

**Commissioning Strategy
for
Children with Disabilities
2013-2016**

Content	Page
1. Introduction	3
2. Vision	3
3. Purpose of the Commissioning Strategy	4
4. What we know about Children with Disabilities	4
5. National Drivers	6
6. Local Drivers	7
7. What is a Disability?	7
8. Consultation	8
9. The Five Principles of the Children and Young People's Plan 2012-15	9
10. Our Five Principles for Children with Disabilities	10
11. What will Success Look Like?	11
12. Governance Arrangements for Children with Disabilities	12
13. Action Plan 2013-16	13

1. Introduction

The Commissioning Strategy sets out the vision for children with disabilities living in Lincolnshire, providing a strong and compelling evidence base for the identification of its priorities and themes. The strategy sets out how Children's Services and its partners will work in an integrated, coherent way, making the best use of available resources, to achieve this vision.

The strategy incorporates local needs and priorities identified in the Joint Strategic Needs Assessment for Lincolnshire (JSNA), Lincolnshire Joint Health and Wellbeing Strategy 2013-2018 (JHWS), Lincolnshire Children and Young People's Plan 2012-2015 (CYPP), Lincolnshire Child Poverty Strategy, The Early Intervention Strategy, Department for Public Health Annual Report and is mapped against several national Outcome Frameworks.¹

2. Vision

“That every child in every part of the county should achieve their potential”

Children and young people with disabilities and/or sensory impairment deserve the very best services. We want a workforce that is able to work alongside children with disabilities and their families to support them and help them to access appropriate services.

We want to ensure that children and young people with disabilities have the same opportunities as their peers.

Debbie Barnes

Director

Lincolnshire County Council Children's Services

¹ Specifically, the Public Health Outcomes Framework, Adult Social Care Outcomes Framework & NHS Outcomes Framework.

3. Purpose of the Commissioning Strategy

The strategy intends to set out the strategic commissioning direction for the next three years for those organisations who commission services for children with disabilities.

4. What we know about Children with Disabilities

The Family Resource Survey 2010 estimates that there are approximately 952,741 disabled children in Great Britain – 7.3% of the child population in Great Britain (Disabled Children: A Legal Handbook 2010). In the past ten years the prevalence of severe disability and complex needs has risen. This is due to a number of factors, including increased survival of pre-term babies and increased survival of children after severe trauma or illness. It is estimated that there are up to 6,000 children living at home who are dependent on assistive technology. Children and young people with life limiting conditions, such as cystic fibrosis have better life expectancy and improved quality of life due to improved treatment and support.

A third of parents with a severely disabled child under the age of two, use more than three pieces of equipment daily to provide basic care. Four out of five 12 to 14 year old severely disabled children need help with self-care – for most these needs are long term. The majority of children with disabilities live with their families who carry day to day responsibility for caring for their child (NSF Children, Young People and Maternity Services 2004).

Special Educational Needs Growth 2008 - 2011

All Lincolnshire Schools

SEN Type Code	2008	2011	Growth
Autistic Spectrum Disorder	8.25%	11.36%	37.67%
Profound and Multiple Learning Difficulty	0.80%	0.96%	20.77%
Speech, Language and Communication Needs	9.52%	10.61%	11.51%

Hearing Impairment	1.22%	1.34%	10.32%
Behavioural, Emotional and Social Difficulties	23.24%	24.14%	3.87%
Physical Disability	3.30%	3.22%	-2.27%
Visual Impairment	0.83%	0.80%	-3.50%
Other Difficulty Disability	4.27%	3.92%	-8.18%
Specific Learning Difficulty	16.76%	15.24%	-9.07%
Moderate Learning Difficulty	28.71%	25.79%	-10.19%
Severe Learning Difficulty	2.84%	2.49%	-12.40%
Multi-Sensory Impairment	0.28%	0.13%	-51.75%

The number of children assessed with Autistic Spectrum Disorder increased from 808 pupils to 1110; Profound & Multiple Learning Difficulty increased from 78 to 94; Speech, Language and Communication Needs rose from 932 to 1037; Hearing Impairment from 119 to 131; Behavioural, Emotional & Social Difficulties from 2276 to 2359; Physical Disability decreased from 323 to 315; Visual Impairment decreased from 81 to 78; Specific Learning Difficulty decreased from 1641 to 1489; Moderate Learning Difficulty decreased from 2812 to 2520; Severe Learning Difficulty decreased from 278 to 243 and Multi-Sensory Impairment decreased from 27 to 13.

Children and young people with a disability, and their families, make use of a wide range of services and support. Perhaps the most valued support is provided through families and communities. Formal support services are provided by NHS providers e.g. Community Services, Therapy Services, Paediatric Services (Community and Hospital Based); Lincolnshire County Council and the District Councils (in particular Education, Social Work, Leisure and Housing) and through the Voluntary, Independent and Faith sectors. Support for children and their families is therefore not the

responsibility of a single organisation but is shared across a number of organisations working in partnership with families and communities.

This can make things complicated, and at times frustrating for children and young people and their families, who have to negotiate contact with a number of different services that are not always well co-ordinated and connected.

It also presents a challenge for strategic planners. Different services have different ways of defining children with a disability; different approaches to planning and budget setting may be driven by different targets and objectives, and they work in different ways.

Progress has been made but we want to continue to change that for the better.

The Commissioning Strategy has been developed alongside the Review of Special School and Mainstream Unit Provision which addresses the learning needs of school age children and young people with additional needs (this is inclusive of disability). It will link with the work being undertaken around Child Development Centres, the Paediatric Review and the local implementation of the Healthy Child programme (DH 2010). The pathways that have been drafted around Autism and Continuing Care are also key to implementing the strategy.

5. National Drivers

Draft legislation on Reform of provision for children and young people with Special Educational Needs (2012). This provides for:

- A new duty for joint commissioning which will require local authorities and health bodies to take joint responsibility for providing services.
- A requirement on local authorities to publish a local offer of services for disabled children and young people and those with special educational needs.
- New protections for young people aged 16-25 in further education and a stronger focus on preparing them for adulthood.
- Parents and young people, for the first time, to be entitled to have a personal budget, extending their choice and control over their support.
- Further Education colleges for the first time and all academies, including Free Schools, to have the same duties as maintained schools to safeguard the education of children and young people with SEN.

The Child Poverty Act 2012

The Health and Social Care Act 2012

6. Local Drivers

Joint Health and Wellbeing Strategy (JHWS)

Joint Strategic Needs assessment (JSNA)

Lincolnshire Child Poverty Strategy

Lincolnshire Children and Young People's Plan 2012-2015 (CYPP)

Review of Special School and Mainstream Unit Provision (2010)

7. What is a Disability?

There are many definitions related to disability, including definitions of Special Educational Needs (SEN), Learning Disability, Physical Impairment, Learning Difficulty, Learning Difference, Specific Language Impairment and Developmental Disorder. Although many of these definitions have a statutory basis they have little consistency with each other.

In the UK, the Warnock Committee has suggested that learning difficulties should be used to refer to specific problems with learning in children that might arise as a result of issues such as medical problems, emotional problems, and language impairments. Learning disability can be a useful term in that it indicates an overall impairment of intellect and function. Though at present there is no clear consensus it is widely accepted that whatever terms are used they should be clear, inclusive, and positive.

For the purposes of this strategy we have decided to employ the Equality Act 2010 definition of a disability.

Someone has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

The adoption of this social model of disability is supported by all services providing support to children, young people and their families.

The social model has been developed with the aim of removing barriers so that disabled people have the same opportunities as everyone else to determine their own lifestyles.

Access to services is through a variety of processes; information can be found in the Lincolnshire Safeguarding Children Board (LSCB) 'Meeting the Needs' document at www.lincolnshirelscb.org.uk

8. Consultation

The priority themes of the strategy have been developed through consultation and engagement with a range of stakeholders including:-

- Formal consultation undertaken by Lincolnshire County Council and NHS Lincolnshire which ran for 12 weeks from 16th June 2011 until 15th September 2011.
- Parental views collated by Lincolnshire Parent Carer Council (LPPC) who undertook 7 conferences and asked delegates to complete feedback forms in January and February 2010. Additionally further information was gathered through on-line surveys undertaken in 2012.
- Aiming High for Disabled Children (AHDC) undertook a national survey in 2009 to assess parents' perception of services for children with disabilities. The survey findings for Lincolnshire are based on 237 questionnaires completed by parents of disabled children.
- Facilitated discussions with young people through the Shadow Transition Board; General Practitioners; Lincolnshire Community Health Service; NHS Lincolnshire; Continuing Health Care; various partnership meetings including the Parent Partnership; Schools and Voluntary Organisations.
- A deliberative event with young people took place in June 2012 regarding the draft JHWS with specific feedback on children with disabilities and the need to narrow the gap in terms of the social, educational and health outcomes between them and their peers.

The comments and suggestions received have contributed greatly to this Commissioning Strategy. A significant change resulting from consultation has been an emphasis on the outcomes for children with disabilities when they reach adulthood. As a result a number of the measures of success relate not only to children but importantly to their outcomes as adults. The emphasis on good transition arrangements is reflected in the Strategy. Feedback was clear that a single definition of Disability needed to be used and that the Strategy

should have SMART targets. Finally, young people wanted better facilities and greater access to activities that they could do without their parents. They were also clear that they want to be respected, listened to and consulted over the services they receive. The Strategy reflects these important points of view and, as outlined in the Action Plan, a specific Engagement Plan will be developed to ensure full and productive collaboration with young people.

9. The Five Principles of the Children and Young People's Plan 2012-15

The Children and Young People's Strategic Partnership is committed to all children and young people in Lincolnshire and wants this to be a county where they thrive. The partnership values the contribution that a child, young person or their family can make to their local community and will do all it can to ensure that children and young people are heard, involved and respected at home, school and in their communities. The principles are:

1. Early Intervention and Prevention

- Strong universal services, providing early action and intensive support to vulnerable children and young people.

2. Safeguarding

- Ensuring children are safe in every environment.
- Encouraging community responsibility for safeguarding.

3. Aspiration and Well Being

- Ensuring all those working with children champion the importance of aspiration.
- Develop self-esteem, self-belief and resilience in all children, young people and their families.

4. Learning and Achievement

- All children being the best that they can be.
- Closing the gap between vulnerable groups and children living in disadvantaged communities.

5. Best Use of Resources

- Integrating delivery with a focus on outcomes, life chances and opportunities.
- Effective use of resources to provide better services locally.
- Empower communities, creating opportunities for them to engage.

10. Our Five Principles for Children with Disabilities.

These principles are based on the Children and Young People's Strategic Partnership vision for all children in Lincolnshire. They have been agreed by strategic partners and set out how services for children with disabilities will be commissioned over the coming years.

Early Intervention and Prevention

Children and young people with a disability are always children and young people first.

- Children and young people and their families should receive services at the earliest opportunity, to promote healthy development and to ensure that families are appropriately supported.
- Services should be inclusive, flexible, convenient and responsive to the child or young person's need including a single point of access.
- Children with disabilities will have access to universal health services and universal services in the same way as their peers.
- All children and young people with a disability should be given opportunities that enable them to remain in the family home and to access activities and services in their community.

Safeguarding

Research evidence indicates that due to their unique circumstances children with a disability may be more vulnerable to abuse. The Children and Young People's Strategic Partnership (CYPSP) in collaboration with Lincolnshire Safeguarding Children Board (LSCB) will ensure that inclusive safeguarding practice is promoted and further developed through training and publicity.

Aspiration and Well Being

- All children and young people with a disability will be involved in decision making that affects their lives, including assessments and service design, delivery and evaluation. This will be supported by ensuring that those practitioners who communicate best with the child or young person will support the child to communicate their views and needs.

- Parents/carers are the experts on their children's needs and are essential partners in decision making processes, including assessments. This will be reflected in all organisations' policies, procedures and work.

Learning and Achievement

That children and young people with a disability fulfil their potential and can live independently accessing education, employment and training opportunities and where appropriate have smooth transition to adult services.

Best Use of Resources

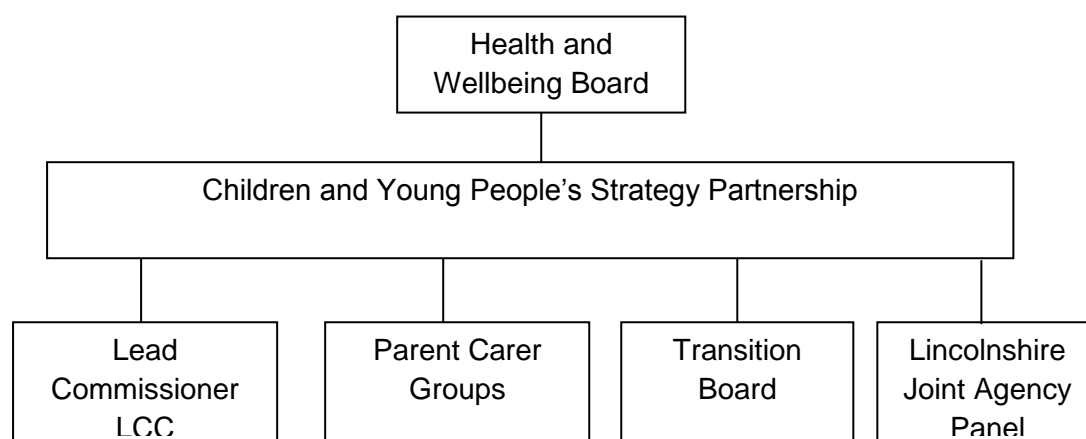
- Improving outcomes for children and young people with a disability is everyone's business and not just the responsibility of those who work in specialist services.
- Access to services for children and young people with a disability will be fair, equitable and transparent and reduce health inequalities.

11. What will success look like?

The successful delivery of the above principles will lead to:

- Children and young people who feel and are kept safe.
- A shared aspiration for all children and young people to achieve their potential.
- A strong, sustainable education system that provides high quality, diverse and rich educational opportunities.
- Parents who are supported and empowered to take responsibility for their child's outcomes.
- Resources that are directed at those children who require additional support so that poverty and inequalities are addressed.
- A profile of investment in evidence based programmes that are known to support vulnerable families e.g. Family Nurse Partnerships.
- Communities that are confident and caring, where people are able to look after themselves and each other.
- Children and young people who are healthy.
- Services which are better value for money.

12. Governance Arrangements for Children with Disabilities



13. Action Plan 2013-16

The Action Plan has been developed around 5 Themes. These are:

1. To better understand the needs of children and young people with disabilities and/or sensory impairment, and their families, so that their needs can be met appropriately.
2. To improve the quality of services for children and young people with Additional Needs and reduce inequalities in terms of social, educational and health and well-being outcomes.
3. To increase opportunities for children and young people with a disability and/or sensory impairment to live a full and active life.
4. To promote the engagement of children and young people with disabilities in service design and delivery.
5. To improve employment opportunities for young people with disabilities and inspire a generation.

The Action Plan sets out our priorities under each theme and then maps them against the Outcomes Measures that are reported through existing Strategies and Outcomes Frameworks. Where indicators do not already exist timescales have been given for specific aspects of work. As the Action Plan is reviewed we will consider ways in which data from the wide range of services can be captured and other Outcomes Measures will be incorporated.

Taking the themes in turn:

Theme 1: To better understand the needs of children with disabilities and/or sensory impairment, and their families, so that they can be met appropriately.

We think that the most important priorities of this theme are:

- To ensure that children, young people and their families access responsive and appropriate services at the earliest opportunity (whether universal, targeted or specialist services).
- To ensure that services for children and young people are well co-ordinated, and where possible integrated, with good communication between all those involved in the young person's care.
- To provide a clear care 'Pathway' to enable smooth and safe transition from children's to adult services.

Why this is important

It is our priority to ensure that services for children and young people with disabilities are co-ordinated and accessible through the development of a 'no wrong door' approach to service delivery. This will reduce the confusion and frustration currently reported by parents of young people with a disability in accessing support services and information.

All services prioritise the earliest possible identification of children's needs and develop clear pathways to accessing specialist services where appropriate. Responding early and intervening at the right time has clear benefits.

A co-ordinated, multi-agency approach to transition, beginning at age 13, will take the young person through to age 25. Working with partners we will ensure that there is an increase in choice and opportunities and that all young people with disabilities, and their parents, are able to access advice and guidance on the full range of options available to them as they enter adulthood.

***References**

- PH Public Health Outcome Framework (published Nov 12)
- ASC Adult Social Care Outcome Framework 2013/14 (published Nov 12)
- NHS NHS Outcomes Framework 2013/14 (published Nov 2012)
- OFC Outcomes Framework for Children – Recommendations (published July 2012)
- CYPP Children & Young People Plan 2012-15
- CSDS Children's Services' Data Set
- LCHS Lincolnshire Community Health Services
- DfE Department for Education
- LSCB Lincolnshire Safeguarding Children Board

Outcome Measures

Priority	Measure	Ref*	Number	Responsible Agency
People who use Social Care & their carers' are satisfied with their experience of care & support services	Overall satisfaction of people who use services with their care & support	ASC	3A	Adult Social Care/Touchstone
	Overall satisfaction of carers with social services	ASC	3B	
	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASC	3C	
	Carer-reported quality of life	ASC NHS	1D 2.4	
Ensure that services for children and young people with disabilities are integrated and accessible through the development of a 'no wrong door' approach	The proportion of people who use services and carers' who find it easy to find information about support	ASC	3D	ULHT, LCHS & LPFT Adult Social Care, Children's Services and partners

to service delivery				
Integrated care	<p>The Children and Young People's Health Outcomes Forum recommend a number of new outcomes measures including:</p> <ul style="list-style-type: none"> • Integrated care – developing a new composite measure <p>In response to above, a new placeholder indicator 'improving people's experience of integrated care' has been included in the NHS Outcome Framework</p> <p>The integration of LCHS and the Local Authority's Occupational Therapy Teams.</p>	NHS	4.9	All Health Trusts and Clinical Commissioning Groups
People are in control of what, how & when support is	Proportion of people who use services who have control over their daily life ²	ASC	1B	Adult Social Care

² To be revised from 2014/15: 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments.

<p>delivered to match their needs.</p> <p>Children and their families using Social Care receive self-directed support through the use of Personal Budgets/Direct Payments</p>	<p>The percentage of families of children with disabilities using Personal Budgets/Direct Payments.</p>	<p>CSDS</p>		<p>Children's Services</p>
<p>Effective transition from Children's to Adult service</p>	<p>The Children and Young People's Health Outcomes Forum recommend a number of new outcomes measures including:</p> <ul style="list-style-type: none"> • Effective transition from children's to adult services <p>Percentage of open referrals to Children with Disabilities Team (excl. Occupational Therapy) that have a Transition Plan</p> <p>Percentage of Children with Disabilities who've had a Transitional Annual Review</p>	<p>CSDS</p> <p>CSDA</p>	<p>CS077</p> <p>CS127</p>	<p>Children's Services and Adult Social Care</p> <p>Children's Services</p> <p>Children's Services</p>

	<p>Reduction in percentage of young people with Learning Difficulties and Disabilities who are NEET (Not in Employment, Education or Training)</p> <p>Sufficient and high quality post 16 provision in place for young people with disabilities</p>			Children's Services
<p>All services prioritise the earliest possible identification of children's needs and develop clear pathways to accessing specialist services where appropriate</p>	<p>Ensuring that people have a positive experience of care</p> <p>Number of Initial Assessments completed within 10 days</p> <p>Number of Core Assessments completed within 35 days</p> <p>Children's Therapies 18 week Referral to Treatment Time</p> <p>Domain 1: Enhancing quality of life for people with</p>	<p>NHS</p> <p>CSDS</p> <p>CSDS</p> <p>LCHS</p> <p>ASC</p>	<p>Domain 2</p> <p>NI059</p> <p>NI060</p> <p>VSA04</p>	<p>All Trusts</p> <p>Children's Services</p> <p>LCHS</p> <p>Adult Social Care</p>

	care and support needs 'Social care-related quality of life'		1A	
--	---	--	----	--

Theme 2: To improve the quality of services for children and young people with Additional Needs and reduce inequalities in terms of social, educational and health and well-being outcomes.

We think that the most important priorities of this theme are:

- To ensure that children with Additional Needs have the same opportunities as their peers, including those children with disabilities who are Looked After.
- To ensure that we are responsive to the draft legislation on Reform of provision for children and young people with Special Educational Needs (2012) in terms of the development of the Single Plan
- To ensure that young people with Learning Difficulties and Disabilities entering adulthood live in stable and appropriate accommodation to meet their needs
- To ensure access to good quality education that supports children with Additional Needs within county
- To equip Practitioners who work with children and young people who have Additional Needs with the appropriate skills and knowledge to understand and know how to meet their needs. Leaders and Managers within children's services should have sufficient knowledge and understanding of the needs of our young people so as to influence service delivery and improve performance across the partnership.
- To ensure that children with disabilities and their families have timely access to health information, treatment and that we improve the health outcomes for those with disabilities
- To revise our Early Health Offer to reflect changes in legislation

Why this is important

Our Joint Strategic Needs Assessment (JSNA) tells us:

- That as a whole, pupils currently identified as having special educational needs are disproportionately from disadvantaged backgrounds; are much more likely to be absent or excluded from school and achieve less well than their peers, both in terms of their progress over time and their attainment at any given age (Ofsted: Special Educational Needs and Disability Review document, September 2010)

- There is a need to ensure equity of Special Educational Needs provision across the county
- Performance by Lincolnshire County Council is 'consistently high' with the Local Authority ensuring that 100% of Statements of Special Educational Needs are issued within timescales as set out in the Code of Practice for Special Educational Needs (2001)

Good planning and preparation for independent or supported living means that young adults are less likely to require Social Care services as they move into adulthood as their needs are already identified and appropriate support mechanisms are in place. Careful planning will reduce the likelihood of the need for 'crisis' intervention for a number of agencies.

A well-informed workforce will ensure that all those working with young people are equipped to support their aspirations and ambitions and identify appropriate resources to maximise the opportunities for young people with Additional Needs.

Children and their families should have easy access to health information about their child's disability at a time that is right time for them. Information should enable them to make clear and informed choices about care and both patients and their families should have a positive experience of health services. Improving and reducing the inequalities in health outcomes for those with disabilities is fundamental to their ability to live a full and active life.

Outcome Measures

Priority	Measure	Ref*	Number	Responsible Agency
Understanding and meeting need through universal, targeted and specialist services	Percentage of school population with a Statement of Special Educational Needs	CSDS (local indicators)	CS121 CS 122	Children's Services
Ensure Statements of Special Educational Needs are issued within	Special Educational Needs Statements issued within 26 weeks excluding	CSDS	NI103a	

timescales set out in the Code of Practice for Special Educational Needs	exceptions Special Educational Needs Statements issued within 26 weeks	CSDS	N1103b	
Access to good quality education that supports Children and Young People with Disabilities within county	<p>Number of schools where quality of learning for pupils with disabilities/Additional Needs where their progress is rated as 'good' or 'outstanding'</p> <p>Number of schools where effectiveness with which the school promotes equal opportunity and tackles discrimination is rated as 'good' or 'outstanding'</p> <p>Number of schools where effectiveness with which the school engages with parents/carers is 'good' or 'outstanding'</p> <p>Achievement gap</p>	<p>Ofsted Framework</p> <p>Ofsted Framework</p> <p>Ofsted Framework</p> <p>Based on indicator</p>	<p>Priority 5</p>	Children's Services and CfBT

	between pupils eligible for free school meals and with Statements of Special Educational Needs and their peers (Foundation, Key Stage 2 and Key Stage 4)	within CYPP		
Adults with a Learning Disability who live in stable and appropriate accommodation	The percentage of all adults with a Learning Disability who are known to the council, who are recorded as living in their own home or with their family	PH ASC	1.6i 1G	Adult Social Care
Developing and equipping the workforce with the skills to work with children with disabilities with confidence so that they can support them appropriately in their aspirations and ambitions.	<p>Number of Special Educational Needs Co-ordinators completing nationally accredited training</p> <p>Revision of the 'Safeguarding Children with Disabilities' Guidance and roll-out of multi-agency training by LSCB</p> <p>Multi-agency training on the Support and Aspiration agenda for children with</p>			<p>Children's Services and CfBT</p> <p>LSCB</p>

	Special Educational Needs and Disabilities			
Children with Disabilities and their families know how to access information and are supported in making informed choices about their care.	<p>To develop a measure for children's services against which to mark progress.</p> <p>The proportion of people who use services and carers who find it easy to find information about support</p>	ASC	3D	<p>Children's Services and Partners</p> <p>Adult Social Care</p>
<p>Reducing premature death in people with a learning disability</p> <p>Avoiding premature deaths of children with disabilities where death was preventable</p>	<p>Excess under 60 mortality rate in adults with a learning disability</p> <p>Numbers of preventable or predictable deaths reviewed by Lincolnshire Safeguarding Children Board's Child Death Overview Panel.</p>	<p>NHS</p> <p>LSCB</p>	1.7	<p>Clinical Commissioning Groups, ULHT and LCHS</p> <p>LSCB</p>
Ensuring that children with disabilities and their families	Improving patient's experience including primary	NHS	Domain 4	CCGs, all NHS Trusts

have a positive experience of care	care Improving children and young people's experience of health care	NHS – An Indicator is under development	4.8	
Improving people's experience of integrated care	A new placeholder indicator 'improving people's experience of integrated care' has been included in the NHS Outcomes Framework	NHS ASC	4.9 3E	All Trusts Adult Social Care
Every Disabled Child Matters (EDCM)	Fulfil the requirements set out in the EDCM Local Authority Disabled Children's Charter in (revised Spring 2011)	Lincolnshire's EDCM Charter		Lead agency Children's Services

Theme 3: To increase opportunities for children and young people with a disability and/or sensory impairment to live a full and active life.

We think that the most important priorities of this theme are:

- That the needs of children and young people with disabilities must be considered within the context of the whole family and not in isolation.
- To ensure access to a wide range of leisure/social activities that encourages social contact and builds independence and resilience.
- To ensure timely access to appropriate equipment to aid daily living.
- To support families in the use of Personal Budgets to meet their children's needs.

Why this is important

Children with disabilities do not live in isolation. The impact of their disability not only affects them but also their parents, siblings and possibly other extended family members. It is therefore essential when assessing their needs that Practitioners also take into account the situation for the family too. It is important that those caring for the young person are supported in carrying out that responsibility.

Access to the right equipment at the right time makes a significant difference to daily life for many young people with disabilities. As with the 'no wrong door' approach described earlier we do not want families passed around services whilst trying to access the equipment their child needs. It is therefore essential to ensure that agencies are clear about who is prescribing equipment but also that the procurement of Equipment Contracts has a strong focus on timely delivery, servicing and collection.

Families tell us they benefit from the use of Short breaks. In Lincolnshire these come in a variety of forms with each one can lasting anything from a couple of hours to a few days depending on the type of provision and the needs of the child and young person. We know that Short Break provision has to be reliable so that carers can plan around the breaks provided. We believe that Short Breaks that are run successfully have great benefits in:

- Tackling social isolation
- Providing access to leisure facilities
- Developing friendship networks
- Promoting personal development
- Promoting happiness and well-being for the child, young person and their family.

Increasing the range of Short Breaks will support families further. It is also important that we ensure provision is available in an emergency as this is often key to preventing family breakdown and ensures that children can remain in their home and community.

The introduction of Personalised Budgets is very similar to the system in operation in Adult Social Care and gives families more choice about how they provide the care their child needs. Children and their families can, if they want to, choose to be more creative and flexible in how they use the budget to meet the agreed Support Plan. For some families this will be a welcome option.

Outcome Measures

Priority	Measure	Ref*	Number	Responsible Agency
To continue to identify and	An increase in the number of Short	CWD Service		Children's Services

commission new Short Breaks activities through the use of small grants and commissioned services in response to service user identified need.	Breaks Activities on offer to children and young people with disabilities.	Plan 2012-15		
To develop a robust Buddying Service to meet the demand/needs of children and young people.	Increase in the number of 'Buddies'. Reduction in the waiting time for young people to be allocated a Buddy. Extended involvement of the 'Buddy' to enable young people to form relationships and have a regular person to undertake activities with.	CWD Service Plan 2012-15		Children's Services
Opportunities for social contact	New measure for 2013/14. Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	ASC PH	1.18	Adult Social Care and All Health Trusts
Develop the use of Personal Budgets within Children's Services	The percentage of families of children with disabilities using Personal Budgets/Direct	CSDS		Children's Services

	Payments (DP). To be revised from 2014/15: The proportion of people using Social Care who receive self-directed support, and those receiving DP	ASC	1C	Adult Social Care
--	--	-----	----	-------------------

Theme 4: To promote the engagement of children and young people with disabilities in service design and delivery.

We think that the most important priorities of this theme are:

- To ensure that children and young people with disabilities have their voice heard in the planning of their care and at reviews
- To recognise the expertise of parents/carers in assisting young people to have a voice and that they are essential partners in the decision making process about their child's needs
- To recognise that children, young people and their families have an important contribution to make in shaping the way in which we design and deliver our services
- To work with providers of externalised services to ensure that they undertake consultation with service users and actively seek feedback that informs the service they deliver
- To work with the Children's Service's Participation Team to develop an Engagement Plan

Why this is important

There are many benefits to involving children, young people and their parents/carers in decision making processes. For children and their parents the benefits include:

- Better and more relevant services
- Services which are more flexible and responsive to needs and aspirations
- Opportunities to build on existing skills and develop new ones
- Opportunities to achieve accredited learning
- Increased confidence and self-esteem, leading to greater resilience
- Being valued as stakeholders in their communities
- Promoting a positive image of children

For organisations the benefits include:

- Learning from children as citizens and customers about their attitudes; needs; aspirations, views on what makes a quality service and the barriers to accessing services
- Fresh perspectives and new ideas
- Services designed, delivered and evaluated based on actual rather than perceived needs
- Demonstrating a commitment to children

Outcome Measures

Priority	Measure	Ref*	Number	Responsible Agency
Engagement of parents/carers, children and young people with disabilities in the planning, commissioning, monitoring and evaluation of services	Disabled Children's Service Indicator measuring parental experience of services	DfE	NI054	Children's Services
	Audits of Assessments and Reviews to assess how the Voice of the Child is captured.	All agencies		All Partner Agencies
	Percentage of Children with Disabilities who participate in their Short breaks review	CSDS	CS052	Children's Services
	Number of			

	<p>referrals to Special Educational Needs Tribunal</p> <p>Number of complaints to Local Authority and Partner organisations</p> <p>Continued participation in the Transitions Governance Board by the young people who make up the Shadow Transition Board</p> <p>Bespoke pieces of work undertaken by the Shadow Transition Board to provide feedback on service provision</p>	<p>Lamb Enquiry (2009) Recommendations, (SEN and Parental Confidence)</p> <p>Data held within individual organisations</p> <p>Minutes of meetings held by Local Authority.</p> <p>Information held by the Local Authority following feedback.</p>	Local Authority	<p>Children's Services</p> <p>All partner agencies</p> <p>Democratic Services and Children's Services</p> <p>Children's Services</p>
<p>To work with Parent Led organisations and the Lincolnshire Parent Partnership to ensure that parents/carers' views are reflected in the shaping of</p>	<p>Number of Parent/Carer consultation events, and surveys.</p> <p>Identification of the Partnership Forums on which Parents/Carers</p>			<p>Children's Services to co-ordinate information</p>

services for Children with Disabilities	are represented. Undertake consultation on whether parents believe their input makes a difference.			
To develop an Engagement Plan specifically for Children with Disabilities and/or Sensory Impairment	To be completed by 30th April 2013.			Children's Services and Partners
To improve the quality and availability of information relating to Children with Disabilities and/or Sensory Impairment to include details of services as well as Play, Sporting, Leisure and Cultural Activities, particularly in school holidays	To be completed by March 31 st 2014. This will build on existing information held within individual organisations and will be updated and collated for distribution at GP surgeries, ESCO Drop-in Clinics, Health Shops, Children's Centres as well as by individual Practitioners.			All Partner Agencies
To devise a Communication Strategy to ensure dissemination of information across	To be completed by 31 st July 2013. This will build on the existing information available on the			Children's Services and Partners

organisations such as GPs, Children's Centres, Health Shops, Voluntary Organisations, Hospitals and Schools.	website www.cwdsi.co.uk and the 4All Magazine.			
--	---	--	--	--

Theme 5: To improve employment opportunities for young people with disabilities and inspire a generation.

We think that the most important priorities of this theme are:

- To ensure that all children with a disability and/or sensory impairment are able to reach their full potential through education, training and employment
- To Aim High for children with disabilities focusing on what they can do and not what they can't.
- To build on the success of the London 2012 Paralympics and the 'Live and Learn like a Champion' project celebrating the 7 Olympic and Paralympic values of Friendship, Respect, Excellence, Equality, Courage, Determination and Inspiration.
- To consider the added 'social value' that we can get out of our Public Sector contracts in terms of employment/training opportunities for young people with disabilities.
- To work with local businesses and employment agencies to develop opportunities for children with disabilities to undertake work experience, to develop opportunities for apprenticeships and to provide mentoring to ensure readiness for work.

Why this is important

It is recognised that 'many of the problems faced by disabled adults and children are not caused by their conditions or impairments, but by societal values, service structures, or adult behaviour' (Marchant and Jones 1999).

The London 2012 Paralympic Games had a significant impact on British society. Research ahead of the Closing Ceremony found:

- 1 in 3 UK adults changed their attitude towards people with an impairment;

- 65% agree the Paralympics delivered a breakthrough in the way people with an impairment are viewed in the country – up from a 40% expectation in June 2010;
- Eight out of ten (81%) British adults thought the Paralympics had a positive impact on the way people with an impairment are viewed by the public;
- The Paralympic Games is about ability, not disability – and is a measure about what people can do, not what they can't do

It is essential that we build on this legacy in the coming years, recognise the abilities and potential of all of our young people with disabilities and/or sensory impairment and support them to reach their aspirations and potential.

It is important that Public Sector bodies are getting the best value for money including in their policies clear reference and judgement criteria about local social impact, with particular reference to the promotion and investment of work/training opportunities for marginalised groups, including young people with disabilities.

Outcome Measures

Priority	Measure	Ref*	Number	Responsible Agency
Aim high and raise expectations - this includes an assumption that young people with a disability will go into employment	Employment for those with a long-term health condition including. those with a learning difficulty/disability or mental illness	PH	1.8	Children's Services working with partners
	Percentage of 16 - 18 year olds with disabilities not in education, employment or training (NEET) – (Note: currently data that is collected, but not published)	PH	1.5	
Ensure public sector bodies are getting the best value for money with particular	Percentage of young people with disabilities securing paid employment			Children's Services and Adult Social Care

reference in policies to the promotion and investment of work/ training opportunities for marginalised groups, including young people with disabilities	Percentage of adults with disabilities securing paid employment			
To work with local sporting organisations to provide maximum opportunities for children with disabilities to take part in sports	This will build on the success in Lincolnshire of having more Leisure Centres accredited with the Inclusive Fitness Initiative than any other county of a similar size in the country; a successful Wheelchair Sports programme; an Adapted Bike Rental Scheme and many clubs catering for those with disabilities.			Children's Services, LCHS and Lincolnshire Sports Partnership