

Health and Wellbeing Boards: making the case to target disabled children services

Making the case to target disabled children in Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS)

Parent carer forums can give the following reasons to their Health and Wellbeing board as why they should target disabled children in their Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS). (for more information on JSNA and JHWS see briefing paper on *health and wellbeing boards' role in promoting integrated services*)

1. **The mandate from the secretary of state** – says that improving services for disabled children and carers is a priority (see <http://mandate.dh.gov.uk>)
2. **Disabled children require integrated services** - care for disabled children can involve several healthcare disciplines (at primary, secondary and tertiary level involvement) and other agencies including social care, education, housing, leisure, transport. (See *National Services Framework for Children and Young People Standard 8: for Disabled Children and those with Complex Health Needs*, www.dh.gov.uk)
3. **It would help reduce health inequalities for disabled children** - Disabled children are likely to have poor health outcomes. Health and Wellbeing boards have a duty to reduce health inequalities by giving every child the best start in life and enabling all children, young people and adults to maximize their

capabilities and have control over their lives (see *Fair Society, health Lives, 2010* , Marmot review, www.instituteofhealthequity.org)

4. **Improving services for disabled children will reduce health inequalities for parents** - Families with disabled children can face a complex web of interdependent systems and pressures, leading to families often describing a 'constant battle for services' and feeling unable to cope. People providing high levels of care such as parents of disabled children, are twice as likely to suffer from poor health as those without caring responsibilities. See *Poor Health: the impact of caring on health*, Carers UK, 2004, www.carersuk.org
5. **It is preventative and can save money** - providing appropriate support early on can help reduce requirement for expensive services later on For example supporting families with short breaks can reduce number of children being taken into care; Early Support for disabled children can reduce costs of additional support later on once they attend school; Providing parenting support early on around behaviour and sleep might reduce number of referrals to CAMHS ;

Contact a Family research reports can be download from our website and help provide further evidence of the issues that families of disabled children commonly experience - see www.cafamily.org.uk/professionals/research/

Further reading

Joint Strategic Needs Assessments and Wellbeing strategies - draft guidance www.dh.gov.uk

This is one of a series of briefing papers to help parent forums work with health commissioners and providers to improve local health services for disabled children. You can browse all of these in our NHS Changes section at www.cafamily.org.uk/parentcarerparticipation

If you would like to discuss this briefing paper in more detail, please contact Sheila Davies at Contact a Family on 020 7608 8773 or email Sheila.Davies@cafamily.org.uk