

Aiming High for Disabled Children:

Short Breaks Implementation Guidance

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Joint Ministerial Foreword



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The Government is seeking a transformation in short break provision for disabled children. The evidence on the importance of short breaks is clear; however services are struggling to meet the requirements of disabled children and their parent carers – many of whom are reliant on them for breaks from constant caring responsibilities. Most worryingly, children who have the greatest need for breaks often seem unable to access provision because of the challenges posed by their disability.

More quality breaks are needed. Too many families are unable to gain the breaks they need. But disabled children and their parent carers also want breaks at times which suit their often complex lives, and want options as to how and where care can be delivered.

We have responded to the evidence on short breaks through *Aiming High for Disabled Children*.

This report set out a major investment in short break provision, with £269m to be issued to local authorities to secure short break transformation over the next three years – thereby doubling Local Government expenditure on short breaks by 2010-11.

For PCTs, new growth funding has been included in baseline allocations to enable them to work with local authorities to significantly increase the range and number of short breaks. The NHS Operating Framework also sets out a clear framework to improve the health, well being and experience of services for our young disabled population.

This combined investment, together with £90m of short break capital funding set out in the Children's Plan creates a platform for a step change in the capacity, range and quality of short break services for children with disabilities and complex health needs. Importantly, it must also mean an end to whole categories of eligible children and young people languishing on waiting lists for want of suitable short break services.

To further support step change, the Government is seeking to set local authority short break services on a statutory footing through the Children and Young Persons Bill. Subject to Parliament and royal assent, a new duty will help ensure that short break services lose their current cinderella status.

Families of severely disabled children are not asking for the State to take over their caring obligations. Instead they seek breaks that will help them to *continue* to care. There can be no better investment than to enable them to do so.

The Government is aiming high for disabled children and has clearly set out its expectations. Transformation is yet to be achieved however and we now look forward to working with you in creating radical change in short break provision. In doing so we will benefit the life chances of some of the most vulnerable children in society. There can be no greater prize.

Executive Summary

This guidance informs local authority and Primary Care Trust delivery of the Aiming High for Disabled Children Short Break Transformation Programme; a central component of a wider change programme for disabled children's services set out in *Aiming High for Disabled Children; Better support for families* (DCSF/HMT May, 2007).

The Government is investing heavily in short break provision. £269m is available to Local Government over the 2008-11 period with significant additional resources also being made available to PCTs. For most local authorities, this will mean start up funding in 2008-09 and major investment over the 2009-11 period.¹ English Local Government expenditure on short breaks is set to double between 2007-08 and 2010-11.

Subject to Royal Assent, new legislation will also place local authority short break services on a statutory footing from April 2011 with corresponding regulations specifying requirements for these services (section 1.4).

Through these measures the Government is seeking a transformation in the quality, quantity and range of provision, and expects all local authorities and PCTs to meet the standards set out in the Full Service Offer (FSO) (section 2.3) by April 2011. Those areas awarded short break pathfinder status will need to do so a year earlier.

In addition to securing a significantly greater volume of provision, meeting the FSO will involve ensuring that specific groups of disabled children are no longer disadvantaged. Local partners will also need to re-assess eligibility criteria to reflect the availability of these new resources.

New growth funding has been included in PCT baseline allocations to enable them to work with local authorities to significantly increase the range and number of short breaks. We will confirm the overall level of funding we are making available to PCTs to support improvements in services for disabled children and this will be set out as part of the Child Health Strategy that the Government will publish in September 2008.

Local authority short break funding is ringfenced and can be used for a wide variety of purposes to achieve the FSO, but must not be used to substitute for resources aimed at providing inclusive

¹ local authority allocations for the 2008-11 period are contained in the short break allocations letter at www.everychildmatters.gov.uk/ahdc

universal provision (section 2.1). Nor should the new funding be used to substitute for existing short break expenditure.

The Government has appointed *Together for Disabled Children* (TDC) to assist both PCTs and local authorities to achieve step change in short break provision. TDC will facilitate network learning arrangements, disseminate learning and best practice and provide hands on support where required.

However, responsibility for taking forward the opportunity presented, ultimately lies with local partners. Success in transforming short break provision will be dependent on a number of factors:

- senior level support in both the local authority and PCT, and a corresponding joint delivery programme;
- a strategic approach to provision, incorporating consideration of access to universal provision;
- the ongoing involvement of disabled children, young people and families in decision making processes that shape delivery;
- adequate and dedicated service and change management, and capital project management;
- an immediate response to the transformation opportunity – revenue carry forward will not be considered;
- improvements in commissioning processes – including needs assessment, market development, and adequate financial and management information (section 3);
- an adequate joint workforce strategy between the authority, healthcare partners and independent providers, with a corresponding capacity to robustly pursue the strategy (section 3.4).

Transforming short break provision in line with this guidance and the scale of additional funding available presents a significant challenge to local partners. Adequate preparation for service transformation will be vital if the opportunity to radically improve services is to be seized and underspend avoided. For this reason the Government is setting out criteria which all non-pathfinder areas are asked to meet by the end of 2008-09 (section 1.3). Receipt of the full local authority funding allocation will be contingent upon these criteria being met.

In addition to the resources set out above, the DCSF Children's Plan announced a £90m short breaks capital programme. Although many areas may not be considering major capital projects – preferring to utilise this funding on small scale adaptations, equipment and building alterations – all should be aware of the arrangements surrounding capital financial management, the likely timescales for capital projects and the appropriate capital project management role of the local authority (section 4).

Because the AHDC Short Break Transformation Programme constitutes a significant change programme, dedicated performance management arrangements are being developed (section 5), while longer term performance management will be delivered through the new local performance framework, as outlined in the 2006 Local Government White Paper *Strong and Prosperous Communities*.

As part of these arrangements, a national indicator focused on parents' perceptions of disabled children's services – to which adequate short break provision will be key – will be included in the new national indicator set for local authorities and the NHS 'Vital Signs' indicator set. These in turn will inform Local Area Agreements and inspection arrangements.

Section 1:

Introduction

Key points from this section:

The transformation of short break services forms a central component of the wider Aiming High for Disabled Children (AHDC) change programme.

New legislation will place local authority (England and Wales) short break services on a statutory basis.

A national short break support function (Together for Disabled Children) is being launched to facilitate peer support and network learning, and to provide additional support where it is needed.

Key actions for local authorities and PCTs

Local authorities should ensure that the Director of Children's Services and the Lead Member for Children's Services are aware of the short breaks transformation programme and engaged in its development. Primary Care Trusts should ensure that a similar connection is made with the Executive Director for Children and Young People and the Commissioning Lead for Children's Services.

Local authorities – working with PCT partners – will need to ensure that by the end of March 2009 they are able to demonstrate that they are ready to transform short break services.

Criteria for 'readiness' have been set out (section 1.3) and full local authority funding allocations in 2009-10 will be conditional on meeting these criteria. By providing significant additional resources through a specific grant the Government wishes to see local authorities creating a corresponding growth in short break provision. Cutting existing short break expenditure will compromise this aim, and will not be considered in keeping with adequate preparation for growth.

Local authorities will need to utilise start-up funding provided in 2008-09 to prepare for service transformation.

PCTs and local authorities should engage with *Together for Disabled Children* and with peer organisations through the networking arrangements established to ensure learning is maximised.

1.1 The guidance

1. This non-statutory guidance is intended to inform local authority and Primary Care Trust delivery of the Aiming High for Disabled Children: Short Break Transformation Programme, scheduled for implementation between 2008-2011.

2. The transformation of short breaks forms a central component of the wider Aiming High for Disabled Children (AHDC) change programme. This guidance should therefore be read in conjunction other AHDC resources, a list of which can be found at Annex B. It also informs the appropriate use of Aiming High for Disabled Children (AHDC) funding – issued to local authorities through the Sure Start, Early Years and Childcare Grant.

3. PCTs should also consider this guidance in shaping their response to the 2008-09 NHS Operating Framework priorities:

- to improve the physical and mental health and well being of children and young people; and
- to identify actions and set local targets on improving the experience of, and ranges of services for, children with disabilities and complex health needs and their families. This includes significantly increasing the range of short breaks.

4. In addition, the 2008-09 Operating Framework requires that PCTs should ‘aim to create a more personalised service that provides ... support for carers by (among other things) taking on board their views about the people they care for, and recognising their need for breaks from caring.’

5. Finally, this guidance should help shape local authority and PCT responses to the Public Sector Agreement (PSA) to improve the health and wellbeing of children and young people.

1.2 Aiming High for Disabled Children (AHDC) and the short breaks transformation programme

6. In *Aiming High for Disabled Children: better support for families* (AHDC – DFES/HMT, May 2007)² the Government announced a range of measures to transform services for disabled children and their families. These include a series of whole system measures i.e. the core offer, which sets out national expectations about how services should be delivered locally based on the five elements of information, transparency, assessment, participation and feedback; a national indicator capturing parents’ experience of services in relation to the five elements of the core offer; and an emphasis on parent forums and parental engagement as a critical driver for change (supported with £5m investment).

7. AHDC also announced a number of significant investments in key service areas. In addition to the investment in short breaks, these include a £35m childcare accessibility project to improve access to childcare for disabled children, and a £19m Transition Support Programme to support service improvements that will promote disabled young people’s transition to adulthood.

8. The largest investment however, is for the transformation of short break services and DCSF has allocated £269m³ of revenue funding for local authorities over the 2008-11 Comprehensive Spending Review period for this purpose.⁴ To enable PCTs to work with local authorities to significantly increase the range and number of short breaks, new growth funding has also been included in the PCT baseline allocations. We will confirm the overall level of funding we are making available to PCTs to support

2 www.everychildmatters.gov.uk/ahdc

3 £269m of the £280m announced for short breaks in Aiming High for Disabled Children: Better Support for Families will be provided in grant funding to local authorities. £11m has been retained for national level expenditure.

4 The Carers Grant is worth £224m in 2008-09 - including £25m which councils can use to provide emergency cover for carers. From 2008, the Grant will be paid to councils as part of the Area Based Grant. The grant is set to continue throughout the next spending review period.

improvements in services for disabled children and this will be set out as part of the Child Health Strategy that the Government will publish in September 2008.

9. Minister's wrote out to PCT and local authority Chief Executives in December 2007 to urge a joint approach to service development.⁵

10. The DCSF also published the Children's Plan⁶ in December 2007, which set out the provision of £90m for capital projects supporting short break provision. Guidance on capital project management is provided at section 4 of this document.

1.3 Delivering change and improvement

11. The Government recognises the challenge in transforming short break provision and expects PCTs and local authorities to adequately prepare, plan and build capacity to meet this challenge. In doing so local partners need to recognise that by 2010-11, the additional funding for short breaks will result in a doubling of the 2007-08 level of Local Government expenditure on short break provision.⁷ In local authorities where current expenditure is low, greater growth in expenditure will result; up to 5 times 2007-08 levels. Clearly, this level of growth will need to be managed carefully and with adequate management capacity to meet and address associated risks.

12. Transformation will also require adequate support from senior officers, and local authorities are encouraged to ensure that the Director of Children's Services and the Lead Member for Children's Services are aware of the change programme and engaged in its development. Primary Care Trusts should ensure that a similar connection is made with the Executive

Director for children and young people and the Commissioning Lead for children's services leads.

Preparation in 2008-09

13. In light of transformation challenge facing local partners and the significant planned funding increases from 2009-10, the Government is setting out clear expectations in the form of 'readiness criteria' (see below) for local area preparations over 2008-09. The Government reserves the right to reduce local authority 2009-10 short break funding allocations where local partners fail to demonstrate readiness.

14. To assist local partners' preparations, the DCSF is making a modest change fund payment of between £40-70K to all non-pathfinder local authorities during 2008-09. NHS funding is already provided through the increased baseline funding.

⁵ www.everychildmatters.gov.uk/ahdc

⁶ www.dfes.gov.uk/publications/childrensplan/

⁷ Estimate, based on 120 data returns from local authorities

Readiness criteria

By the end of March 2009 local partners should be able to demonstrate the following 9 points

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.

National support arrangements; Together for Disabled Children

15. In addition to launching short break pathfinders⁸ to generate learning and best practice to feed into the national network of provision,⁹ the Government has also contracted with *Together for Disabled Children* (TDC) to facilitate peer support and network learning and to provide additional expert support where it is

needed. TDC support will be targeted at all local areas – not just pathfinders – and will include:

- regional networking and peer support activity;
- training opportunities;
- direct support for areas that require it;
- good practice materials;
- a dedicated and inter-active web-portal.

⁸ Pathfinder areas are listed at Annex C

⁹ Areas were notified in writing of the pathfinder programme by Andrew Adonis, Parliamentary Under Secretary of State for Schools, and Ivan Lewis, Parliamentary Under Secretary of State for Care Services, on 4th October 2007. The pathfinder application process has provided a wealth of information relating to local authority and PCT current provision of short breaks and plans for meeting the aspirations of AHDC. An analysis of the information provided through the pathfinder application process is available at www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW003.pdf

16. Each local authority and PCT will be provided with a TDC contact and will gain a minimum level of support. TDC support activity will be fully functioning by July/August 2008.

1.4 New legislation on short break provision

17. Local authorities currently make provision for short breaks using legal powers contained in the Children Act 1989 (the '1989 Act').

18. While section 17 (1) of the 1989 Act states that it is the duty of every local authority to safeguard and promote the welfare of children within their area who are in need¹⁰ by providing a range and level of services appropriate to those children's needs – and clearly short break provision contributes towards this duty – the 1989 Act does not impose a specific duty to secure short break provision.

19. Subject to Parliamentary agreement and Royal Assent, clause 25 of the Children and Young Persons Bill will change this position by amending paragraph 6 of Schedule 2 of the 1989 Act to place every local authority in England and Wales under a new duty to provide services designed to assist individuals who care for disabled children to continue to do so, or to do so more effectively, by giving them breaks from caring.

20. The new legal provision will make it clear that breaks should not just be provided to those carers struggling to maintain their caring role, but also to those for whom a break would improve the quality of the care they can offer. Short breaks should therefore not just be used as a crisis intervention, but should also be used routinely to help parents and carers to maintain and improve the quality of care they naturally wish to provide.

21. In addition, the Bill will also provide the Government with powers to make regulations that set out in detail how local authorities must perform the new duty. The Government intends to make these regulations at a later date – drawing upon the learning gained from the short break programme – and in doing so further define the legal requirements surrounding short break provision.

22. The Government intends to bring the new duty into force in April 2011, and to make regulations at the same time. However it is essential that local authorities start developing their provision now – in line with the national transformation programme expectations set out in this document – so as to be ready to meet the new legal requirements from this date.

¹⁰ A 'child in need' is defined in section 17 (10) as including disabled children.

Section 2: The Vision: what disabled children and their families can expect by 2011

Key points from this section:

The Government believes that universal services should be the starting point when thinking strategically about how disabled children and young people can access positive experiences independently of their families.

Research studies suggest that short break services may lead to significant savings to residential care budgets as they enable parents to continue caring for their disabled child at home and reduce family stress.

Evidence shows that current short break provision is particularly inadequate for the children and young people with ASD and/or behaviour that challenges, children who have complex health needs, technology dependent children requiring specialist care, and children who have severe physical impairments who require moving and handling.

The Government has set out its expectations of short break service development in the short break Full Service Offer (FSO) which explicitly links to the programme's core offer. The FSO will form the basis upon which regulations will be formulated and will also appear in statutory local authority guidance on short break provision to be issued before April 2011.

Key actions for local authorities and PCTs

All local areas should meet the criteria of the FSO by April 2011, with pathfinder areas doing so a year in advance of this date.

All local areas should respond to disability and positive activities legislation by ensuring that universal services are accessible to disabled children and young people – including youth and play facilities resulting from new Government investment.

Local authorities should ensure that short break funding should not be used to secure access to mainstream services for disabled children and young people where this can be considered to be a reasonable expectation of an inclusive service.

2.1 Defining short breaks and eligible expenditure

23. Short breaks¹¹ form part of a continuum of services, which support disabled children and their families. Short breaks are provided to give:

¹¹ The term short breaks is used in this guidance in preference to 'respite care' because of the negative connotations, which the term 'respite' carries. Respite is defined in the Chambers dictionary as the 'temporary cessation of something that is tiring and painful'. This paints a simplistic and negative picture and implies that caring for a disabled child is simply a burden, and that respite is the temporary removal of that burden. The emphasis is on the needs of the parent, rather than a balanced account that takes in the needs of both the disabled child and their family.

- disabled children and young people enjoyable experiences away from their primary carers, thereby contributing to their personal and social development and reducing social isolation;
- parents and families a necessary and valuable break from caring responsibilities.

24. These include day, evening, overnight and weekend activities and can take place in the child's own home, the home of an approved carer, a residential or community setting.

25. Short breaks come in a variety of formats and each one can last from just a few hours to a few days, and occasionally longer, depending on the type of provision and the needs of the child and their family. Short break provision should be reliable, so that carers can plan around the breaks provided. Models of service delivery can be found at Annex F.

26. For the purposes of the AHDC short break transformation programme, the Government considers that eligible short break commissioning or financial support must meet **each** of the following three criteria to constitute appropriate short break expenditure from the AHDC block in the Sure Start, Early Years and Childcare Grant:

1. expenditure must enable the FSO to be met;
2. expenditure must be undertaken with the primary aim of securing short breaks for severely disabled children. If applied to universal settings, expenditure must support an identified programme of short break provision and should not simply aim to enhance inclusion in a general sense (e.g. help childcare settings to provide day care for disabled children to enable parents to work or train). This is not to say that short break

commissioning ought not to enable provision to be inclusive – but rather the aim of the expenditure must be to secure short break provision;

3. expenditure must support severely disabled children's access to provision and should not substitute for funding aimed at providing inclusive services. This expenditure should be separate to, and over and above the adjustments that might reasonably be made, or that are already being made, to increase the inclusion of disabled children and young people in existing provision.

27. Examples of eligible expenditure meeting this criteria would be:

- befriending, sessional worker or sitters assisting severely disabled children and young people's access to universal provision;
- bridging – the use of short-term specialist staff to ensure a smooth transition of a severely disabled child into a mainstream service. This would have the goal of building sustainable skills so that when the worker withdraws, the child's short break access is maintained;
- impairment or issue specific training to enable the access of a child or children to short break provision – local areas should ensure that this is underpinned by a firm foundation of disability equality awareness as required by legislation.

Examples of activity that would not meet this criteria includes:

- funding a *general* 'disability' worker within a universal setting;
- providing basic equality awareness training;

- adjustments to premises which could be considered to be reasonable adjustments under disability legislation.¹²

Disabled children and young people's access to mainstream provision

28. In 2007, the Every Disabled Child Matters campaign asked hundreds of disabled children what one thing they would like to change for disabled children and their families. One of the top three things they cited was that there should be more fun things for disabled children to do.

29. Universal services such as youth clubs, extended school activities, Children's Centres and play schemes are key in ensuring disabled children have fun and enjoy the same things as other children and young people. They also play an important role in supporting families and the provision of some universal services may act in a preventative way, by reducing the demand for specialist short break and other services. For example, the provision of play schemes during school holidays is likely to reduce the demand for costly overnight short break services.

30. The Government believes these services should be the starting point when thinking strategically about how disabled children and young people can access positive experiences independently of their families, rather than pigeon holing their needs against a short break service – or relying on the new short break funding. Short break planning should therefore be undertaken in co-ordination with inclusion planning for universal provision, and disability leads will wish to be aware of the

related legislation and new investment when co-ordinating this provision.

Oxfordshire has contracts in place with a range of independent national and local sector providers who between them provide a tiered approach to accessible daytime short breaks services, sometimes as part of extended special school provision, breakfast clubs, after school clubs, weekend activities. These options include trained enablers supporting disabled children and young people into mainstream provision until they are able to manage independently, and specialist support for those with greater need.

Legislation

31. Universal services have a duty to respond to disability legislation by ensuring that their services are accessible to disabled children and young people. Local authority and school disability equality schemes must also show what steps are being taken to promote equality of opportunity for disabled children and young people in their access to universal provision, such as that provided at children's centres and extended schools.

32. Section 6 of the Education and Inspections Act 2006 also introduced new section (507B) to the Education Act 1996 which applies to disabled young people between 13-25 and requires that English local authorities must, 'so far as reasonably practicable', secure their access to:

¹² Part 3 of the Disability Discrimination Act 1995 requires service providers to make 'reasonable adjustments' for disabled people. A service provider is required to take reasonable steps to: change a practice, policy or procedure which makes it impossible or unreasonably difficult for disabled people to make use of its services; provide an auxiliary aid or service if it would enable (or make it easier for) disabled people to make use of its services. In addition, where a physical feature makes it impossible or unreasonably difficult for disabled people to make use of services, a service provider has to take reasonable steps to: remove the feature; or alter it so that it no longer has that effect; or provide a reasonable means of avoiding it or provide a reasonable alternative method of making the service available.

- a) sufficient recreational leisure-time activities, and facilities. These include sports and informal physical activities, as well as a wide range of cultural activities including music and art;
- b) sufficient educational leisure-time activities¹³ and facilities.

33. The legislation also requires that young people's access to sufficient educational leisure-time activities which are *for the improvement of their personal and social development* must be secured. This requirement relates to activities which are delivered using youth work methods and approaches and therefore places a requirement on the local authority to ensure that disabled young people can access sufficient youth work activities.¹⁴

New investment

34. In this context, disability leads should be aware of the new capital investment in youth facilities. *Aiming high for young people: a ten year strategy for positive activities*¹⁵ announced £60m of capital investment over the next three years. The Children's plan subsequently announced a further £160m of investment and the Government's intention is to deliver this capital investment via the Big Lottery Fund.

35. This investment will offer a once-in-a-generation opportunity to deliver new and improved youth facilities that are shaped by the views, aspirations and needs of young people. The Government expects this funding to be used to create a network of high-quality, dynamic, attractive and accessible places for all young people to go that will reflect local needs and circumstances.

The DCSF Children's Plan announced a national £225 million play investment programme. Most of this funding will be spent on developing around 3,500 play areas across England. 120 local authorities will receive around £1.1m 'playbuilder' capital each, while 30 of the 150 local authorities will be play pathfinders – receiving on average twice that level of funding and are expected to build a large adventure playground at a cost of around £800k. Play pathfinders will also receive around £500k revenue – some of which must be used to fund a qualified playworker (or playworkers) to staff the adventure playground and provide support for other sites.

DCSF is committed to ensuring that the play area developments and the adventure playgrounds developed with this funding are accessible to all children. It is our view that well designed play areas can meet the needs of disabled children as well as the able-bodied, and that separate provision would impose a barrier between groups. For this reason, developments must have disabled children in mind, and design guidance will address this.

36. To further promote good practice, the Centre for Excellence and Outcomes will adopt disabled children and young people's access to positive activities as a focus in its work programme for 2008-09.

2.2 The evidence around short break services

37. A recent report by PriceWaterhouseCoopers (2007) found that in some instances short breaks can reduce long term costs of intervention. A number of research studies also suggest that

¹³ 'Educational leisure-time activities' includes out of school hours learning activities, coaching in artistic, sporting or other physical activities and educational opportunities available through facilities such as field centres and outdoors activity centres that provide residential, weekend and holiday-time provision.

¹⁴ Statutory guidance on this positive activities legislation is available at www.everychildmatters.gov.uk/youthmatters/thingstodo/

¹⁵ www.dcsf.gov.uk/publications/tenyearyouthstrategy/

short break services may lead to significant savings to residential care budgets as they enable parents to continue caring for their disabled child at home and reduce family stress (Beresford, 1994; Chan and Sigafoos, 2001).

38. Despite these benefits a lack of such services was the biggest single cause of unhappiness with service provision and the single greatest unmet need in parental submissions to the 2006 Parliamentary Hearings on Services for Disabled Children. Research also shows that a break from caring is one of parents' most frequently reported needs, with families stating that this enabled them to do activities together as a whole family (Beresford, 1995) and dedicate time to other children.

Inequality of access

39. Evidence from family-based provision indicates that current provision and supply is insufficient and inadequate for the children and young people most at risk of social exclusion and therefore most in need of a service (Carlin and Cramer, 2007). These are children and young people with ASD or behaviour that challenges, children who have complex health needs, technology dependent children requiring specialist care and children who have severe physical impairments who require moving and handling.

40. Due to improvements in healthcare the numbers of children in these groups have significantly increased in recent years, however short break services have not developed sufficiently or diversified fast enough to meet the needs of this changing population. In addition, the perceived risks these children pose has limited the extent and variety of service provision.

41. Of all these groups, children and young people with ASD or behaviour that challenges are those most likely to be on waiting lists for family-based short break services, with autistic teenage boys being the group likely to wait the longest. Although many will access sitting services, this rarely includes overnight care and children with ASD who do receive an overnight service generally are only able to do so within a residential setting.

42. Many children who have complex health needs and those who require moving and handling or other health care interventions (e.g. nursing or physiotherapy) are often successfully placed in overnight family based provision when they are young. Unfortunately, as they approach adolescence, many short break carers are unable to meet the child's physical care needs and a lack of strategic planning results in the withdrawal of provision. This often occurs at the same time as the child and family's need for a service increases.

2.3 The Full Service Offer

43. The Government is concerned that the significant investment being made in short breaks results in changes that not only transform the volume of provision available, but also transform the quality, appropriateness, range, and capacity of provision to meet the needs of those eligible children and young people who are commonly unable to access provision (see above).

44. These expectations are set out below in what is termed the short break Full Service Offer (FSO) for families with disabled children and children with complex health needs. The FSO is strongly related to the *core offer* – first signalled in the *Aiming High for Disabled Children* report. The core offer¹⁶ is a set of national expectations for local service delivery which describes the expected

¹⁶ further details at www.everychildmatters.gov.uk/ahdc

relationship between statutory providers of disabled children's services and families of disabled children within the five elements of information, transparency, assessment, participation and feedback. In providing short break services, local authorities and PCTs are expected to deliver on the core offer arrangements and manage short break provision in accordance with them. The FSO therefore reflects the elements of the core offer, set within the context of delivering short breaks (themes highlighted below).

45. The FSO may be revised in light of the pathfinder experience, but can be understood to represent the Government's current expectation of short break service development in line with the significant investment in short breaks over the 2008-11 Comprehensive Spending Review period.

46. The FSO will form the basis upon which short break regulations will be formulated and will also appear in statutory guidance on short break provision to be issued before April 2011. As such, all local areas will need to meet the criteria of the FSO by April 2011, with pathfinder areas doing so a year in advance of this date.

47. In delivering the FSO, all provider and commissioning bodies should be aware of the guidance on safeguarding set out in *Working Together to Safeguard Children*.¹⁷ This document sets out how individuals and organisations should work together to safeguard and promote the welfare of children. The guidance is addressed to all practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and to senior and operational managers in organisations that are responsible for commissioning or providing services to children, young people, parents and carers.

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 a 2007-08 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:
 - 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.

¹⁷ www.everychildmatters.gov.uk/workingtogether/

- 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;¹⁸
- provide fit for purpose and age appropriate provision which ensures the following groups are not disadvantaged in accessing short breaks:
 - a) children and young people with ASD.¹⁹ These are likely to have other impairments, such as severe learning disabilities²⁰ 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.²¹
- 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;

¹⁸ 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.

¹⁹ 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.

²⁰ People who have severe learning disabilities are those who need significant help with daily living.

²¹ 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 under-estimated. 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.

promote information about available provision to the public, including details of eligibility – including threshold criteria – and routes to accessing the service (Information and transparency).

48. Models of service delivery capable of supporting the FSO are set out in Annex F.

Section 3: Effective Commissioning

Key points from this section:

Effective commissioning will be central to short break transformation.

At the heart of successful commissioning of short break provision lies the partnership between the local authority and the Primary Care Trust. Local areas will only be able to meet the needs of disabled children and their families for short break services through sound integrated planning and commissioning between these bodies.

Key actions for local authorities and PCTs

The planned commissioning of short break services should be included in Children and Young People's Plans.

A rigorous process of identifying the local requirements of disabled children for short breaks is required, building on national research.

Local partners should consult widely with disabled children, young people and their families about their short breaks needs and preferences.

Local partners should map existing provision (supported through the data tool to be released by Government) and analyse the gaps between the demand and supply of short breaks in the area.

Short break commissioners need to recognise their role as market managers in seeking to 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 economical cost. Local authorities should not see the use of direct payments as an opportunity to abdicate responsibility for market management.

Local partners should review eligibility criteria for short break provision in the light of additional resources.

Workforce expansion and development will be a major challenge in transforming provision. This includes not only short break care providers such as carers, sitters and befrienders, but also staff to carry out their recruitment, training and support. Workforce planning should begin early and receive appropriate attention from senior management.

49. Effective commissioning will play an essential role in short break transformation. By commissioning, we mean a process that incorporates the following elements:

- understanding and assessing the needs of the target audience;
- planning and designing the services;
- taking steps to secure services;
- monitoring and reviewing these services.

50. The overall approach to commissioning any children's service is set out in the Joint planning and commissioning framework for children young people and maternity services (DfES/DH 2006).²² This guidance sets out in more detail some of the particular issues that local authorities and PCTs will need to address in commissioning short breaks.

51. A framework establishing responsibility for commissioning an individual's care within the NHS is set out in the guidance document 'Who Pays? Establishing the Responsible Commissioner' (DH2007) to determine who pays for a patient's care. This document provides guidance on the application of the legal framework.

3.1 The requirements of families and assessing local population need

52. Commissioning for short break services should start with the requirements of disabled children and their families. The Government expects local authorities and PCTs to have undertaken a rigorous process of identifying the requirements of disabled children for short breaks, building on national research.

53. Without proposing a specific methodology for this assessment, the Government expects local

partners to have reviewed the following factors in combination:

- a. information resulting from assessments and care planning, which can help build up a picture of service requirements;
- b. the requirements of eligible children and young people known to local partners whose needs are currently unmet, and the extent to which the needs of children and young people in residential placements or requesting residential placements could be met through short break provision;
- c. population trends which will impact upon service planning. Localities need to monitor the changing population of disabled children and ensure that services are developing to reflect demographic change. For example, a key requirement will be ensuring that adequate service provision is made for the rising number of children with complex health needs and requiring invasive clinical procedures. The assumption that the majority of these children will die in early childhood is no longer valid and localities need to plan for provision into adolescence and adulthood.
- d. results of consultation and engagement with disabled children, young people and their parents and families – including those from minority groups and those children and young people who do not use language or a signing system to communicate. These should incorporate the views of a wider body of eligible individuals than those currently accessing services (see 3.2).

²² www.everychildmatters.gov.uk/strategy/planningandcommissioning

Joint Strategic Needs Assessment

Information on the number of disabled children and young people in an area, and their outcomes, may have been collected via the Joint Strategic Needs Assessment (JSNA). This process, which becomes a statutory duty on 1st April 2008, is a critical tool to inform the development of Sustainable Community Strategies and Local Area Agreements (LAA). It should be used to inform planning over a range of timescales -annual, medium and long-term and be conducted by upper tier local authorities and PCTs working closely with other stakeholders and the local community.

The JSNA will provide an opportunity to look ahead 3-5 years and beyond and support and direct the change that needs to happen in local service systems. The JSNA will underpin the LAA and the choice of local outcomes and targets, as well as the PCT's own prospectus.

Local partners should also use the Joint Strategic Needs Assessment (JSNA) to inform strategic planning and to direct the change that needs to happen, including specific issues that are needed to support the development of short breaks, such as housing, transport and equipment.

Consultation with children, young people and families.

54. Building on national research, local areas need to consult widely with disabled children, young people and their families about their short breaks needs and preferences.

Some studies on parental demand have found that the highest levels of parental satisfaction result from family based short breaks although some families and children preferred residential provision, particularly where nursing care was required, and some adolescents liked spending time away from home with their peers (Beresford, 1995).

Breaks provided in the child's own home – for example sitting services – provide an opportunity for parents to go out together, or with their other children, and there is some evidence that day care in either a family or residential setting is as popular, or more so, than traditional overnight stays (McConkey and Adams, 1999; Tarleton, 2002).

Recent research (Beresford et al., 2007) highlighted that parents want to feel confident about the services they use and to know that professionals were working in partnership with them. Features of a quality service included skilled and knowledgeable staff, the service providing a positive experience for the child, staff continuity and the service being reliable.

55. Government has set aside £5 million to strengthen parent engagement in disabled children's parent forum's and other participation vehicles related to disabled children's services. This funding will build on and sustain existing good practice in relation to parent participation and engagement. The Government fully expects funding – distributed via *Together for Disabled Children* (see section 1.3) – to support parental involvement in short breaks planning and delivery.

56. As consultation must include families who are not involved or engaged in services, local areas will need to use flexible and creative ways

of engaging families – those in ‘hard to reach’ communities.

Hamara Family Project – a Barnardo’s short break service in East London – has an Asian Parents and Carers Group which meets on the first Tuesday of each month and which is facilitated by two Urdu speaking social workers. The group is regularly consulted on service delivery and development. The project also has a Turkish worker who consults with Turkish speaking parents during their monthly meeting. The local Somalian Woman’s Association is also encouraging the Somali community to use the project’s services and is using a Portuguese speaking volunteer to consult with Portuguese speaking parents from Angola on the services they would find useful.

57. In addition to parent’s views, local authorities and PCTs should establish what disabled children and young people want and expect from their short break service. A variety of approaches and mechanisms should be used to ensure that the views of children with a wide range of impairments are sought, and are not just gathered from those with whom it is easiest to communicate. This should specifically include children with ASD, children with complex health needs and other severely disabled young people.

58. Analysis of pathfinder information indicates that the most effective approaches to enabling children, young people and their parents to influence provision are underpinned by:

- a consultation/engagement strategy. These strategies commonly include representation on strategic planning forums, a parents’ group and a young people’s group, and one

off events around particularly significant developments;

- a dedicated resource to deliver the strategy, with staff to support involvement and prioritise the inclusion of marginalised groups. Wider staff would be trained in specific communication techniques such as signs and symbols; and
- the use of recognised approaches such as the Hear by Right²³ standards.

59. Successful approaches led to examples of things being done differently in response to the views of parents or carers, and voluntary organisations were recognised as a key channel by which to reach and listen to children, young people and their parents.

60. However, pathfinder evidence also suggests that involvement of young people is generally less well developed and should form a key area for improvement over the 2008-11 period.²⁴

North Tyneside: ‘We have a longstanding consultation group for disabled young people who help to shape service delivery for disabled children and young people. They have been involved in a bid to the Mayor’s well-being fund to improve transport provision and are currently working with Nexus, the Tyne and Wear Passenger Transport Executive to review provision. The group have also helped to draft a Rights Based Charter setting out the access to families and services they can expect to receive.’

²³ www.hbr.nya.org.uk/

²⁴ Recent research by Franklin and Sloper (2006) on participation in decision making processes in social services also concluded that it tends to be disabled children who are confident, articulate and use language that are consulted. A similar finding was obtained from the fourth national survey of short break services (Carlin and Cramer, 2007).

Eligible need

61. In determining the requirements of disabled children, young people and their families and shaping services to meet their needs, local partners will wish to give careful consideration to what they consider to be eligible need in light of the significant new resources being made available from Government.

62. The current criteria used by local authorities to determine who is eligible for short breaks vary significantly (see Annex E)

63. Some areas also hold separate eligibility criteria for individual short break services but where there is no strategic overview. Eligibility criteria in a local area should instead take a strategic view to ensuring that families have choice and that no families in need of support fall between the various criteria thresholds.

64. In general most eligibility criteria are based on a deficit model, in other words, the more severely disabled the child is and the less able the parent is to cope the more likely the child is to meet the eligibility criteria (although this may not lead to the child actually receiving a service). Many eligibility models are based on a crisis model i.e. on the possibility of family breakdown rather than a prevention model or one that enhances the quality of life of the family. While not suggesting that families in crisis should be denied short break provision, services should be seen as preventative and supportive rather than being based on crisis intervention.

65. Definitions of disability used for eligibility purposes should be simple and clear and the process for accessing assessments and services should be transparent and available to families. Eligibility criteria should not be led by service availability nor based on subjective judgements of professionals.

66. The Government's investment in short break services will require local partners to review their eligibility criteria in the light of additional resources. The Government will work with pathfinder areas during 2008-09 to further explore how eligibility criteria can ensure that gate keeping to services is transparent, appropriate, equitable and in keeping with the resources now available from Government.

3.2 Mapping supply and gap analysis

67. To meet need, local authorities and PCTs must understand their current pattern of provision. Without this base-line information, successful planning can not be concluded.

68. To assist local partners with the task of mapping supply, the Government is making a base-line information tool available (see Annex G) The tool will aid local partners in developing a strategic and in depth view of the services they currently commission and provide.

69. Local authorities will need to use this baseline information to analyse the gap between the demand and supply of short breaks in their area, taking account of at least the following:

- i) the types of short breaks available;
- ii) the age of children for whom short breaks are available;
- iii) the level and type of impairments that short breaks currently address and any gaps;
- iv) the times at which short breaks are available, including the need for both flexibility and regularity – including short breaks that cater for irregular patterns of usage across the day, the weekend, the year;
- v) the location of short breaks;
- vi) the pattern of short breaks provided through direct payments.

70. Local authorities, in partnership with PCTs and third sector organisations may wish to produce a document which identifies the most serious gaps for discussion with parents and young people.

3.3 Securing an excellent short break service.

71. Needs assessment and gap analysis should combine to inform a commissioning strategy for short breaks that aims to meet the requirement of the FSO by April 2011, and for pathfinder areas, by April 2010.

72. The planned commissioning of short break services should be included in Children and Young People's Plans. These plans should also show that the infrastructure to support a step-change in the provision of short break services is in place.

73. In securing excellent short break services, commissioning bodies will need to be consider how to generate successful and well co-ordinated partnership approaches and how best to fulfil their market development role.

a) Partnership working

74. At the heart of successful commissioning of short break provision lies the partnership between the local authority and the Primary Care Trust. Local areas will only be able to meet the needs of disabled children and their families for short break services through sound integrated planning and commissioning between these bodies.

Some short break pathfinder applicants had joint commissioning arrangements formally established through a S31 agreement or a joint commissioning strategy supported by the use of aligned budgets. A small number also had dedicated posts to support the joint commissioning of services for disabled children and young people.

Some identified joint commissioning approaches that have developed around the needs of particular groups of children, such as technologically dependent children, children with complex health needs or those in need of palliative care.

75. Effective commissioning will also include partnership arrangements that include local authority housing departments and third sector and private housing providers. Family-based short breaks for children with moving and handling needs can only be developed and diversified with the provision of adapted and accessible housing for both carers and families of disabled children.

b) Market development

76. Local authorities and Primary Care Trusts are by far the most significant commissioning bodies for short break provision and short break commissioners should recognise their role as market managers when considering how best to secure provision that fulfils the FSO objective of 'utilising 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 economical cost'.

77. Independent analysis of pathfinder applications suggests that whilst some areas could evidence partnership approaches with the independent sector, in the majority of areas these

relationships were largely under-developed and communication had not occurred to a significant degree or had only occurred very recently. Many areas were spot purchasing services from a limited range of independent sector providers on the basis of historical purchasing patterns. This position contrasts with recent evidence (Audit Commission, 2007) which suggests that a diverse supply base is more competitive and more likely to meet service users' requirements – although diverse provision should not be provided at the expense of ensuring co-ordination of care to each family.

78. A recent report by PriceWaterhouseCoopers (2007); *Market for Disabled Children's Services – A Review* identified key barriers and considerations which local partners will wish to consider in developing the market for short break provision, including:

- the merits of separating out the role of commissioner and provider within the organisation, so as to better support diverse provision. Conversely PWC also commented that constraints should be removed from in-house local authority providers to enable them to compete effectively with other providers. The combined effect of these measures is to enable all providers to compete on a level playing field;
- the lack of transparent pricing. Local authorities and PCTs should ensure that costs are compared in a fair and transparent way across providers of different types. PWC also proposed clear 'like-for-like' pricing guidelines for providers in order to provide commissioners with greater transparency of pricing and true cost of provision;
- how markets can be made large enough to attract new providers. PWC concluded that

many independent providers have not invested in services in this area because of the relatively low number of disabled children;

79. The Government encourages local authorities and PCTs to work together locally, sub-regionally and regionally to ensure:

- economies of scale are secured;
- provision for minority groups is provided;
- commissioning skills and know-how are transmitted across local boundaries;
- provision of low-incidence/high cost services;
- packages of provision are created that are attractive to independent providers and which support healthy market development;

and will work with pathfinder areas and others over 2008-10 to explore the most effective ways of supporting regional and sub-regional commissioning.

St. Oswald's Children's Service in the North East is a charity providing specialist residential short breaks for children who have progressive health conditions that are likely to result in a shortened life expectancy.

The service is commissioned by 7 local areas in the North East region that all have the same contract with St. Oswald's. All 7 areas provide the same joint contribution from both the local authority and the PCT.

An annual meeting with commissioners from all areas is held to provide an opportunity to set the fee for the following year and to keep it the same throughout each of the 7 areas, as well as discuss and review future service developments.

80. Analysis of the short break pathfinder applications showed that most applicant areas understood that there was a need to improve financial information to underpin commissioning; including the calculation of accurate unit costs of services so that comparisons can be made.

81. Areas also identified the need for more robust ongoing contract monitoring to review costs and spend alongside impact on outcomes. Some areas planned to develop local performance indicators to measure value for money such as cost per service user, cost per support hour and proportion of funding spent on frontline staff.

Coventry City Council recently undertook an analysis to establish the true unit costs of a spectrum of existing services – including commissioned and in-house residential, family based and day care short break services. It involved using a ‘bottom-up’ approach to establish costs, adapted from the methodology used for the Cost Calculator for Children’s Services (CCfCS) developed by Loughborough University.

The CCfCS is purpose-designed software that calculates the costs of social care processes and placements for looked after children. It facilitates comparisons between the relative value of different types of care, making it easier to estimate the potential benefits of introducing a range of alternative packages.

Once Coventry City Council had established the actual costs, they wanted to share this information with parents, carers and disabled young people in a way that encouraged them to construct a pattern of short breaks that would meet their needs. To do so, a card game was developed to use at the focus groups. The cards used approximate costs of the various services and participants were asked to spend the imaginary ‘budget’ they had been given against an assessed need.

Direct Payments

82. The introduction of direct payments has radically altered the means by which some short break provision is commissioned, with families making individual purchasing decisions. Current evidence on the use of Direct Payments, suggests that the majority of payments are used for domiciliary services, though parents have shown an interest in purchasing a range of services including overnight stays. The evidence also suggests that some families greatly appreciate the independence and opportunities provided by direct payments and will often source a short break carer from amongst friends or relatives.

Alistair who is 17, is severely disabled and profoundly deaf. He has complex health care needs including gastrostomy tube feeding, regular medication and occasional suction and oxygen. Because of his needs, any form of short term break must be well organised and requires carers to have skills and training on his health needs and his communication system. The difficulty of finding groups of people who have these specific skills, and that are working within an establishment that Alistair can visit, has led to his family using direct payments. They consider that whilst there are positives and negatives to Direct Payments, they do enable the provision of tailor-make breaks that are not only effective for the family, but also enhance Alistair's life. This far outweighs the negatives.

Alistair's family consider that Direct Payments work so well because they don't limit what Alistair can do, and because they can choose who to employ, Alistair's carers share the family's commitment to giving him a better life. They work together to think of ways to adapt what normal teenagers do, and give Alistair and his various disabled friends the opportunity to do the same. Examples include:

- carers of the local children and young people who use direct payments, organize group outings, to the cinema, bowling, having a meal out or going shopping, so that they have peer activities and time away from parents;
- Alistair, supported by his carer, has had a friend to stay over for the weekend with her carer;
- Alistair was supported by two carers, to visit a friend who has recently gone away to college.

83. The Government is keen to promote the use of direct payments, however local authorities should not see direct payments as an opportunity to abdicate responsibility for market management. The range of provision set out in the FSO should be available in all cases, and in areas where direct payment take up is high, this will require the local authority being proactive in supporting the market to ensure sufficient provision to meet independent demand.

The London Borough of Sutton has seen a 5 fold increase in the uptake of direct payments in the last 2½ years. To help facilitate the growth in provision to meet demand, Sutton plans to adapt its Family Link training programme to support the short breaks workforce in general, targeting the growing number of Personal Assistants employed under direct payments.

3.4 Workforce considerations

84. As mentioned in section 1.3, the Government estimates that by 2010-11, local authority expenditure on short break services will have doubled from a 2007-08 baseline. Securing a sufficient and well trained workforce therefore requires a major increase in workforce capacity. This includes not only short break carers, but also staff to carry out their recruitment, training and support – including capacity to advise on the role of the short breaks carer and the expectations of both the carer and the local authority or PCT.

85. This requirement will present a significant challenge to local authorities and PCTs and planning for workforce expansion and development should begin early and receive appropriate attention from senior management.

86. If local providers are to avoid workforce issues limiting service expansion and development, they

will need to ensure that recruitment programmes are both well focused, sufficiently resourced and well planned. Heavy reliance on the use of agency staff is not likely to deliver the Full Service Offer.

87. As the Full Service Offer requires that provision caters specifically for the needs of children with ASD, children with complex health needs and older children with severe physical impairment, there are a number of additional workforce issues that will need to be addressed. These include having sufficient:

- local health care professionals who can provide competency based training and support to short break care providers on clinical procedures; including the management of children with multiple complex health needs and technology dependency, e.g. assisted ventilation;
- accredited moving and handling trainers;
- Occupational Therapists to advise and train on the provision of specialist equipment; and
- trainers and professionals who can advise carers and staff in managing behaviour.

88. Successful partnership approaches to training and service development are likely to be aided by written agreements and protocols between local authorities and PCTs. These documents should lay out how agencies will work together to ensure that:

- short break carers receive essential training – such as first aid, child resuscitation and moving and handling;
- short break carers receive specific training and ongoing support regarding clinical procedures and behaviour management;
- dedicated OT time to advise, support and train care providers in the use of specific equipment;

- there is clarity over how specialist equipment will be provided and paid for and maintained.

89. The analysis of the pathfinder submissions showed that PCTs were committed to supporting short break services through the provision of community nursing teams delivering training to staff in the statutory and voluntary sectors on specific issues to enable children to access short break provision.

90. Many PCTs also recognised a need to invest increased capacity in the workforce by creating additional community based staff such as community physiotherapists, specialist children's nurses or assertive outreach staff. Some areas identified a need for increased Occupational Therapy resource to undertake manual handling assessments. Others planned to invest in additional staff with therapeutic and communication skills.

91. Planning for workforce development will be a key area of concern for the Government within programme management arrangements and forms part of the 2008-09 'readiness criteria' (see section 1.3). Local partners will therefore need to be able to demonstrate in their delivery planning how they intend to recruit, retain and develop the staff capable of delivering on the FSO.

92. The Government also recognises that many short break services consider there to be a lack of coherence, clarity and proportionality of current requirements surrounding short break care standards and regulation. The Government has therefore set out its commitment in the Care Matters White Paper to *'Issue statutory guidance (within the revised Children Act 1989 guidance) specifically on the issues of support/short break care to clarify the applicable regulations for different settings and arrangements. The guidance will set out the circumstances in which it would be expected that the child would be looked after.'*

Section 4: Capital programme

Key points from this section:

The Government is providing local authorities with £90m in capital funding for short breaks over the 2008-11 period. This capital expenditure should be used to help achieve the wider vision for short break transformation and should support the delivery of the FSO.

Capital funding should not substitute for funding that would otherwise have been used to meet the requirements of disability legislation.

It is essential that transport for short breaks is seen as a shared responsibility, as one service or organisation cannot adequately meet the requirements of disabled children for flexible and accessible transport on their own.

Authorities should be aware that major new building projects can frequently run to timescales exceeding the 2 year period available for capital expenditure. These projects should be avoided, or arrangements made by which AHDC capital funding is utilised by April 2011 within the overall project.

Key actions for local authorities and PCTs

All capital expenditure should form a joint consideration between the local authority and partner PCTs.

Local authorities are strongly advised to begin capital planning early in 2008-09, regardless of whether they are in pathfinder or non-pathfinder areas.

93. The DCSF Children's Plan (Dec, 2007) increased the Government investment in short breaks by allocating £90m to local authorities in capital funding over the 2008-11 period to support service transformation. This funding will be managed alongside the funding announced within AHDC as an integral part of the ACDC Short Break Transformation Programme and should be understood within that context. This means capital expenditure should be used to help achieve the wider vision for short break transformation and should support the delivery of the FSO.

4.1 The role of the local authority

94. Under the short breaks programme, local authorities have overall responsibility for the capital programme and its project management. The Government expects local authorities to lead on asset management including the monitoring

of the creation and ownership of assets. All capital expenditure should however form a joint consideration between the local authority and partner PCTs.

95. As with revenue allocations, pathfinder areas will receive their capital allocations earlier than non-pathfinders. All areas will receive their capital funding over a two year period, with a 30% / 70% allocation over the two years. The higher second year allocation reflects the additional costs that are likely in the second year of major capital projects.

96. While recognising that most areas are unlikely to use this capital to create major new building projects, the guidance in this section and in Annex E has been written to accommodate the full range of potential projects and to provide insight into the considerations surrounding both small and large capital projects. Where major new building projects are envisaged, planning and delivery will need to be especially well developed.

97. DCSF also encourages local authorities to strive to minimise carbon emissions from capital developments and considers that all significant new buildings and refurbishment projects undertaken with AHDC funding should make use of best practice in securing energy efficiency.

98. In providing local authorities with this funding, DCSF does not require all resulting capital assets to be owned and maintained by the authority. DCSF does however consider local authorities to be responsible for ensuring the capital funding:

- is used to improve short break provision for disabled children and in line with grant conditions and accompanying guidance, and

- for ensuring that capital projects progress in line with delivery plans submitted.

99. Furthermore capital funding should:

- not be used to substitute for funding that would otherwise have been used to meet the requirements of disability legislation;
- be used in accordance with the allocations letter²⁵ and to the Sure Start Early Years and Child Care Memorandum of grant which includes the AHDC revenue and capital blocks;

A recent survey of services using contract carers found that adapted housing was provided in a diverse range of ways – local authorities paid for carers homes to be adapted; interest free loans were provided to carers; a relocatable modular structure was added to the carers' home, paid for by the local authority. In some instances, contract carers moved into adapted housing provided through the council or by a housing association. (Carlin 2008)

4.2 Capital timescales

100. Ensuring capital projects are delivered to time will be a vital component of short break project management over 2008-11 period. DCSF is unable to offer any assurances that capital funding will be able to be carried forward into the next Comprehensive Spending Review period (post March 2011). Local authorities – in partnership with PCTs – must therefore plan to utilise AHDC capital funding within this period.

101. Local authorities are therefore strongly advised to begin capital planning early in 2008-09, regardless of whether they are in pathfinder

25 www.everychildmatters.gov.uk/ahdc

or non-pathfinder areas. Authorities receiving funding from 2009-10 should also be aware that major new building projects can run to timescales exceeding the 2 year period available for capital expenditure (see Annex D) – in which case these projects should be avoided, or arrangements made by which AHDC capital funding is utilised by April 2011 within the overall project.

102. The DCSF will work with local authorities through *Together for Disabled Children* to monitor capital project development and capital projects are subject to DCSF approval through the delivery plan approval process.

4.3 Transport considerations

103. Agencies working in partnership should seek to find creative solutions to the challenges posed by transport. These might include providing specialist equipment for cars, providing adapted vehicles, or working in partnership with school transport services to provide accessible transport at flexible times, outside of the usual school hours.

104. Accessible and suitable transport is vital, not only for taking children to and from their short break setting, but also to enable them to enjoy outings and activities whilst receiving the short break service. In providing transport, local authorities and PCTs should also be mindful of the resulting carbon emissions and avoid unnecessary emissions through sound transport planning, choice of vehicle purchase, and the establishment of local break venues.

105. Transport solutions will vary across local areas and it is essential that transport is seen as a shared responsibility, as one service or organisation cannot adequately meet the requirements of disabled children for flexible and accessible transport on their own.

Enfield have established a 'Transport Solutions Group' to ensure that disabled young people aged 7 to 18 years are able to travel to and from play, leisure and recreation activities during the week, at weekends and in the school holidays. The group's challenges include funding, the varying needs of children and young people, and the venues to which they need to travel being spread over a large geographical area.

In addition, while many parents regard transport as part of their short break provision, disabled young people have expressed the view that they do not want to travel on 'institutional' transport and that they want more independence. Options currently used for short breaks include local authority transport, school buses, accessible taxis and staff's own transport. However, these options are not sufficient to meet the level of need or demand.

The Group is therefore trying to develop a model of transport provision which balances the needs of disabled young people and their parents and presents options include:

- developing a 'buddy' scheme;
- developing a local 'Enfield' Dial-a-Ride model;
- contacting local businesses to sponsor transport for specific short breaks;
- linking in with the opportunities that the 2012 Olympics will bring to London boroughs, e.g. a 'sports ability' bus to support the project Enfield are currently developing on Saturdays at one of the Authority's special schools.

106. Annex D provides further essential information on capital development:

- timescales;
- success factors;
- financial management.

Section 5: Performance management and review

Key points from this section:

An indicator on parental experience of disabled children's services is being developed. This will sit within the National Indicator Set and will inform both inspection arrangements and in some areas, Local Area Agreements.

Key actions for local authorities and PCTs

The Government will ask local partners to provide a delivery plan for short break transformation from 2009-10. It will also seek accompanying data on the provision and use of short break services. A planning tool will be issued to assist with this task and to solicit a plan.

Progress towards transformation will be monitored through web-based reporting arrangements.

Local performance monitoring is encouraged so as to better understand the impact of commissioning and provision.

5.1 Programme arrangements

107. The transformation of short break provision – as described in this document – constitutes a major change programme requiring temporary and additional programme management arrangements to oversee the change process.

108. To cover the two year change period (2008-10 for pathfinders and 2009-11 for non-pathfinders), the Government will ask local partners to develop a delivery plan for short break transformation and provide accompanying data on the provision and use of short break services. Progress towards transformation will be monitored through web-based reporting arrangements.

109. Annex G provides a timeline for key milestones in the AHDC short break programme.

5.2 National indicator set

110. Longer term performance management will be delivered through the new local performance framework, as outlined in the 2006 Local Government White Paper *Strong and Prosperous Communities*. As part of this framework, local areas will have to report their performance against 198 national indicators and agree targets with Government against 'up to 35' of them through Local Area Agreements. Local areas can also indicate where they are setting a local priority in addition to the 'up to 35' targets. Performance against all 198 indicators, with a particular focus on the 'up to 35' with targets set against them in each area, will be assessed from 2009 through the new Comprehensive Area Assessment inspections system. Government Offices will also provide an ongoing challenge

and support function in line with each area's 'up to 35' targets and other allied activity.

111. To strengthen disabled children's services place within this framework, an indicator on parental experience of disabled children's services is being developed, that is linked to elements of the core offer and will sit within the National Indicator Set. As short break services are central to many parents' service experiences, the indicator will provide a valuable means of ensuring that short break provision continues to be prioritised. PCTs may also choose to make the national indicator one of their priorities within their Operating Plans, delivering on the new priority for disabled children within the NHS Operating Framework 2008-9 and the 'Vital Signs' NHS indicator set.

112. Although the indicator is still under development in 2008-09, the Government has made it available for inclusion within Local Area Agreements from 2008-9. Local authorities will also be encouraged to include services for disabled children as a local priority and to self assess using the survey methodology underpinning the indicator.

World Class Commissioning (WCC) sets out a new approach for health and care services. The vision and competencies were announced in December 2007.

The aim is to hold PCTs to account for their development, and to create a nationally consistent assessment system, that is manageable within an annual cycle, to review PCT progress towards world class standards both in commissioning competencies and the achievement of better health outcomes.

It is the underpinning delivery vehicle for many objectives of current health policy.

PCTs will lead the work to turn the World Class Vision into reality, applying it locally in a way that meets the needs and priorities of the local population. WCC, whilst focused on PCT commissioning, will also require local government to consider how it will work with and support the NHS to achieve improved outcomes and reduce health inequalities.

5.3 Local performance monitoring

113. Just as important as the national framework is performance monitoring undertaken by local delivery partners; seeking to better understand the impact of their commissioning and provision.

114. Analysis of the pathfinder applications demonstrated that there was widespread recognition of the need to develop approaches which better monitored the impact of provision on outcomes at a child or young person level. The involvement of parents in the monitoring arrangements also provides a powerful means of ensuring that services are responsive to the requirements of families.

115. A number of pathfinder areas identified a range of sources where this information could come from, including:

- national performance measures;
- views of users/carers;
- quality assurance;
- contract compliance reviews;
- inspections;
- feedback from service users compliments and complaints;
- views of the general public;
- local quality standards.

116. Most areas also planned to develop local performance measures. Outputs and outcomes which areas identified as being possible measures of service effectiveness included:

- participation in every day life;
- reduction in family stress/difficulty;
- prevention of family breakdown;
- services supporting transition;
- workforce capacity;
- safe workforce practice;
- the ECM five outcomes at a child or young person level and their siblings;
- promotion of choice.

117. Many areas described an intention to underpin their commissioning approach with a quality framework, based on outcome and value for money approaches. There was also a desire to move to robust performance management within the service specification of both in house and contracted provision, necessitating a common agreement about quality measures and clarity about how they will be monitored and evaluated.

118. In addition, some areas proposed that individual reviews of a child or young person's plan should focus on whether the provider had met outcomes identified at a child level and this information would be fed into the annual review of a commissioned service.

119. Other areas proposed the development of person centred planning as a way of monitoring the effectiveness of provision as it would focus plans on outcomes from a child or young person's perspective.

Section 6:

Conclusion

120. The opportunity to radically transform and improve short break services will lie in the hands of PCT and local authorities over the next three years.

121. The Government is providing major additional funding, has legislated to elevate short break services to a statutory basis, is incentivising delivery through a national indicator, and is providing implementation support arrangements. Delivery however, remains a local matter and ultimately it will be the local authority and its healthcare partners that will succeed or fail in achieving step change for local families.

122. Success will entail the programme being understood as a joint responsibility between the PCT(s) and the local authority. It will require sufficient management capacity, and a proactive approach to utilising the best providers and securing an adequate workforce. It will need the involvement and feedback of families and a full understanding of their needs.

123. Success will also entail immediate action – including in non-pathfinder areas – so as to be well placed to utilise funding and achieve capital development objectives within the timescales permitted by the Comprehensive Spending Review timescale.

124. Most of all however, success will require a desire to transform provision at a senior level within both the PCT(s) and local authority, and a corresponding strategic approach to providing breaks – both through dedicated targeted services and through ensuring inclusive universal provision.

125. The Government strongly encourages local authorities and PCTs to seize this opportunity to improve outcomes and life chances for some of our most disadvantaged children.

Annex A: Outcomes Framework

The aim of this framework is to illustrate the judgements that service commissioners need to consider to ensure that short breaks support disabled children and young people to achieve the five Every Child Matters outcomes.

Be Healthy

Short Break services that support disabled children and young people to be physically, mentally, emotionally and sexually healthy means:

- That disabled children have appropriate access to universal and specialist health care whilst receiving the service
- That short break providers empower and support disabled children to take responsibility for their own health and well being
- That disabled children are supported to achieve maximum mobility and independence through the provision of appropriate equipment and adaptations whilst receiving the service
- That disabled children have access to appropriate advice and support on their emotional well being and mental health

Living a healthy lifestyle whilst receiving the service means:

- That disabled children have the right medicine; that clinical procedures are safely administered and appropriate therapy or behaviour management is carried out by staff and carers who are trained and competent
- That staff and carers are trained and are competent in basic first aid, moving and handling and child resuscitation with regular opportunities to update and refresh their training in these areas
- That the short break environment is appropriately adapted and the necessary equipment is in place
- That families of disabled children receiving short breaks are supported to work in partnership with the service provider concerning their child's development

Stay Safe

Being safe from maltreatment, neglect, violence and sexual exploitation within a short break service means:

- That disabled children can recognise and have opportunities to talk about maltreatment and neglect

- That staff and carers are trained specifically in safeguarding disabled children and are given regular opportunities to update and refresh this training
- That services have robust safeguarding procedures to ensure that swift and appropriate action is taken to protect disabled children at the times that short break most usually occur, i.e. weekends
- That maltreated disabled children are subsequently protected
- That families of disabled children receiving short breaks are supported to work in partnership with the service provider concerning safeguarding and protection

Being safe from accidental injury/death means:

- That disabled children have the right medicine; that clinical procedures are safely administered and appropriate therapy and behaviour management is carried out by staff and carers who are trained and competent
- That the short break environment is appropriately adapted and the necessary equipment is in place
- That disabled children have accessible and safe transport to and from their short break service and whilst receiving it
- That disabled children have access to specialist health support whilst in their short break service

Being safe from bullying and discrimination means:

- That disabled children do not feel bullied or discriminated against whilst receiving the service

Having security, stability and appropriate care means:

- That disabled children do not have a multiplicity of carers whilst receiving the service
- That disabled children are cared for by the same staff members or carers who develop and understanding of the child's unique way of communicating

Enjoy and Achieve

Achieving personal and , social and recreational development and enjoying recreation within a short break service means:

- That disabled children are happy and have fun in their short break service
- That disabled children have access to activities, organised leisure, sport and outings that are age appropriate and of their choice whilst in their short break service
- That disabled children develop social networks and friendships through their short break service
- That disabled children have appropriate systems and support to enable them to communicate effectively whilst in their short break service
- That parents of disabled children have a real break from their caring responsibilities

Making a positive contribution

Engaging in decision making within a short break service means:

- That disabled children are enabled and supported to communicate their views about their short break service

- That disabled children are supported and enabled to communicate their choices and preferences whilst receiving the service
- That disabled children have the opportunity to participate in planning and decision making about the short break service they receive and that their views, however expressed, are routinely gathered and recorded

Developing positive relationships means:

- That disabled children do not feel bullied or discriminated against whilst receiving their short break service
- That disabled children are happy, have fun and develop friendships in their short break service

Developing self-confidence and successfully dealing with significant life changes and challenges means:

- That a range of methods are used to ensure that disabled children participate in the planning and review of their short break provision
- That disabled children and their families are involved in service design, delivery and development
- That short breaks positively support disabled children and young people through key transitions

Achieve Economic Well-Being

Living in decent homes and sustainable communities means:

- That the short break environment is appropriately adapted
- That disabled children have access to accessible and safe transport, both to and from the short break service, and whilst receiving it

Access to transport and material goods means:

- That appropriate and accessible transport arrangements are made which enable disabled children and young people to maximise opportunities within their short break

Annex B: List of References and Useful Resources

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Annex C: Pathfinder areas

Bolton
Bradford
Bournemouth
Brighton and Hove
Derbyshire
Dorset
Dudley
Enfield
Gloucestershire
Gateshead
Halton
Kent
North Tyneside
North Yorkshire
Norfolk
Nottinghamshire
Poole
Sutton
Suffolk
Sunderland
Telford and Wrekin

Annex D: Further capital programme guidance

1. This annex provides essential information on capital development:

- timescales;
- success factors;
- financial management.

a) Capital timescales

2. To help local authorities ensure that buildings and facilities are created to the timescales required, the table below sets out the typical stages that are involved in the timetable for the development of building projects. and their associated timescales.

3. They are minimum periods (in months) and should only be used as a guide. Events such as local planning authority approval, site acquisition, production information etc. can become critical and delay the build process if they take longer than usual. Please consult your project manager/architect/quantity surveyor for detailed information.

4. For this purpose, we have assumed that a traditional procurement route is being used. If procurement partnering is being used, the earlier stages would take longer and the construction period a shorter time.

Contract Value ('000s)	Briefing – RIBA Stage B	RIBA Stage D – detailed design	Planning permission	Contract documentation	Tenders	Approvals/ contract preparation	Contractor mobilisation	Contract period	Total
£150	1	0.5	1	0.5	1	1	1	3.5	10
£200	1	0.5	1	0.5	1	1	1	4.5	11
£250	1	0.5	1	0.5	1	1	1	5.5	12
£300	1	0.5	1	0.5	1	1	1	6.5	13
£400	1	1	1	1	1.5	1	1	7	15
£500	1	1	1	1	1.5	1	1	7.5	15.5
£750	1	1	1	1	1.5	1	1	9	17
£1m	1	2	1.5	2	2	1	1	11	21.5
£1.25m	1	2	1.5	2	2	1	1	12.5	23
£1.5m	1.5	2	1.5	2	2	1	1	15	26
£2m	1.5	2	1.5	2.5	2	1	1	20	31.5

Briefing

5. This is the absolute minimum required where the client, design team and contractors are working together well and are experienced. Where there is insufficient vision, motivation, unclear objectives or a lack of project management then it will take considerably longer.

Tenders

6. Contractors tend to take approximately two weeks off in December and two weeks off in August. If the tender period falls at these times, add two weeks.

Contract period

7. Contractors seldom start work in December because of the weather and the holiday period. These estimates are for new buildings. Alteration works take slightly longer, especially for larger projects.

Total

8. These estimates are minima. The time periods necessary rely on the successful combination of a number of factors including good team-working and communication, sound project management, clear vision and objectives, strategic decision-making, appointment of quality teams, and delivery to time and budget. Final account periods are difficult to estimate and are not included in this table.

b) Success in capital projects

9. The points below are a useful checklist for capital project planning:

Planning the capital programme

- Create risk logs at an early stage and actively manage and update these throughout the

process so as to heighten awareness of potential problems and lead to the identification of solutions.

- Plan the relevant internal and external approval procedures, including external funding approvals, into project plans from the outset can avoid delays arising through long decision-making procedures.
- Avoid/minimise delay onsite by ensuring that enough work has been carried out at the preparation stages, e.g. the project and design brief has been thoroughly researched, developed and signed off by stakeholders. An early start on site can help minimise the impact of any delays.

Funding the capital programme

- Where planning more than one capital project, take account of the fixed capital budget for the whole capital programme before committing expenditure on individual projects. Key capital developments can be compromised by early expenditure on lesser projects if individual project spending is undertaken in isolation.
- Planning adequate but not excessive contingencies to project budgets can help to avoid difficulties later where costs rise if tenders are higher than budget estimates.
- Being aware of all constraints that exist around relevant funding, e.g. issues surrounding VAT and how this can be recovered helps prevent later delays from unexpected difficulties arising from these issues.
- Explore other sources of funding which may be accessible to support development, but ensure that timescales are clear and complementary.

Administering, driving and co-ordinating the capital programme

- Good capital management involves ensuring that clear decision-making processes are in place, roles and responsibilities are defined, and funding deadlines are met. This will entail local authorities identifying a person who is accountable for decision-making and ensuring that there are clear reporting lines in place. It will be essential that someone has the authority to make necessary decisions when barriers to progress develop. Co-ordination is needed between stakeholders so that decisions are made efficiently.
- Where more than one capital project is envisaged, having someone leading/co-ordinating both individual projects and the whole programme can make a real difference to maintaining momentum. In areas where there are larger capital programmes, investing in a capital project/programme manager who has an oversight of the full portfolio can be very beneficial in driving the delivery forward, particularly in areas where there is a high degree of capital development.
- Clear brief – vision and outcomes clearly expressed, facilities and functions required are specified. The quality and functionality of a building or facility can be most easily influenced in the early stages of development. Visits to completed projects/buildings also help to inform decisions about functionality as part of the briefing process or choice of possible architects/design teams.
- Team structure agreed and in place, with necessary resources to deliver.

- On build projects, a good quality project and design team²⁶ appointed early in the process.
- Securing clear channels of communication between project managers and those responsible for service planning/development can help ensure capital plans meet delivery demands.
- Ensuring relationships are established with other relevant authorities/departments e.g. environment/health, planning, asset management at early stages can help speed up processes at a later stage.

c) Capital finance

Defining capital expenditure

10. Capital expenditure is defined as expenditure on the acquisition of tangible, productive assets, whose value exceeds £2,500 (including VAT) and which will give continuous service beyond the financial year in which they were purchased. The general rules for deciding if expenditure is capital are:

- will the asset last more than one year?;
- will the authority own the asset? If there is a rental agreement this is revenue, not capital;
- does it cost more than £2,500 or does it enhance an existing asset? This does not include routine maintenance, which is classed as revenue.

11. Capital expenditure is not necessarily limited to single purchases over £2,500; the following categories of expenditure are capitalised:

- individual assets: i.e. expenditure on single items whose value exceeds £2,500 e.g. vehicles, computer servers, land, new buildings, consultants' fees;

²⁶ Local authorities will either have access to both an in-house design team and external (private) architects, or to external (private) architects only.

- grouped assets: i.e. assets of a similar nature are purchased at the same time, for example as part of a project. This can include consultancy costs incurred as part of the project costs. The value of the individual assets may be below £2,500, but the total value of all the assets determines whether expenditure falls above or below the capitalisation threshold;
- bulked assets: i.e. a bulk purchase of furniture or computer assets where the value of the individual items is below £2,500. As with grouped assets, the total value determines whether expenditure falls above or below the capitalisation threshold.

Finance management

12. Local authorities are required to provide information relating to Government-funded assets. Local authorities are accountable to DCSF for the claiming and spending of their capital allocation within the AHDC capital block within the Sure Start Early years and Childcare Grant.

Asset management

a) Ownership of assets: types of ownership (buildings)

13. Freehold – ownership of the building and the land it stands on until it is sold. If someone else owns the land and is not prepared to sell or gift it outright then leasing arrangements must be made for use of the building and/or land.

14. Leasehold – all leasehold arrangements consist of an agreement to allow someone to occupy property for a certain length of time in return for payment of rent (revenue). Some leases, particularly longer ones, have an upfront payment – a premium – which is used to purchase the right to occupy the building for an agreed number of years. If money has been paid upfront,

in the manner of a purchase, then the rent would be expected to be much lower (a ‘peppercorn rent’ of a very low or token sum).

15. Where the nature of the agreement is in the form of a lease but the risks and rewards of ownership transfer substantially to the lessee (a finance lease), then the expenditure should be classified as capital.

16. Capital expenditure to secure a leasehold asset, where the period of lease is 25 years or more, is acceptable. Short-term leases or use of capital expenditure to purchase lease premiums for a short length of time are not acceptable.

17. Rent payments related to leasing arrangements must come out of revenue funding. This is because capital is intended to create assets for the provision of short breaks in the longer term.

b) Length of ownership of assets

18. We expect capital assets to have a certain life. For buildings, this will normally be for a minimum of 25 years. This is also the length of lease we would expect.

19. We also expect to get full use of other types of asset, such as vehicles and furniture, for their natural life. This length will vary according to the nature and type of asset. It is also the length of time that we would expect any clawback provisions to apply for in these circumstances. The expected life of assets is usually reflected in the economic life used to account for depreciation. In most cases, the standard terms used by the local authority will be used as a guide to agree the expected life of the asset, in these types of asset.

c) Disposal of assets funded by DCSF

20. The local authority must notify and consult with DCSF, about any proposal to sell or otherwise dispose of, or change the use of, buildings or other tangible assets which have been paid or partly paid for by a DCSF capital grant at least three months before any proposed disposal is intended to take place, where the market value exceeds £2,500. Disposal here means a sale or transfer of ownership of a lease which is longer than seven years, or freehold assets – also where the asset is bought for one purpose and used for another.

21. The market value of the asset should be confirmed by the district valuer and a second, independent valuer prior to disposal. The district valuer must also confirm that best possible value was obtained after any disposal.

22. Where an asset is sold and the proceeds reinvested in a building for a similar purpose consistent with Aiming High for Disabled Children aims, subject to prior approval with the DCSF, there will be no clawback of grant. The same applies if the ownership of the asset is transferred with no change of use.

Invoking clawback

23. Where an asset funded by DCSF money is no longer used for disabled children or disposed of in any other way, the original grant plus any proportionate increase in the value of the asset must be returned.

24. Where the asset is valued at the same level or less than the initial grant we would expect the clawback to be the full market value obtained by the disposal of the asset, proportionate to the level of DCSF input to the total costs.

25. Local authorities should plan on the basis that clawback will be enforced in all cases where a building or asset bought with a DCSF grant is sold or otherwise disposed of unless you have had specific written consent from us for the clawback to be waived or deferred.

Assets registers

26. The local authority is required to maintain a capital asset register for all assets financed either wholly or in part by grant funding. Internal audit requirements are that the authority is responsible for ensuring that the systems governing the grant provided by the DCSF are subject to independent review in order to obtain an assurance on the adequacy of the system of internal control and safeguards against fraud.

Types of cost

a) Professional fees

27. Professional fees are generally part of a building contract, and DCSF would expect to pay any professional fee costs from capital funding, where the fees relate to the creation or provision of a capital asset. However, where fees are incurred in the very early stages of a capital programme, relating to the Inception and Strategic Briefing stages (RIBA Stages A-B) then it is acceptable to pay for these through revenue funding, but only where a specific project or capital asset has not yet been identified.

28. For example, an options appraisal may be carried out on a number of sites or locations, before selecting a site for the development of a specific project, or there may be fees incurred in the very early stages of planning the capital portfolio which are not directly related to specific capital assets. The local authority must always check its own financial measures and regulations before assigning particular types of funding.

29. The level of building consultants' fees varies depending in percentage terms nature of the work. Fees are generally lower on larger projects than on small projects to reflect economies of scale. Fees on projects involving alterations to existing buildings tend to be 1%-2% higher than normal. Fees may also be higher if the job is particularly complex. Dealing with a listed building may incur additional fees because of the more complex approvals required (planning consent etc.), and the extra time involved.

30. A maximum overall figure of 15% can be used as a guide, but this may be lower for a large new build project, and higher for a small complex one. New building work or substantial refurbishments and adaptations should normally be undertaken by a suitably qualified building professional.

b) Contingency

31. Local authorities may want to plan for cost increases between RIBA Stage D and RIBA Stage H (Tendering) by assigning up to 10% of their capital allocation as contingency for cost alterations at tendering stage.

Retention fees

32. It is usual for payment of retention fees to be included in building contracts. This is where, following practical completion of work, around 2%-5% of the total construction cost is retained by the client for a period following hand-over, and possibly for up to a year, before payment. This obliges the contractor to rectify construction defects that appear as the building is used. Retention therefore makes up a small proportion of the overall building contract. Depending on the scale and type of project, and the way that the particular type of building contract operates, then there may or may not be an amount set aside for retention as part of the payment

schedule. However, the payment schedule should be agreed at the outset of the building contract.

Irrecoverable VAT

33. VAT will be recoverable on purchases made with the AHDC capital block within the Sure Start, Early Years and Childcare Grant in accordance with the purchasing body's normal ability to recover VAT.

34. VAT will be irrecoverable where the purchasing body cannot normally recover VAT. Should the local authority use the AHDC capital block funding within the Sure Start Early Years and Childcare Grant to contribute to a scheme purchase by such body, the authority should be aware that a proportion of its funding will be used for VAT purposes.

35. We expect local authorities to commission capital projects and recover VAT under Section 33 of the VAT Act 1994 or under the measures announced by the Chancellor of the Exchequer in the 2005 budget. Where capital new builds are developed by voluntary or charitable bodies, DCSF expects the buildings to be zero rated for VAT purposes (HM Revenue and Customs Business Brief 02/05 – see www.hmrc.gov.uk).

Annex E:

Eligibility criteria

Analysis by the Council for Disabled Children of eligibility criteria used by local authorities suggests that at present they fall into roughly three groups:²⁷

1. Criteria that use definitions of disability which are so broad that they would not enable staff to differentiate between the eligibility of different children, or criteria which are too general to establish any priority groups for different services. These criteria tend to rely on diagnosis or labels of disability. For example, use of terms such as ‘severe learning disability’ or ‘Autistic Spectrum Disorder’ without clarification of these terms mean that staff can move the threshold for services depending on resources. These types of criteria lack clarity and transparency for families.

2. Criteria that rely on functional definitions of disability. These criteria attempt to define disability labels in functional terms, for example – ‘children with physical impairments who require lifting or changing and manoeuvring by two people in order to ensure that care needs are met, and where there is only one adult in the home’.

3. Criteria that utilise a scoring system or matrix of need. These types of criteria utilise a system where the assessment will either lead to a category – high, medium or low need or will lead to a score. The score will define which service or level of service a child is eligible to receive.

A small number of these criteria systems use the Every Child Matters outcomes. The assessment was based on the ability of the child to achieve the outcomes and this led to a category or score, which in turn determined the service or level of provision.

²⁷ Extracted from the application forms of 94 authorities who applied for pathfinder status.

Annex F: Models of service delivery

1. Local areas will need to develop a wide range of short breaks in order to meet the Full Service Offer. They should take into account practice evidence of the types of short breaks that are more effective for specific groups of children and ensure that the services disabled children, young people and their families receive are their first choice options. The following brief section draws on national research regarding what works in short break provision.

Overnight Breaks

2. Family based²⁸ short breaks have traditionally been successful in placing younger children and those with less complex needs. Unless they have a specific focus with dedicated resources, they are less successful at placing teenagers, particularly those who have moving and handling needs and boys with autism.

3. Creative Responses to Changing Needs, (Carlin and Cramer, 2007) highlighted the growth of contract carer²⁹ services in recent years, the majority of these being introduced because of the difficulties experienced in placing certain groups of children with family-based carers. These include children with complex

health needs, children who require moving and handling and children on the Autistic spectrum, thus providing a family-based option of short breaks to groups of children who had previously used residential short break services.

4. Pathfinder application information indicated that half of those without a Contract Carer Scheme planned to develop one by 2010, and local areas are encouraged to consider the benefits of developing a contract carer scheme with the new funding, given that such schemes offer an increased potential of providing a family based option to the specific groups of children and young people identified in the Full Service Offer.

5. Creative Responses to Changing Needs (Carlin and Cramer, 2007) also highlighted that there has been limited development of overnight sitting services, i.e. overnight breaks in the child's own home, although in some areas of the country, health providers do offer sitting and overnight sitting for children with multiple impairments, complex health needs or those who have palliative care needs.

28 Most short break carers are 'linked' with only one or two disabled children for whom they provide regular occasional care throughout the year, usually at weekends, because they are engaged in employment other than short break caring.

29 Contract short break carers, however, are paid a 'retainer' or fee throughout the year and tend to offer placements on a more full time basis. These carers are 'linked' with a number of children who come to stay on regular, separate occasions. This enables the provision of essential and costly resources such as specialist equipment and adaptations to be concentrated on fewer households.

6. Overnight sitting works well for children and young people whose family home is adequately and appropriately adapted, as well as for children and young people with ASD who do not easily adapt to new environments. It is also a good option and an age appropriate response for young disabled people who prefer to remain in their own home, where they are connected to their local neighbourhood and friends.

7. Children's hospices and hospice at home services now provide a significant overnight service to children with complex disabilities and palliative care needs and should be offered when they are the first choice of children and families.

8. Other residential services are mainly offered to children and young people requiring moving and handling, children who need clinical procedures, and children on the Autistic spectrum with behaviour that challenges – as placing these children in community based services can be more challenging. However, practice evidence shows that the needs of all these children can be met by non-residential services with good multi-agency co-operation and planning.

9. It is therefore important that residential services are provided to children and families as their service of choice rather than as the only option available to them. Additionally, local areas should take into account value for money considerations in increasing residential overnight services and weigh the benefits of such provision against the significantly greater volume of alternative short breaks provision that might otherwise be secured with equivalent resource.

Breaks during the day

10. Day care break services provide valuable support to disabled children and their families who either do not want an overnight service at

all, or who want a mix of both day and overnight care to best suit their needs.

11. Breaks during the day are an appropriate option for very young disabled children whose parents may not wish their child to stay away from home overnight. They can also be useful in preparing children, parents and potential short break carers for overnight placements at a later stage.

12. Day care options can be part of family based services, residential outreach services or they may be part of a range of other forms of service provision. Many families benefit from home-based day care services such as sitting or sessional worker schemes. However, practice evidence has shown that sitting or sessional workers are sometimes provided because children cannot access other types of services, for example children with moving and handling needs or those who are dependent on technology. Local areas must ensure that families choose sitting or a sessional worker as a preferred option or as part of a package support.

13. Evidence from research has shown that home based sitting services are used more extensively by children from black and minority ethnic groups. However, in order to meet the Full Service Offer local areas must ensure through consultation that this is a preferred option and not because overnight services on offer are culturally insensitive and inappropriate.

14. Sitters or sessional workers support disabled children in their own home and in community based activities. Some residential units also provide an outreach service whereby staff employed by the unit go out to the child's own home or take the child out into the community in much the same way as sitters or sessional workers.

15. Information from pathfinder applications showed that many local areas are considering increasing their outreach activity from residential units with the new funding. This may be a useful development in meeting the workforce demands of the programme by utilising the skills of existing residential staff. However, local areas should ensure that there is also development of and recruitment to their sitting or sessional worker schemes in order to provide as wide a choice of options to families.

16. Creative Responses to Changing Needs (Carlin and Cramer, 2007) found that in recent years there had been a sharp decline in Befriending Services. This is defined as a one-to-one relationship that enables a disabled child or young person to access a range of community or leisure activities. Unlike sitters or sessional workers, however, befrienders are usually volunteers rather than paid employees.

17. The reason for the decline in Befriending Services is unclear but they do have a role to play in supporting disabled children and young people to access play and leisure and in extending their friendship circles. Peer befriending is a particularly valuable service in this respect, which local areas should consider as another option in service diversification.

18. NCH Umbrellas Project in Scarborough includes a Peer Befriending Scheme for young people who have a learning disability whose needs could not be met through traditional short break services. The young befrienders are all assessed using the Manchester Coalition model which looks at their values, skills and abilities whilst completing a course of training. Those who are successful then join the group.

19. The group is located within a town centre youth provision establishment, in order to minimise transport difficulties and to give the young people greater access to community activities. The young people take part in activities they choose with other young people out in the community. Group numbers are kept small so as not to be dissimilar to any group of young people who may choose to spend time together. The group have fundraised to be able to go further a field than Scarborough.

20. Some individual links have been made between the young people, including two young people now attending a computer group together, and although the arrangements to achieve this were more complex than they would have been for a more typical couple of friends joining a course, it has been achieved in a sensitive manner.

21. Group based specialist provision can also provide valuable short break opportunities. These are services provided to meet needs that could not be fulfilled in an open setting, for example children and young people who have high support needs that require high staffing levels and specifically trained support staff.

22. 'Aut and About' is a service which has been provided by Barnardo's Spark Centre in the London Borough of Tower Hamlets for the past ten years. It was developed from the need to provide a group of predominately teenage boys, who were at the most severe end of the autism spectrum, with a service that would give them good quality activities whilst providing their families with a break.

23. The decision to work with these young people in a group setting came about from an ongoing failing to provide support through universal services or through short break carers. Risk Management has been central to the success of the service in identifying the need for a 1:1 ratio to ensure suitable, individually focused strategies with the best positive outcomes for the young people in managing their behaviour. Also crucial to the introduction of this community base element of the service and the new experiences that are regularly introduced to the young people, is the use of a building base with a set routine at the start of the day.

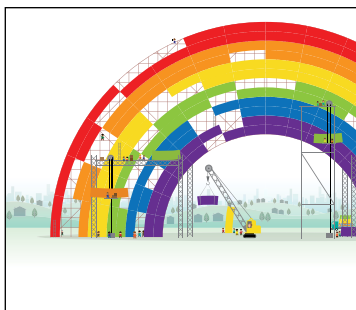
24. For more information on models and good practice see the resource list in Annex B.

Annex G:

Programme timeline

The following table provides key dates in the AHDC short break transformation programme.

When	What
Feb 2008	Short break allocations letter issued Sure Start, Early Years and Childcare Grant MOG issued
April 2008	PCT in receipt of funding for short breaks in their baseline allocations Local authority pathfinder funding live Local authorities in non-pathfinder areas receive 'start up funding'
April 2008	Pathfinder areas provide delivery plans and short breaks data
May 2008	Pathfinder learning sets begin
June 2008	Together for Disabled Children undertake initial needs assessment with non-pathfinder LAs and PCTs
June/July 2008	Short break implementation guidance issued
July	Together for Disabled Children begin to provide individual area support
July – Sept 2008	Local area short break planning and data requirements set out for non-pathfinder areas Regional network activity underway in all GO regions Together for Disabled Children website live
March 2009	Non-pathfinder areas meet 'readiness criteria'
April 2009	2009-10 LA funding levels confirmed in non-pathfinder areas
March 2011	FSO met in pathfinder areas
March 2011	FSO met in all areas



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