

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Simon Jenner, Principal Educational Psychologist, Blackpool Council
Relevant Cabinet Member	Cllr I. Taylor, Cabinet Member for Children's Services
Date of Meeting	3 rd September 2014

DISABLED CHILDREN'S CHARTER

1.0 Purpose of the report:

- 1.1 To update the Board on the Disabled Children's Charter (signed by the Board 3rd July 2013) and to agree to sign the Charter for the next twelve months.

2.0 Recommendation(s):

- 2.1 To note the progress made since the 2013 Charter was signed.
- 2.2 To agree that the Chairman on behalf of the Board signs the Disabled Children's Charter for the next twelve years.

3.0 Reasons for recommendation(s):

- 3.1 By doing the actions above Blackpool will demonstrate a commitment to meeting the needs of disabled children/ young people.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes
- 3.3 Other alternative options to be considered: Not to sign for the next twelve months.
Not to sign the charter.

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Tackle child poverty, raise aspirations and improve educational achievement
- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged
- Create safer communities and reduce crime and anti-social behaviour
- Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

5.1 Progress on the Charter since July 2013 (when signed by the Board) has been intrinsically linked with work to prepare locally for the council and health bodies to meet the requirements of the Children and Families Act 2014. Section 3 of this Act relates to new systems to work with children / young people with Special Educational Needs and/or disabilities and their families.

5.2 Each commitment will be commented on in turn.

1. “We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.”

It is difficult to accurately map every disabled child and young person since this depends on either the child, or parents, revealing this information in some cases. The Local Offer is a new statutory requirement on local authorities from 1-9-14. This site is being developed and will list all local support mechanisms available for children/ young people with a disability and/or SEN and their families. The age range covered will be 0-25 years.

2. “We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board”

The work around the development of the Local Offer, and other approaches for the Children and Families Act work has involved children and young people. An example is a DVD of their views that has helped inform policies and plans.

3. “We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board”

Parents have helped co-produce all local policies and plans relating to the Children and Families Act. They have been involved in all work streams and two large scale consultation events have occurred. New monitoring arrangements fully involve parents and local parent charities.

4. “We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account”

There is an overall strategic policy relating to SEN and disability. The monitoring of this is linked to the Children and Families Act work. After the implementation of the changes work will need to occur to ensure that close links occur between agencies (for instance via the new commissioning board) to monitor outcomes against specific targets.

5. “We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people”

Work is occurring in this area with the development of a new transition strategy. New processes are already in place. An example is the appointment of a post 16 SEN Officer who is involved with transitions for education placements from year 9 onwards.

6. “We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners”

7.

There has been a great deal of work in this area. An example is the new joint commissioning strategy between health and the local authority relating to children and young people with SEN and/or a disability. Work in this area will need to continue in 2014/15, for example in making assessments even more joined up. Services for children with sen/disability relating to social care and education fall within one management structure.

No

8. “We provide **cohesive governance** and leadership across the disabled children and young people’s agenda by linking effectively with key partners”

The Children and Families Act work has enabled management structures and joint plans to be developed (for instance joint commissioning/ healthy lifestyles group). These will need to be further refined during the course of 2014/15

Does the information submitted include any exempt information?

5.3 List of Appendices:

Disabled Children's Charter

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 That disabled young people and children are treated with respect and have their rights met.

9.0 Financial considerations:

9.1 Actions are met within current financial resources and those committed by central government to changes in SEN and disability legislation for the next two years.

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Actions relating to the Children and Families Bill/ Act have involved co-production of plans with schools, the council, health bodies, parents of children/ young people with SEN and/or disability and the children/ young people themselves.

13.0 Background papers:

13.1 None

