ANNEX A

Gloucestershire County Council

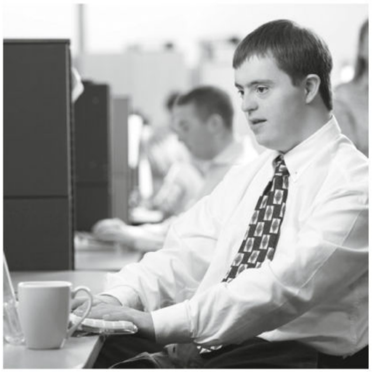
Building Better Lives Policy

2014-2024

New directions for people with a disability in Gloucestershire

VERSION AMENDED AFTER CONSULTATION

Proposed changes are highlighted in yellow



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BUILDING BETTER LIVES POLICY 2014-2024
NEW DIRECTIONS FOR PEOPLE WITH A DISABILITY IN GLOUCESTERSHIRE

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Section 1: Executive Summary

The purpose of this policy document is to set the direction for the provision of education, care and support to people with a disability in Gloucestershire over the next ten years. Even more than this it contains the hopes and aspirations of people with a disability to have better lives and opportunities in their own community in which their value and contribution can be truly acknowledged and recognised. This is not a policy just for people with a disability. On the contrary it must rally each and every citizen of Gloucestershire to examine their own attitudes, expectations and actions with respect to how they respond to people with a disability. People with a disability need others to re-examine their assumptions, to challenge their prejudices and to arrive at a place where all strengths and differences are fully embraced and valued. There is no longer a reason to segregate people based on the nature of their disabilities; we are part of the same community, we all bring our strengths and our limitations and we trust that we can be supported to learn and grow in every aspect of our life and at every stage of our life.

Building Better Lives describes the drivers and context behind adopting such an all age and all disability policy to the provision of disability support in the county. It has been developed taking into account the national policy context, local perspectives and best practice principles about the structure and design of services.

A group of people with learning disabilities who have successfully secured employment, 2013

Section 2: Introduction

People with a disability in Gloucestershire are integral to the current and future growth of the Gloucestershire economy and the prosperity of its communities. ‘Fulfilling Potential: a deeper understanding of disability in the UK today’ (Department of Work and Pensions - 2012) identified the remarkable impact that people with disabilities have nationally with 3 million people with a disability either in jobs or working for themselves. Eleven million people with disabilities are covered by the Equalities Act 2010 but 5 million claim no benefits at all. The overall spending power of people with a disability is estimated to be £80 billion per year nationally.

Attitudes to people with disabilities are changing. Barriers are systematically being removed making it less difficult for people with a disability to lead full and meaningful lives along with other people in their community. Employers are more willing to recognise the contribution to be made by people with a disability and managers in workplaces look for ways to include people with a disability so they can take up their rightful place in the workforce. It is clear and fundamental to this policy that employment for people with a disability needs to be front and centre as part of any new support system for people with a disability. Ensuring that people with a disability are being included in employment opportunities must be a front door responsibility of any new system being put into place. For too long employment initiatives have been an ad hoc arrangement of programmes appearing to have a ‘scatter-gun’ effect. It’s time to make employment central to the system rather than a series of events. This will involve partnerships with DWP and other agencies but it is clear that all the systemic barriers to employment for people with a disability must end and this endeavour is central to Building Better Lives for people with a disability.

Moreover these changes within our communities are being led by people with a disability themselves. People with disabilities are clearly telling us what they want and demanding fairness, equity and opportunity so that they can take their place in the world. No longer willing to passively accept the life designated to them by the label they have been given and the decisions made for them rather than with them, people with a disability are voicing their increasing expectation of independence and inclusion in every aspect of life.

Some people with a disability may belong to other cultural groups in the community. Sometimes as members of black, minority ethnic groups or newly arrived communities their milieu may have its own norms, precepts and attitudes to disability which needs to be sensitively considered and respectfully approached in how they are engaged with this strategy. Indeed the need for inclusion and as with other needs must be planned in a person centred way to accommodate and embrace these very differences.

If we accept that people with a disability have a significant contribution to make in the economy, in the arts and leisure, in community participation, in sports and in every aspect of life then at some point local government must look at itself and ask the basic question: Are we fit for purpose in assisting people with disabilities to claim their full and rightful place as citizens in all aspects of life?

This policy paper sets out to find the answer to that question and to position the council and its partners to be ready, willing and able to face the answer to this question in being prepared to make necessary changes to make that answer a reality.

As part of the consultation what was heard time and time again was people wanting more than statements and leaflets and nice looking web sites. People wanted to see action. People wanted to see change. People wanted to see leadership from the key partners at the table. How does Gloucestershire County Council intend to increase the numbers of people with a disability working for them? How will the procurement practices change so that those involved as contractors include people with a disability in their hiring plans?

People want to believe in the new approach, people want to live in more inclusive communities but they want to see evidence from political and administrative leaders that they mean business and they want to see those changes committed to publicly.

Section 3: Environmental Scan

a. TERMS AND DEFINITIONS: What do we mean by people with a disability?

There is no one consistent criteria which clearly defines a disability. Although challenged by people with a disability, definitions used in legislation all use a 'medical model' of diagnosis and description of impairment. A social model of disability is a very different approach and recognises that people have various characteristics but are disabled by the world around them – attitudes and physical barriers – rather than being disabled by being the person they are.

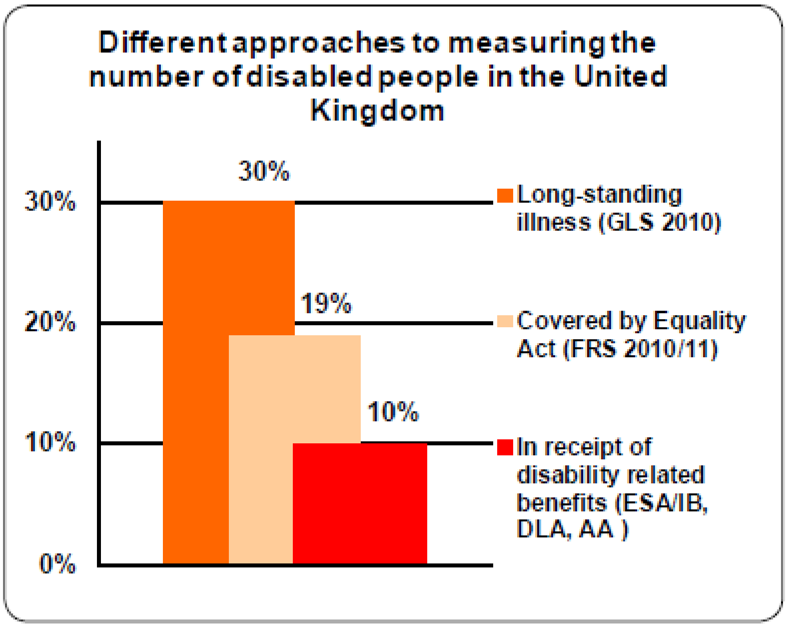
Definitions also vary depending on who is collecting the information and what they require it for; for instance the criteria used by GPs, Public Health and census collectors all differ.

Definitions of what constitutes a learning disability, physical disability, mental health issue, special educational need and being a child with a disability are also not entirely consistent and bring further difficulty to the task of identifying trends and demand.

Eligibility criteria (such as FACS – fair access to care services) used by councils for assessments and services add a further layer of complexity.

Further definitions are to be found in the Equality Act 2010. Information about how the legislation defines the words 'substantial' and 'long term', plus about how a disability is defined differently to a 'progressive condition' can be found on the following website: https://www.gov.uk/definition-of-disability-under-equality-act-2010

The graph below (taken from '*Fulfilling Potential: Building a deeper understanding of disability in the UK today'*, Department for Work and Pensions, 2014) shows how the different definitions of disability affect the size of the identified population cohort with a disability.



b. People with a disability in Gloucestershire: what do the census numbers tell us?

The population in Gloucestershire

In 2011, **99,800** people in Gloucestershire reported to the Census that they had a long-term health problem or disability.

Of these, **43,300** had a condition that limited their day-to-day activities 'a lot', which could represent the potential number of people who might require care services from the council at some point.

Of the people whose condition affected their activities 'a lot':

→ **1,300** were children aged 0-15
→ **1,000** were young people aged 16-24
→ **15,500** were aged 25-64
→ **25,500** were aged 65 or above

This is the best overall picture we have about the population of people with a disability in Gloucestershire, although we are aware that the figures for people aged 65 include some older people with a disability which was acquired due to their age, and at whom this policy is not targeted.

Further analysis

Although the overall prevalence of disability in Gloucestershire at 16.8% was below the national level, it was higher than the level 10 years ago (16.1%).

The rates of disability also rose faster than growth trends in the general population (9.4% compared to 5.7%). The rising trend was largely due to a growing number of older people living longer with a long term illness or disability, which resulted in higher prevalence among the oldest age groups.

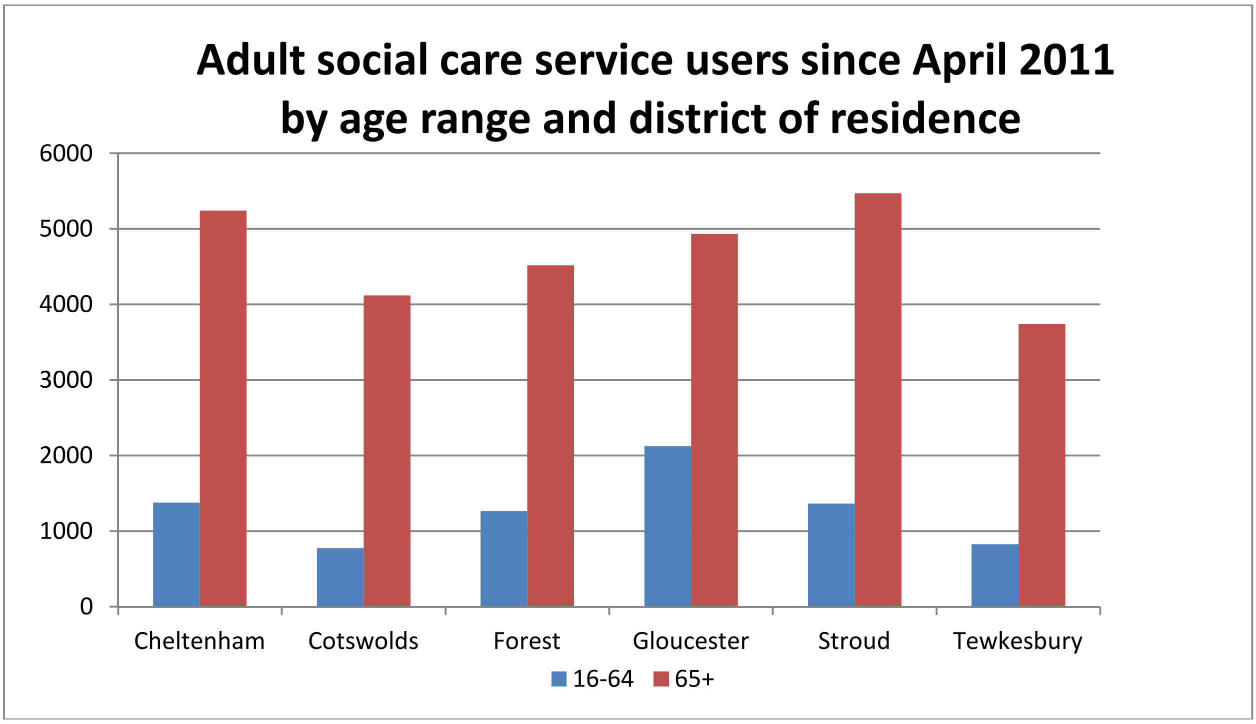
By contrast, prevalence of disability among the under-75s in the county actually fell. Among those who had a condition or disability that limited their day-to-day activities 'a lot':

- The male to female ratio changed from 1.8 : 1 among children to 0.7 : 1 among those aged 65+

- The vast majority were of white ethnic backgrounds (97.3%), which was broadly in line with the county's ethnic structure

- 4,500 of those aged 16+ were in employment. Another 9,600 people were economically inactive because of a long-term illness or disability, representing an inactivity rate of 22.8% which was well above the population average of 2.8%. An additional 450 people were unemployed

- There were wide health gaps between neighbourhoods. Prevalence of highly limiting disability or condition exceeded 10% in 9 of the council wards (the county rate was 7.3%). They were Coleford Central, Podsmead, Kingsholm and Wotton, Tuffley, Shurdington, Mitcheldean and Drybrook, Lydney East, Badgeworth, and Newnham and Westbury. This compared to 2.5% in Ashchurch with Walton Cardiff.



The Online Pupil Survey 2012, a survey of pupils between 8-17 years, further suggested that children and young people with a disability were less likely to plan to continue their education or training, less likely to feel safe at school, at home or from crime, and were more likely to have experienced bullying, self harm or known of/experienced domestic abuse.

c. Health data on people with a disability: what does GP data tell us?

GPs do not hold a single register of all patients with disabilities but registers of individual conditions and disabilities can be used as indicators of the levels of disabilities and long term conditions in the county as compared to general trends in the UK. As with any health data, it should be noted that the register is partly dependent on how likely clinicians (and patients) are to diagnose and recognise certain conditions, and many less obvious conditions can go undetected for entire lifetimes.

According to GP data for the year 2012/13, the overall reported disability prevalence in Gloucestershire was similar to national levels.

- In sensory disability, the county's reporting rate of blindness/severe visual impairment and deafness/severe hearing impairment are 0.9% and 4.1% respectively, compared to the national averages of 1.1% and 4.0%.
- There is no direct measure of physical disability.

- For mental health issues, Gloucestershire is better than the national picture except for conditions relating to older people, as the county has a higher older age profile than the national average. For instance, the county rates for depression and long term mental health problems are 5.5% and 4.2% respectively, lower than national rates of 5.8% and 4.5%.
- The county figure for recorded dementia is 0.7% of all people, marginally above the national rate of 0.6%.
- In learning disabilities, 0.6% of all adults in Gloucestershire have the conditions recorded by GPs, compared to 0.5% nationally.

d. Children and adult service users with a disability

The data suggests that the majority of people with a disability do not access services from Gloucestershire County Council. This section analyses information held by Gloucestershire County Council.

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i) Disabled Children and Young People[1]:

There are about **480** children and young people with disabilities in Gloucestershire known to the Disabled Children and Young People's care service. Between 2010 and 2014, over 1,000 other children have received a service.

There is a clear need to improve the recording of and access to data about disabled children and young people in the council to develop a better understanding of this group of service users.

ii) Children with Special Educational Need (SEN):

2,262 children in Gloucestershire schools (around 3% of the school population) currently have a statement of special educational need. Just over 1,000 have places in special schools (either within the County or in a specialist/ independent school); the remainder are in primary and secondary schools. A further 11,625 children have an identified special educational need of some kind but do not have needs that warrant a statement.

Although there is significant overlap between SEN and disability, there are many children who have an identified special educational need but who are not disabled and vice versa.

Schools have the primary responsibility for meeting educational needs and have funding delegated to them to meet those responsibilities - £23.8m to mainstream schools with funding for all specialist placements and support being met from the High Needs Block of the Dedicated

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[1] A Gloucestershire Joint Strategic Needs Analysis (JSNA) for children with special educational needs and disabilities 0-25 is being developed as one strand of implementing the SEN and Disability reforms under the Children and Families Act 2014. This JSNA is not yet available for publication.

Schools Grant. Statutory guidance in the form of the SEN Code of Practice governs how schools and the local authority assess and meet special educational needs.

Following the delegation of funding to schools in 2001/2 and 2002/3, the number of pupils with statements of educational need has fallen each year since 2003 until 2009/10 when it stood at 2,081. It has increased each year since to **2,262** in 2012/13.

The greatest change since 2003 has been for the 11-15 age group, a reduction of 26.5%, or 437 fewer statements. The largest proportional change has been for 16-19 year olds, with a 78.9% increase or 60 additional statements. The increase for the under-5s was 56% or 28 more statements.

Of those with statements in 2012/13, the largest proportion (43.7%) related to cognition and learning difficulties. Another quarter of statements (24.3%) related to communication and interaction needs, 19.4% to behaviour, emotional and social development needs, 9.9% to sensory and/or physical needs and 2.7% to other needs.

Over half (55%) of children with a statement are aged 11 or above, 41% are aged 5-11 and 3% are under 5. The greatest variation in type of need by age range occurs in the ‘communication and interaction’ and ‘behaviour, emotional and social development’ categories. In the ‘communication’ category, 19% of those aged 0-5 are in this category, compared to 28% of the 5-11 group and 22% of the children aged 11+. In the ‘behavioural’ category, only 4% of 0-5 year olds with a SEN statement are in this category, rising to 15% of 5-11 year olds and 23% of those aged 11+.

iii) Care Leavers:

In the current cohort of care leavers who are receiving leaving care support from the council, **40** are known to have a disability.

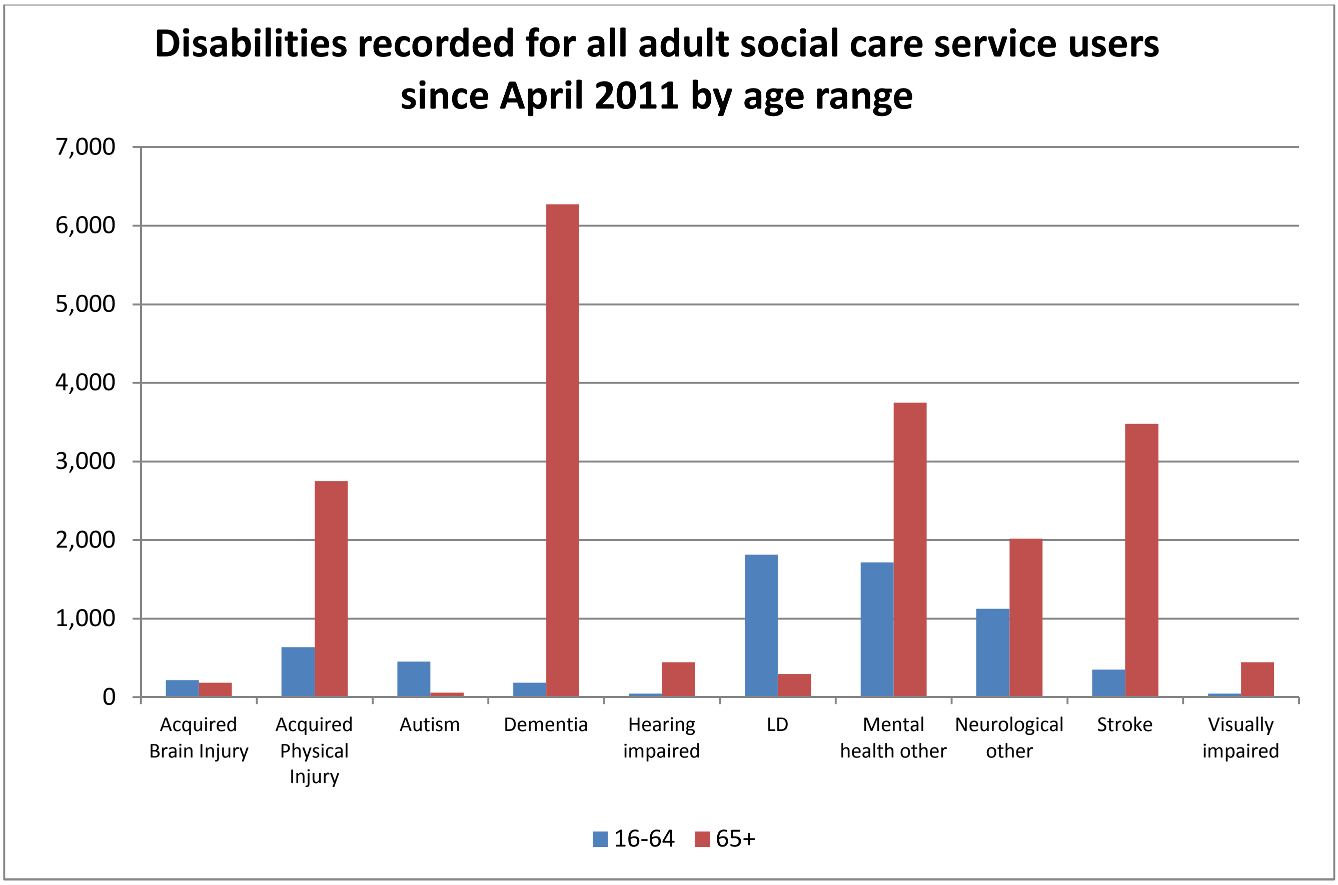
This represents 13% of the cohort, with age ranging between 18 and 25. The most common types of disability among this group of service users are learning disability (35%) and autistic spectrum condition (30%).

iv) Adult Care Service Users

In January 2014 there were **3,618** service users (from all disability areas) aged 18-64 receiving social care services (including reablement and other short term services).

Of these:

- 36% (1,319) had a primary care need of Learning Disability
- 50% (1,825) had a primary care need of Physical Disability
- 5% (169) had a primary care need of Mental Health
- 9.4% of these are aged 18-25 (340 people)



Physical Disabilities

The collection system used in physical disabilities at the moment does not allow us to accurately track this population group sufficiently to extrapolate further trends. This has been identified as an extremely important area for development.

Adults with Mental Health issues

243 people are funded from the adult mental health community care budget.

Approximately **2,784*** individuals receive support from specialist mental health teams that have an integrated Social Work function.

Out of those 2,784 people approx:

- ❑ 179 receive supported accommodation.
- ❑ 191 receive specialised employment support.
- ❑ 243 receive a funded social care package.

**This number excludes people with organic disorders, learning disability, Eating Disorders, Criminal Justice Liaison, eating disorder liaison and inpatient services*

Children with mental health issues

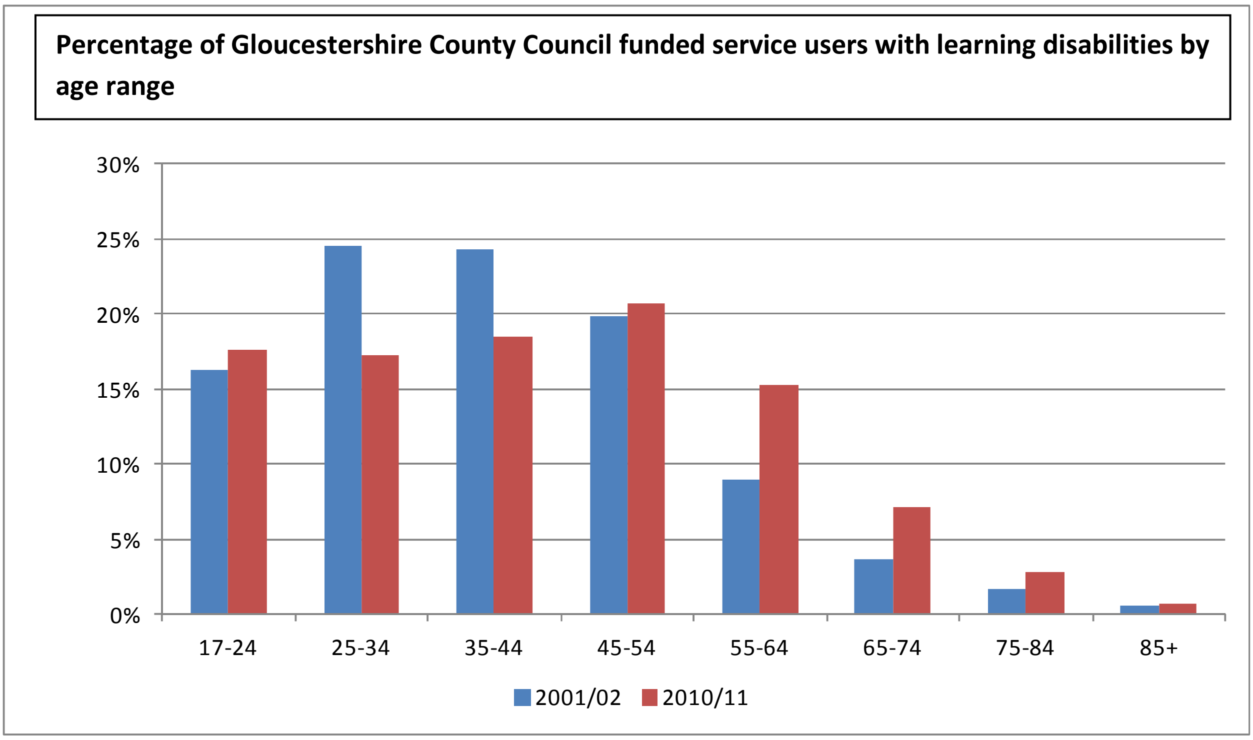
Data from the 2gether Trust indicates that there are 287 children on the Children and Young People's Service (CYPS) caseload with a mental health issue.

Their current average monthly referral rate is 11 new referrals a month.

Learning Disabilities

Gloucestershire has a population of adults with a learning disability known to GPs of 5.8 per 1,000. This is significantly above both the national and regional averages, in part due to the significant population of people with learning disability who has been placed in residential care or supported living by other authorities.

Data suggests that the employment rate among adults with learning disabilities has improved in the past two years. In 2011/12, 115 adults with learning disabilities known to Gloucestershire social care services were in paid employment (6.7% of the total). The number rose to 190 (12.1%) in 2012/13. Among adults known to Gloucestershire secondary mental health services, 120 were in paid employment (7.8% of the total) in 2011/12. Comparative figures for 2012/13 are not yet available.



Percentage of Gloucestershire County Council funded service users with learning disabilities by age range

e) Council expenditure on disability

When combined, the budgets for adults and children with disabilities total **£81.9** million. This represents 20% of all council expenditure.

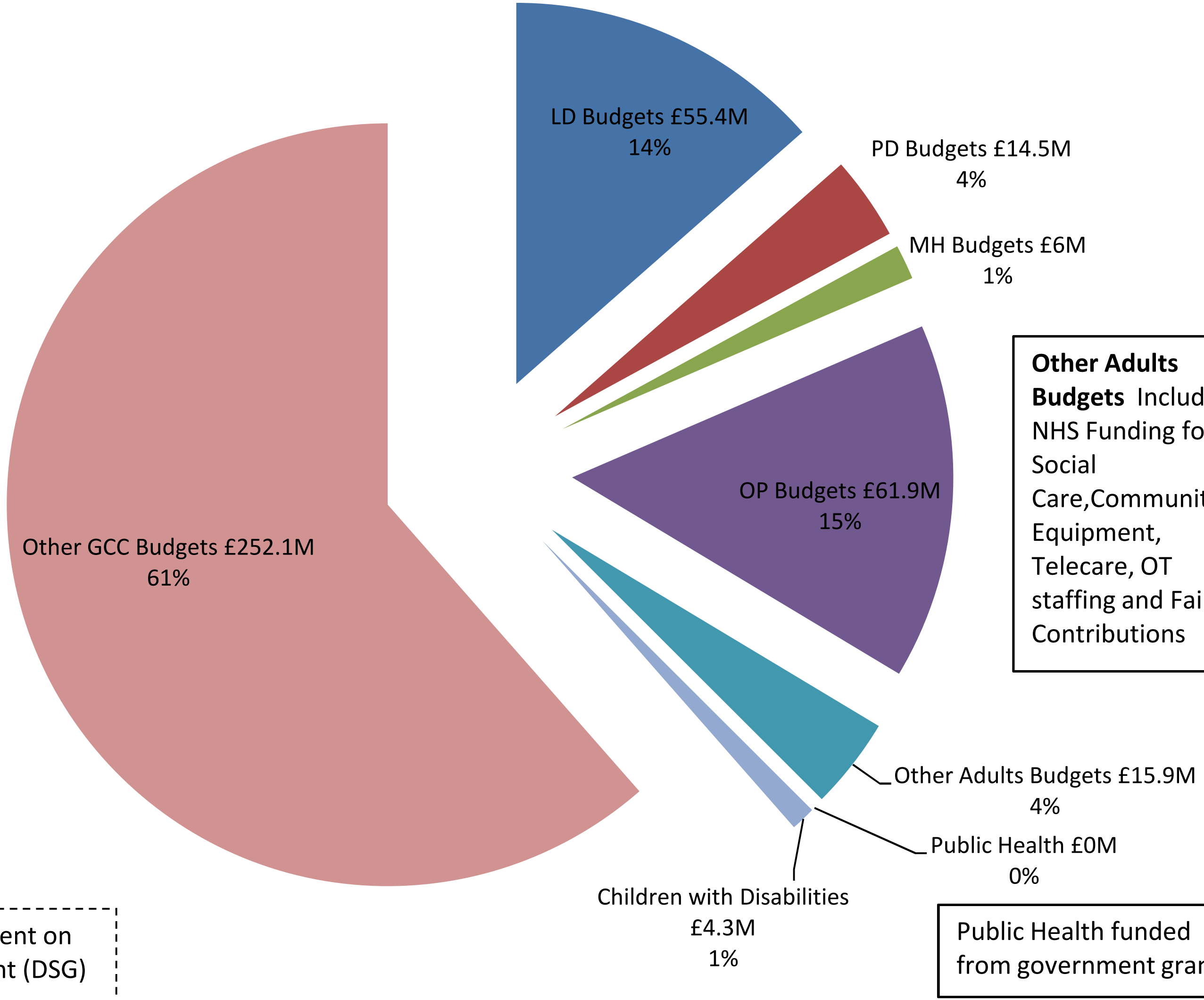
The graph on the next page shows further information in relation to council's expenditure and a greater level of detail in service areas.

Disability Budgets 2014-15 in Proportion to whole GCC Budget

Adults Budget £153.7m (37.88% of total GCC budget)

Adult Disabilities Budgets £75.9m (49.38% of total Adults Budgets)

Adult & Children Disabilities Budgets £80.2m (19.76% of total GCC budget)



Other Adults Budgets Include NHS Funding for Social Care,Community Equipment, Telecare, OT staffing and Fairer Contributions

Public Health funded from government grant

A further £74.9million is spent on the Dedicated Schools Grant (DSG)

f) Predictions and forecasts around future demand

i. The population of people with a disability

Applying the current county levels of prevalence of ‘disability that limits day-to-day activities a lot’ to the projected population, it is expected that the biggest growth in the population with a very limiting disability or condition will be among those aged 65+.

This population is expected to rise by 22.6%, between 2011 and 2021.

According to trends analysed by the Gloucestershire County Council Performance Team, the number of children aged 0-17 with a disability is projected to rise by 10.5% and the number of working-age adults, by 4.1%.

ii. Children and young people with disabilities

It is difficult to predict future trends of babies and young children with disabilities.

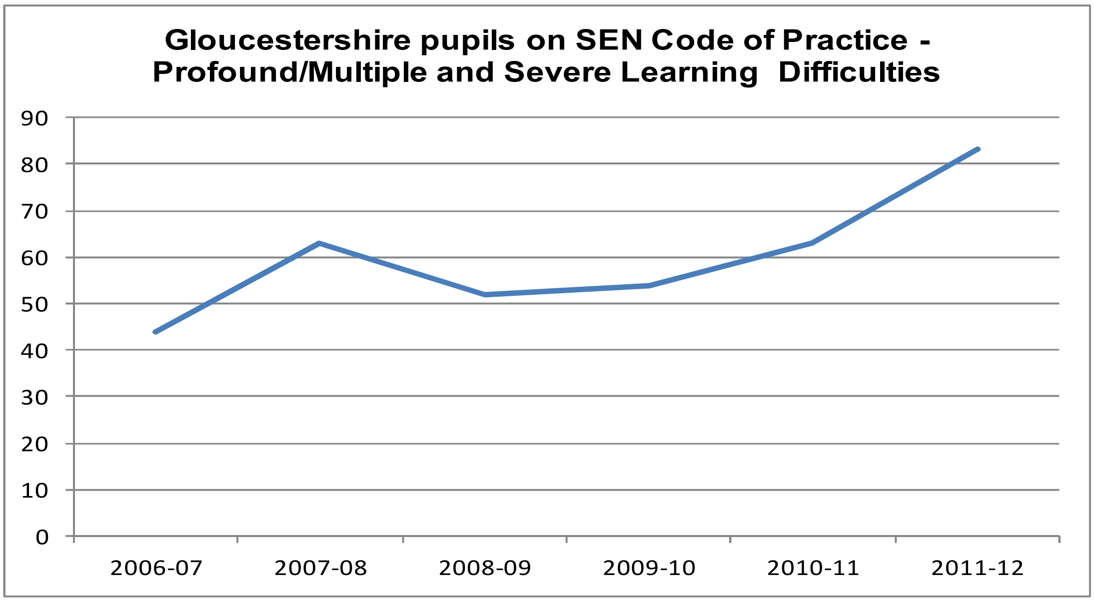
Previous Census data suggested that the proportion of babies and young children aged 0-4 having a long-term illness or disability almost doubled between 1991 and 2001, from 1.4% to 2.7% (2011 data are not yet published).

Main factors expected to have an impact on the future numbers of children born with a disability are: rising maternal age; the expansion and improvement of antenatal screening, improving survival rate of pre-term babies, and the future prevalence of smoking, drinking and drug use during pregnancy. Increasing awareness and diagnosis of learning disabilities and emotional and behavioural needs are also expected to increase the future demand.

iii. Transition

Due to changes to the statementing process it is not currently possible to use today’s data to robustly forecast future numbers of adult social care service users from the data on children’s social care service users and those on the SEN register. The only SEN categories where the numbers of children with a statement at age 15 provided a reasonable basis for predicting future demand for adult services were ‘severe learning disabilities’ and ‘profound and multiple learning disabilities’. The trend over the last 10 years for this group suggests that the numbers of young adults with learning disabilities will rise in the near future.

One of the outcomes of the Special Education Needs and Disability programme intends to facilitate such forecasts by improving the link between children and adult data. Additionally, the Children and Families Bill 2013 requires services to join up and plan for integrated and long-term provision for young people from birth.


Gloucestershire pupils on SEN Code of Practice - Profound/Multiple and Severe Learning Difficulties

iv. Adults with disabilities

Assuming that the prevalence of the adult population requiring adult care services remains unchanged, the overall number of adult social care service users is expected to increase by 8.2% between 2013 and 2018 due to population changes. This does not take into account any changes in commissioning practices.

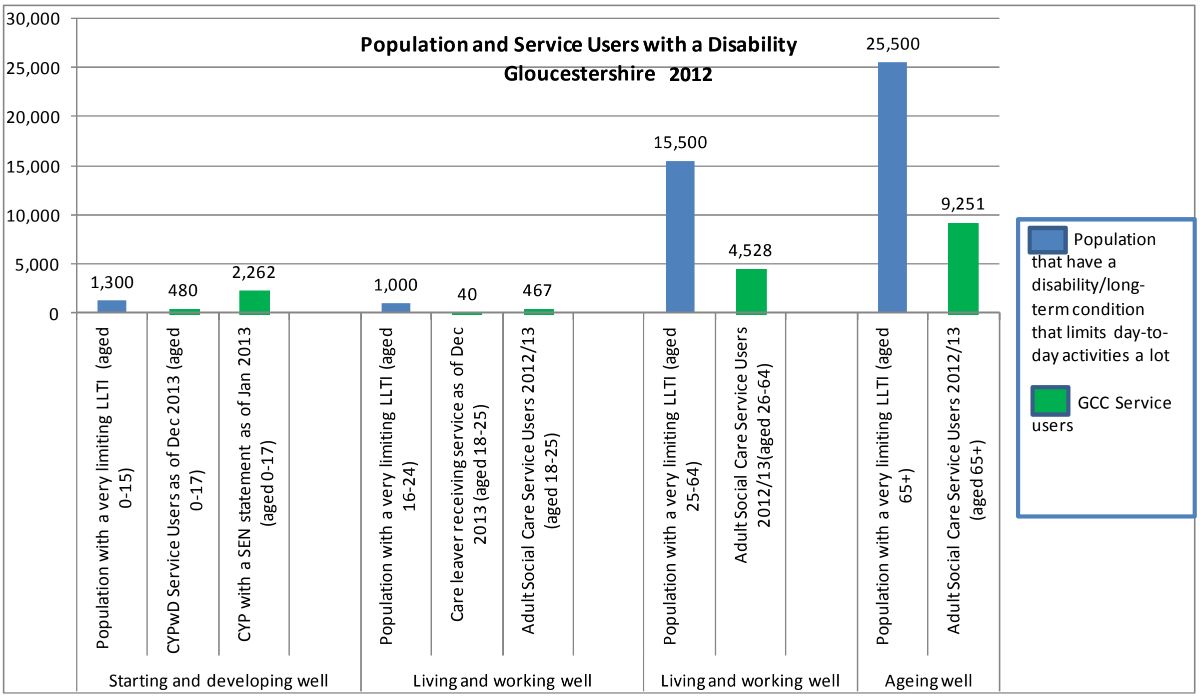
For the 18-25 age group, the number is expected to reduce, by 2.9%.

Service users in other age groups are expected to increase, by 1.4% in the 25-64 age group and 12.1% for those aged 65+.

The implementation of the Dilnot proposals will have additional implications for demand. There is likely to be a substantial increase in the number of assessments and reviews of the needs of adults with physical disabilities and mental health problems. For older people this could represent an increase of 40 to 50% in the number of initial assessments and reviews.

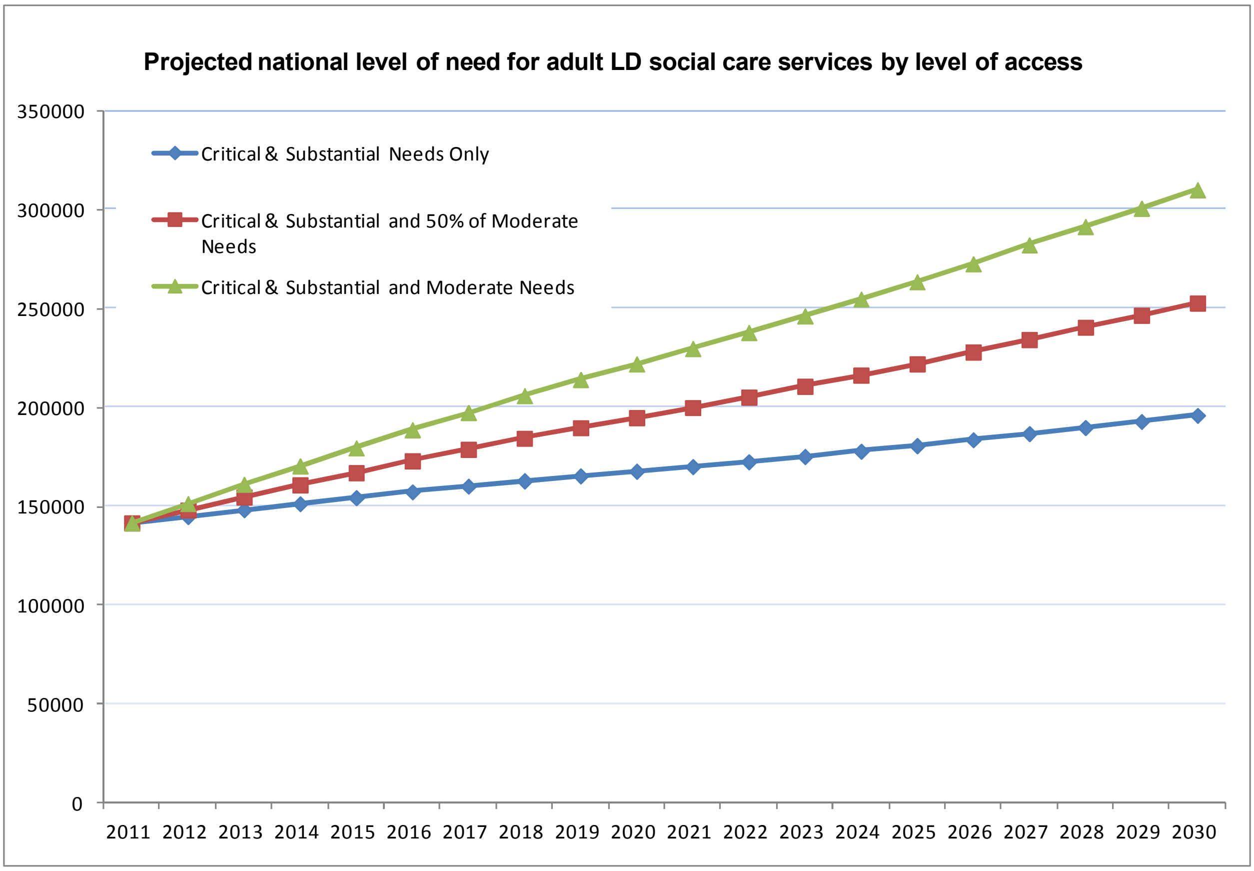
There is also a potential increase of about 15% in the number of working-age adults with physical disabilities receiving council-funded services. There is currently a lack of reliable data relating to people with mental health problems.

For people aged 65+, the main effect would be on residential care with a potential pressure in the overall social care budget of 10% in 2020. For adults with learning disabilities there is unlikely to be any significant increase in demand as most adults with learning disabilities already meet the social care financial eligibility criteria.



Adults with a learning disability

Think Local Act Personal, which is a national social care initiative; predict that the number of working-age adults with learning disabilities will rise by around 30% over the next 20 years.



g) General Conclusions from the Environmental Scan

From this variety of data and information a number of questions can be asked and some conclusions reached. Overall there is still more to be explored and understood about the population of disabled people in Gloucestershire, This current analysis may help to inform the requirements for the Joint Strategic Needs Assessment in terms of additional information and data that could be helpful for future planning. Overall based on both this information and the experience of practitioners in the field we may point out the following conclusions with more certainty;

i. There is a growing population of premature births leading to an increase in the population of high medical needs infants.

ii. As the population ages overall there is an increase in the numbers of older people reported to have long term conditions and disabilities.

iii. The rising populations across all age groups with higher level needs cannot help but fuel and exacerbate a continuing pressure on financial resources available to serve these groups of people with disabilities.

iv. Improved medical techniques will continue to increase survival rates at birth and to create issues of sustainability in a system already struggling to cope within limited resources.

These conclusions help to paint a picture of a system beset with both growing demand and shrinking resources. Expectations for services have continued to rise giving some the impression of a ‘system under siege’. New thinking and new direction is required to establish a framework for services within sustainable resources and with the ability to value the capacities and strengths of people with a disability to assist in the solutions for change and transformation.

Section 4: Drivers for policy change

a. The Care Act 2014 and the Health & Social Care Act 2012

The Care Act 2014

The Care Act, which gained royal assent on 14th May 2014, simplifies, consolidates and improves existing legislation. The Act contains clauses on long-term social care funding and includes a cap on the amount that individuals will pay over the lifetime in care costs. These are an indication that the Act may have an impact on eligibility requirements for all aspects of services to vulnerable adults and this will have to be considered in future planning for services to people with a disability (Dilnot). It covers recommendations from the Francis report and emphasises integration between health and social care.

The Act focuses on the role of prevention and early intervention, the integration of care and support and the duty of local authorities to create a diverse and high-quality service market of providers. It emphasises the need for local authorities to carry out support planning and offer personal budgets and direct payments. It also focuses on the transition from children to adult services as a priority area for improvement.

The Act promotes ways of working which view people in a person-centred manner, consistent with many of the principles articulated in this policy paper.

Health and Social Care Act 2012

To meet current and future challenges, the Health and Social Care Act 2012 created an independent NHS Board, promoted patient choice, and sought to reduce NHS administration costs.

Additionally, the Act introduced:

- Assurances about the safety and quality of care for patients and service users.
- An increase to GPs' powers to commission services on behalf of their patients
- A strengthened role of the Care Quality Commission as the integrated regulator for health and adult social care
- Monitor, the body that currently regulates NHS foundation trusts
- A decrease in the number of health bodies, including abolishing Primary Care Trusts and Strategic Health Authorities.

The Health and Social Care Act 2012 puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health.

The Act emphasises the requirement to work in a joined-up way with patients and service users which is a fundamental aspect of this policy paper.

As the implementation of the Welfare Reform Act 2012 begins, it will be imperative to promote and implement the use of personal budgets (direct payments or managed budgets) in order to control the way in which people are supported to live fulfilling lives. We will have a clear objective to increase the use of this; and particularly the use of ‘real’ personal budgets rather than ‘notional’ budgets and other set-up arrangements which do not give the service user full control.

b. Children and Families Act 2013

The Government states that ‘our vision for children and young people with special needs is the same as for all children and young people – that they achieve well in their early years, at school and in college; lead happy and fulfilled lives; and have choice and control.

The special needs reforms will implement a new approach which seeks to join up help across education, health and care, from birth to 25. Help will be offered at the earliest possible point, with children and young people with special needs and their parents or carers fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.’

From September 2014 the Children and Families Act will place new statutory responsibilities on, and give new powers to, local authorities. Most importantly, local authorities will have to:

- Work with health and social care colleagues jointly to commission services to deliver integrated support for children and young people with Special Educational Needs and disabilities aged 0-25.
- Consult children, young people and their parents, and cooperate with a range of local providers across education, health, social care and voluntary sector partners to deliver the new system, including post-16 education providers such as further education colleges and training providers.
- Work with local partners, parents and young people to co-produce and publish a local offer of SEN services and provision to assist young people in finding employment, obtaining accommodation and participating in society.
- Provide a coordinated education, health and care assessment for children and young people aged 0-25, and new Education, Health and Care (EHC) plans that will replace the two existing systems of SEN statements (in schools) and Learning Difficulty Assessments (in further education and training).
- Offer those with EHC plans the option of a personal budget across education, health and care services.
- Consider the transition from children’s to adult services and whether to use a new power to provide children’s services to young people over 18 to smooth their transition.

In order to meet the requirements of the Children and Families Act it is evident that the council and its partners must change their approach and operational practice. As the Act affects young people until the age of 25, it offers new opportunities for working across adult and children’s services. We cannot implement the new Education, Health and Care planning process without a close partnership between Children’s and Adults services , so that the all age approach will start being something that young people with disabilities and their families are building with us.

Gloucestershire County Council's Special Educational Needs policy requires SEN policy and practice in Gloucestershire to be governed by principles which are consistent with the SEN Code of Practice. The principles include a commitment to identifying and meeting special educational needs as early as possible, offering special school places when appropriate but protecting parents' entitlement to mainstream education, meeting the special educational needs of learners in Gloucestershire whenever possible, planning services on a multi-agency basis and in partnership with parents, using an outcome-based approach to evaluating the effectiveness of provision and support services and ensuring that educational provision is of high quality.

c. Equalities Legislation

The Equality Act 2010 sets out the responsibility of Council when developing policies to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Act; also to have due regard to the need to advance equality of opportunity between people who share a protected characteristic and those who do not share it; and the need to foster good relations between people who share a protected characteristic and those who do not. The Equalities legislation is fully incorporated into the Council's thinking and a full due regard statement is available for this proposed policy.

d. Think Local Act Personal (TLAP)

Think Local Act Personal is a national, cross sector leadership partnership focused on driving forward work with personalisation and community-based social care. They published a partnership agreement in January 2011.

TLAP believe that services and support should be:

- More personalised according to the needs and wishes of the people who use them
- Provided in ways that help people to be active and contributing members of supportive communities.

TLAP articulate that to do this we need to work to change some of the systems, processes, practices and cultures that have developed over the years around helping people access care and support - building on the good things and changing those that get in the way of personalisation.

We need to ensure that the policy we follow is consistent with these aims, that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning.

It is also important for our policy development to be informed by the most recent research which TLAP has carried out around effective commissioning by councils in the current economic climate. The *'A Problem Shared: Making best use of resources in adult social care'* report and accompanying toolkit aim to help political and managerial leadership in councils to tackle their responsibilities for delivering and developing care services by making best use of available resources to promote personalisation in a difficult and challenging context.

e. Gloucestershire County Council strategy

The Council Strategy 2011-15 sets out the overall vision of the Council which is to: *“Use the resources available to us to improve quality of life for Gloucestershire people”.*

The strategy is built on values that will help to steer us through the years ahead, including: helping communities to help themselves - giving power to local people and supporting them to take action.

This Building Better Lives policy ensures that people with a disability are fully included in this vision.

f. Learning Disabilities Strategy (The Big Plan)

This plan sets out what the Gloucestershire Joint Commissioning Partnership (the Partnership) through the Learning Disability Partnership Board wants to get from services over the next 5 years and why.

The vision is for: “*Gloucestershire be a leader in working with people with a learning disability and their carers to ensure inclusive communities where people with a learning disability experience choice, independence and the same rights as every other person.”*

The principles in the Big Plan are consistent with many of those described in this paper.

g. The Children and Young People’s Partnership Plan 2012- 2015

Children with disabilities are identified as a priority group within the current plan.

The plan’s vision is: “To ensure our children and young people thrive and reach their full potential; providing appropriate support for those families who need it most”.

The aims are:

Our vulnerable children, young people and families have an entitlement to Early Help; Targeted Interventions and for some, Intensive Intervention to:

Ø Enjoy the best start in life

Ø Maximize their capabilities and have control over their own lives

Ø Be safe from injury, exploitation and harm

We will work well together to provide right and timely effective intervention for vulnerable children and families as early as possible

http://www.gloucestershire.gov.uk/cyppp

The plan is refreshed each year to ensure our priorities are current, taking account of emerging agendas and the economic landscape. The four activity cards describe the Gloucestershire Children's Partnership intentions to improve outcomes for vulnerable children and families, reflecting the priorities in the Gloucestershire Health and Wellbeing Board Strategy

h. Looking backwards - The pigeon-hole approach to care

Social care, health and education services have often divided people up into categories of care or disability. People with learning disabilities had services separate to those with physical disabilities, mental health issues or sensory challenges. These approaches were often based on a model of care that was simply interested in the diagnosis of what the issue was and that was viewed as the basis for the intervention. Good practice today is about a personalised approach to care. It is less about the diagnosis and more about the individual needs of the person and a functional assessment of the impact of those needs on the opportunities for that person to lead a fully inclusive life.

In social care there is no legal requirement to divide people up by their disability diagnosis and children's services has never operated with this division Dividing people up and requiring them to use different doors tends to be done to make life easier for the organisation rather than for people themselves. It focuses on what people cannot do rather than on their strengths. The reality is that many people have either a dual diagnosis or a complex set of strengths and needs that may leave them between services and caught up in an argument about who will accept responsibility. This is not acceptable. Children and adults will continue to need to have access to relevant diagnosis-specific interventions, but these need not consign people to responses based on their 'label' rather than their personal needs and choices. New ways of working must be found that adopt the personalised approach and that lead to positive outcomes for the person with a disability.

i. Transition Issues

The current system described above divides people along the lines of the nature of their diagnosis (this is sometimes described as the 'medical model' of disability contrasted with the social model). Equally, authorities have tended to divide people based on their ages. Thus children's services were distinct from adult care.

An all age structure as proposed will not be able to remedy all differences in eligibility criteria, legislative requirements and nationally imposed differences between children and adults, but will provide a considerably better framework within which to support young people to navigate a complex process.

j. The Value of Coproduction

Best practice is increasingly focussed on the concept and implementation of coproduction. Coproduction is a way of working with people which allows them to take control of their planning process and to fully engage in determining what outcomes best meet their needs. For people with a disability and their families coproduction could mean even more. It's about using the extensive pool of talent and resources available to the person and/or family so that people with a disability (and families) can become supports and resources for each other.

Currently the system treats each person as a unit to be served rather than a partner in the design of their care or a deliverer of assistance in their own right. Yet, people with a disability and their families have much to offer each other in terms of advice, support and befriending. The current system really does not capitalise on these strengths and much potential coproduction is lost.

In order to make real change, with real people, we are committed to working within:

- → **Strengths Based Practice**

Traditionally social care interventions have operated on the basis of what's wrong with a person: focussing on what they can't do, what has to be done for them, what limitations they experience. The new voice of forward thinking practice is much more strengths based. It asks the important questions such as: what is this child's potential? What has this person got going for them? What skills and attributes do they have that we could build on? What supports could we give to enhance these skills and further a more inclusive life? How could these skills be used in the work place and used as opportunities for employment? How can we work with this child in a way that will increase their confidence, skills and independence in adult life?

- → **Building on family and community capacity**

We know that there are many groups and community associations active in the lives of people with a disability and their families. Often people (of all ages) with a disability have a whole network of both formal and informal networks of support. Sometimes there has been a reluctance to share responsibility for planning with people from 'outside' the system. Professionals sometimes find themselves taking over planning rather than supporting people and families to plan for themselves, giving other significant people and networks a voice and a capacity to lend a hand. When services take over, informal networks of support can be destroyed as bigger systems seize control. If we can learn to build on the family and community capacity that exists and to respect current arrangements and commitments we can move to a system which is more about shared responsibility.

K. The Autism Strategy 2014

The Autism Strategy of 2014 is a national strategy to improve services for people with Autism. It highlights that the goal of social care are to deliver personalised services that give each individual the right support to live a more fulfilling life. For people with autism support to make choices and having the right choices available is very important to them. Similarly the Autism Strategy maps out just how important the transition period is for people with Autism. The need to join up services is also a feature of this strategy. Much too has been written about the needs of high functioning people with autism and how sometimes employment services are not geared to helping them. All of these drivers are very much resonant with Building Better Lives.

Section 5: Seven Core Principles of the policy

There is a remarkable convergence around what people believe to be the key principles around which disability related support should be built. The following principles are considered core principles around all services for adults, children and young people with a disability.

1. Early Help

Children and young people with a disability and their families need to get off to a good start with access to information and support to be included in the community and developing skills right from the beginning.

2. Inclusion

All people with a disability, whatever their age, should be able to be fully included in all aspects of community living without exception. Such inclusion includes the ability and freedom to be part of the workforce.

3. Independence

People should be able to live in the community as freely as others, making best use of their skills, preferences and strengths to maintain their own lifestyle choices to the best of their ability.

All adults, children and young people with a disability should exercise their own choices over as many matters as they can and then have control over how those choices are put into effect.

4. Contribution

Children, young people and adults with a disability have the right to make their individual contribution to society as others do. Whether it's about learning, taking part in activities with others, paid work, volunteering or peer support each person has something unique to offer and any planning needs to facilitate how that contribution can be made.

5. Shared responsibility

Good practice means including informal as well as formal networks of support. It's about linking people into their community capacity rather than circling them with services. To do this, a significant cultural shift is required.

6. Personalisation through Choice and Control

Individually commissioned services need to respond to the expected outcomes for each individual and ensure that planning is personalised in every aspect.

7. Coordination of a whole-life approach

Instead of being passed to another provider at a certain age to receive essentially the same service, an individual should be able to receive continuous care wherever possible to reduce unnecessary disruptions in people's lives.

Section 6: Based on the core policy principles, what might the new direction for disability commissioning look like?

Introduction

It seems clear that if we are to tackle the impacts of disability on the lives of people in Gloucestershire effectively then we must extend our reach beyond the traditional services of social care, education and health. In order to change lives we must extend our world view to engage all aspects of economic, social and cultural life. Disabled children need to grow up feeling valued and included in the world around them, supported to experience excitement and aspirational challenge, and free from harassment and bullying. People with disabilities need employers to engage and consider what they have to offer. They need transportation links to facilitate their active inclusion by ensuring easy access at the right time and in the right place. They need libraries and leisure centres to welcome them in and ensure what is offered to one is offered to all. The new direction of travel must therefore embrace and include other facets of community; we must bring others along with us on this journey and challenge assumptions about whats possible for people with a disability.

Significant culture change is required in order to truly adopt this strengths-based form of working. We will need to challenge often ingrained and well-intentioned attitudes in order to be successful.

An all age disability model would be designed to ensure a speedy, proportionate and effective response when individual safeguarding issues arise for an individual child, young person or adult. In addition the issue of positive risk taking must be tackled head on. Often the issue of Safeguarding has been used as a blanket rationale for limiting the aspirations of people who are disabled. Such a risk averse approach typically begins with an early focus on deficits and the diagnosis of problems, then reinforced if children with special needs are segregated and 'protected' from any of the exposure to real life expectations that they may need to confront as they grow up. It is the furthest possible thing from true safeguarding. It maintains children and adults in a world of vulnerability where they are not exposed to opportunities to learn to manage risk safely or taught how to protect themselves. Real safeguarding comes from supporting each disabled person to be their own best advocate, and to manage risks. It's about giving them a voice, supporting them to surround themselves with friends and interested neighbours, it's about recognising them as full citizens with rights, freedoms and responsibilities which they understand and can uphold. The safety and well being of children and adults will always be our prime concern. The policy reflects the belief that the most fundamental building block of safeguarding is to ensure that people feel confident and valued, know how to access information and advocacy and know how to protect themselves.

Research suggests that no single county, country or community has it all right at this point in time. There is a very real opportunity for Gloucestershire to take the national lead in creating communities of disability competence. How would such a community be different than others not so equipped? All evidence points to more inclusive communities being better places to live and work, where no one is excluded from making the choices and decisions regardless of their disability and the severity or complexity of its' impact.

a. Early Help

i) A clear focus on children and young people getting off to a good start

Research clearly shows that investment in the early years is crucial to enable children and young people with Special Education Needs and disabilities and their families to achieve good outcomes.

To do this we need to:

- Deliver a strengths-based approach in all of our services which ensures we have high aspirations for children, young people and their families;
- Invest in early childhood development, recognising the long-term impact on a person's life into adulthood if we get it right early on; and
- Give children, young people and their families the tools and resources they need to help themselves and remain optimistic and resilient.

ii) An investment to save approach to prevent the escalation of need

In order to prevent increased levels of need, preventable crises and escalating costs we need to intervene earlier. This means:

- Re-shaping the system so that we have resources available before people reach the thresholds of severity which means they need council support;
- Being prepared to innovate and learn from effective prevention programmes from elsewhere; and
- Changing our approach to when we help and intervene so that we are running a system based on invest-to-save principles.

iii) Recognising the value of peer support and self help in the early years

Parents who have had experiences with children with disabilities have much to offer each other. If we are to successfully harness this potential we must find ways for parents to support each other by:

- Supporting parent self-help groups through training and leadership. This is already being pioneered in the area of challenging behaviour;
- Establishing parent mentoring programmes where expert advice from people who have 'been there' can be passed on from parent to parent; and
- Co-producing innovative ideas with parents who know what they need and can work with commissioners to get it right.

Sam's Story:
Sam has a young child who has significant and multiple disabilities and now Sam is starting to feel worried about what that might mean once school starts. Although she has had professional help she wonders if there isn't more she could be doing to improve her child's chances once she arrives at the start of her educational journey. The local children's centre has put her in touch with a peer support programme and now she is talking to a parent who went through something similar. They have coffee together on a regular basis and Sam gets support and advice about things like what questions to ask and what she can do at home. Much more importantly, she has a friend in whom she can confide and share her experiences.

b. Inclusion

i) Communities that include everyone

Communities in which people with a disability of all ages:

- Are fully participating and contributing
- Are supported to shape their own lives and their communities to the full extent they are able to do
- Feel safe and welcome
- Have a place to live and a life that reflects their strengths and preferences
- Live in supported living situations and not in residential care settings

ii) A wide range of options to build support plans and live a life

To do this we will need:

- Information that is easy to find and easy to understand
- Activities and facilities that are easy to get to and to get in to
- A range of good quality 'ordinary solutions' with flexible resources to meet additional needs, so that there are genuine alternatives to segregated specialist services and institutional settings
- Specialist services (for those who need them) that are outward looking, seeking all opportunities for people to move partly or wholly into inclusive community solutions
- Flexible support to enable more children and young people to go to mainstream school
- Children and young people with SEND are able to go to pre-school, school and college near to where they live.
- Support, advice & guidance and services are responsive to life stages and not to diagnosis
- Day opportunities which give variety and choice, not a day facility where people are simply 'housed' for the day.

iii) A place where hate crime is not accepted and minority groups are respected

Supporting children, young people and adults with disabilities to recognise and report hate crime, through:

- Supporting people in the community and service providers to recognise hate crime and how to make people with disabilities feel safe
- Giving people access to advocacy
- Ensuring that inclusion in the community and the right to citizenship applies equally to those individuals with the most complex disabilities, individuals with challenging behaviour or who offend, and those from minority ethnic communities .

Tom's Story

Tom has a moderate learning disability. After leaving school he was placed in a residential care setting. At the time this happened he wasn't asked about where he wanted to live or who he wanted to live with. Tom's life in this setting meant he had to have the same meals as everyone else, attend the same evening events whether he was interested or not and also meant he had to go to bed at the same time every night. His social worker worked with Tom to help him move to his own flat in town. He now has more choice about where he goes and what he does and his friends can drop by and see him anytime. Tom still needs support from a care worker but generally feels he has more control over his own life.

c. Independence

i) A place where people can be more independent and enjoy a life with families and friends

Children and adults with a disability need opportunities to build and sustain relationships to be happy and to develop a sense of identity and self-esteem. Commissioning will:

- Support access to a wide range of community and recreational opportunities in order to make friends, have fun, and pursue their interests.

- Commission child/person-centred planning to help people with a disability live, work, learn and participate in the community alongside their families, friends and neighbours.

ii) A place where people with a disability are safe and live without fear

Communities where people with disabilities are safe and feel safe where:

- Community facilities, service providers, families and carers, and people with disabilities know how to recognise, report and prevent accidents, abuse, crime and neglect, using schemes such as 'keep safe'.
- All services have robust safeguarding policies.
- Community opportunities for inclusion are made available so that people know which parts of the community can confidently support the needs of people who can find accessing the community the most difficult – such as people with a disability and challenging behaviour - to ensure that nobody is excluded.

We know that children with disabilities are more likely to experience abuse and we need to design a system which acknowledges this and does everything possible to prevent it.

iii) People with disabilities can choose where they live

People with a disability have as much right as non-disabled people to make choices about who they live with, where they live, and how they live. A home is the starting point for being as independent as possible and finding the right care and support where this is needed.

This will include:

- Raising standards of supported living services
- Supporting service users to move into mainstream housing or to live at home with their families
- A commitment to personalisation principles in the housing area.
- Moving away from big accommodation units and favouring smaller and more 'ordinary' housing options in residential area
- Considering supported living (where people have their own tenancy and choice of care provider) as the preferred option
- Offering supported living to people with complex and challenging behaviour.
- Reducing the use of residential care

iv) Services that are creative, outcome-orientated and focused on making a difference

We need the people who are running services to be creative and have high aspirations to achieve what may at first sight seem impossible (children and adults with disabilities tell us that they are often told 'you won't be able to do that', and we have many examples of people proving this to be wrong).

This will involve:

- Having a workforce and providers who are able and willing to support people to make choices and manage risks safely
- Having commissioning systems that make sure that providers have high safety and safeguarding standards, and provide value for money
- Valuing creativity, innovation and fun in what we commission
- Making resources flexible enough to create unique packages of support

v) A system which enables additional needs to be identified as early as possible and where families are supported through early intervention

Research clearly demonstrates that getting off to a good start and early intervention when problems are still small and manageable has significant impact.

- Families need to get information early on and be supported in the community right from the beginning.
- A preventative focus is required to stop children, young people and adults from having preventable escalating needs which ultimately result in them meeting eligibility criteria for services and getting worse outcomes.

Hazel's Story
Hazel lives in her own flat in Cheltenham. Hazel has a learning disability but she is able to cope with help from her family, friends and her local neighbourhood. Hazel is part of a scheme called Key Ring. She is connected with a group of seven other people with disabilities who live nearby. This gives her a group of friends to draw on and a good support network of people with similar interests. The group is facilitated by someone from Key Ring who organises regular events, arranges get-togethers and provides individual support as necessary. This helps Hazel to maximise her independence among a supportive group of people she knows.

d. Contribution

i) A place where children with a disability achieve their educational potential

By recognising that learning is a broad concept and that effective educational provision has a major influence on leading an active and fulfilling life as an adult, we can focus schools and other education settings on meeting needs flexibly.

The features we want to see in the education system are:

- Children with special educational needs or disabilities make at least the same level of educational progress as their non SEN peers
- High quality support is available in mainstream schools and settings to make inclusion a viable choice for the great majority of children
- Specialist provision is available locally for children who need it.

The assessment and review of children's needs is person-centred. It will:

- Take account of the *individual* needs of the child

- Consider educational needs alongside care and health needs to take a holistic view
- Consider the needs and wants of the child and the family
- Takes a long-term view of desired outcomes

ii) A place where people with a disability can experience lifelong learning.

Lifelong learning and acquiring new skills is essential if children and young people with a disability are to maximise their potential and become active citizens. This requires a strong partnership between children, young people, adults, families, early years settings, schools, colleges and a wide range of providers.

This will include:

- Implementation of the SEND (0-25) programme, with a focus on the importance of the right learning opportunities in early years, and ensuring the option of access to mainstream education
- Providing more opportunities to young people with a disability to gain a qualification, equal to their non-disabled peers
- Access to post-16 training, ensuring access to work experience, vocational training, and university
- Continuing skill development during adulthood, especially in regards to build independence and equip people with the skills required to maintain employment
- Opportunities for personalised learning using creative and innovative approaches as well as formal and structures education programmes

iii) A place where children, young people and adults with a disability can lead meaningful lives

Children, young people and adults with a disability want to have the opportunity to use their strengths, skills and interests to contribute to the lives of other people. We know that having these opportunities often has the added bonus of reducing social isolation and improving self-confidence and mental health. This can prevent the need for intensive services later in life.

Achieving this includes:

- Opportunities to contribute to and benefit from community life as valued and equal partners by taking part in community activities, volunteering, working and time banking
- Supporting user-led organisations
- Fully involving young people and adults with a disability in policy, service development and decision-making
- The consistent implementation of person-centred planning
- Access to transparent and equitable Personal Budgets and Direct Payments to promote choice and control

iv) A place where people with a disability have the opportunity to be economically active

Employment provides independence, economic security, self esteem, social inclusion and personal-development. People who are disabled are entitled to the same opportunities as their peers to have a job. We are committed to raising the percentage of people with a disability in employment[2].

Achieving this includes:

- Working with schools and colleges to raise aspirations and expectations
- Identifying and championing role models in Gloucestershire
- Encouraging and supporting employers to welcome people with a disability into their workforce
- Promoting the use of goods and services from organisations that are run by, or employ, people with a disability

v) A place where people with a disability can travel and get around Gloucestershire

Being able to travel is fundamental to independence and being an active citizen – travel to pre-school, school, college, short breaks, to take part in arts, leisure and sports activities, to meet with friends, to take an active part in shaping the community and to work. A transportation plan and links with transportation partners are essential if people with a disability are to access mainstream services in their communities.

Achieving this includes:

- Access to training to develop independent travel skills
- Access to assistive technology to support safe and successful independent travel
- Starting early – promoting independent travel to and from school
- Supporting providers to share access to adapted vehicles

Owen's Story

Owen has cerebral palsy. Sometimes as he was growing up he wondered what kind of life he would have. People seemed to define him by his disability and see his limitations rather than all the strengths he had to offer. After he left school he was asked whether he would like to be a part of Forwards Work Club in Stroud. At the club he saw and met other people with disabilities seeking and finding work. He was given a work experience opportunity at a stationary shop which he really enjoyed. It took him several interviews but finally Owen found work in a shop at the local shopping centre. The Department for Work and Pensions provided him with a job coach which really helped him settle in to his new employment.

e. Shared responsibility

i) A place where children, young people and adults with a disability have the confidence to build and depend more on networks of natural support and less on professionals and specialist services

Achieving this includes:

- Relationships of trust between statutory services and the people they serve

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[2] *Disability and health employment strategy,* Department of Work and Pensions, 2013

- Transparent policies and management of resources by statutory agencies
- Coproduction of policies and support services
- Commissioning that increases the ability of people in communities to include children, young people and adults who are disabled

ii) A system that shifts from physical places to community based support.

Support that is tailored to each unique person and their goals, supporting people being out in the world requires more flexibility in the way that we use resources, so that people have more choice and can be more creative in how they live their lives.

Achieving this includes:

- Increasing access to flexible personalised support and budgets by reducing the amount of budget tied to fixed buildings
- Supporting universal and mainstream providers to include children, young people and adults with a disability so that dependence on specialist services is reduced and more flexible resources can be made available
- Making sure people get the right information at the service to ensure that they can access what they need in a timely manner

iii) A place where the voices of children, young people and adults who are disabled are heard

Many children, young people and adults who are disabled do not feel heard or included in decision-making about their lives.

Achieving this includes:

- Improving access to information
- Making advocacy available for people with disabilities and their families and carers
- Requiring all practitioners to fully involve children, young people and parent carers in decision-making and support planning.

iv) A place where all professionals seek community-based solutions

Commissioners, practitioners and providers from early years to schools and colleges, from social care to housing and employment, all need an understanding of how natural support networks are nurtured, and the capacity of communities to support children, young people and adults. Community based support involves essential access to core needs such as housing. Secure, safe and accessible housing in the community are a primary need and consideration.

Achieving this includes:

- Improved training and development for practitioners
- Stronger partnership between statutory agencies and the community and voluntary sector

- Evidence based commissioning
- Strengths-based assessment and support planning
- Improved information systems that help people to find supports that they may not have thought of, and to locate the means to create their own solutions

Daphne's Story

Daphne was struggling in school. She was having difficulty getting along with other children in the class and sometimes this brought her to the attention of the form tutor. Daphne had been diagnosed with a mild form of autism but it was felt that the best place for her to develop was in a mainstream classroom. Daphne was referred to a children's enablement worker. They arranged for some out of school activities that better linked Daphne with local groups in her area. Whilst things didn't change overnight, the extra time for socialising gradually paid off for Daphne in the school environment.

f. Personalisation, choice and control

i) Children, young people and adults with a disability making choices and having control over their lives

Having choices and being in control of our lives is what enables us to be active and contributing citizens. Many children, young and adults with a disability have been 'protected' from the level of choice, control and shared responsibility experienced by their non-disabled peers. They are entitled to equality.

Achieving this includes:
- Transparent and shared assessment ('listening and learning')
- Assessments focused on identifying outcomes not services
- Integrated education, health and care planning focused on achieving whole life outcomes
- Easy to access information on support options, eligibility and entitlement (the Local Offer)
- Assistance with self-directed support planning
- Transparent and shared decision-making and resource allocation
- Person-centred planning for all
- Enabling as many young people, parent carers and adults as possible to manage their own Personal Budget and Direct Payment (using 'real' budgets that give direct control rather than 'managed' or 'notional' budgets whenever possible)
- Delivery steered by young people and adults who are disabled

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ii) Better health and wellbeing.

To improve physical and emotional wellbeing and health for people with a disability, commissioners, assessors and universal and specialist services must:

- Make it easy for young people and adults to make healthy choices
- Act on the big factors that affect health such as poverty and increased life expectancy
- Promote annual health checks

- Make sure everyone has their own G.P.
- Reduce Assessment and Treatment beds for adults with learning disabilities
- Develop clear, personalised education, health and care plans

iii) Accessible information and advice

Choice and control is not possible without easy access to comprehensive information. Systems are complicated and often challenging to navigate.

Getting it right means:

- Listening to young people and adults with disabilities and the families and friends who support them on what, how, and where information is provided.
- Creating Gloucestershire's Local Offer
- Creating a front-door service within the community where people with a disability (and families of children with a disability) will be able to access information and expertise from advisers re. housing, career advice, etc.

Eddie's Story

Eddie profound and multiple learning disabilities and a complex form of epilepsy. He has been receiving services for a number of years but increasingly he and his sister feel that he has more to offer and that life is passing him by. Eddie and his sister talk to a support planner who explains how he could use a personal budget to start developing his life in the direction he wants it to take. A personal budget would allow Eddie to change his provision to ensure he gets what he wants and to start taking new steps towards being more independent. It sounds like a lot of work at first but the support planner explains there is peer support available from other people with a disability who could offer advice on how to make it work. Eddie decides to take the next step and at least talk to somebody from the user led organisation.

g. The significant role of families and carers and coordination of a whole-life approach

Carers are the main sources of support for children and adults with a disability. As many are unpaid family and friends, we can better ensure support for carers.

Carers are expert care partners and need access to the right support, including packages for older parent carers, flexible short breaks, and personalised services to support them, emotionally and physically, in their caring role.

The Parent Carer Council and the Parent Carer Forum are central to the relationship between parent carers and the statutory services that support them. Issues are identified and resolved through regular meetings and engagement in all policy and practice development.

Young carers (caring for a parent or sibling) have needs of their own, and are supported by Gloucestershire Young Carers.

Carers of adults with disabilities were consulted in 2012 during the development of the Joint Carers Strategy and have also conducted significant research themselves. The principles behind the Joint Carers strategy are well aligned with the Building Better Lives policy; seeing carers as carers first and foremost, rather than having services which divide them depending on the specific disability of the family member they care for.

All carers need to be heard, to have breaks from caring, emotional support, advice and opportunities to maintain a good quality of life which allows them to continue in their caring roles.

On the journey of change we must be realistic in our approach and in our actions understanding that some people will take longer to understand the changes, plan for the changes and actually make the changes necessary in their everyday lives.

We heard that starting young disabled people off on the right track was one of the most rewarding places to invest time and resources. Preparing them for opportunities and ensuring they maximise their potential is of paramount importance.

At the same time, people want to know that those who need specialised care will still receive it if they have needs which cannot be met through mainstream services. Whilst such assurances can be given, it is important that mainstream services fulfil their legal obligations to accommodate the special needs of people with a disability.

Lottie's Story

Lottie is a 19 year old. She has been receiving some special services whilst at school to help her cope with multiple disabilities and she is now in the process of planning how to get the best kind of support to facilitate planning the next crucial stage of her life. Lottie is reassured by knowing that the person centred plan she developed in the school system and the key support relationships she had developed will still be there to guide her through the transition into meaningful work. The skills Lottie and her family developed in using a personal budget can now be extended into the next phase of her life.

Section 7: What might the new system look like?

i) A joined-up, single delivery system for people with disabilities of all ages

Through an all age, all disability approach, children, young people and adults with any disability and their families are able to grow, learn, plan their lives and build their expectations of what they can set as life goals while receiving holistic support through joined-up agencies. This is as relevant to people at a very young age as it is to older persons. A joined up system means health and social care and education being on the same page and moreover modelling to other types of provision how best to join up services for the needs of people with a disability.

In order to achieve a truly joined-up system we will need to do more than simply bring together existing structures under one management system. We will need to implement a real programme of transformation which becomes an effective vehicle for meeting the needs of people with disabilities.

Such a joined up system must engage with local councils, partnership boards and other agencies to tackle the issues and availability of such things as transport, housing, leisure and libraries. Employer networks are also part of this ‘joining up’ which will provide a network of coordinated responses to disability issues across the age groups.

ii) A place where the transition from childhood to adult life is less of a challenge because the outcomes and aspirations are shared in a single plan for delivery.

By creating long-term pathways through the service system via a single, holistic assessment and support plan, we can ensure a young person’s support plan and development information travels with them through their own life transitions. This will also include working more closely with SEN services and schools to increase the development of vocational and life skills to prepare school and college leavers to be active members of the community, living as independently as possible. The achievement of this depends on the vital contribution of educational settings in the development of skills for independent living, confidence to participate in the community and the expectation of making a meaningful and valued contribution in adult life.

iii) A system focused on early help for children and early support for families

Providing support and guidance as early as possible as well as working in partnership with parents to nurture confidence and resilience in managing challenges is the most effective way of reducing future crises and dependence on specialist services. Ensuring support through each of the life stages of people with a disability will be equally important.

Just as the early years and services to children and youth are about preparing people for independence and inclusive living, so should the needs of those in the ‘working age’ stage of life be assisted and supported into areas where their contribution can be made , acknowledged and appreciated. Similarly when people with a disability reach the later years the service focus will shift to one of support and care; maintaining their independence and control for as long as possible.

iv) A support structure which puts people with a disability central to delivering services whenever possible

In the new delivery system people with a disability will be delivering assistance and support to each other whenever possible. We will need to challenge ourselves in council around whether we need to be the ones delivering a service when a person with a disability could do it better. There are opportunities for this at all levels of the new system, and particularly in work around enablement, employment and inclusion. People with a disability are well positioned to provide these services but it must be recognised that developmental support will be necessary if strong user-led organisations are to survive and thrive in a competitive world with long-standing and well funded delivery foundations, trusts and other organised delivery points.

v) A system based on quality and outcomes

The new delivery model will include a strong quality regime to verify that the quality of what is being provided is of a good standard. Quality will be checked in regards to both externally commissioned and internally delivered services, across health and social care. It will include the use of Experts by Experience as a matter of course. Quality checking will be assertive in ensuring that the principles of the policy are being delivered as intended. The gap must be closed between what people are promised and what they experience when it is delivered. Intense quality monitoring to ensure the elimination of this gap must recognised as being of prime importance.

Section 8: Examples of a new approach to practice

a. Raising aspirations for children with a disability

The Aiming High for Disabled Children programme changed the relationship between statutory services and parent carers, significantly increased the range of short breaks options, changed the perception of the activities children and young people with disabilities can safely take part in, and introduced the flexible use of resources to create personal support plans.

b. The growth of Enablement and Employment

The number of people in paid work has increased significantly over the past 12 months through support to both disabled young people and adults, and work with employers. Individual stories of success and the skills of ‘Forwards clubs’ suggest that the participation rate of people with a disability can continue to improve significantly. Employment will be central to the new delivery model. It must be a core mission of the new delivery arm as opposed to a series of ‘events’ and media opportunities. Employer’s councils and associations must be active planners and involved with all other partners to make this a mission critical activity.

c. An increase in telecare and teleassists

The lives of children, young people and adults people with a disability can be improved substantially where they have access to simple aids to living. Gloucestershire has worked well to equip people with assisted living devices and other aids to independence. These have ranged from GPS devices to simple teleprompting. These can not only be increased and people with a disability can be the best people to offer advice on these opportunities.

d. Further use of schemes like Key Ring

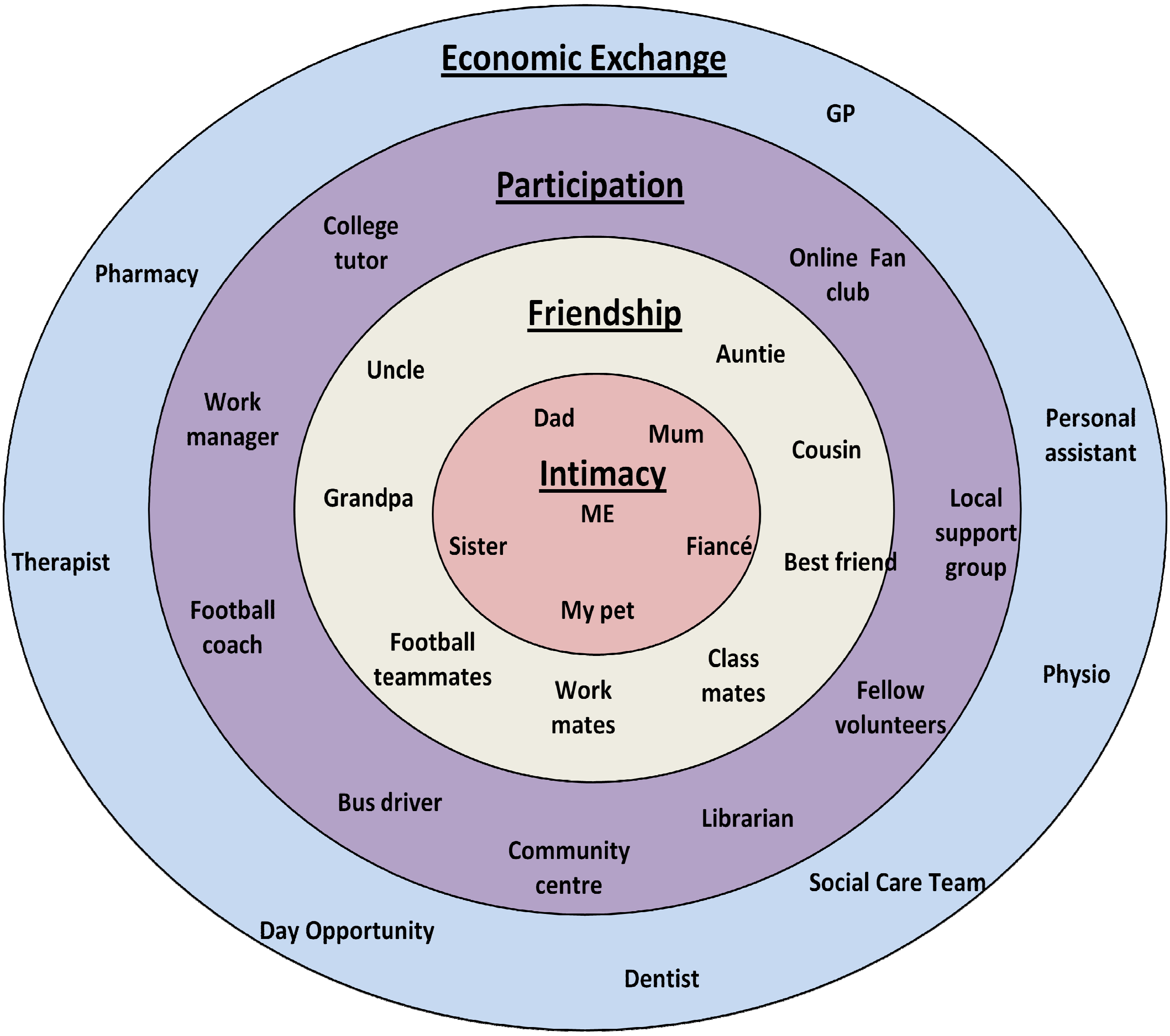
Key ring is a good example of volunteers helping to form informal networks of support and of people with a disability helping each other. There are 3 networks currently operating in the county (Stroud, Gloucester, and Cheltenham).

e. Extended use and strengthening of User led groups.

Groups like the recently formed PING (Physical Inclusion Network Gloucestershire) provide the networks needed for people with a disability to collectively support each other and influence the aspirations of members, service development and attitudes in communities. If this is to be more than just ‘talk’; such organisations need to see real and tangible parts of services being devolved to the community and put into practice at the earliest of stages.

The new policy will recognise that the service user is an individual with a network around them, including loved ones, friends and leisure activities. It will involve working in a way which strengthens the support which the informal networks can deliver and complements their contribution, rather than taking an artificially central position in a person’s life.

The diagram below aims to illustrate this concept:



Section 9: Learning from elsewhere

a. Building a Better Life

Gloucestershire are not the only authority to take an all age policy approach, nor to redesign in such a way which enables people with a disability to lead a full and meaningful life.

- Hampshire County Council have put together a strategy document in their Learning Disability Services entitled ‘Ordinary People Leading Ordinary Lives’. This can be found here:

http://www.hampshirelearningdisabilitypartnershipboard.org.uk/about/ordinary-people-leading-ordinary-lives/

- A number of councils, including Staffordshire have an all age disability strategy. More information can be found here:

http://www.staffordshire.gov.uk/yourcouncil/consultationandfeedback/allagedisabilitystrategyconsultation.aspx

- Other areas such as Shropshire have demonstrated the success of using alternative delivery models in social care. More information can be found here:

http://www.shropshire.gov.uk/adult-social-care/people-2-people/

b. Next steps and measuring progress

i. Governance Structure

We will ensure robust commissioning governance arrangements through the Health and Wellbeing Board and through intelligent outcome setting and performance management of commissioned services. An all age, all disability Partnership Board will also hold us account for the delivery of outcomes. In order to ensure the co-production of all the ensuing activity a programme board has been created to ensure the voices of people with a disability will be represented at each phase of implementation. The Programme Board led by a senior Commissioning Director and reporting to the Lead Members will have the power to create other reference groups for specific co-production activities.

ii. Commissioning responsibilities

We will ensure outcomes, based on local need, are met through an integrated commissioning approach, with CCG, for people of all ages and all disabilities. To promote quality and choice in the market, we will maximise choice and control, build capacity and quality and ensure value for money across all providers. Instead of block-funded services, the transition will be made to personalised purchase of services using costing tools to better meet the needs of people with a disability and their families in a way that fits into their lives. Commissioning will be led by outcomes and guided by the concept of co-production.

iii. Engagement and Delivery

Changes to delivery systems will be made, specifically to allow for more effective planning, based on local information, and commissioning accessible meainstream services. Areas of delivery for people with a disability must be clearly specified and their involvement and development must be embraced in both the planning and implementation processes.

iv. Outcome based measurements

To ensure a high degree of accountability about how the resources have been used and the results that have been achieved, we will use this policy as a basis for measuring whether we are achieving the outcomes we have set. Individual service plans will be outcome-based rather than the traditional box ticking. Outcomes will be made transparent by creating them in an way that is easy to understand, purposeful and measurable and by looking at some wider indicators.

Section 10: Conclusion

This policy sets out the direction of travel for Gloucestershire County Council for the next 10 years in supporting disabled people. It has the power to shape and support a change for the better in the lives of those disabled people. To make these aspirations a reality will require leadership at every level of the organisation. People must be able to see the changes and even more than this they must be part of creating the changes in a spirit of co-production.

From the time of Plato, people have asked the question; what is a good life? In this policy we set out aspirations for people with a disability that suggest that a good life is a life led first and foremost as a valued and respected member of their own community. A life where everyone's contribution to community is recognised and accepted positively and equally. A good life is a life led with family, friends and co-workers. A good life is one where you have real choice about where you live, how you live and who you live with.

We often heard that people felt that the actions of ‘the system’ did not match the principles we espoused. The principles would speak of choice and control and the experience of service users would be one of limited options and directive control by professionals. This is the opportunity to align our practice with our principles and to use our new found quality frameworks to test how far we have come and what choice really exists. .

For people with a disability a good life starts with early initiatives to support their journey and to build a platform for future growth and learning. This is further developed with the support of education and health resources which prepare a person for the challenges of independence ahead. Each person with a disability has a meaningful contribution to make to their community. Whether it’s through work, interests, supporting others, or being a valued family member or friend, each person has the right to have their contribution recognised. For people with a disability the sense of wanting to belong, to nurture and sustain relationships is no different than for the rest of us. This policy sets out the principles for such a journey and the guideposts to mark the way. These guideposts must be clear, and our progress evaluated by the real life experiences of disabled people.

This is a 10 year journey. Much will change as we learn and grow together, as people take more and more control of their own lives. We cannot predict the advances in health and social care that will enable us to increase our aspirations. But we can collectively make a commitment to using our knowledge, experience and resources to make the principles of this policy a reality for disabled people in Gloucestershire

-‘When you dream alone it remains a dream, when you dream together it is the beginning of a new reality’

Brazilian Indian Proverb