

Committee: **Corporate Parenting Panel**

Date: **24 April 2009**

Title of Report: **Aiming High for Disabled Children – Implementation of Commissioning Plan**

By: **Director of Children’s Services**

Purpose of Report: **To inform the panel as to how the increase in Short Break provision will be achieved**

Recommendation: The Corporate Parenting Panel is recommended to note the contents of the report

1. Financial Appraisal

1.1 East Sussex was required to meet the nine elements of the Readiness Criteria set out in Appendix 1 by the 31 March 2009, failure to do so would have resulted in the loss of the funding.

1.2 The Readiness Criteria were successfully signed off at the end of February and written confirmation of the funding has been received from Together for Disabled Children, the organisation representing the Department of Children Families and Schools.

1.3 For East Sussex County Council this is:

- A £534,000 revenue funding in 2009-10, and
- B £1,720,000 revenue funding in 2010-11 to increase short breaks provision;
- C £256,000 capital funding in 2009-10, and £598,000 in 2010-11.

2. Supporting Information

2.1 The Commissioning Plan (attached as Appendix 2) was approved by the Lead Member for Children and Families in March 2009. It outlines how the funding will be spent over the next two years to achieve the ambition of transforming Short Break provision for disabled children and their families in East Sussex. This report focuses on how delivery of the plan will be achieved.

2.2 Bernadette Dawes was appointed to the post of Short Breaks Operations Manager in February 2009 and will have responsibility for ensuring the Commissioning plan targets are achieved.

2.3 Nicola Bryson was appointed to the post of Disabled Children’s Participation worker in January 2009. She has particular responsibility for ensuring that disabled children and young people are fully supported to participate in planning and developing future services.

2.4 Two further posts to support the Work Force Development agenda are currently being recruited for Contract Monitoring and Financial Planning.

2.5 Priorities for short break funding as outlined in the Commissioning Plan have been agreed in consultation with parents and key partners. These include expanding overnight residential and family based short breaks, sitting buddying and befriending schemes, specialist child minding and increasing in-house provision of Outreach and a new 4 bedded short break unit for young people with severe Autism Spectrum Disorder (ASD).

2.6 The proposed new unit is a really exciting development. Currently young people with severe ASD present a considerable challenge to the resources of the Children’s Disability Service. It is

anticipated that the new unit which will be sited in the grounds of Sorrel Drive Children's Resource Centre, will increase the availability of short breaks to the young people with the most challenging behaviour, reducing the likelihood of family breakdown and the need for out of county residential school placements.

2.7 A further Providers event was being held on the 20 April at the Cavendish Hotel to inform potential providers of the Short Break priorities and explain the process for bidding for funding and the monitoring and evaluation that will be required to ensure that the funding is successfully delivering additional short breaks. The Short Breaks Manager will have to complete a quarterly return to Together for Disabled Children demonstrating progress to ensure that the additional funding is achieved for 2010/2011. Revenue funding has to be spent within the year of allocation.

2.8 It is anticipated that Providers will be able to apply for funding and begin expanding their services within the next three months.

3. Conclusion and Reason for Recommendation

3.1 The Readiness criteria (attached as appendix 1) have now been accepted by Together for Disabled Children and funding approved. To expand the range of short break provision it is imperative that the Commissioning plan priorities are successfully implemented.

3.2 The Corporate Parenting Panel are asked to note the contents of this report and the detailed Commissioning Plan attached as Appendix 2.

MATT DUNKLEY
Director of Children's Services

Contact Officer: Alison Borland, Head of Children's Disability Services. Tel 01323 762024
Local Members: All

BACKGROUND DOCUMENTS:

Report to Corporate Parenting Panel - Aiming High for Disabled Children – Transforming Short Breaks for Disabled Children 30 January 2009.

Readiness Criteria

1. Good strategic vision demonstrating a sound understanding of what short break transformation entails.
2. Joint planning activity that has resulted in clearly articulated proposals for local short-break development to meet the FSO – supported by pooled or aligned budgets and resources – and reflecting the scale of the increase in funding provided.
3. The collection and use of robust data and information to determine current service use, needs, and to underpin planning and commissioning – especially around the requirements of specific groups of disabled children.
4. Evidence of families' input in shaping planning through the engagement of a wide range of parents and disabled children and young people.
5. The designation of a service manager in both the local authority and corresponding PCT(s) with responsibility for the short break change programme.
6. Adequate management capacity to deliver transformation from April 2009.
7. The identification of capital project requirements and capital project management capacity to deliver the capital programme.
8. Commissioning arrangements are established capable of developing the local market for short break provision and engaging independent providers in that development.
9. Linked to market development – a clearly articulated joint workforce strategy with operational planning, outlining clear processes for ensuring both quality and sufficiency of the short break workforce (carers and staff) to meet the identified scale of service expansion and the expectations set out in the FSO.

**Appendix 2.****Aiming High for Disabled Children – East Sussex
Short Break Services Commissioning Plan 2009-2011****1. Context*****The Aiming High Short Breaks Programme***

The short breaks programme is part of Aiming High for Disabled Children (AHDC) - a three year government funded initiative to reduce the gap between the life chances of disabled children and their families and those of other children and families.

As part of AHDC, Local Authorities and PCTs have been allocated new funding to develop greater short breaks capacity and to meet a specification for a full service offer¹ by April 2011, in line with a new duty on Local Authorities from April 2011 to assist those who care for disabled children to continue to do so or to do so more effectively, by giving them breaks from caring. The Government will make regulations at a later date further defining the legal requirements surrounding short break provision.

Short breaks give disabled children and young people the chance to spend time away from their main carer. It is a time when they can enjoy play and leisure activities and build new relationships, whilst their main carer has a chance to recharge their batteries.

A short break can take place during the day, in the evening, at the weekend or overnight, and can happen in the child's home, in a carer's home, or in a residential or community setting. Short breaks can be in specialist and universal settings, and can be planned and regular as well as available at short notice.

The government has identified some groups of children as priorities for this programme:

- children with ASD and other impairments or challenging behaviour
- children with complex health needs
- severely disabled young people aged 14+
- young people aged 11+ with moving and handling needs, and
- children with challenging behaviour and severe learning disabilities.

In East Sussex we have also identified children under the age of eight as a priority group.

Funding Arrangements

For East Sussex County Council, this means:

- £60,000 in 2008-09 to support planning;
- £534,000 revenue funding in 2009-10, and
- £1,720,000 revenue funding in 2010-11 to increase short breaks provision;
- £256,000 capital funding in 2009-10, and £598,000 in 2010-11.

¹ Appendix 1 – Full Service Offer

This money is ring fenced and cannot be used to substitute for resources already aimed at existing short break provision, including those aimed at providing inclusive universal provision. It must deliver *additional* short breaks. The government has indicated that the capital funding will not recur in future years, and it cannot be carried forward into the next Comprehensive Spending Review period (April 2011 onwards).

PCTs have also had additional funding to provide short breaks for disabled children with complex healthcare needs. This has been included in their baseline allocations to enable joint planning and working with local authority partners.

Readiness Criteria

All local authorities (other than the pathfinders, who are already underway) need to meet nine readiness criteria² and produce a *short break services transformation delivery plan* before 31 March 2009 in order to draw down the funding. The DCSF has contracted with Together for Disabled Children (TDC) to manage the programme and support local authorities in their preparation.

Since July 2008, East Sussex County Council has established a multi-agency Steering Group – as a sub-group of the Disabled Children’s Development Group (DCDG) – to oversee preparations to meet the readiness criteria and deliver the service plan. There has been joint LA/PCTs planning activity, to ensure a consistent approach to implementing *Aiming High for Disabled Children* as well as the DoH *Better Care: Better Lives* strategy for children’s palliative care. We have had regular monitoring meetings with TDC, and maintained the online Tracker to chart our progress against the readiness criteria.

Policy Framework

This short break services plan is to be read in the context of the following policy and planning documents:

1. *East Sussex Children and Young People’s Plan 2008-11* – this includes the commitment to assess progress through the new NI 54 (parents’ general experience of services for disabled children and the extent to which the ‘core offer’ is met), and NI 110 (participation in positive activities);
2. *East Sussex Children’s Trust Strategic Plan for C&YP with Learning Difficulties and Disabilities 2008-11* – overarching priorities identified are:
 - Improve working together through Children’s Trust arrangements
 - Ensure equal access to services
 - Develop a world-class workforce providing services for children and young people
 - Improve access to information, advice and guidance;
3. *East Sussex Children’s Services Authority Autistic Spectrum Disorder Policy* – the Vision states:
‘all children and young people with an Autistic Spectrum Disorder (ASD) should have access to high quality services and be able to participate in a wide range of everyday and leisure activities as other children do’;
4. *East Sussex PCTs Commissioning and Development Strategy for Children and Young People’s Palliative Care Services* – which includes commitments

² Appendix 2 – Readiness Criteria

- to take forward a jointly agreed strategy for commissioning, and specifically to dovetail with Aiming High to ensure greater promotion of short breaks;
5. *East Sussex County Council Childcare Sufficiency Assessment March 2008* – although short breaks and childcare are not to be confused, they can involve the same provider. The Assessment specifically identified the issues of workforce capacity within universal settings (expertise, availability of support, and parental confidence), and inclusion within specialist settings.

In addition to the Aiming High monies, this short break services delivery plan incorporates funding from other sources, including core PCTs and ESCC Children's Disability Service budgets, Extended Special Schools and Youth Development Service budgets, and Carers Grant.

Vision

Our aim has been to arrive at an overall picture of disabled children and their families' needs for short breaks, and to develop provision through a mixed economy of providers to meet those needs as far as possible. Our vision is that access to short breaks should be as smooth as possible and with as little bureaucracy as possible. Transparency of decision making and commissioning will enhance the confidence of parents and carers that their views are central to the provision of short breaks. What is critical is that parents/carers have the choice of short breaks in settings with the skills and confidence to support disabled children and young people.

2. Needs analysis - Population

Current number of children and young people

In East Sussex, 23% of the population are aged 19 years and under. Wealden District Council has the greatest number of 0 - 19 year olds while Hastings Borough Council has the greatest proportion of the population aged 0 - 19 (Table 1).

Table 1: Proportion of the current population aged 0 - 19 years Office for National Statistics (ONS), Annual, On-line edition data for 2007 (rounded to nearest hundred)

Local authority	Number of children aged 0 to 19 years	Proportion of the population aged 0 to 19 years (%)
Eastbourne Borough Council	21400	22.4
Lewes District Council	21300	22.5
Wealden District Council	33900	23.6
Hastings Borough Council	21400	24.8
Rother District Council	18600	21.1
East Sussex County Council		22.9
	116400	

Children with Disabilities

The Children's Disability Service (CDS) supports around 450 children and young people, and in addition the Early Support and Care Coordination Scheme is involved with 146 children, around two thirds of whom are not known to the CDS. However, calculation of the overall population of disabled children in East Sussex depends on the definition of disability applied. The three most common definitions used in local authorities for planning purposes are:

1. Children and young people with Special Educational Needs – those with a Statement or on School Action Plus (Table 3);
2. Children and young people who claim or for whom Disability Living Allowance is claimed (Table 4);
3. Children and young people who would be considered to meet the DDA measure of disability ('a person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities') – generally, a figure of 7% of the population is cited, deriving from analysis of the 2004/05 Family Resources Survey (FRS) undertaken by the DWP (Table 4).

Table 3: Children and young people with Special Educational Needs³

Local authority	Number of children with a Statement	Number of Children on School Action Plus
Eastbourne Borough Council	360	747
Lewes District Council	369	670
Wealden District Council	539	1075

³ Tribal Core Pupil Database January 2008

Hastings Borough Council	536	1209
Rother District Council	389	673
East Sussex County Council		4374
	2193	

Table 4: Children and young people aged 0-17 claiming Disability Living Allowance, and estimated number with a disability/long-term condition (rounded to nearest 10)

Local authority	Number of Children 0-17 in receipt of DLA ⁴	Number of children with disability/long term condition based on 7% of population
Eastbourne Borough Council	510	1500
Lewes District Council	480	1490
Wealden District Council	630	2375
Hastings Borough Council	740	1500
Rother District Council	540	1300
East Sussex County Council		8165
	2900	

A recent report from the Thomas Coram Research Unit (TCRU), commissioned by the DCSF⁵, reviewed the different methods for estimating numbers of disabled children. It concluded that the FRS based estimate of 7% may have taken too broad a definition of disability. Equally, there are an unknown number of disabled children eligible for DLA who are not claiming it – thus DLA will be an underestimation.

The TCRU report establishes a lower and upper bound on the number of disabled children in each local authority based on the number of children with a SEN Statement and the number of children in receipt of DLA. Since it was widely agreed by local authorities that children in either of these categories would be counted as having a disability, a lower bound could be taken as the larger of these two and an upper bound as the sum of those two. The most likely figure would be somewhere between these two, its exact position depending on the degree of overlap between the two sources. The figures identified for East Sussex County Council are:

Lower Bound – 2695 (3.3%)
Upper Bound – 5083 (5.9%)

We also know that of all those in receipt of DLA in East Sussex (all ages), 22% receive the Care Higher Rate, and 55% the Mobility Higher Rate⁶. As a best estimate, we would identify around 3000 children and young people in East Sussex as potentially in need of a level of targeted short break provision.

Breakdown of Disabilities by SEN Primary Need

When we examine the breakdown of Maintained Statements by primary need category (Table 5) we can see a year on year growth in the number of children and

⁴ DWP Records of Payments May 2008

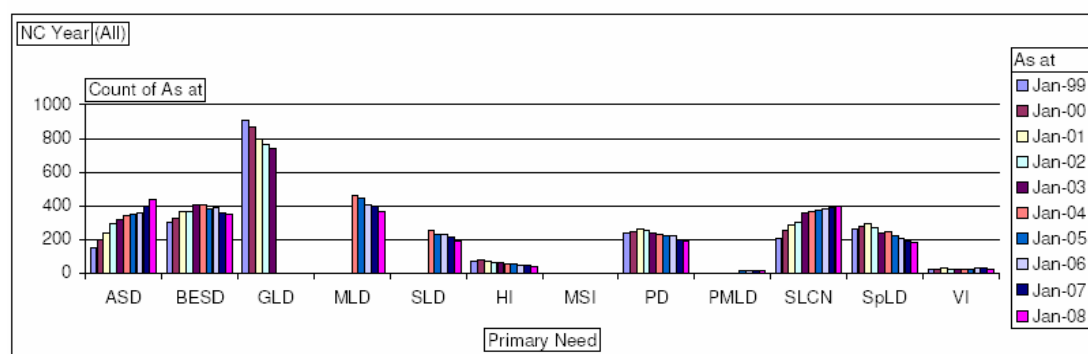
⁵ Disabled Children: Numbers, Characteristics and Local Service Provision, Thomas Coram Research Unit, 2008

⁶ DWP Records of Payments May 2008

young people with Autistic Spectrum Disorder (ASD). Some of the other variations across years reflect reclassification in 2004 which eliminated one category and introduced three others. The reduction in numbers of physically disabled and hearing impaired young people with Statements can be taken to reflect the positive impact of education inclusion strategies in East Sussex.

Table 5: Maintained Statements by Primary Need

NC Year	(All)									
	As at									
Primary Need	Jan-99	Jan-00	Jan-01	Jan-02	Jan-03	Jan-04	Jan-05	Jan-06	Jan-07	Jan-08
ASD	150	194	238	293	317	338	348	360	394	440
BESD	305	322	368	366	404	403	380	388	361	347
GLD	905	868	796	763	742	0	0	0	0	0
MLD	0	0	0	0	0	461	448	408	399	369
SLD	0	0	0	0	0	256	228	226	212	187
HI	74	75	68	64	65	57	53	47	44	38
MSI	0	0	0	0	0	1	1	0	0	0
PD	235	248	259	252	237	230	222	219	198	193
PMLD	0	0	0	0	0	0	11	13	16	16
SLCN	208	254	288	304	354	368	375	380	390	398
SpLD	258	280	291	268	240	242	225	207	191	181
VI	25	25	26	22	24	24	24	27	26	24
Grand Total	2160	2266	2334	2332	2383	2380	2315	2275	2231	2193



Disabilities by Ethnicity, Age and Gender

By far the largest ethnic group recorded amongst pupils in East Sussex with SEN Statements is White-British (86.5%). A further 125 children and young people are recorded as Unknown (5.7%). There are relatively small numbers of children recorded as White and Black Caribbean (22 = 1%), Other Mixed Background (16 = 0.7%), Gypsy/Roma (15 = 0.7%), Bangladeshi (8), Black African (8), White and Asian (7), White and Black African (5), Black Caribbean (4), White Irish (4), Any Other Black Background (4). No other School Category of Ethnicity counts more than 3 pupils⁷.

The TCRU survey identified 78% of disabled children across respondent authorities as White, with 4% Mixed, 8% Asian and 6% Black. ESCC therefore has a proportionately higher White population than the national average, with less ethnic diversity. Across East Sussex, the proportion of White British children has risen from 86.9% in 2005 to 88.7% in 2008⁸. There are no obvious trends from the child population with SEN Statements, although general East Sussex child pupil population data suggests significant growth in the 'Any Other White Background' group (1.9% to 2.5%). Our ongoing consultation strategy will focus specifically on engagement with black and minority ethnic families over the coming period (see below).

⁷ ESCC Maintained Statements January 2008

⁸ Children's Services Equalities Data Report November 2008

Across local authorities, the average ages of children and young people (0-17) for whom DLA is claimed⁹ are:

- 52% aged 11 – 17
- 36% aged 5 – 10, and
- 12% aged 0 – 4

In East Sussex, the figures are:

- 57% aged 11 - 17
- 34% aged 5 – 10, and
- 9% aged 0 – 4

This suggests a higher proportion of secondary school age young people with disabilities in the East Sussex population compared to the national picture.

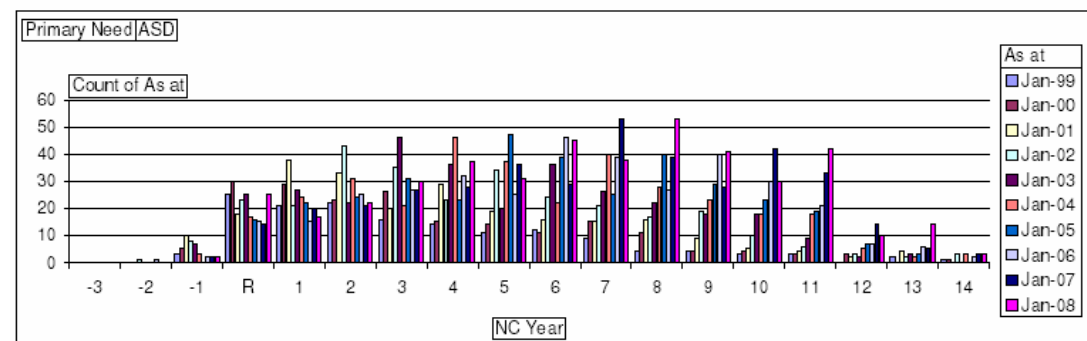
74% of children and young people with an SEN Statement in East Sussex are male. This is a higher male to female ratio than the reported average of 69:32 across local authorities in England¹⁰.

Children and Young People with Autism Spectrum Disorder

As diagnoses have risen, so too the population of young people with Statements where ASD is the Primary Need has gradually got older (Table 6). In 2003, 98 out of 317 children were of secondary school age (30.9%); in 2008, it was 231 out of 440 (52.5%).

Table 6: Maintained Statements across NCY by Primary Need ASD

Primary Need ASD										
NC Year	As at									
	Jan-99	Jan-00	Jan-01	Jan-02	Jan-03	Jan-04	Jan-05	Jan-06	Jan-07	Jan-08
-3	0	0	0	0	0	0	0	0	0	0
-2	0	0	0	1	0	0	0	1	0	0
-1	3	5	10	8	7	3	0	2	2	2
R	25	30	18	23	25	17	16	15	14	25
1	21	29	38	21	27	24	22	15	20	17
2	22	23	33	43	22	31	24	25	21	22
3	16	26	20	35	46	21	31	27	27	30
4	14	15	29	23	36	46	23	32	28	37
5	11	14	19	34	20	37	47	25	36	31
6	12	11	16	24	36	22	39	46	29	45
7	9	15	15	21	26	40	25	39	53	38
8	4	11	16	17	22	28	40	27	39	53
9	4	4	9	19	18	23	29	40	28	41
10	3	4	5	10	18	18	23	30	42	30
11	3	3	4	6	9	18	19	21	33	42
12	0	3	2	3	2	5	7	7	14	10
13	2	0	4	2	3	2	3	6	5	14
14	1	1	0	3	0	3	0	2	3	3
Grand Total	150	194	238	293	317	338	348	360	394	440



⁹ DWP Records of Payments May 2008

¹⁰ Disabled Children: Numbers, Characteristics and Local Service Provision, Thomas Coram Research Unit, 2008

Hastings has the highest number of children with Statements with ASD, in both mainstream and maintained special schools, whilst Lewes has the smallest overall number. Wealdon has the second highest number overall (Table 7).

Table 7: Domicile Address: Children & Young People with ASD and Statements

Category	Mainstream School
SEN Provision	Statement
SENtype	ASD

County	OS Dist name	NCY Phase			Grand Total
		Primary	Secondary	Year 12+	
East Sussex	Eastbourne	13	9	0	22
	Hastings	25	32	2	59
	Lewes	15	13	0	28
	Rother	14	14	2	30
	Wealden	25	25	0	50
East Sussex Total		92	93	4	189
Grand Total		92	93	4	189

Category	Maintained Special
SEN Provision	Statement
SENtype	ASD

County	OS Dist name	NCY Phase			Grand Total
		Primary	Secondary	Year 12+	
East Sussex	Eastbourne	22	16	8	46
	Hastings	35	26	1	62
	Lewes	9	7	1	17
	Rother	20	15	1	36
	Wealden	14	13	2	29
East Sussex Total		100	77	13	190
Grand Total		100	77	13	190

There is a further group of children with ASD on School Action Plus in mainstream schools (Table 8)

Table 8: Domicile Address: Children & Young People with ASD on School Action Plus

Category	Mainstream School
SEN Provision	School Action Plus
SENtype	ASD

County	OS Dist name	NCY Phase			Grand Total
		Primary	Secondary	Year 12+	
East Sussex	Eastbourne	11	8	0	19
	Hastings	20	28	0	48
	Lewes	5	9	0	14
	Rother	16	12	0	28
	Wealden	15	11	0	26
East Sussex Total		67	68	0	135
Grand Total		67	68	0	135

While some of the 440 children and young people with a Statement and Primary Need ASD do not display challenging behaviour, others with Statements will have ASD, but not identified as the Primary Need (this may be SLD, for example). We can reasonably estimate the total of *children and young people with ASD and other impairments or challenging behaviour* to be around 400.

There is, therefore, a further group of around 200 higher functioning children on the Asperger's/Autism Spectrum in maintained schools either with a Statement or on School Action Plus.

Children and Young People with Complex Health Needs

(Information in this section is drawn from the 2008/09 Annual Public Health Report for the East Sussex PCTs and the East Sussex Commissioning and Development Strategy for Children & Young People's Palliative Care Services August 2008).

There is no definitive data available relating to the numbers of all children and young people with complex health needs in East Sussex. Complex health needs in children include conditions such as cerebral palsy, Duchenne muscular dystrophy and cystic fibrosis, and life expectancy for young people with these conditions has risen dramatically in recent years. Two thirds of children with cerebral palsy are now living to at least 20 years, while there has been decade on decade improvement in survival for young people with Duchenne muscular dystrophy, who now live well into their late 20s and beyond in some areas. Survival rates for young people with cystic fibrosis have doubled in the last 20 years with newborns now likely to live into their 40s.

The PCTs have identified the importance of data to planning care for children with complex health needs, and the lack of satisfactory data locally. The 2008/09 Annual Public Health Report recommends that data is strengthened.

The PCTs' commissioning and development strategy for children's palliative care notes that by comparison to adults the number of children dying is small. However, a child's needs for palliative care involves much longer term provision and increasing complexity of care needs beginning immediately after the diagnosis of a life limiting or life threatening condition.

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 and for East Sussex this equates to approximately 192 children and young people.

Children under the age of eight

Some younger children with special needs will not appear in SEN data. However, East Sussex has had for several years an effective and well regarded Early Support and Care Co-ordination Scheme. The multi-agency team provides key working support for children with complex needs aged 0 - 5 years. In July 2008 there were 146 children aged 0 - 5 on the scheme. The breakdown of conditions that the children receive the service for are:

Table 9: Children aged 0 - 5 years on the East Sussex Early Support and Care Co-ordination Scheme. July 2008

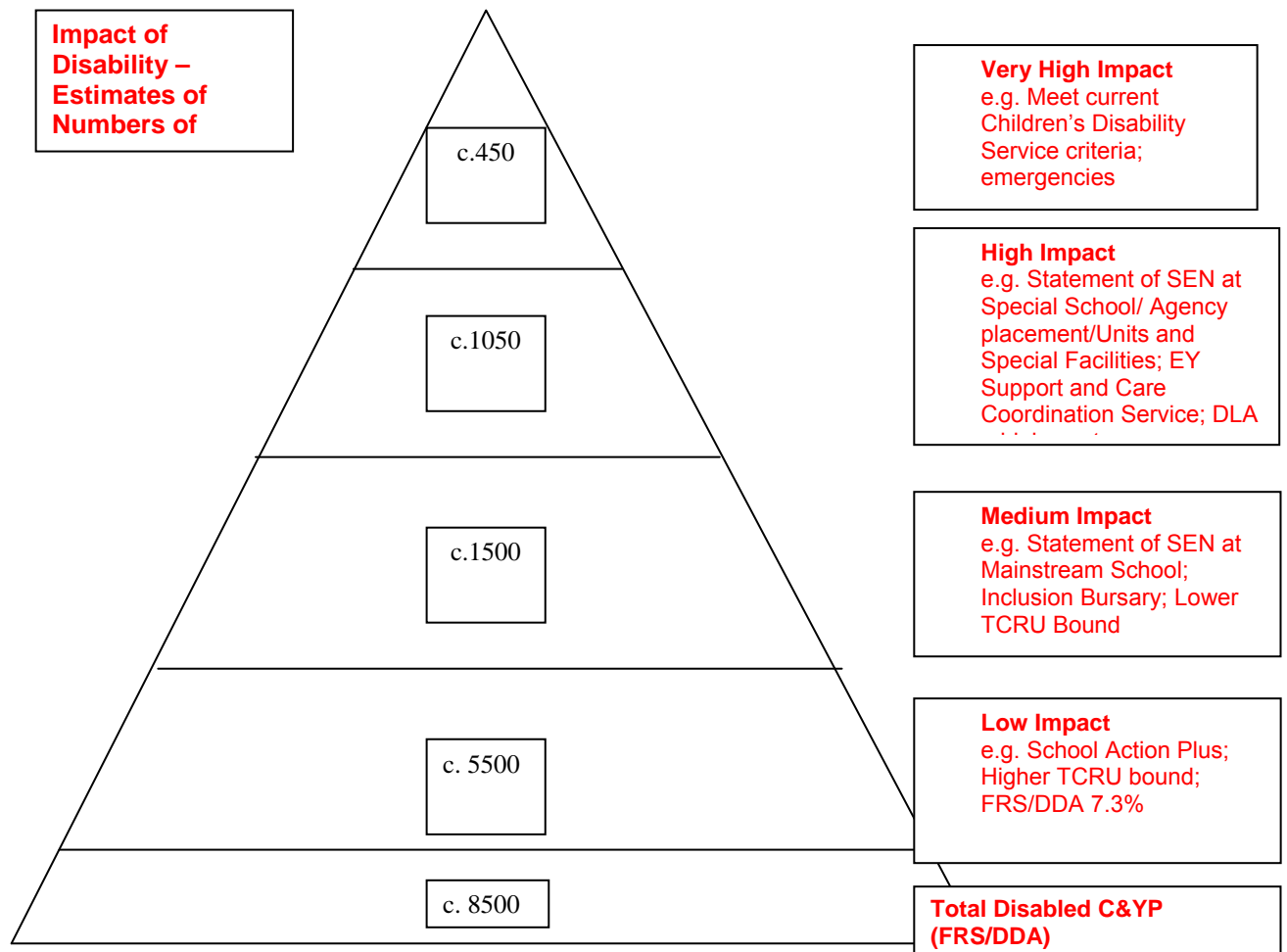
Disorder	Number of Children
Epilepsy	5
Failure to Thrive	5
Prematurity	5
Behavioural Problems	5
Cerebral Palsy	6
Communication Problems	7
Downs Syndrome	12
Developmental Delay	23
Autistic Spectrum Disorder	26
Other	52

Figures from the Early Years, Childcare and Extended Schools Service indicate that 67 children have accessed help through the bursary fund to attend inclusive childcare in nursery, playgroup and childcare centre settings, plus two more with childminders.

Summary

In terms of the overall numbers of children with disabilities in East Sussex, we can broadly group children according to the impact of their disability - which will influence the level of services required or desired and how they might be accessed - using the following model:

Model 1: Impact of Disability



Within the high and medium impact groups there is a growing number of children and young people with Autism Spectrum Disorders, a disproportionate number of whom are male and nearly half of whom will be teenagers by 2012. It is likely that the numbers of children with complex health needs will remain the same or rise due to greater survival rates, and possible that there will continue to be a rise in diagnoses of ASD.

The fact that around three quarters of all disabled children in the county are male needs to be taken into account when developing both the paid and volunteer workforces. Further steps are to be taken to understand any specific needs of

minority ethnic groups in East Sussex with disabled children, and this will be discussed below – however, both absolute and relative numbers are small, with the largest recorded minority ethnic category – mixed heritage Black Caribbean and White – comprising only 1% of children with an SEN Statement.

3. Needs Analysis – Consultation

Parents and Carers

We have undertaken extensive consultation with parents and carers of disabled children, to ascertain their views about Aiming High for Disabled Children (AHDC) and short break services. Including You - a parent led consultancy - sent out surveys in autumn 2008 to over 2300 families. We received 251 responses from across the county with a higher proportion of respondents from Eastbourne and St Leonards. Respondents also represented a disproportionately high number of families with children and young people with ASD and with severe learning difficulties.

Including You held five discussion sessions at venues across the county, involving over 35 parents and carers, including one group targeted at parents of young children with complex health needs. The survey and group discussion findings have been written up by Including You¹¹.

We intend to address targeted consultation with minority ethnic parents and carers through use of a small TDC parent participation grant to map and contact existing black and minority ethnic groups across East Sussex, and to ensure their participation in the Parents Forum Conference due to take place in early February 2009.

We also have the findings from four discussion groups with parents and carers earlier in 2008 in support of the authority's Childcare Sufficiency Assessment¹².

Almost 60% of the parents and carers who responded to the AHDC survey said that they are receiving breaks in care. 64% of those receive the greater proportion of breaks informally through family and friends. Where additional or significant medical needs existed, access to breaks in care was slightly higher than average across the respondent population.

24% of respondents expressed a preference for informal childcare provision. However the preferred form of short break was for 'specialist' holiday provision - 42% - followed by overnight provision at 22% and specialist after school provision at a little under 20%.

In keeping with the messages from research that underpin Aiming High, over 75% of respondents stated that having sufficient short breaks would allow them to spend more time doing things for themselves or with their partner and over 50% said that it would give them more time to spend with their other children. This reinforces the central preventative role of short breaks in sustaining and nurturing ordinary family life.

The discussion groups provided a rich amount of detail regarding the type of short break service or services that parents and carers would want. This detail can be categorized into the following overarching themes or quality areas:-

Support in the home – including buddying, befriending and sitting, short notice support, and availability over the Christmas period.

¹¹ *Aiming High: for East Sussex – the views of parents and carers in support of the East Sussex Action Plan, Including You*

¹² *Project Report East Sussex Childcare Sufficiency Assessment, Including You*

Services being responsive to the needs of the whole family – including family events, support and events for siblings and fathers, emergency care, availability of transport, choice – including whether (or not) to have direct payments, short break weekends, breaks for older children and those with higher needs.

Access to community, sport and leisure – more access and support to use community sport and leisure; disability awareness and training for providers; designated activity days or sessions; thoughtful inclusion in community events, such as carnivals; activities on Saturdays; trips out.

Equipment and facilities in community settings - inclusive playgrounds; better equipment and facilities in nursery, sports and leisure settings, including changing facilities.

Availability of clubs and holiday schemes for all ages – a wish for more holiday clubs, activity holidays, after school clubs, Saturday clubs; more play schemes for under-8s.

Overnight short break provision in and away from the home – more link fostering families; more flexible and emergency overnight provision; whole weekends rather than one night.

Information about services and activities – the need for timely information about local services and activities was a strong theme throughout all of the groups, as was the need to involve parents on a regular basis.

Children and Young People with Disabilities

Maintained and one non-maintained Special Schools in East Sussex were asked to undertake some structured consultation with pupils, either through the mechanism of school councils or other individual and group discussion. Questions covered:

- young people's experience of short breaks both in and outside of the home;
- what they liked/did not like;
- what they would change/would like in addition;
- what would help them access short breaks.

The following schools provided written feedback: Hazel Court, Saxon Mount and Chailey Heritage. In addition, we were able to draw on the findings of three relevant surveys of young people previously undertaken in 2008:

- East Sussex Children's and Young People's Plan (C&YPP) – Targeted Consultation Report;
- 'Special Needs Questionnaire' about young people's participation in sport, undertaken by the ESCC PE and Sports Development Manager;
- Xpress Advocacy – Questionnaire to Eastbourne and Hailsham Buddies (young people matched to volunteers).

The views expressed by children and young people about the full range of short break activities – from residential care to universal leisure services - can be summarised as follows:

Positive experiences of short breaks – young people identify many positive experiences from short breaks, including: getting away from parents; giving parents a break; going to nice places/doing fun things; having someone – perhaps a buddy - to spend time with them; meeting up with friends in a residential setting; day or weekend trips to new places.

Specific short breaks enjoyed – consistent with the findings of the C&YPP consultation, young people particularly appreciate outdoor activities, and opportunities to be in more inclusive settings. Examples of popular activities included: scout and other camps; adventure centres; canoeing and sailing; sports clubs; theme park; Saturday club; shopping. Being with friends in these settings was an important theme.

Staff, instructors and coaches – some young people fail to access sports because there is a lack of staff who demonstrate the skills, knowledge or understanding to respond to their individual special needs. This is particularly relevant for young people with autism, physical and/or medical needs.

Location – for some young people, there seems to be a lack of local activities, and some link this to lack of available transport. Others would like to be more involved in existing youth provision rather than attend specialist clubs.

Information – some young people (and their carers) do not think they are sufficiently well informed about specialist, targeted and inclusive sports provision.

Supply – there are long waiting lists for some activities, such as special needs horse riding sessions. In other settings, such as swimming pools, young people would like more special needs sessions, when people would not stare at them. Disabled young people would like to get involved in outdoor projects. Several young people just said they wanted ‘more’ breaks, trips away, and generally more opportunities to go out.

Providers

We have undertaken interviews with over 35 stakeholders and providers (statutory, voluntary and private; current and potential), and held a day event for provider services in September 2008. This was well attended, by 30 representatives of specialist and universal social and health care, leisure, youth and play services. Presentations were made on *Aiming High for Disabled Children*, and *Better Care: Better Lives*, and providers were invited to identify gaps in service provision, opportunities that additional funding afforded to develop services, and what the enablers would be for more children to experience short breaks in a range of settings.

Providers have identified a range of unmet needs, and thereby opportunities to develop services. The themes that emerge are:

Mentoring/buddying schemes – a need for skilled and preferably younger buddies, particularly for teenagers, to facilitate access and transition to community and universal provision – sport, leisure, youth and also opportunities to ‘hang out’ with friends (one provider described this as ‘virtual clubs’). Lewes and Wealdon, in particular, lack any such provision.

Clubs and activities for young people with Asperger’s and ASD – there is a need for more youth provision, affording opportunities for higher functioning young people to meet with peers, at times young people like to meet – including weekday evenings – with managed access to universal services – building relationships and ‘filling the gap for true friendship’. Trained staff or volunteers could offer overnight or weekend trips away.

Personal short breaks – a need for greater capacity and availability of sitting, befriending and ‘taking out’ provision. There are waiting lists for both the current PVI services which contract with ESCC and the PCTs – there is less quantity of provision in the West and North of the county, although Hastings and Rother are also oversubscribed. It is more difficult to match carers to children with ASD/challenging behaviour, complex health needs, and moving and handling needs. There is unmet demand for sitting/befriending services at weekends and evenings.

Residential short breaks – there is a growing need for some young people with ASD to have short breaks in skilled residential settings where their challenging behaviour can be managed. Similarly, some children with complex health needs need residential settings with onsite access to nursing care.

Transport - undoubtedly, some children and young people are missing out on opportunities to attend clubs and play schemes because of a lack of suitable, flexible or affordable transport. This particularly affects children who live at a distance from their extended special school, or who live in rural Sussex. It is argued that access becomes inequitable for these reasons.

School holiday and half-term activities, play schemes, after school and Saturday clubs – there continues to be unmet demand for short breaks at these times. Outward bound residential weeks at adventure centres are popular, but difficult for some families to afford.

Support for parents, carers and siblings – a need to build into short breaks opportunities for parents and carers to meet and offer mutual support – perhaps in early years’ settings, or through family holidays in adventure settings. Siblings, who are often young carers, need support groups and activities in their own right.

Mixed ability and inclusive settings – a need to develop further links with play and sports partnerships, and the youth service, to include more children with disabilities in mainstream provision, as well as generate more mixed ability clubs and social settings.

Training and support to providers – a demand for clearer pathways to access specialist training from health or social care services, to increase the cohort of skilled and confident carers in both specialist and universal settings. There is recognition that some universal settings also need help in understanding and prioritising inclusion.

4. Current market analysis

Audit of short breaks provision

The Children's Disability Service currently supports over 450 disabled children, young people and their families through a continuum of short break and support services which are directly provided, or funded by the core budget or Carers Grant.

The bulk of overnight provision is through in-house residential and fostering services, with some limited spot purchasing.

Two voluntary sector providers supply a quantity of day care (sitting, befriending and outings): Hastings & Rother Family Friends received a grant of £45K from ESCC in the current year, while Crossroads Care received £145K from ESCC and £165K from the PCTs. This latter contract is currently managed by Adult Services. Both are one year 'rolling' contracts.

The Children's Disability Service has substantial Outreach and Sessional teams. The authority also runs a number of specialist Saturday and youth clubs, a small nursery, and a siblings group. There is a robust Direct Payments programme, with 70 families in receipt of payments. Since 2007 there has been an expanding after school and holiday club provision in the Special Schools, through a contract with a community based voluntary sector provider. This contract is currently out to tender for the period 2009 – 2012.

Most residential and day care short breaks provision is currently accessed through the Resources Panel which meets fortnightly. The exceptions are the three PVI contracts – which do take referrals from statutory services, but are also 'open access' – and the Demelza community outreach team, which receives annual funding of £25K from the PCTs. There is a buddy scheme run by Xpress Advocacy and a small amount of private after school and holiday provision that are self-funding.

In addition to the larger scale providers, there is also a range of smaller, localised private and community based play, sports and leisure groups – some specialist, some offering inclusion – which do not receive any contract or spot funding from ESCC or the PCTs, but which are accessed directly by families who might (but not necessarily) use Direct Payments or Disability Living Allowance to pay. These include:

- Club4Kids – after school and play schemes in Bexhill and Hastings;
- St Mary's School and College – after school and holiday play schemes in Bexhill;
- Filsham Wheelers - wheelchair Basketball covering Hastings & Rother;
- Westerleigh Judo - inclusive club and involved in Special Olympics;
- St Mary's Triathlon - through St Mary's School;
- Bexhill Swimming club - for disabled Swimmers (not those who cannot swim);
- 2nd Chailey Scouts Group;
- Phab – Saturday Club – Uckfield;
- 1066 Specials – football club in Hastings and Rother.

To date, the authority has received a number of written expressions of interest from both current providers and those who would be new to East Sussex, and these have

helped to inform thinking around future commissioning. Interested providers with whom the authority does not currently contract include:

- Barnardo's
- The Children's Society
- Sussex Autistic Community Trust
- Sussex Autistic Society
- Phab
- KIDS Direct
- Living Life Eastbourne
- Cool2Care

Current providers who have expressed a clear interest in expanding or developing new services include:

- Chailey Heritage Clinical Services
- Demelza Hospice Care for Children Community Team
- Chailey Heritage School
- South Downs Extended Special Schools Community Interest Company
- Activenture (Hindleap Warren)
- Families for Children
- Hastings & Rother Family Friends

Gap Analysis

Strength of the Marketplace

A weakness of the current market is an imbalance between direct local authority provision of care and contracts with the PVI sector. The PVI spending that takes place under contract is with just three organisations - Crossroads Care and Hastings & Rother Family Friends (H&RFF) provide day care, while South Downs Extended Special Schools CIC provides after school and holiday clubs.

The extended schools provision is in its second year, and already has added considerable short breaks capacity (over 18,000 contracted hours in 2008/09), but it does not yet cover all the relevant Special Schools. The contract is currently up for tender for the first time.

H&RFF operates only in the East of the county (a condition of their current Constitution as a Charity). The Crossroads Care contract has to date been jointly held with Adult Services, and needs to be disaggregated in order to achieve more effective monitoring and better value for money. Records of unmet need indicate that the day care contracts are not successfully meeting all the demand (see below).

There are a few other third sector organisations in East Sussex operating on weak funding bases – variously reliant on a parent organisation, grants from such as BBC Children in Need, and/or local fund raising. Two examples are:

- Xpress Advocacy, which provides a limited buddying service to 40 young people in Hastings, Rother, Eastbourne and Hailsham only, and
- Phab, which runs an integrated, mixed age, social club in Uckfield.

There is no activity from other strong national or regional providers in East Sussex, despite the presence in our neighbouring authorities, Brighton & Hove City Council

and Kent County Council, of organisations such as Barnardo's, The Children's Society and National Autistic Society.

All overnight care (other than that in hospices) is provided by the local authority, or spot purchased, and a good deal of day care and community support comes from the Children's Disability Service Outreach and Sessional Support Services. Spot purchasing of additional capacity (in particular, overnight capacity) has the advantage of flexibility and plays an important role in the market, but by its nature tends to be reactive, insecure and un-strategic. The new short breaks money affords the opportunity to strengthen our ability to manage the market by developing secure relationships with more providers based on contracts.

Evidence of Unmet Need - Demographic

There is some evidence of unmet need across the current day care services.

Hastings & Rother Family Friends currently provides linked carers to around 40 children and families, but have another 40 on their waiting list. The gender balance of those both receiving a service and waiting is roughly 70:30 boys to girls, similar to overall East Sussex figures, and there is no evidence of gaps in relation to ethnicity – around 7.5% of children receiving a service are recorded as from a minority ethnic group. Most children waiting live in Bexhill, St. Leonard's and Hastings (82.5%). The service only covers Hastings and Rother, so there is no waiting list for residents of the other three Districts.

Crossroads Care operates across East Sussex, in two localities: Hastings and Rother; Eastbourne, Seaford, Wealdon and Lewes. The localities record data differently, but overall they appear to provide carer links to around 100 children and young people, with a further group of 45 attending holiday play schemes. Three quarters of children with link carers live in Hastings and Rother. The ratio of boys to girls receiving a service is 68:32, similar to overall East Sussex figures, but in Hastings and Rother the ratio is closer to 76:24 and it is more like 50:50 in the West and North. 97% of children are recorded as White British, higher than in the overall population of disabled children. Areas in Wealdon such as Frant, Ringmer and Wadhurst are identified as in need of more provision.

Both Crossroads Care and H&RFF identify the greatest number of children on waiting lists as having autism, global delay, or specific complex health conditions such as cerebral palsy, epilepsy, or being gastro-fed – the same groups identified by commissioners and other providers in East Sussex.

Evidence of Unmet Need – Type of Provision

In addition to gaps in personal short breaks provision, parents and children clearly identify a need for better access to community based sports, play and leisure services – the barriers currently relate to a range of factors, including location and access to (affordable) transport, and concerns about the ability of providers to effectively include children with severe disabilities in universal settings – these infrastructure issues are discussed below.

Parents and children are asking for a greater quantity of provision – in particular, holiday play provision, outdoor activities, sports, youth clubs and buddying (or mentoring) – for teenagers, the most important gap is often the chance to do very ordinary activities, such as meeting up with friends and 'hanging out'. For some disabled youngsters these opportunities require a helper, and preferably someone young enough to be seen as a peer or mentor, rather than an adult.

Families are asking for sitting and befriending services to offer more provision at weekends, and evenings, and also for more flexible overnight provision. For younger children, the preferred form is family based – whether through fostering or flexible childminders – while it is clear that there is a group of young people with ASD and/or SLD and challenging behaviour for whom additional residential capacity is required. Generally, there is an expressed need for more autism awareness and autism specific short breaks for those children who cannot manage universal settings easily.

Evidence of Unmet Need - Infrastructure

Both service users and providers have identified the need for more effective communication about specialist and inclusive services, and how to access them.

Providers have raised the difficulties they experience at times obtaining specialist training for their staff and volunteers – especially around specific health needs and ASD/challenging behaviour. The pathways to training and specialist support do not always appear clear to community based providers.

Providers have clearly identified better commissioning and contracting as enablers of more effective provision, including:

- Contract stability – i.e. three or five year contracts
- Greater clarity and proportionality in service specifications and contract monitoring
- Additional funding to enable expansion
- More opportunity to work in partnership with statutory funders, and to develop networks with other providers

5. Strategic Priorities

Our delivery plan for short break services 2009 – 2011 is based on a number of identified strategic priorities arising from our needs and market analysis:

1. We will seek to commission a greater quantity of short break services more effectively, under managed contracts that deliver value for money. We will develop a range of contracts to reflect specific needs, rather than large whole-service block contracts.
2. Commissioning plans will be undertaken as joint initiatives between ESCC and the PCTs, and will incorporate all available funding streams.
3. We will aim to enable open access (self referral) to the greatest number of short break services – restricting assessment by the Children’s Disability Service to high impact disabilities/high end services.
4. Procurement of new services will need to be timely and expedient, as contracts based on the additional funding should not be let beyond March 2011 until the DCSF indicates that funding will continue.
5. Through increased contracting, as well as better dialogue with all short break providers, we will stimulate the market and diversity of providers. This will increase choice and the potential for service users to purchase their own care with direct payments and, in time, individualised budgets.
6. ESCC’s in-house short break services – in particular, residential and outreach – will focus on the higher-end need children with disabilities.
7. We will use our influence as commissioners to encourage and support practices which promote expansion of capacity, creativity, and good outcomes for children and families, including:
 - Reducing barriers and enhancing inclusion of disabled young people in universal and community activities
 - Promoting participation by children and parents/carers in planning, commissioning and delivery of services
 - Supporting and encouraging networking and joint working between providers in all sectors
 - Good and timely information about services and activities
 - Making training and support available to providers in areas of specialist knowledge and workforce development

6. Specific commissioning intentions

Children and young people with ASD

We recognise that there is a group of young people with ASD and significant learning disabilities and/or challenging behaviour for whom there is currently insufficient overnight short breaks provision, and who require the option of specialist residential care. An increasing number of these young people will be of secondary school age, and unsuitable for foster care. We will build on the expertise of our existing in-house care staff to create a new four bed specialist unit on the Sorrel Road site, eventually creating an additional 1400 overnights/year.

We will also encourage additional providers of individual and group based care for children right across the Autism spectrum to enter the local market, including sitting, befriending, buddying and clubs – as part of the recommissioning of *Personal Short Breaks*. We will support development of additional youth club provision for young people with Asperger's and ASD.

We have recently created an ESCC Autism Support Team – 'Spectrum' – to help higher functioning young people with ASD to access universal leisure provision, and we will look in 2010-11 to expand the team's capacity further.

Personal short breaks

We will tender for two or more providers of Personal Short Breaks, specifically for children and young people. The new contracts will include one provider catering for children and young people with ASD and one provider catering for children with complex health needs.

We will ensure that there is equitable geographical coverage, and in particular that Lewes and Wealdon are not disadvantaged. We will seek providers who can make these services available in the evenings and at weekends, and we will specify the services in a way that focuses on the needs of individuals, in particular to access mainstream social, leisure, play and sports activities, break down barriers and develop the confidence and self-esteem of the child/young person.

Contracts will specify who is eligible for these services, they will be accessible by self-referral, and will not require formal assessment by Children's Services or Health. We will encourage and support providers to develop a broad-based workforce, including sufficient males.

We will increase the Direct Payments budget to empower more families and young people aged 16 -18 to directly purchase personal short breaks in a range of settings, and we will also explore the potential to introduce a scheme through which parents and carers can access a number of trained and checked personal assistant hours through an internet service.

Young people aged 14+

We are particularly aware that there is a relative dearth of social and leisure provision for teenagers across the range of disabilities. We will financially support the development of increased specialist club provision, through a programme of small grants and partnership working with the Youth Development Service. We will engage

in a developmental dialogue with the Youth Development Service in relation to achieving more inclusion and integration in mainstream youth settings.

We will commission a new buddying/mentoring scheme to develop personalised short breaks for severely disabled teenagers, in a way that promotes their independence, and supports their access to a wide range of activities according to their needs and preferences. This service will need to prioritise young people in the North and West of the county initially. We intend to create at least 40 additional buddy relationships – around 5000 hours/year – on top of existing PVI provision.

Children and young people with complex health needs

As part of the commissioning of more Personal Short Breaks we would like to purchase additional capacity for children with complex health needs, from a provider who can deliver the necessary nursing expertise and training for care workers. We would like to commission an additional 2000 hours of sitting, befriending and outings for up to 25 young people. This will include the offer of care at times during the evening and at weekends.

We will purchase an additional 200 nights residential short breaks, in the form of a block contract, from a suitable local provider who can provide nursing expertise. The PCTs will fund any additional individualised nursing care, as required.

In partnership with the PCTs we will establish a workforce development strategy. This will include specific PCTs funding for healthcare training and nursing support to universal and targeted short breaks settings, and clear pathways for statutory, voluntary and private providers to access this when and where the need arises.

Children under the age of eight

Many families are well supported through the Early Years Support and Care Coordination Scheme, and through the availability of the special needs bursary fund to assist inclusion in mainstream nurseries and play groups. We will seek in addition to create a flexible family based short break resource for young children through developing a specialist childminding network, a model successfully applied elsewhere. By 2010-11 this will comprise 15 carefully selected and trained childminders, providing over 20,000 hours of care a year, including capacity for occasional evening and overnight short breaks.

Children with moving and handling needs

In addition to an expanded Personal Short Breaks menu, we recognise that children with moving and handling needs require a range of specific and often very individual additional provision. These include training, staffing ratios, equipment and adaptations. Service specifications will incorporate these considerations to ensure that appropriate provision is available. The capital programme will include investment in adaptations and equipment for short break services.

After school clubs and holiday/half-term provision

We will build further upon the recent considerable expansion in after school clubs and holiday play schemes located in the authority's Extended Special Schools. A £300K annual contract is currently out to tender for this provision over the period 2009 – 12. We will use additional short breaks funding to ensure that the current service reaches two more schools in 2010-11 and delivers a full after school and

holiday provision in all seven. Parents and carers can approach these schemes directly, and are charged at a market rate for places (i.e. the same as for a non-disabled child).

We will also make available more grants for families to purchase short break holidays and weekend breaks – such as at residential outward bound centres.

Clubs and events targeted at children with severe disabilities

We will make available small grants to support the development of local specialist and targeted social, leisure and sports provision, including clubs and one off events. We will ensure close working with the East Sussex Sports Partnership, Youth Development Services, Districts, Boroughs, and Local Partnerships for Children.

Inclusion in universal services

We will make available small grants for local community based social, leisure and sports clubs and events that are targeted at, or promote inclusion of, disabled children and young people. This will supplement and dovetail with funding of youth led initiatives through the Youth Development Service YOF and YCF grants.

Our development work with universal providers will focus on ensuring that services:

- Have sufficient staff with the skills and knowledge to work with disabled children and young people
- Demonstrate a welcoming attitude and ethos
- Are able to work collaboratively with health and social care partners

Disabled child/young person's leisure card – 'a passport to services'

We want to improve the provision of relevant information to parents and carers about services and improve the core data and planning information we hold about children and young people with disabilities. To achieve this we plan to relaunch the voluntary Children's Disability Register. The register will also be important in developing further our participation and consultation strategy.

We will issue a card on registration initially providing details of existing discounts for parents and carers and their disabled children. Parents thought the card would be good as a form of identification. In time further discounts can be negotiated and act as an incentive for registration as well as providing greater access to universal provision.

Management and infrastructure

Currently, in relation to the development of short break provision, we have no dedicated management, administration, contract management, information or workforce development capacity. We have recently recruited a Short Breaks Development Manager, who comes into post in February 2009, and a Youth Participation Worker for disabled young people has also been appointed. To underpin our delivery plan, there will be a further modest expansion of infrastructure.

7. Purchasing plan and budget

Table 10: Proposed ESCC short breaks spending plan – additional revenue funding

Short Breaks Provision	Target Group	2009 – 10 (£)	2010 – 11 (£)
In-house residential unit in Eastbourne, operational target Sept 2010 – 4 bed, 700 additional nights in Year 2, 1400 per year thereafter – primarily to serve West and North of County	Children with ASD/Challenging Behaviour	None	307,500
Purchase of additional residential beds at Finches (200 nights)	Children with complex health needs	32,000	32,800
Expand overnight residential PVI short breaks provision – additional 210 nights	Children with SLD	75,000	76,875
Expand ESCC Outreach Team to extend support to young people attending community activities – additional 800/1800 contact hours	Children with high impact disabilities	20,000	46,125
Commission one or more buddy projects – to ensure county-wide coverage – 30/60 young people, 3600/7200 hours	Young People 14+	60,000	123,000
PCT/LA to review current personal short breaks contracts to achieve better value and to commission additional 14000 hours from PVI sector in Year 2, making 28000 in total	In 'pots': - ASD/Challenging - SLD/PMLD - MLD - Physical Disabilities/ Moving and Handling Needs	None	102,500
Commission additional 1000/2000 hours sitting, befriending, outings from specialist provider	Children with complex health needs	20,000	41,000
Expand ESCC ASD training and development team to support community based leisure, sport, social activities	Children and young people with Asperger's or Autism		108,250
ASD Bursary fund	Children and young people with Asperger's or Autism	25,000	25,000
Expand overnight family based PVI short break	Children with ASD, SLD, MLD, Physical Disabilities,	None	102,500

Short Breaks Provision	Target Group	2009 – 10 (£)	2010 – 11 (£)
provision – 650 nights	Moving and Handling Needs		
Develop specialist childminding network – to provide 15 carers, 6500/10000 hours	Children with disabilities aged 0 – 18 years	30,000	46,125
Extended Special Schools - extend programme to additional schools	All children with SEN Statement	77,000	307,500
Grants to universal providers to support inclusion		40,000	111,375
Grants to specialist providers		15,000	57,750
Purchase of residential outward bound weeks (or weekends) – 60/100 @ £500 each		30,000	51,250
Direct Payments/ Equivalent Personal Assistants brokerage service – 4000/6000 hours		60,000	92,250
Short Breaks Development Manager		60,000	61,500
Information and Data Officer		25,000	41,000
Youth Participation Worker		40,000	41,000
Finance and Contracts Officer		25,000	41,000
Total Additional ESCC Spending		634,000	1,816,300
Income - Short Breaks Grant		534,000	1,720,000
Income - Carers Grant		100,000	100,000

Table 11: Proposed ESCC short breaks spending plan – additional capital funding

Short Breaks Provision	Target Group	2009 – 10 (£)	2010 – 11 (£)
Building of facilities for outreach services	Children with high impact disabilities	100,000	None
Building of additional 4-bed residential unit	Children with ASD/Challenging Behaviour	100,000	400,000
Equipment and adaptations	Children with high impact disabilities	56,000	198,000
Total Additional ESCC Spending		256,000	598,000
Income - Short Breaks Grant		256,000	598,000

8. Leadership, planning, monitoring and review

We will ensure our capacity to use the additional short breaks money to maximum effect by:

- i) Investing in programme management and partnerships development, through appointment of a Short Breaks Development Manager;
- ii) Enhanced financial management, management information, contracting, performance monitoring and administration, through appointment of a Data and Information Officer, Finance and Contracts Officer and Administrator;
- iii) Appointment of a Workforce Development Officer to support growth in capacity and skills base of the short breaks workforce;
- iv) Ensuring strategic oversight of the short breaks programme by the Disabled Children's Development Group, part of the Children's Trust;
- v) Establishing a leisure card for disabled children and young people which can in time be built upon to deliver greater access to universal provision, as well as supply core Disability Register data and important planning information;
- vi) Exploring with KITES, Parent Partnership and the user led consultancy Including You, ways of improving the accessibility of information about short breaks, with a view to reaching parents and children who may benefit from services but are not using them;
- vii) Further developing our Parents Forum, and through the work of the Youth Participation Officer enhancing opportunities for disabled children and young people to actively participate in service design and review.

APPENDIX 1 – FULL SERVICE OFFER

Appendix 1: Draft 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;
- offer a significantly greater volume of short break provision set against a 2007-08 baseline, and which reflects 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;
- offer a wide range of local short break provision, tailored to families needs and including:
 - a) 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 service;
 - measures 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.
 - b) overnight breaks, with care available in both the child's own home and elsewhere.
 - c) 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 respond to urgent care requirements .

- provide age appropriate provision which ensures the following groups are not disadvantaged in accessing short breaks:
 - a) 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 on the Autistic Spectrum will require specialist additional short break services
 - b) 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 □.
 - c) 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;
 - d) 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;
 - e) 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.

□ Evidence suggests that there is very limited availability of emergency short break care, with less than 50% of short break carers offering emergency placements and when they do, it is to children already receiving short breaks from that carer.

□ An autism spectrum disorder (ASD) is a lifelong developmental disability characterised by difficulties in three areas: social communication, social interaction and social imagination, sometimes known as the triad of impairments. Children with ASD and accompanying severe learning disabilities have often missed out on short breaks.

□ These children require support, often including clinical and / or invasive procedures in order to maintain their optimum health on either a regular basis or in an emergency. Some of these children may be dependent on technology e.g. ventilation; tube feeding, dialysis. The need for advanced planning and preparation for technology dependent children cannot be underestimated. To ensure the short break provision is provided safely it is crucial that this provision is developed in partnership between local authorities and PCT's. A significant requirement is the

need to train sufficient staff to ensure they are competent to deliver safe care. The training implications for these staff are significant.

APPENDIX 2 – READINESS CRITERIA

Appendix 2: Readiness Criteria

(to be met by all LAs and signed off by 31st March 2009)

1. Good strategic vision demonstrating a sound understanding of what short break transformation entails;
2. Joint planning activity that has resulted in clearly articulated proposals for local short-break development to meet the FSO - supported by pooled or aligned budgets and resources - and reflecting the scale of the increase in funding provided.
3. The collection and use of robust data and information to determine current service use, needs, and to underpin planning and commissioning - especially around the requirements of specific groups of disabled children;
4. Evidence of families' input in shaping planning through the engagement of a wide range of parents and disabled children and young people;
5. The designation of a service manager in both the local authority and corresponding PCT(s) with responsibility for the short break change programme;
6. Adequate management capacity to deliver transformation from April 2009;
7. The identification of capital project requirements and capital project management capacity to deliver the capital programme;
8. Commissioning arrangements are established capable of developing the local market for short break provision and engaging independent providers in that development;
9. Linked to market development - a clearly articulated joint workforce strategy with operational planning, outlining clear processes for ensuring both quality and sufficiency of the short break workforce (carers and staff) to meet the identified scale of service expansion and the expectations set out in the FSO.