

# AIMING HIGH FOR DISABLED CHILDREN “ican2”

SHORT BREAKS REVIEW AND COMMISSIONING  
STRATEGY 2009 - 2011

September 2009  
CYP Joint Commissioning

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## **1.0 SCOPE OF THE REVIEW**

This is an overarching review of the progress of the development of short breaks services as a Pathfinder Authority against the short breaks Full Service Offer. It revisits the needs and preferences of children and young people and their families in Telford who access or wish to access short breaks services.

The review has involved stakeholders including referring agencies, statutory agencies, service providers, parents and carers, and children and young people.

The review specifically aims to:

- determine the overall outcome to be achieved in order to improve life chances of children and young people with disabilities through the development of effective and accessible Short Breaks;
- establish a short breaks baseline of services currently available by mapping current provision within Telford and Wrekin, across Wrekin of need and age ranges;
- identify gaps in Short Breaks expressed through consultation with stakeholder's and via needs data to inform the future commissioning plan

The review informs the strategy setting out the priorities for developments in short breaks and the utilisation of short breaks funding. This strategy will continually develop until April 2011 when it is intended that all local authorities in England and Wales will have a statutory duty to provide services designed to assist individuals who care for disabled children to continue to do so, or do so more effectively, by giving them a break from caring responsibilities

## **2.0 CONTEXT**

Leading up to the publication in May 2007 of the report *Aiming High for Disabled Children* (AHDC), the Government consulted widely on how outcomes for disabled children and young people (CYP), including those with complex health needs, could be improved. A clear message was received from disabled children, young people and their parents; short breaks were a priority and that their current status as an underdeveloped and under-prioritised service needed to change. Consequently, significant funding has been provided to support disabled children and young people through the development of short breaks services.

The Government has identified priority groups of children for the short breaks programme:

- Children with ASD and other impairments or challenging behaviours
- Children with complex health needs
- Severely disabled young people aged 14+
- Young people aged 11+ with moving and handling needs and
- Children with challenging behaviours and severe learning disabilities

Telford and Wrekin applied for and were successful in obtaining 'Pathfinder' status and have been progressing the work of Short Breaks since 2008. Pathfinder authorities joined a series of 7 themed learning sets working with 'Together for Disabled Children' to produce advice and guidance, resources, information and case studies to inform best practice to other authorities.

In 2008 the Department of Children Schools and Families (DCSF) and Department of Health (DH) published 'Aiming High for Disabled Children: Short Breaks Implementation Guidance'. Included in this was the "Full Service Offer (appendix 1). Pathfinders should be fully compliant by April 2010.

Telford & Wrekin Children's Trust has adopted a strategic priority to increase the numbers of disabled children accessing leisure opportunities and out of school activities which is monitored through the Children's Trust Board.

The campaign 'Every Disabled Child Matters' (EDCM) has drawn up Local Authority (LA) and Primary Care Trust (PCT) Charters that outline the key principles to which T&W are signed up to.

### 3.0 Funding

Prior to the advent of the Aiming High short breaks programme, baseline funding was allocated to short breaks service provision in Telford via Local Authority Social Services and PCT budgets as follows:

	2007/08
L/A Revenue	£990,400
PCT Revenue	£157,500
Total	£1,147,900

This funding provided short breaks in the form of:

- overnight residential short breaks,
- shared care (foster care)
- playschemes and weekend clubs
- hospices,
- direct payments,
- domiciliary care,
- Community Nursing respite
- Youth services
- Support workers

Telford & Wrekin was allocated ring fenced revenue and capital funding by DSCF as a pathfinder Local Authority as set out in the table below:

	2008/09	2009/10	2010/11
Revenue	£212.400	£670,000	£670,000
Capital	£105.000	£245.000	
Total	£317.400	£930.100	£670.000

Funding for Aiming High short breaks is also included in NHS Telford and Wrekin Base Budgets however this funding is not ring fenced. The children's joint commissioning unit highlighted short breaks as a priority area via LDP processes and has secured complementary revenue funding as follows:

	Additional 2009/10	2010/11
Revenue	£108,690	£122,106

#### 4.0 POLICY DEVELOPMENT

National Service Framework for Children, Young People and Maternity Services (2004) Standard 8 focuses on disabled children. Good practice markers for this standard includes 'supporting parents and strengthening families' expressing that a break from caring is one of parents' most frequently reported unmet needs. Many children have also reported appreciation of a break away from their family and positive outcomes and experiences have been achieved.

There is often a particular need for:

- respite services for children with complex health needs,
- challenging behaviour or autistic spectrum disorders,
- Children from minority ethnic families.

All children and their families who are assessed as having needs that can be met by short term breaks are offered a range of services from which to choose. This includes home and community based breaks as well as family based and residential breaks and access to childcare and sitting services. Direct payments and emergency access should also be available.

Improving the Life Chances of Disabled People (2005) also recognises the need for support with caring responsibilities. All parents need a break from caring and around one third of parents with disabled children wait over a year for a short break service(s). The overarching vision for meeting families' needs is that by 2014, all families with disabled children have the level of family support they need to enable them to function as a family and to care for their disabled child. This should be delivered through packages of care responsive to the needs of the whole family.

Aiming High for Disabled Children: better support for families (2007) sets out government investment in services for disabled children with a specific grant of £280 million over the CSR period (2008-11) to deliver a step change in the provision of short breaks for disabled children.

Care Matters: Time for Change (2007) also makes reference to this government investment and the value of short term breaks in supporting families and providing broader opportunities and experiences for disabled children.

Healthy Lives, Brighter Futures (2008) identifies the key elements of delivering services for children with disabilities as follows:

- High Quality
  - Care that is safe and effective, delivered swiftly by professionals with the right skills in an appropriate setting
- Personalised
  - Personalised, multi-agency coordinated services from the point of referral through identification and assessment to delivery. Assessments should include consideration of mainstream, inclusive options, and should set out individual support plans. Care should be as close to home as possible.

- Participation and feedback
  - Routine involvement of children and young people in need of specialist support and their families, to help them make informed decisions about their treatment, care and support and to assist in shaping services .
- Information and transparency
  - Information tailored to the needs of children and their parents in a readily accessible range of formats. Transparency of resources, and how services work together and are commissioned.

## **5.0 DEFINITIONS**

### **5.1 Disability**

‘Someone who has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities’  
(Source: Disability Discrimination Act 2005)

For the purposes of this strategy, the term “children with disabilities” refers to children and young people who can have:

- Emotional;
- behavioural or mental health problems;
- physical, learning or sensory impairments;
- high health needs (including palliative care, continuing health care needs).

### **5.2 Short Breaks**

‘Short breaks provide opportunities for disabled children and young people to spend time away from their primary carers. These include day, evening, overnight or weekend activities and take place in the child’s own home, the home of an approved carer, a residential or community setting’.

Provision of short breaks should be based on an assessment of the whole family addressing both their personal and social needs. Short breaks occur on a regular and planned basis and should be part of an integrated programme of support which is regularly reviewed. No short break should exceed 28 days continuous care and total provision over a year should not exceed 120 days.

Short break services are specialist additional services required to support disabled children and their families; in other words, short breaks are services over and above the universal services expected and available to all families.

Short breaks range from supporting disabled children and young people to access universal services, through to providing specialist services at a local and regional level.

## 6.0 NEEDS ANALYSIS

Nationally trends have been observed which suggest a rise in numbers for the following groups of children and young people:

- Severe disabilities
- Combinations of disability
- Learning disability

The Aiming High National Core Offer (DSCF) sets out in one place a national statement of expectations for how disabled children and their families will be informed and involved and as their needs are assessed and the necessary services are delivered. The Core offer covers

- information
- transparency
- assessment
- participation
- feedback

It is estimated that there are around 570,000 disabled children in England, indicating that nationally approximately 7% of children are estimated to have a disability. Of this around 100,000 have complex care needs, (Aiming High for Disabled Children, 2007).

Using this national prevalence data we can estimate that in 2007 there were 3,024 disabled children in T&W with a prediction of 3,010 by 2011, assuming the same prevalence. Of this 530 are likely to have complex care needs and 214 from BME families.

In reality we know that the proportion of disabled children is growing year on year. Many children have more than one type of disability. There are currently 646 children aged between 0 – 19 on the Disabled Children Record for T&W. This is significantly below what we would expect from national prevalence data and local predictions. This can be attributed to the known problems with obtaining an accurate local record. Of the 646 we know that:

- 191 have a physical disability.
- 504 have a learning disability.
- 68 have a hearing impairment.
- 67 are blind or visually impaired.
- 360 have communication difficulties.

The local disabled children record is a voluntary register, where parents can choose to register their child or not. During the consultation with parents it became clear that although some parents were aware of the record they were reluctant to register their child/children because of their perception that the record is collected by 'social services' and the negative implications regarding safeguarding. They did not see any benefit of being on the register. Other parents were not aware of the record.

Parent Partnership also has a data base of parents/carers of disabled children. Some of the children are on both registers and clearly many children on no register.

There is concern nationally and locally that there is not an accurate data base for children with disability.

Using SEN data we can identify the number of children, age 5 - 18 with a Statement and those at School Action Plus across all schools in T&W. These are pupils with Special Educational Needs who, under the DDA definition of disability, are likely to be considered as having a disability as their needs are likely to be long term (more than a year) and substantial. On the same basis all pupils who are placed in Special Schools are likely to have a disability under the DDA definition.

Analysing this data indicates a wide spread of disabled children across all schools, not just the special schools. When T&W became a unitary authority in 1998 The Lord Silkin School was the only secondary school, and Holmer Lake the only primary school with enhanced provision to meet the needs of pupils with physical disabilities. To help alleviate the geographical difficulties the Council's Access Panel has funded accessibility initiatives at Charlton School and Burton Borough School. Hadley Learning Community has allowed for a fully accessible school environment. Three new primary schools have also been built all of which are fully accessible.

Statement Breakdown (all Telford schools Jan 09)

School ID	Total number of children with a statement	SEN Type Category 1										
		ASD	BESD	HI	MLD	MSI	PD	PMLD	SLCN	SLD	SPLD	VI
<b>Total</b>	1701	220	324	33	458	2	107	94	136	291	156	16

School ID	Total number of children with a statement	SEN Type Category 2											
		ASD	BESD	HI	MLD	MSI	OTH	PD	PMLD	SLCN	SLD	SPLD	VI
<b>Total</b>	831	138	162	31	157	4	33	86	2	129	6	38	45

### Children with complex health needs

In England approximately 20,000 children and young people aged 0 – 19 years are likely to require palliative care each year. Prevalence is regarded as 16 per 10,000 population (DOH) for Telford & Wrekin this equates to approximately 64 children.

We are aware that 72 of children are on the caseload of the community nursing Team in Telford Wrekin. (July 2009) This has been a rising trend from 50 cyp in 2001. All of those children will have complex health needs and 13 receive support from the community care respite and palliative care nursing team (June 2009). There

are also 18 children receiving support from the Hope House hospice in terms of overnight stays and outreach respite nursing (July 2009) and 2 children at the Acorns Hope House Hospice (July 2009).

### **Children and young people with Autism Spectrum Disorder**

The Medical Research Council's review of autism research (2001) suggests that there is close agreement between epidemiological studies that ASD, if broadly defined, currently affects around 60 per 10,000 children under 8 years and if narrowly defined, 10-30 per 10,000 population. Research conducted by the Office of National Statistics indicates that 0.9% of children aged 5-16yrs across Great Britain have an ASD. Similarly in 2003 the National Autistic Society estimates that there will be one in 110 people who may have Autism or Asperger Syndrome.

It is difficult to know exactly how many children and young people have ASD as it is not always easy to identify. Some people will never be diagnosed. In its mild forms ASD may be considered entirely usual by some, or in other circumstances, it may be masked by other needs. As our knowledge, understanding and awareness increases, more people with ASD are being identified.

### **Local Need**

#### **Telford & Wrekin population projections to 2026 by age band**

<b>Year</b>	<b>0-4years</b>	<b>5-9years</b>	<b>10-15years</b>	<b>16-18years</b>	<b>19-24years</b>
<b>2011</b>	10,300	10,200	13,200	6,900	14,700
<b>2016</b>	10,900	10,800	12,600	6,800	14,600
<b>2021</b>	11,800	11,400	13,300	6,400	14,100
<b>2026</b>	11,900	12,100	13,900	6,700	13,400

Source: Policy, Performance & Partnership Unit,  
Telford & Wrekin Council

The estimated projected population figures for children and young people living in Telford and Wrekin aged 0-19 years (around 41,000) would indicate that there is likely to be up to 400 children with ASD living in the area. Of these 84 have a statement of special educational needs which describes the provision required to meet their difficulties in school (August 2008 figures).

However it is difficult to identify the actual number of children in Telford & Wrekin with an ASD due to issues as described above and incomplete data collecting systems. However the PCT has agreed funding for an ASD Coordinator (recruitment to commence October 2009) who will be able to support improved data collection systems

### **Evidence of Unmet Need**

There has been evidence of unmet need across some areas of provision. Until the allocation of short breaks revenue funding there were waiting lists for overnight residential care and Club 17 provision (services for young people with a disability) and high demand outstripped supply for respite services for children with complex health needs. There is still relatively low specialist playscheme provision for the children attending the special schools and a review of a playscheme provision is planned to commence in October 2009. Families and children have asked for befriending services and sitting services and there has been an expressed need for

more autism awareness for those children who have difficulty managing in universal services.

## **7.0 PROGRESS OF AIMING HIGH IN TELFORD & WREKIN**

### **7.1. Pathfinder Objectives**

As a successful pathfinder Telford has progressed its initial plan to increase and enhance short breaks services in the Borough. That plan set out objectives to

- Engage parents and children in the development of the programme
- develop and enhance overnight provision (residential and family based)
- develop day care , individual and group based, specialist and non specialist.
- increase the use of direct payments
- Acquire and provide specialist equipment for children with disabilities to enable them to access short breaks activities
- increasing access to and availability of short breaks services to children with ASD in mainstream schools

### **7.2 What have we seen improve?**

The delivery of the programme against the objectives has resulted in an increase in the:

- number of residential overnight stays for children with complex needs with independent sector providers;
- number of shared carers;
- number of Direct Payments;
- number of children with disabilities (including those with ASD) accessing sports and leisure activities (specialist and non specialist);
- increased variety and access to equipment available for cyp with a disability;
- improved sustainability of palliative care and respite services;
- number of children accessing support workers and domiciliary care;
- number of short breaks services providers (blue eyed soul, Forest Schools, portage (hydrotherapy pool));
- access to service facilitated by funding for transport

There have been improvements in information and communication systems with the legally sanctioned branding of the “ican2” logo, the new “ican2” newsletter and the highly successful information day on 4<sup>th</sup> July 2009 which resulted in 209 attendees (children with disabilities across the age ranges and spectrum of disability).

The appointment of the shared care officer has resulted in more robust signposting and increased access to short breaks provision.

There have been improvements in the engagement and involvement of children and young people and their families in service developments with the new Parents Opening Doors (PODs) parent partnership and involvement in consultation activities and forums.

Children and their families have reported positive outcomes arising from their access to new short breaks services for example:

children said they *“enjoyed the climbing wall as it was a new experience and rewarding”*.

A parent said of the summer sport and leisure activities: *it completely changed her son and she actually didn't want the Summer to end because being involved in the activities had such a positive effect on his overall behaviour.*

A parent said of a summer activity club: *“It was a joy to see that your club ran for the whole of the school holidays. Also a big thank you for the fact that you didn't split up the family – I only have 1 child registered disabled but you let her brother and sisters tag along which I believe is good for all of them”*.

*A parent said.....“how much our son is enjoying his clubs, it is helping him loads and gives us a chance to recharge out batteries. It is also helping him with his sleep”*

### **7.3 How did we assess what else we need to do?**

a. We carried out an audit of our progress against key milestones and assessed our position. The key areas for improvement against progressing the short breaks agenda were identified as:

- Strengthening the involvement of cyp and the families in short break development
- Widening the menu of short breaks provision and making information available
- Mapping and analysing cwd population data (hence the needs analysis undertaken as set out in section 6).

b. We commissioned this review of the programme and invited parents and carers, children and young people and stakeholders to give us their views. We obtained feedback from the “ican2” event held in July 2009 which raised the profile of the short breaks agenda and allowed children and the families to have a taster session of some of the new short breaks provision and equipment purchased.

c. We considered the governance arrangements and the commissioning and contracting functions and involvement of joint commissioning in the programme.

### **7.4 Key messages from parents, children and stakeholders**

a) As part of the consultation process via the review parents defined an outcome which will be adopted as the vision for short breaks services:

*“children with disabilities in Telford and Wrekin to be given the choice to access appropriate high quality short breaks to maximise their potential and improve the quality of life for them and their families”*

b) Stakeholders gave positive feedback regarding the communication strategies employed regarding the publication of the short breaks programme particularly the “ican2” newsletter and information/taster day held on July 4<sup>th</sup> 2009. Some felt information regarding short breaks could be further enhanced including producing a directory of services and information leaflets being produced by service providers.

- *Action: The e bulletin has now been established sent out on a monthly basis to all stakeholders to provide wider and prompter*

- *A directory of services is being developed with the Family Information Service and consideration of a one stop shop information source.*
- *The PCT has funded an ASD co-ordinator to be based with the new integrated disabled children's team at the Stepping Stones Centre*
- *All service providers are now required under the terms of their SLA's to produce information regarding the service they deliver.*

c) More staff/volunteers should be available to support children to access services/activities and children and young people identified the sort of activities they would like increased access to such as horseriding

- *Action: Services with support staff have been developed with sports & leisure providers and staffing levels will be reviewed as part of the ongoing monitoring of services and proven and valued services such as club 17 and creative kits have been extended.*
- *An outreach service has been commissioned as part of the tender of the Shawbirch residential unit.*
- *A befriending service is being commissioned particularly for those children on the Autistic Spectrum.*
- *The PCT and LA Education service have agreed to contribute funding to commission additional support hours and the PCT have commissioned extra respite nursing capacity for children with complex health needs*
- *Negotiations are underway to increase horseriding provision for disabled children.*
- *Intensive individualised support via Children's Centre Services is being developed (1:1 play)*

d) More comprehensively trained staff should be available to adequately support the needs of children in short breaks and give parents confidence in the care/support of the child.

- *Action: We are undertaking a gap analysis with all short breaks service providers and are developing a comprehensive workforce development plan. This will be in liaison with colleagues who are producing the children's integrated workforce strategy. it is suggested that levels of training should include;-*

*Level 1 Basic Disability awareness*

*Level 2- Training on the range of issues of children with disabilities*

*Level 3- Specialist training for individual children with complex needs.*

*Safeguarding should be a crosscutting theme across all services.*

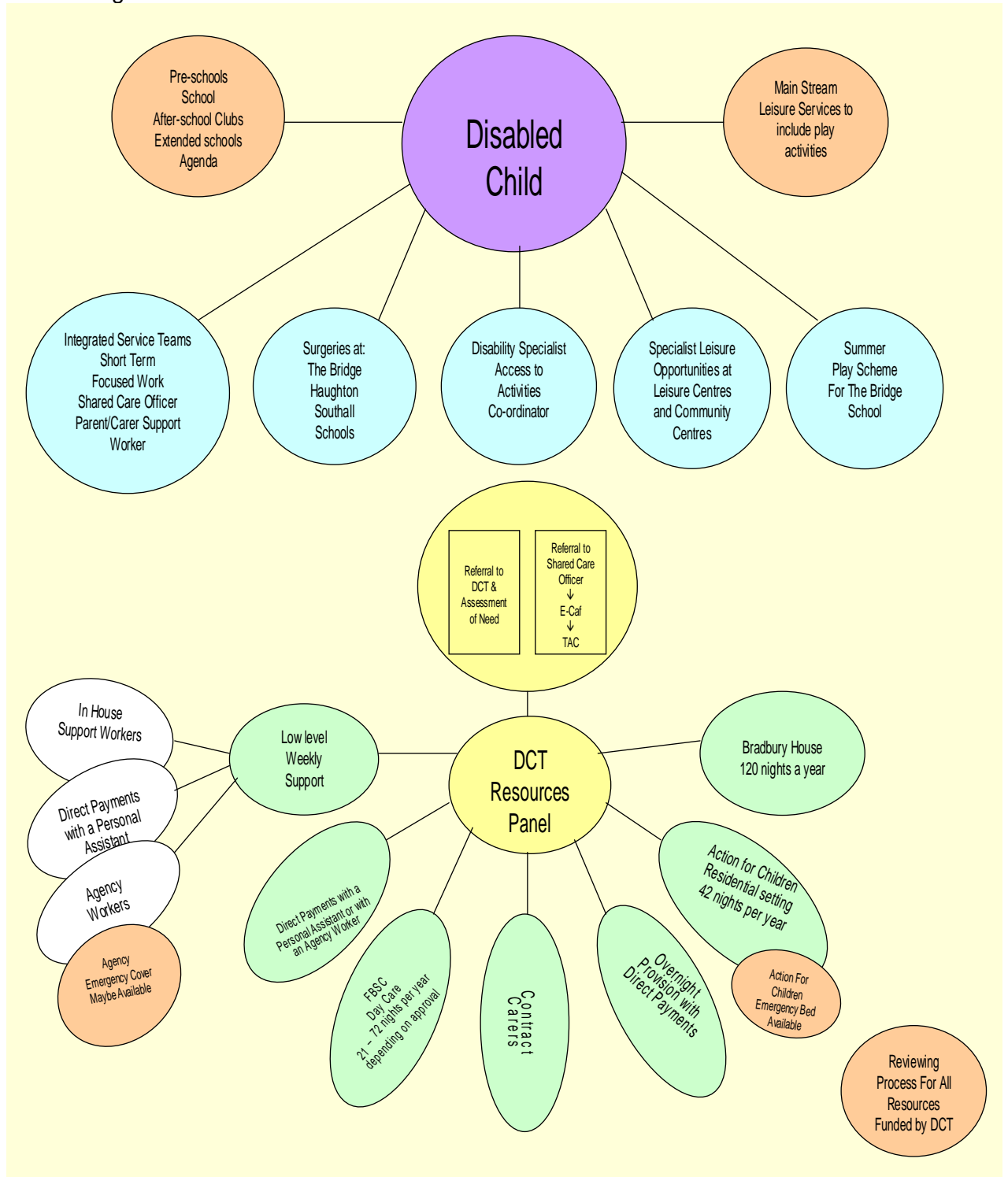
*The requirements for training of staff will be included and monitored in any contract with providers of short break services.*

- *We have allocated a proportion of revenue funding to support workforce development and have commissioned training for childminders to enable them to more appropriately care for children with disabilities.*
- *The PCT is exploring funding opportunities for additional nurse training capacity for providers supporting children with complex health needs.*

e) Greater clarity was requested regarding access routes and eligibility to short breaks services although in Telford and Wrekin there are strong links between the CAF, TAC process, and the clusters. The CAF is used as the basic assessment and any disabled child entitled to services will be supported proportionate to their need.

The IDCT resources pane is the conduit set up to assess the allocated of short breaks resources (other than universal provision contracted under SLA/Contract)

## Accessdiagram



- *Action Access criteria is being drafted by the Integrated Disabled Children's Team Manager to be completed by the end of October 2009.*

f) Enhanced of needs data for children with disabilities would improve strategic commissioning.

*Action: Disabled Children Record to be further developed*

*Data set has been devised for short breaks services and specified in SLA's/contracts. All contracts/SLA's will be reviewed and monitored on a regular basis and data stored and analysed in order to inform future need*

## **7.5 Management of the Programme and Commissioning**

The Council is spending against the revenue and capital funding with evidenced increase in the volume of short breaks services. A wide variety of provision is being delivered across the spectrum of need as identified in the windscreen of need (see Appendices 2 & 3).

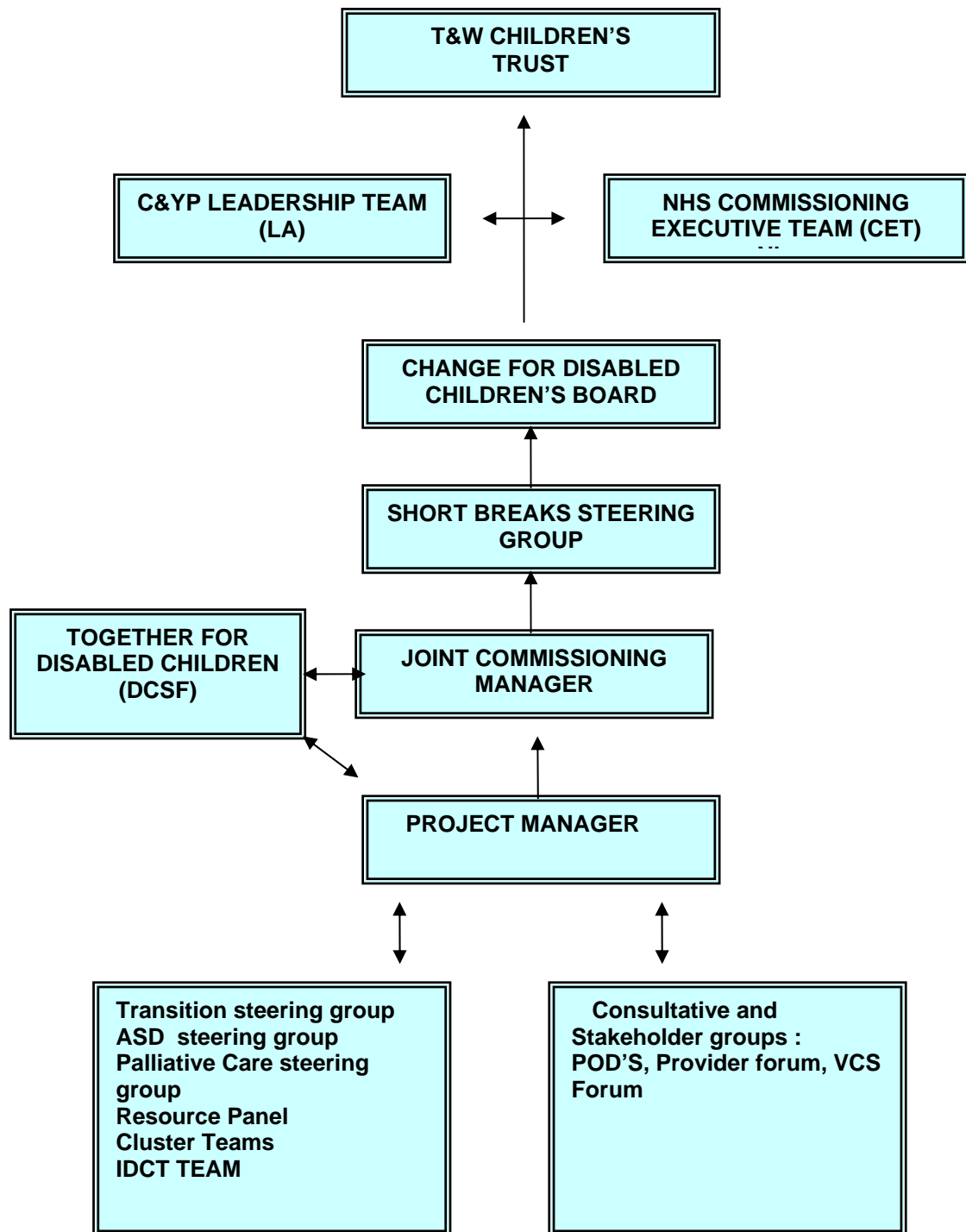
Our progress is being monitored by Together for Disabled Children via our quarterly completion of the Local Area Implementation Plan and Tracker Tool.

We have a robust management infrastructure and have introduced to changes in management arrangements for the short breaks programme to coincide with the opening of the new integrated disabled children's team located at the Stepping Stones Centre in September 2009. This involves closer engagement of the joint commissioning team (Local Authority and PCT) who follow world class commissioning principles and a dedicated commissioner for children with disabilities and access to procurement support.

Parental engagement with the programme is embedded via membership on the Short Breaks Steering Group, the cwd Joint Commissioning Group, the Children's Trust Board and via ongoing consultation events. This has been further developed by parental engagement in the tender panel for the residential overnight and inreach and outreach service and closer engagement with the PODs group (Parents Opening Doors) to consult with and by which to disseminate information.

We have worked collaboratively with other strategic colleagues within the Council such as sport and leisure, access to activities, family information services and latterly children centre services to develop services and make the best use of available resources. Match funding has been provided from Education and PCT colleagues to deliver support workers to care for children with complex health needs

The Governance arrangements for the programme are defined below:



The short breaks market is being stimulated by the Joint Commissioning Team particularly in respect to the Voluntary and Community Sector (VCS) with the re-tender of the Shawbirch residential overnight breaks unit. This service has been reconfigured to offer a more flexible number of night packages and to utilise the building to its optimum by providing inreach and outreach. We are also requesting expressions of interest from the VCS for a befriending service which was identified as an area for development via consultation with user groups.

As part of the commissioning cycle we are reviewing the Summer Playscheme to assess the appropriateness of the service to meet the needs of children with disabilities with a view to widening the service to other school holidays if the need is evident.

Contracts/SLA's have been agreed with service providers with robust terms and conditions including equalities, health and safety and safeguarding requirements. Systematic performance and outcomes monitoring arrangements and data collection systems are in place with providers. as are requirements to obtain and act upon feedback from children and their families regarding and the delivery of the provision. Progress of the increase in activity is being monitored via the Children's Trust

We are aware that transition to adulthood is challenging for some children with disabilities and as such it is essential that children aged 13 - 19 have access to universal services throughout the transition period and the ability to learn new skills.

## **8.0 COMMISSIONING PLAN AGAINST LA REVENUE FUNDING (09/10 – 10/11) (£670,000 per annum)**

<b>Service Type</b>	<b>Provision to be commissioned</b>	<b>Actions as at Sept 09 (monitored and reviewed through steering group)</b>
Residential overnight Breaks with inreach (Shawbirch)		Service has been reconfigured with in reach and to offer more flexible packages of care– tender to commence Oct 09. Tender panel to comprise Councillor, Users (cyp with advocates, and parents) commissioners and DCT managers
Outreach service from Shawbirch		Service has been specified. Tender to commence October 09. Tender panel to comprise Councillor, Users (cyp with advocates, and parents) commissioners and DCT managers
Residential overnight Breaks	Independent Sector	Spot Contracts have been agreed. (ASD/ADHD) facilitated by Resources Panel.
Family based individual day care	Contract Carers	In house service. Number of contract carers to increase by 2 (1 already ready recruited)
Family based individual day care	Care Agencies	Independent spot contracts in place – facilitated by resources panel and shared care officer
Family based individual day care (complex health needs)	Peripatetic Support Worker	Funding agreed for 18.5 hours/week – IDCT team recruiting to post

	Direct Payments	Independent arrangements in place
Group based Specialist (day)	Kreative Kidz	SLA agreed - Service under delivery
Group based Specialist (day)	Club 17	LA SLA - Service under delivery
Group based Specialist (day)	Forest Schools	SLA - Service under delivery
Group based Specialist (day)	Blue Eyed Soul	SLA -Service under delivery
Group based Specialist (day)	Portage Hydro Pool	LA SLA -Service under delivery
Group based Specialist (day)	Other holiday playschemes	Service review commenced in September 09 on existing service to be finalised December 09 to inform any gaps/business case. Additional provision agreed for February half term
Short breaks (non specialist)	Sport & leisure activities	LA SLA - Service under delivery
Short breaks (non specialist) (ASD/ADHD)	Befriending Service	VCS SLA – proposals requested Oct 09
	Advocacy services	Advocacy support commissioned as part of tender process.
	Small grants fund	Consideration of set up of small grants panel to be put to steering group Nov 09
Group based Specialist (day)	Horseriding	To be agreed by negotiation (Oct 09)
Group based Specialist (day)	Hydropool at weekends	To be agreed by negotiation (Oct 09)
Play (under 5's)	CCS	To be agreed by negotiation (Oct 09)
	Transport	Agreed through resources panel to access short breaks services
	<b>Workforce development</b>	Funding agreed for training for childminder to increase their capacity & ability to care for children with disabilities – agreed under SLA.  Training mapping and gap analysis under way with provider. Costings being sought for ASD training
	<b>Publicity and Information</b> Newsletter Information Day Service Directory Web site	Newsletter and e bulletin regularly produced information day to be planned for 2010 and web domain set up for 1can2 – web site under discussion

<b>Programme Overheads</b>
Project Manager Shared Care Officer Fostering Social Worker Direct Payments Advice Worker Other salary costs offset Misc (travel, computer etc) Information Co-ordinator (additional hours) Registration of iCan2 brand Assesment Officer

## 9.0 COMMISSIONING PLAN AGAINST ADDITIONAL (against the baseline) PCT REVENUE FUNDING

2009/10: £108.690 2010/11: £122,106

<b>Provision</b>	<b>Progress as at Sept 09</b>
Hope House Hospice	Additional funding revenue funding agreed (under contract) to support sustainability of project. Service has been enhance to offer outreach respite care services.
Acorns Hospice	Additional funding revenue funding agreed (under contract)
CCN Respite Team (complex health needs)	Additional recurring funding has been agreed to increase service by 1 wte respite nurse. Recruitment has commenced.
Additional Peripatetic support worker – complex health needs	Additional recurring funding has been agreed to fund 22 hours/week post to support the respite nurse

## 10.0 LA CAPITAL FUNDING PLAN: £350,000

<b>Capital provision</b>	<b>Progress as at Sept 09</b>
Sports Wheelchairs	Purchased and accessed through leisure services provision
Ski Slope Equipment	Purchased and used through leisure services provision
Leisure Vehicle	Purchased and accessed through leisure services provision
Equipment for Leisure & Recreation Centres	Purchased and accessed through leisure services provision
Property Adaptations re Contract Carer	Under consideration
Changing Facilities	Under consideration
Mini Buses, Wheelchair and Short Wood Ropes Project,	Purchased and used through leisure services provision
Integrated Case Management System	Purchased and used through leisure services provision
Vehicles: contract carers	Under consideration

## 11.0 CONCLUSION

The original objectives of the Pathfinder Plan have been met and those objectives will be enhanced going forward to 2011 with the implementation of our commissioning intentions.

Sustainability of the programme going forward is an identified risk factor with Local Authority short breaks grant funding due to end in April 2011. Any reduction in service would no doubt effect the outcome of the new National Indicator NI54 (parental satisfaction). Programme managers and commissioners are working with providers to identify exist/sustainability strategies at the end of the programme grant term. Parents have expressed a willingness to pay for some services if revenue funding is not available in future years and this will be explored if necessary.

By 2011 it is anticipated that the delivery of the "ican2" services will have produced significant changes for children with disabilities and their families. The new performance indicator NI54 will provide valuable information to inform future planning along with our reviews of service provision and monitoring/performance reports from service providers. There will a requirement to review of this strategy prior to April 2011.

### Appendix 1: Short Breaks Full Service Offer

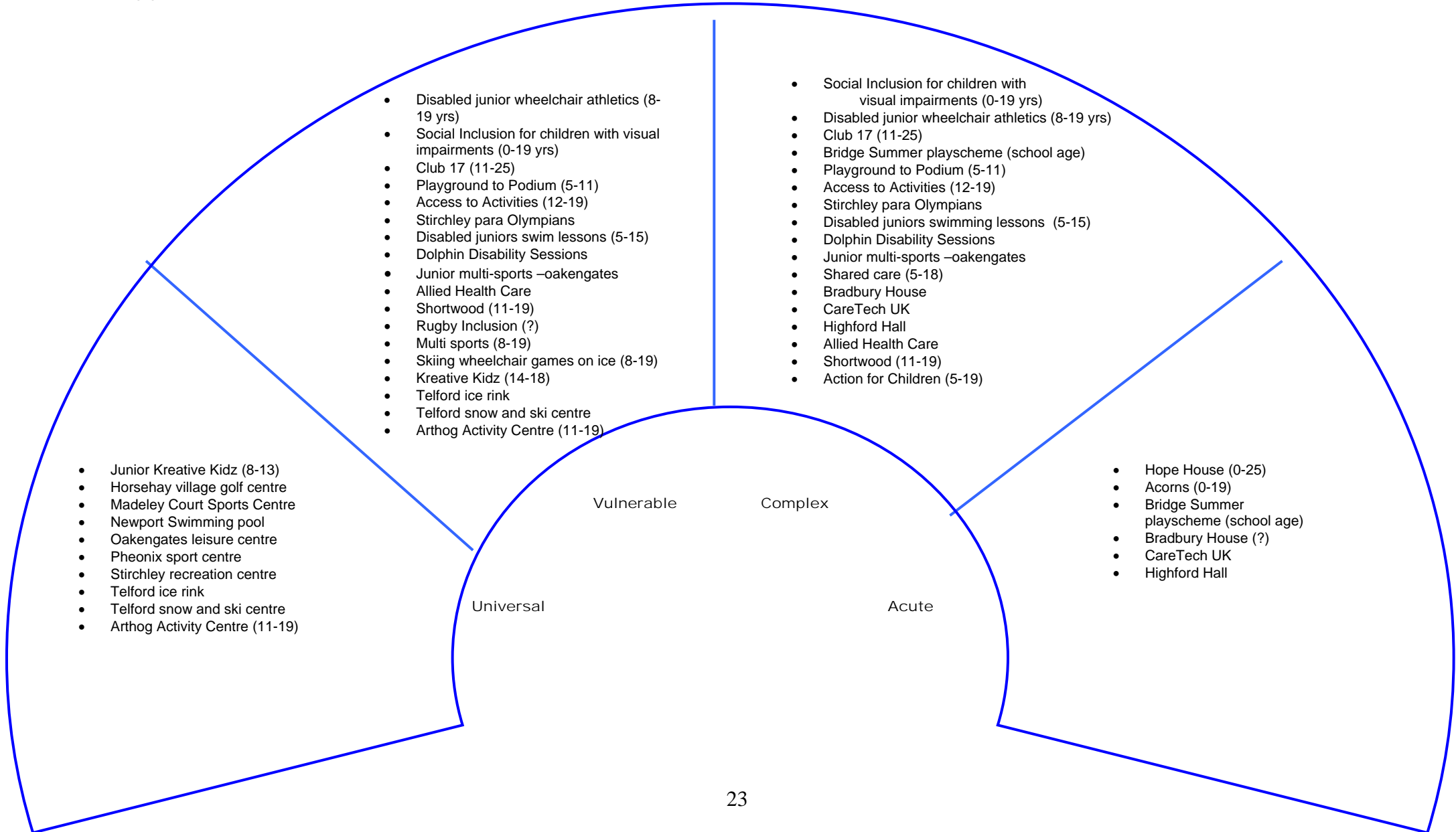
A short breaks service should:

- be based on a needs assessment of the local disabled child population, taking into account the voice of disabled children, young people and their families (participation and feedback);
- offer a significantly greater volume of short break provision set against 2008/09 baseline, reflecting the additional funding levels available from Government;
- use fair, understandable and transparent eligibility criteria that enable short breaks to be used as a preventative service and which do not restrict provision to those threatened by family breakdown or other points of crisis (Assessment);
- offer a wide range of reliable local short break provision, tailored to families' needs and including:
- support for disabled children and young people in accessing activities in universal settings, delivered through the following:
  - the support of a befriending, sitting or sessional services;

- measure that build the skills of universal service providers;
- measures specific to severely disabled children that are undertaken to meet their physical access requirements in universal settings. These would build on and exceed DDA compliance and ensure that the most disabled are not disadvantaged.
- overnight breaks, with care available in both the child's own home and elsewhere.
- Significant breaks during the day, with care available in the child's own home and elsewhere;
- provide positive experiences for children by promoting friendships and by encouraging social activities, new experiences and supportive relationships with carers;
- provide culturally appropriate provision that meets the racial, cultural, linguistic and religious needs of disabled children and their families;
- ensure that provision is available on a planned and regular basis and at the times when families and young people need breaks – this should include evenings, weekends and holiday provision, and have the capacity to response to urgent care requirements;
- provide fit for purpose and age appropriate provision which ensures the following groups are not disadvantaged
  - Children and young people with ASD. These are likely to have other impairments, such as severe learning disabilities or have behaviour, which is challenging. Not all children in the Autistic Spectrum will require specialist additional short breaks services;
  - Children and young people with complex health needs which includes those with disability and life limiting conditions who have reached the palliative care stage of their life cycle as well as other children and young people with complex health needs as well as other impairments – physical, cognitive or sensory impairments;
  - Children and young people aged 11+ with moving and handling needs that will require equipment and adaptations. These children are likely to have physical impairments, and many of them will also have cognitive impairments and/or sensory impairments;
  - Children and young people where challenging behaviour is associated with other impairments (e.g. severe learning disability) Children in this group will display behaviour which challenges services or behaviour which causes injury to themselves or others;
  - Young people 14+. The young people who fall into this group are young people who are severely disabled and require services that are appropriate to their age.

- utilise the service provider that offers the best possible combination of skills and experience to deliver services of the highest possible quality to meet individual needs at the most efficient cost;
- promote information about available provision to the public, including details of eligibility – including threshold criteria – and routes to accessing the service (information and transparency).

## Appendix 2: Windscreen of Need – Short Breaks



Appendix 3: Short Breaks Activity Mapping (April 2009)

