

## **Consultation Vulnerable Children Legislative Competence Order Committee**

The Care Co-ordination Network UK (CCNUK) welcomes the opportunity to make the following comments on the scope of the Committee's scrutiny on the Vulnerable Children and Poverty Legislative Competence Order (No.3) 2007. It is significant that the Welsh Assembly Government is broadening their social welfare responsibilities for the most vulnerable children and their families in Wales. However, CCNUK considers that the LSO could be further strengthened, and should make specific reference to disabled children & young people with respect to safeguarding their welfare and reducing the inequalities they face by placing explicit duties on statutory bodies to implement:

- nationally agreed eligibility and exit criteria, and in turn,
- a nationally agreed level of service provision and support to ensure equity across Wales for disabled children and young people and their families;
- that every Local Authority/Local Health Board co-terminus NHS Trust area has a fully integrated children's disability services, which has been established through joint commissioning, and
- that all disabled children and young people and their families have access to a key worker (NSF key action 5.7) from early childhood through transition into adulthood which is centered within such integrated service.
- All LCSB's should be tasked to gather robust data on child protection cases involving a disabled child or young person which should be collated nationally by a recognised body to establish the extent of abuse.
- Children & Young Peoples Framework Partnerships should ensure, through the Single Plan, that disabled children and young people's welfare is appropriately secured through the delivery of high quality services to meet their individual needs, and that the 'highest priority' is given to 'those greatest in need' (Shared Planning for Better Outcomes Guidance WAG circular No: 31/2007).

However, the social welfare provision for disabled children and young people, as for all children and young people, should not be looked at in isolation. Health and well-being issues as well as educational aspects should be considered in the context of the LSO. Yet, there is only a brief reference to what is meant by well-being, and how the within the Explanatory Note - amendment to field 15 in part 1 of schedule 5 (15.1 -15.8) will ensure that the eight highlighted points/areas will explicitly address a child or young person's global well-being to reduce their vulnerability, and how it will be secured within each area to allow children and young people to flourish.

At the parliamentary hearings (2007) on services for disabled children the Children's Commissioner for England Professor Sir Al Aynsley Green gave evidence and highlighted that 'the plight of children and families with disabilities is nothing short of a national scandal', and that funding levels 'have not kept pace with rising levels of need'. This could not be said to be mutually exclusive to England. Inadequately and variedly funded services in Wales has created inequity, which rightly so, fosters discontent and disquiet amongst

parents of disabled children and young people. The wealth of legislation and guidance from Children Act 1989 – Section 17, & the 2004 guidance Section 28, the Carers & Disabled Children Act 2000 to the Carers (Equal Opportunities) Act 2004, together with, for example the Framework for the Assessment of Children in Need and their Families and the National Service Framework for Children, Young People and Maternity Services, are in place to support and protect whether specifically or broadly speaking and should if followed implicitly provides the safeguard. Nonetheless, in practice we find inadequate and ineffective implementation at a local level, and guidance is not always seen as a ‘must’. A direct and pertinent example of this is the National Service Framework for Children, Young People and Maternity Services SAAT all Wales medium scores for Chapter 5, which has shown it to be the lowest performing chapter, with the highest number of key actions scoring just 2. This is a key indicator that there is a failure at a local level to safeguard the most vulnerable. Will the LSO address this?

The initial causal factor which places disabled children and young people, and their families in a vulnerable position, is the disability itself and how people respond. It marks them out, despite the clear move towards the social model of disability, as being different and not the ‘norm’. This is compounded by a set of circumstances whereby disabled children and young people become doubly disadvantaged by the stress and frustration placed upon their families by a system which is reactive rather than preventative, where a ‘lets wait and see attitude’ to impending crisis is unsafe practice, and puts the child and family at risk.

It is estimated that one in four disabled children is likely to have been subjected to emotional and physical abuse. National research data remain scarce as to the real level. Multi professional involvement with the child and family, where poor communication systems between professionals themselves, and between the family can increase the likelihood of crisis, whereby both the child and families vulnerability places them in an exposed position. The lack of co-ordinated information sharing also magnifies the risk that disabled children and their families’ health and well-being could well be compromised which, in turn, creates and perpetuates their vulnerability. It has been well-researched that many families who care for a disabled child or young person live on the edge of poverty. Many live on a low income made up of a number of benefits as one or both parents are not able to work. The cost of bringing up a disabled child far outweighs that of other children, together with re-modelling or extending property can lead to financial crisis whereby re-mortgaging is necessary because of difficulty accessing or the extended wait for help through the now non means tested Disabled Facilities Grant increases their precarious financial circumstances.

CCNUK would reiterate the need that for a co-ordinated approach to meet the needs of vulnerable children and young people, especially those who are disabled, and that ‘promoting and securing’ their well-being through providing a designated key worker can ensure that they and their families are well supported and receive appropriate services to reduce their vulnerability and limit crisis resolution.

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My name can be published. CCNUK is willing and able to take part in any further consultation in this area.