known to have a special need
569 Registered Social Services Users
2675 with a Special Education Needs record (Education is data not combined with data above)
In 1997 there were 89 Autism/Aspergers children known in Bradford. In 2005 there were 262.
196 families have 2 children, 36 have 3, 1 has 4 and 5 families have 5 children with a special need.
2,781 (13.2%) of a total 21,144 clients aged 16-18 in Bradford are flagged with a disability. 427 of them were NEET (Connexions 2004)

The increasing numbers of children with complex needs in Bradford mean that our family based and residential short breaks services provide for more of these children. A consequence is that as their care needs are more intensive it reduces the actual numbers of children that can be cared for. It also means that the needs to be met in these care settings are increasingly health care related.

Those with less complex needs but whose family functioning needs to be supported with this service to enable them to continue to live as a family have restricted access to this support.

Universal services have a very long way to go to and meet the needs of children with additional needs and their families, profound or otherwise.

What progress has already been made in addressing the needs of disabled children and their families?

This is an example, data and information drawn from one core provision of Social Services only: the Inclusion Team. There is also provision by other services and the community and voluntary sector but we do not yet have comprehensive collated data.

It has taken several years of focussed development attempting to build year on year with temporary funding to achieve and sustain access to universal leisure and recreational services.

- We now have capacity to offer 850 places as compared with 180 places three years ago.
- We also cater for approximately 125 children each week during term time only, in our clubs.
- Fun Days run each school holiday (except summer) at various venues around Bradford. With up to 60 children, each being allocated 1 or 2 days depending on the length of the school holiday
- In summer holidays we provide over 200 places per week over 6 different venues. Each day runs from 11 – 4 pm. Each young person is allocated a minimum of one day over 5 weeks. In situations where families are in crisis or the child is at risk we offer more days.

The schemes are all provided in universal settings and each one is a partnership of staffing and match funding. The schemes target disabled children and children with complex health needs where more detailed planning is required to achieve inclusion. Information from key workers in care, education and health services is used to establish safe protocols that promote the child's engagement in activity. Parents are consulted so that the protocols reflect their preferences. The Community Nursing Team advise on protocol development for individuals, sometimes provide whole session support if required and otherwise support individual children with health intervention as part of the child's protocol.

The issues that need to be overcome are common to all provision.

What are the barriers currently restricting access to services and therefore effective intervention?

Staff and managers attitudes are significant:

- To overcome the attitudes of strategic managers and establish the concept of their accountability for inclusive provision as a core component of their service requires long term Joint Investment Plans and Joint Change Plans with progressive milestones towards agreed desired outcomes.
- To overcome the attitudes of staff, agencies need to;
 - a. commission the support required that will give sustained access to their services;
 - b. review the job descriptions and specifications to ensure that support is delivered in their services;

- c. train their staff in practical ways to be inclusive;
- d. actively target disabled children and young people and their parents in advertising;
- e. establish the presence children and young people in their service;
- f. consult with potential users of their service about their choices and needs;

The need to overcome the lack of sustained funding. Long term joint investment plans are required to release base budgets and to deliver, commission and recommission what is needed on a sustained basis. Infrastructure costs to deliver are higher than for a child with no additional needs. This needs to be part of Joint Investment planning

Lack of appropriate transport.

Lack of a range of specific education training and leisure services for young people and access to universal services.

No investment in adult services and a huge gap on transfer e.g. to adult mental health, from paediatric to adult NHS care.

Resources are no longer ring-fenced therefore disability services become under pressure when balanced against child protection and other statutory driven services.

Access, physical building, transport, (physical and economic) trained staff and support staff needing a higher ration than other children – there is no universal measure of accepted staffing ratios that are needed to supported children with disabilities.

Are services sufficiently co-ordinated at local level to allow families to access sufficient support to meet their needs?

Local co-ordination is restricted by access and a lack of resources, transport, support workers etc.

How does the system of support for disabled children and their families compare across the country and abroad? Are there lessons we can learn to improve outcomes?

Support systems are not equitable, across the country and abroad.

What family support services i.e. key workers, short breaks, sibling support, behavioural management are currently available and how do these relate to other services?

In Bradford we have a range of respite, shared care with families, outreach for behavioural support, sibling support, inclusion which is specialised and integrated leisure and recreation services.

We have a therapeutic behavioural unit; specialised CAMHS support and a community based behavioural team.

What are the most cost effective interventions in delivering better outcomes?

Favourable tax incentives for people to provide care in their own homes by agreements made with Inland Revenue. It would be helpful if this could be extended to people who offer support outside of their own homes, i.e. sitting services and outreach, as these are fully taxable at the present time.

Are there interventions which, if made earlier, could reduce more costly interventions later? How can we identify the need to intervene earlier?

Earlier interventions would not necessarily make massive implications to cost, due to services dealing with very complex service needs, possibly more behavioural interventions at an earlier age might make some children's behaviour less problematic.

What lessons can we learn from the legal frameworks in other countries that might inform the review?

Intervention with children who have more moderate need at an earlier stage may prevent future escalations and breakdown, also making it earlier for children to access universal services. There are no resources to do this presently, there are not enough resources to cover the most complex needs.