

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	Service Co-ordinator, Children's Disability Services.
Do you represent an organisation? (if so, name of organisation and type: e.g. voluntary, public body, private company).	Doncaster Metropolitan Borough Council
Postal address	Children's Disability Service SpEDT Carr House Centre Danum Road, Doncaster DN4 5HF
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	

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

In Doncaster the Children's Disability & Health Service (CDHS) sits within the Neighbourhoods, Communities and Children's Services Directorate of Doncaster Metropolitan Borough Council. The service employs over 250 staff, which have been brought together from social care, education & health services.

The Children's Disability & Health Team (CDHT) provides a range of services to children with severe disabilities and complex health needs. These services include; Social Work and Occupational Therapy services, Children & Families, Women's and Child & Adolescent Mental Health Social Work Services as well as a number of joint funded projects; including the Children's Disability Register, Play & Transitions Projects.

The Resources section of CDHS includes four residential units, a fostering service for children with disabilities and a number of community resources, four specialist education services for children with Hearing and Visual Impairments, Autistic Spectrum Disorders, ICT needs and Portage.

The main role of the service is the provision of assessment, intervention and specialist services required to meet assessed need. Services are provided in a number of ways; directly to the child or young person, to the family, to support parents and/or carers or to the child's school or educational setting.

Although the service is multi-disciplinary we feel it is necessary to further integrate services with our colleagues in health, Connexions and the Vol/Comm Sector. As a result an LDD Strategy group has been formed. The group will report to the "Be Healthy" Theme Board, which reports to the Children & Young People's Partnership Trust in Doncaster.

Locally, successful implementation will provide the following benefits:

- An integrated Children's Disability service constructed from NCCS, Health services, Connexions & the Voluntary & Community Sector.
- Collocation of services where; multi-professional working delivers the best outcome for the child.
- Improved access to services.
- A significant reduction in the duplication of assessment of disabled children.
- Greater coordination of information regarding disabled children within Doncaster based on an effective Information Sharing protocol.
- A skilled and effective work force within Children's Disability Services
- Shared Expertise.
- The platform for establishing new ways of working, a learning culture and an atmosphere and culture of change.

A key role of the group will be to develop the service alongside new technologies such as key working, CAF, ISA etc...

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

The progress that has already been made in addressing the needs of disabled children and their families is visible in the variety of resources that are now offered.

In 1995 Doncaster offered 1 long term unit 0-18, 1 long and short break unit for children with learning disabilities and more complex physical needs 0-18, and 1 short break unit 0 – 18. The Authority also had a care to share team that was offering family based care to 14 children based on 14 carers.

In 2006 we have four residential units, 1 long term unit 12- 18, 1 long and short break unit for children with learning disabilities and more complex physical needs 0-18, (However, it has now been formally recognised that this group should split again which would also enable us to address the support which could be offered to children with only physical disabilities) and 2 short break units divided into age groups 4-14 and 10-18.

Community resources have also increased in that we can now offer 26 family based carers some who take multiple placements, sessional support workers for time limited work with families and young people, direct payments to 13 children and young people, playscheme and after school clubs to a population which also includes children and young people with a mild learning disability and work in progress includes the development of a befriending and sitting service.

Allocation of such services are needs led and managed through a resource panel to ensure equity as a response to the system in 1995 when any request for a residential service resulted in all families receiving 32 nights care.

Customers are key to the design and delivery of our services. Our Consultation & Communication strategy sets out how we consult and communicate with the customers and services. This currently includes over 30 interfaces, projects and developments.

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

The main barrier that appears to restrict access to services and therefore effective intervention is that of disability being seen as a 'specialism'.

There needs to be much greater awareness raising and training for the public and staff within other child care arenas to enable them to be more creative in their thinking of how to engage young people with disabilities.

Evidence of this is the limited in mainstream settings, if any provision within children's centres and extended schools services. This is counteracted by the

range of opportunities provided by the playscheme and is requested by parents and young people through consultation.

There is evidence of venues and schemes, which over this summer have tried to offer inclusive opportunities in Doncaster. We will be piloting 2 projects this year to look further at the development of inclusive groups with our colleagues in Extended Services.

However we know that a significant barrier to disabled children accessing inclusive & mainstream settings is that families as well as the staff involved are as equally worried that they will not have the skills to deal successfully with the individual needs and how that impacts in managing an unknown group.

The Disability Discrimination Act and the review of public buildings has assisted disabled children being supported in entering a wider range of environments however, these buildings can still not always meet the personal care needs of children and young people with physical needs.

Evidence of the work that is being undertaken in terms of accessibility planning which identifies the wide range of considerations needed. An accessibility Strategy for disabled children in Doncaster is currently being produced for 2006 –2009.

Different communication methods for those young people who can't verbalise can also be a barrier to children using services more inclusively.