



Bristol Clinical Commissioning Group

Short breaks and other services for disabled children and their families

Commissioning plan

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1. Introduction

1.1 Background

Bristol City Council and the Bristol Clinical Commissioning Group (CCG) reviewed how short breaks for disabled children aged 0-18 years and their families and carers were commissioned in order to develop this plan. We are also looked at longer term residential respite services and other help for disabled children and their families and carers.

Short breaks are preventative, family support services that provide a disabled child or young person with a break from their parent/carer and vice versa. They can be at any time ranging from an hour to a day, evening, overnight, weekend or holiday, depending on the needs of the family involved. The short break may take place in a community activity setting, a child/young person's home or other residential setting. It allows parents and carers to have a break from their caring responsibilities and gives children and young people the opportunity to try something new. The higher level and residential services are accessed following a social worker assessment and referral. Most of the lower level, leisure activities do not require such an assessment and are open to children, young people and services to self-refer.

The main aim of this review was to make sure that short breaks and other help is available to disabled children and families when they need it – providing breaks and support early, preventing and managing crises to help keep families together. The purpose of the review was not to make savings. Instead we aimed to make changes so that short breaks services are targeted at those who most need them, when they need them, and that children, young people and their families have a choice of flexible and cost effective services to meet their needs. This will involve re-allocating funding: spending less on higher cost residential short breaks and increasing our investment in more flexible alternatives such as direct payments and short breaks in another family's home. This will mean that more children and families will be able to have short breaks which is important at a time when the child population of Bristol is growing rapidly and we expect the demand for short breaks to increase.

This commissioning review forms part of a suite of changes the council is making to services for children and young people with special educational needs and disabilities (SEND). These changes include:

- Creating a plan for specialist education to enable children with special educational needs (SEN) to go to schools closer to their homes.
- Developing an integrated service for SEN and disabled children and young adults (aged 0-25 years) comprised of staff from Children and Young People's Services, Health and Social Care and the Community Children's Health Partnership (CCHP).

- Publishing the “Local Offer” which will set out, in one place, information about what help there is in the local area for children and young people with SEN and disabilities.
- Introducing integrated education, health and care assessments and plans and developing personal budgets.

The council will be jointly commissioning future services with our health partner, the Bristol Clinical Commissioning Group and creating a pooled budget of council and health funding. All commissioning for children with disabilities and special educational needs is now overseen by the SEND+ Strategic Commissioning Board. This Board comprises commissioners from a range of areas in the council’s services for children and adults as well as the health Clinical Commissioning Group and a member of Bristol Parent Carers¹, an organisation that represents the interests of the parents and carers of disabled children.

1.2 Objectives

We aim to commission services that are good quality, fun and provide positive activities for those disabled children and young people who are unable to access mainstream activities. A short break will provide children and young people with enjoyable experiences that help them with their personal, social and educational development. It will also give parents and carers a valuable break, allowing them to rest, pursue other interests or spend time with other family members.

We recognise that each family’s needs are different and for this reason we will commission a range of short breaks suitable to meet the varied needs of different families and children of all ages. We will commission the following categories of services:

- Specialist services for children and young people with more complex needs.
- Targeted services available to all disabled children and young people.
- Help to enable disabled children to access universal services.

The main drivers for changing short breaks are:

- The population of children in Bristol is rising rapidly and the proportion of children with complex disabilities is also increasing (we estimate there will be around 10 more children each year from a baseline in 2013 of 300). We need to commission the most cost-effective short breaks to make sure that our limited resources go further.

¹ <http://www.bristolparentcarers.org.uk/>

- To give children, young people and their families more choice and control over the short breaks they get, using personal budgets where appropriate and making sure the right options are available in the right place, at the right time.
- To improve outcomes and customer satisfaction, so that children enjoy their breaks, families' well-being increases and they are able to lead a more ordinary life.
- To ensure services are targeted at those families who most need them.
- To commission a whole system of short breaks that is integrated, with complementary services which make it easier for children and families to move through the system as their needs change.

1.3 Outcomes

We will commission services that contribute to the following outcomes:

For disabled children and young people

- Have safe and stable home lives.
- Improved physical health through physical activities.
- Improved emotional health and well-being.
- Enjoy their short breaks.
- Try doing new things.
- Less dependent on their parent or carer.
- Learn and develop skills and abilities.
- Young people develop skills that help toward independence in adulthood.

For the parents/carers and families of disabled children

- Improved emotional well-being.
- Parent / carer has more time to do other things (e.g. leisure, work, study, spending time with other children).
- Family is able to lead a more ordinary life.
- Family environment is less chaotic and more sustainable.
- Improved quality of life for parent/carers and family.

The services will also contribute to achieving the following strategic outcomes:

- Fewer disabled children become looked after either permanently or part-time because of their disability.
- Reduction in need for unplanned placements in residential units.
- Disabled children and young people have the opportunity to enjoy a wide range of activities, not just short breaks services.
- Families have increased choice and greater control over the short breaks services they receive.

2. Legal and policy context

2.1 Legal framework

2.1.1 Children Act 1989

Short breaks can be provided by local authorities through the use of their powers under:

- Section 17(6) of the 1989 Act which gives local authorities the power to provide a range of services, including accommodation, in order to discharge their general duty to safeguard and promote the welfare of children in need;
- Section 20(4) of the 1989 Act which gives local authorities the power to provide accommodation “for any child within their area (even though a person who has parental responsibility for him is able to provide him with accommodation) if they consider that to do so would safeguard or promote the child’s welfare.”

Paragraph 6 of Schedule 2 to the 1989 Act (amended by s.25 of the Children and Young Persons Act 2008) provides that local authorities must provide services designed –

- To minimise the effect on disabled children within their area of their disabilities; and
- To give such children the opportunity to lead lives which are as normal as possible.

2.1.2 The Breaks for Carers of Disabled Children Regulations 2011

These Regulations describe how local authorities must perform the Schedule 2 duty above. Regulation 3 says local authorities must –

- Have regard to the needs of those carers who would be unable to continue to provide care unless breaks from caring were given to them; and
- Have regard to the needs of those carers who would be able to provide care for their disabled child more effectively if breaks from caring were given to them to allow them to –
 - Undertake education, training or regular leisure activity,
 - Meet the needs of other children in the family more effectively, or
 - Carry out day to day tasks which they must perform in order to run their household.

Regulation 4 provides that local authorities must provide, so far as is reasonably practicable, a range of services which is sufficient to help carers to continue to provide care or to do so more effectively. In particular the local authority must provide, as appropriate, a range of –

- Day-time care in the homes of disabled children or elsewhere,
- Overnight care in the homes of disabled children or elsewhere,
- Educational or leisure activities for disabled children outside their homes, and
- Services available to help carers in the evenings, at weekends and during the school holidays.

Regulation 5 requires that local authorities prepare a short breaks statement for carers in their area setting out –

- Details of the range of services provided,
- Eligibility criteria for those services, and
- How the services are designed to meet the needs of carers.

2.1.3 When is a child receiving residential short breaks “looked after”?

A child is looked after if s/he is provided with accommodation under s.20. Statutory guidance² indicates that this will include children:

- Who have substantial packages of residential short breaks sometimes in more than one setting; and
- Whose families have limited resources and may have difficulties providing support to their child while s/he is away from home or monitoring the quality of care the child is receiving.

If a child is provided with accommodation under s.20 for a continuous period of more than 24 hours, then s/he is a looked after child for the period in which s/he is accommodated.

If a child is looked after, then the placement must be with local authority foster carers, in a registered children’s home or in other appropriate arrangements under s.22 of the 1989 Act. In these circumstances the local authority must comply with the Regulations³ and must have a care plan for the child. Regulation 48 makes some modifications to the care planning and other requirements. This is where no single placement lasts more than 17 days and the total of residential short breaks in a year does not exceed 75 days provided all short breaks are provided in one setting.

² Short Breaks: Statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks.

³ Care Planning, Placement and Case Review (England) Regulations.

2.1.4 Children and Families Act 2014

The Government is reforming services to children with special educational needs and disabilities. It aims to provide a seamless system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring their needs are properly met. The new statutory arrangements are included in the new **Children and Families Act**. A draft *Statutory Special Educational Needs (SEN) Code of Practice: for 0 to 25 years* was published for consultation on 4 October 2013. The Act, its associated regulations and the Code will be in force from 1 September 2014.

The Act and draft Code of Practice introduce a number of changes that impact on short breaks services including the following:

- Local authorities will have to promote the integration of special educational needs services with health and social care services such as short breaks.
- The council will have to publish a “Local Offer” setting out what services will be available to children and young people with SEN, this offer will include short breaks.
- Children, young people and their carers will be able to request an assessment of the child’s need for education, health and care services and the preparation of an Education, Health and Care Plan (EHC plan). This will be a joint assessment, taking account the views of children, young people and their parents.
- Young people and parents will have the right to request a personal budget if they are going to have an EHC plan.

2.2 Policy context

2.2.1 National policy

Carers agenda

The government’s policy on carers is set out in *Recognised, valued and supported: Next steps for the Carer’s Strategy* (DH 2010). This identifies four priority areas:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

Children and Families Act 2014

This new legislation will begin to come in to force in September 2014 and will reform services for children and young people with special educational needs (SEN) and disabilities. The aim is to provide children, young people and their parents greater control and choice in decisions and make sure their needs are properly met.

Changes include:

- A new duty on local authorities and health bodies to work together to promote integrated SEN, health and social care services
- Local authorities will have to publish a “Local Offer” setting out information about local services for children and young people with SEN
- Introducing arrangements for carrying out integrated education, health and care needs assessments and preparing Education, Health and Care Plans for those who need them
- Personal budgets for those young people and parents with education, health and care plans who want them.

2.2.2 Local policy

Mayor’s Vision

In November 2013 Bristol’s Mayor published his vision for the city. This includes a priority that Bristol is healthy and caring, that it is a place where the cared for and the caring are respected members of our society; and where living healthy, happy and safe lives is the shared aspiration for every citizen. The Vision states that it is the responsibility of public agencies, including the council, to ensure carers are getting the support they need and that this includes making sure they can take a break from the physically and emotionally exhausting job that caring can be.

SEND+ Project

The council is working with health colleagues on a major change project to introduce the changes required by the Children and Families Act 2014. Changes include:

- Setting up a new integrated service for children and young people with SEN and disabilities aged 0-25 years (from October 2014). This service will bring together teams from the council’s People Directorate (including children’s services, health and social care) along with staff from our health providers, the Community Children’s Health Partnership (CCHP).
- Introducing Education, Health and Care Plans (from September 2014 for new assessments). These will replace SEN statements and learning difficulty assessments and enable a joined up, multi-agency approach for families, children and young people.
- Publishing a Local Offer (in September 2014) to provide information in one place about what help and support there is in the area for children and young

people with special educational needs or a disability.

- Offering personal budgets (from September 2014). A personal budget identifies the amount of money allocated to meet the full cost of a child young person's assessed needs, as agreed through their Education, Health and Care Plan.

Signs of Safety

The council has adopted the Signs of Safety approach to child protection casework. It is a methodology that underpins social work practice to:

- Highlight the risk, or danger, to the child.
- Identify what's working well for the family; the strengths.
- Determine what needs to happen to reduce the risk.
- Identify what the situation will look like once the work has been achieved.
- Plan what we are all going to do, including the family, in order for children to be safe.
- Put the family at the centre, as the expert, and support them to draw on their own resources.

We are currently training staff in the council's children's services and other key professionals (including police, health visitors, midwives and school staff) to use this approach.

Transitions strategy 2013-2015

This strategy sets out the commitment of Bristol agencies to work together to ensure that transitions from children's to adult services, whether in education, health, social care or universal services is planned, positive and personalised⁴. It says that young people and their families will be supported from early teens into their early adulthood by services working together to maximise independence, by

- Promoting the independence of disabled children and young people as well as their carers.
- Maximising opportunities for people to live at home.
- Reducing the use of residential and nursing care.
- Developing personalised services.
- Improving business efficiencies.

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http://www.bristol.gov.uk/sites/default/files/documents/children_and_young_people/audiences/disabled_children/Transitions%20Strategy%20Final080213.pdf

Autism strategy 2012-2015

The autism strategy describes how the council and local NHS bodies will improve the lives of and opportunities for adults and children with autism⁵. It details how Autism Act 2009 duties will be achieved locally as well as plans to improve services for children and young people with autism.

3. Commissioning principles and process

3.1 Partnership approach

We will commission services jointly with local health commissioners from a pooled budget.

The council and health partners are signed up to the Bristol Compact. This is an agreement between Bristol's public sector and voluntary and community sector (VCS). It aims to promote positive relationships between the sectors in order to maintain and develop a thriving VCS in the city. More information about the Compact is published here:

<http://www.bristolcompact.org.uk/>

3.2 Outcomes-based approach

Strategic commissioning is the process by which the council identifies strategic outcomes and priorities in relation to assessed user needs (the outcomes we are seeking to achieve are set out above in section 1.3. It involves designing and securing appropriate services to deliver these outcomes, whether those services are to be provided by the council or by external providers.

In order to guide and standardise strategic commissioning practice, the council has developed the Enabling Commissioning Framework. This includes a comprehensive set of guidance, templates and checklists for use in all commissioning processes which will support public, private and voluntary, community and social enterprise (VCSE) organisations to better engage in commissioning processes and secure contracts.

The Enabling Commissioning Framework is based on four key elements:

1. **Analyse** – understanding the service priorities, values and purpose, the needs they must address and the environment in which they operate.
2. **Plan** – identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed within available resources.

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http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/Bristol%20autism%20strategy%20FINAL.pdf

3. **Do** – ensuring that the services needed are delivered as planned, to efficiently and effectively deliver the priorities, values and purpose set out in the commissioning plan.
4. **Review** – reviewing the delivery of services and assessing the extent to which they have achieved the purpose intended.

More information about the Enabling Commissioning Framework is available on the council's website: <http://www.bristol.gov.uk/page/enabling-commissioning>

3.3 Best value and social value

The general duty of best value requires the council to “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.”⁶ This means that we must consider overall value, including economic, environmental and social value, when reviewing and purchasing service provision.

The aim of commissioning with respect to value for money is to achieve wherever possible the best use of resources and to commission services that deliver the best balance between economy (cost), efficiency (degree of output) and effectiveness (outcomes and results).

The Social Value Act 2012 requires public sector agencies, when commissioning a public service, to consider how the service they are procuring could bring added economic, environmental and social benefits.

3.4 Equalities

This commissioning review and plan aims to tackle discrimination and promote equality for all groups. An initial equality impact assessment was undertaken and consulted on. See appendix 1 for the final equality impact assessment.

All service providers will be required to demonstrate their commitment to providing an inclusive environment that is equally effective in meeting the needs of all protected characteristics. Providers are also required to comply with the s.149 Equality Act 2010 public sector duty to have due regard to equality objectives. Contract monitoring includes comparing outcomes for equality groups. Providers are expected to take action to address any significant differences for particular equality groups.

⁶ Section 3(2) Local Government Act 1999

4. Current specialist services

4.1 Eligibility and access

4.1.1 Universal Services

Parents/Carers or children and young people can access these services directly without being referred by a GP or social worker by contacting the service/organisation directly.

4.1.2 Targeted Services

These services can be accessed by self-referral directly from parent/carers or children and young people. The providers have responsibility for assessing whether their service is appropriate for the child and/or family. The 'Access to Short-Breaks Provision' document published on the Bristol City Council Website provides further details around the eligibility criteria⁷.

4.1.3 Specialist Services

These services require the child to have an assessment from a social worker. Until recently all referrals for a social work assessment from the Disabled Children's Service were made directly to the team. First Response is the new referral service for Children and Young People's Services; it is the first point of contact for new referrals where a social care or early help service may be required. Families can self-refer or professionals can do so on their behalf. Other members of the public and partner agencies can also refer. First Response will triage calls received and forward appropriate referrals on to the Disabled Children's Service (and from October 2014 to the 0-25 integrated service). The 0-25 integrated service will take direct referrals which clearly fall within the responsibility of that team.

The Children Act 1989 includes disabled children and those children with complex health needs within its 'Children in Need' definition. A child is eligible for an assessment from a social worker if they are:

- Assessed as disabled.
- Have a home address within the Bristol boundaries.
- Have needs arising from their impairment that cannot be met by services within universal children's services.

A plan will be produced for disabled children who are eligible for support detailing the support to be provided and identifying how the needs will be addressed.

⁷ <http://www.bristol.gov.uk/page/children-and-young-people/short-breaks-disabled-children>

Currently access to specialist short breaks services is managed through Disabled Children's Service Resource Allocation Panel. New pathways into services are currently being developed to support person-centred planning and the introduction of personal budgets.

Any action or service recommended by the Resource Allocation Panel is reviewed at least every 6 months, in line with statutory child-in-need procedures. This is to ensure that services are continuing to meet the assessed needs and outcomes and remain appropriate. Reviews are completed by the social worker on an individual basis with each child and family.

4.1.4 Changes to processes

The Single Assessment Framework will replace the range of assessments previously carried out including the Common Assessment Framework (CAF) and the social worker initial and core assessments. This means families will not have to repeat information and professionals will share knowledge.

As detailed in the Children and Families Act 2014, education, health and care assessments and plans will also be introduced to ensure a more joined up, child-centred approach to supporting disabled children. These will replace the SEN statement and will join with the Single Assessment Framework.

4.2 Overview of current services

4.2.1 Specialist services

These services require the child to have an assessment and referral from a social worker and approval of the Disabled Children's Resource Panel. Total spend on these services in 2012/13 was £2,982,090.

Type of service	Services	Provider	Units	Number CYP
Overnight residential	The Bush Residential Unit	Bristol City Council	10 beds	56
Overnight residential	New Belbrook Residential Unit	Bristol City Council	5 beds	32
Overnight and day service in carers home	Family Link Carers	Bristol City Council	54 carers, 4 buddies	56
Overnight and day service – personal assistants	Direct Payments	Bristol City Council	NA	168
Crisis prevention service and specialist palliative outreach care	Community Care and Palliative Care	Bristol City Council	34 active cases	59
Total				371

4.2.2 Targeted services

With the exception of residential holidays, disabled children and their families can access these services (see table below) directly, without assessment. Access to the residential holidays is different: referrals are considered by a panel that focuses on the needs of the child and their family and prioritises those with complex needs and complex family needs. Total spend on targeted services in 2012/13 was £445,282.

Type of service	Services	Provider	Units	Number CYP
Help to access universal services	Bridging Workers and Inclusive Play	Bristol City Council	c.95 active cases	127
Residential holiday	Action for Children holidays	Action for Children		49
Holiday leisure Activities	Schools consortia holiday activities at Briarway, Claremont, New Fosseyway and Kingsweston schools	Special Schools consortium		171
Weekend and holiday leisure Activities	WECIL Weekend & Holiday consortia (services provided by WECIL, Playbus, National Autistic Society and KHASS)	WECIL consortium		174
Befriending	Befriending service	Time2Share	c.26 active cases	36
Leisure activities	Asian disabled children's service	KHAAS		34
Holiday activities	Bristol Autism Project Holiday Activities	Bristol City Council	120 sessions annually	186
Holiday activities	Families in Touch	Time2Share	14 days annually	c. 50 plus siblings
Total				827

Total spend in 2012-2013 on the specialist and targeted services in the two schedules above was approximately £3.2M (plus corporate overheads), of which approximately 20% was provided by the Clinical Commissioning Group (CCG).

In this period, the total number of children and young people who received a specialist short break was 300 (some had more than one type of short break).

The providers of targeted services do not provide the council with the names and details of children and young people who receive their services. This means it is not possible to accurately determine the total number who are receiving services, as the same children may be using more than one service.

The total across both specialist and targeted services is 1127 children and young people. The actual total is likely to be significantly less than this, if we were able to count each child only once.

4.3 Residential units

4.3.1 Service description

There are two council-run residential units providing short breaks. Children and young people attend these units on a regular basis. They usually arrive after school, have their tea and then spend the night at the unit, either going back to school the next day, or staying for the weekend and going back to school on Monday morning. Some children just attend for tea and do not stay overnight.

The tables below give details about each of the in-house residential units.

Name of unit	The Bush
Location	Hengrove, South Bristol
Facilities	Single-storey 10 bedroom unit divided into two 5 bed wings. One wing is for children aged 5-12, the other for those aged 13-18.
Registration	Registered with Ofsted as a children's home
Staffing	All staff are employed by the council. All staff have NVQ or equivalent qualifications, they are not required to have health qualifications. The standard ratio is 3 staff to 5 children although this is adjusted to meet the needs of children at unit any one time.
Client group	Children aged 5-18 years with a range of disabilities including complex health needs, autism, severe learning difficulties, downs syndrome.
Annual cost 2013/14	£1,071,261
Funding	Bristol City Council only

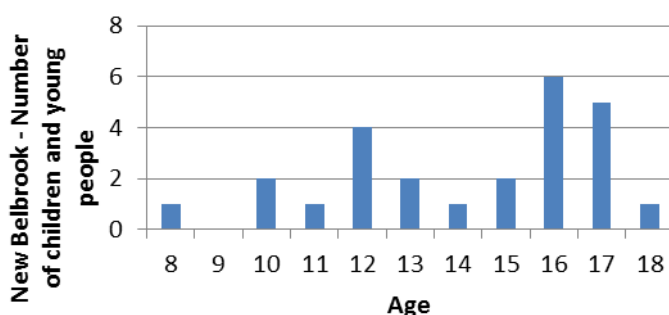
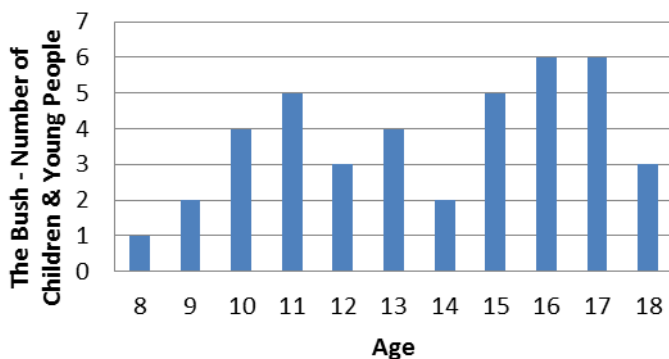
Name of unit	New Belbrook
Location	Lawrence Weston, North Bristol
Facilities	Purpose built two-storey building with 5 bedrooms.
Registration	Registered with Ofsted as a children's home
Staffing	Some staff are employed by the NHS Community Health Partnership but the unit is managed by the council. The manager and assistant unit managers are registered nurses. Senior care staff all have NVQ level 3. The standard staff ratio is 3 staff to 4 children with a qualified nurse always on shift. This ratio is adjusted to meet the needs of children in the unit at any one time.
Client group	Children aged 8-18 years with a range of disabilities. Historically the unit was exclusively for children with complex health needs. It now caters for a full range of disabilities including autism and severe learning difficulties.
Annual cost 2012/13	£565,993
Funding	Bristol City Council £10,511 and NHS Clinical Commissioning Group £580,647

4.3.2 Children using the service and demand

Profile of children

The following analysis is based on a snapshot in May 2013 of 41 children using the Bush and 25 children using New Belbrook. More demographic information is included in part 5 of this plan and in the equality impact assessment.

The majority of children using both units were boys: 66% in the Bush and 76% in New Belbrook. The range of ages is shown in the charts below.



The residential units are used by children with the most complex needs. They often require attention and support during the night and often need high staffing ratios of one or two staff to one child. The New Belbrook staff team includes a nurse manager and assistant managers and caters for children with the most complex health needs. Some children with complex health needs also use the Bush, but not if they require care from health qualified staff. The children's impairments and health conditions include:

- Complex physical and health needs;
- Emotional, behavioural or challenging behaviour related to autism, global developmental delay, ADHD, downs syndrome, sensory processing difficulties;
- Other forms of disability or impairment including autism, severe learning difficulties, downs syndrome.

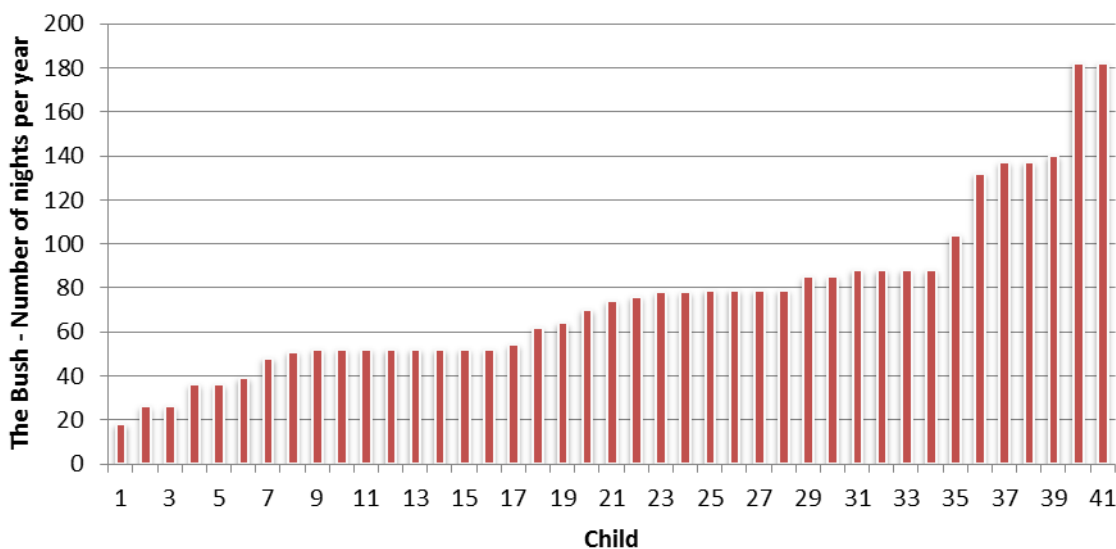
Our social workers analysed the needs of children and young people using both units and concluded that there are currently some children who could have short breaks in another setting, either short breaks in another family's home, or direct payments. We also spoke to parents, some of whom said they had originally wanted direct payments or short breaks in another family's home, but because those options were not available they were provided with residential short breaks which they now valued.

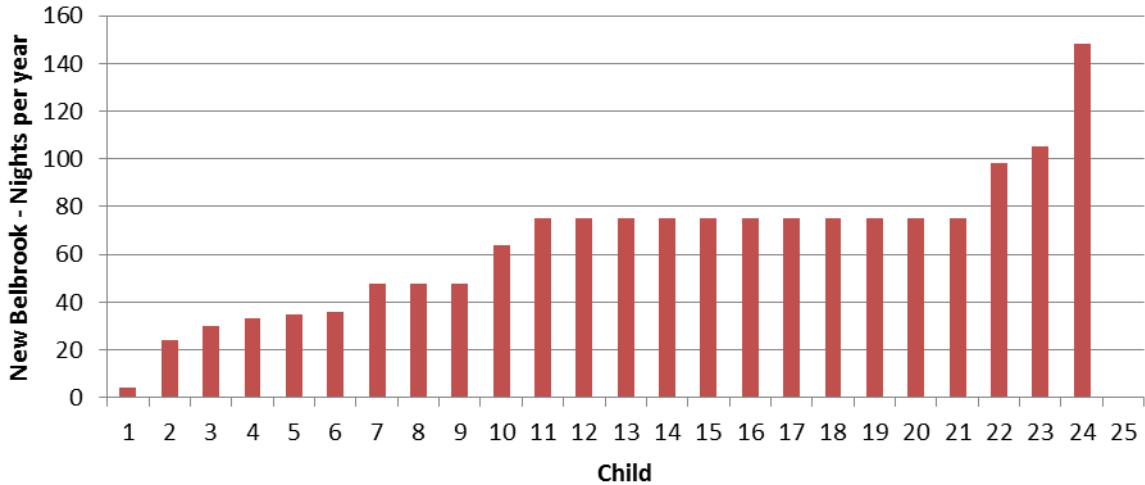
The parents' respite needs are often related to sleep deprivation, particularly for single parents. A high proportion of children who use the Bush and New Belbrook live with single parents.

Referral and allocation

To access the services, social workers assess the needs of the child and their parents/carers and make a referral to the council's resource allocation panel. Neither service holds a waiting list, so if the panel approves the referral, the child will be offered a placement at one of the units.

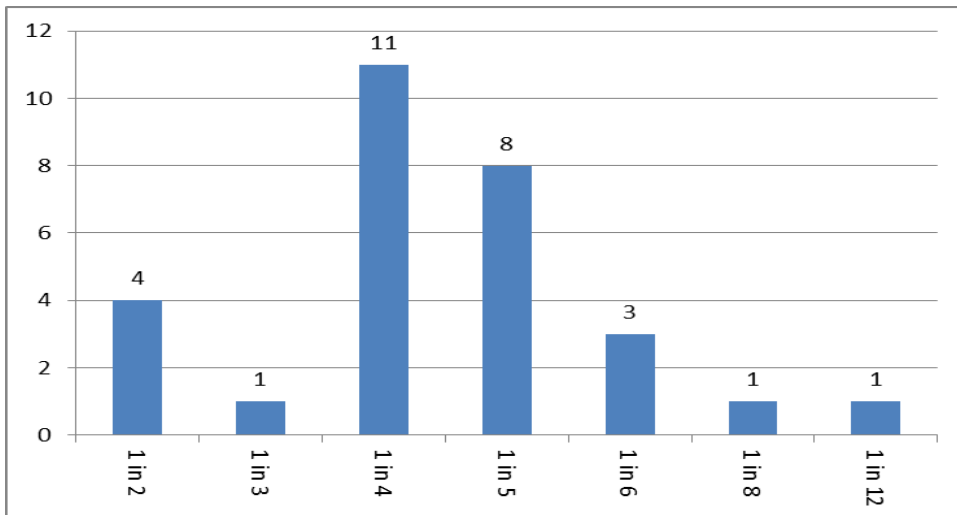
The pattern of usage is similar in both units as summarised in the chart below and at the top of page 20.



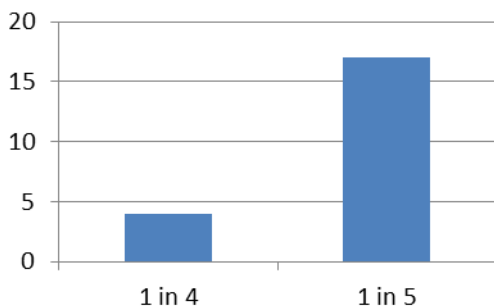


Some children have no weekend care (12 at the Bush and 4 at New Belbrook). These children visit during the week. The remaining children attend the units at weekends (29 at the Bush and 21 at New Belbrook). Some attend at weekends and during the week. The graphs below show the patterns for children who attend at weekends. A weekend stay is usually from after school on a Friday until the child returns to school on the following Monday morning. This arrangement appears to be mainly to minimise journeys, rather than to meet the needs of the child or their family.

The Bush



New Belbrook



Demand and usage

The average number of overnight stays per child in a year is 53 nights at the Bush and 37 at New Belbrook. The average across both units is 47 nights. If we look only at the children who received 9 months of support in the year, the averages are 69 nights per child at the Bush and 50 at New Belbrook. These averages appear to be high compared to other local authorities.

The units do not hold waiting lists. Places are not offered unless a referral is made and a place is available. This makes it hard to assess the level of demand for the service.

Where possible, the allocation of nights is planned in advance with a regular pattern. In exceptional circumstances, there are emergency admissions. Historically there have been cases of family breakdown where an emergency placement lasts for a number of days, or weeks. These placements mean that other children's placements have to be cancelled.

During the period September 2011 to September 2013, records show that 13 children had emergency placements at the Bush. In this period, the total number of emergency placement nights was 342, representing about 5% for all placement nights. The average number of nights for a child following an emergency placement was 24 nights.

As occupancy at New Belbrook has been relatively low (about 65%), it has been easier for the unit to accommodate emergency placements. This means that the unit does not have accurate data about which placements are emergencies.

Nonetheless, there was a period between May and August 2011 when emergency placements were creating pressures within the unit and at least one bed was allocated to a child for about 50 nights. Since that time emergency placements have not had a significant impact on the service.

4.3.3 Cost, quality and value for money

Quality

Feedback from children, parents/carers and professionals is extremely positive about both residential units. Parents/carers are reliant on the services and highly value the breaks they provide and the standard of care given to their children.

The Bush were subject to a full Ofsted inspection in November 2013 and recorded the following summary of findings:

- Overall Effectiveness - Good
- Quality of Care - Good
- Leadership and Management - Good
- Safeguarding and Young People - Good
- Outcomes for Children - Good

New Belbrook were subject to a full Ofsted inspection in July 2013 and recorded the following summary of findings:

- Overall Effectiveness - Good
- Quality of Care - Good
- Leadership and Management - Good
- Safeguarding and Young People - Good
- Outcomes for Children - Good

A recent Interim inspection (January 2014) on the action plan concluded that since the previous full inspection, the service is making “satisfactory progress”.

Cost and value for money

In 2012/13, the average rate of occupancy for at the Bush was 82% across the year (the range of monthly occupancy rates was between 76% and 90%). On some nights, it is necessary to keep a bed vacant in order to provide higher staff ratios to meet the needs of children with more challenging behaviour. In previous years, there have been extended periods where this has been necessary, but not in the 2012-13 period or subsequently.

Average occupancy at New Belbrook was 64% (the range of monthly occupancy rates was 53% to 74%). See section 4.8 below for more value for money analysis and benchmarking.

	Maximum occupancy 100%	Actual occupancy
The Bush	£337	£413
New Belbrook	£326	£507

4.4 Family Link – short breaks in another family’s home and buddying

4.4.1 Service description

The council’s Family Placement Service includes a short breaks service for disabled children, known as Family Link. The service provides short breaks, both overnight and day-time. The short breaks normally take place in the carer’s home. At July 2013, the service had a total of 54 carers of whom 48 were linked with a child. The service also has a small number of volunteer buddies (at July 2013 there were four). These buddies are not registered to provide support or care in their own homes, instead they usually support the disabled child or young person to go out and access community activities.

4.4.2 Children using services and demand

Profile of children

In July 2013, 56 children were receiving a short break from a Family Link carer or buddy. Of these 35 (62%) were male and 21 (38%) were female. Their ages ranged from 3 to 17, with the majority falling in the 8 to 10 years (n = 18) and 14 to 16 years (n = 15) ranges.

The following categories were identified and are listed in order of frequency reported:

- Learning disability
- Communication
- Mobility
- Autism/Aspergers
- Visual, Hearing, Personal Care, other
- Incontinence, Behaviour
- Consciousness

Family Link is often used to support disabled children who have night-time support requirements or where parents/carers specifically require an overnight short-break service to allow them to maintain their caring role. Family Link is used when children benefit from a home-based environment and the care of a regular one-to-one carer. Family Link carers have generally not met the needs of more complex children and young people, particularly older teenagers.

Referral and allocation

Different children receive very different levels of support from the Family Link service. Based on the pattern of care provided to 55 children receiving support in September 2013, it is estimated that on average across a year period the service provided:

- 929 overnight stays to 36 children. The range of nights per year was between 12 and 104 with an average per child of 25.8 nights.
- 2704 hours of day-care support to 20 children (including 1 child who received overnight also). The range of hours per year was between 56 and 260, with an average per child of 135.2 hours.

Demand

The data suggests that the service is not able to meet the level of demand for both carers and buddies and that there is a long wait to access both services.

We reviewed the list of children waiting for a service in the period from April 2012 to March 2013. Following an initial referral process, children are put onto a list as ready to be matched. This matching process can take a while, particularly for those with the most complex needs. The average wait for those who are eventually matched was 324 days for a buddy and 126 days for a carer.

In this period 14 children were seeking a carer and 8 were matched; 16 children were seeking a buddy and 4 were matched.

4.4.3 Cost, quality and value for money

We do not have aggregated data about the outcomes for this service. However, parents we spoke to were generally very positive about the support provided by Family Link carers.

An estimated unit cost has been calculated of £237.79 per child per night. This was based on estimated yearly provision (as detailed above) and an average 16 hour overnight stay.

4.5 Direct payments service

4.5.1 Service description

The council provides direct payments to young disabled people and the parents/carers of disabled children. These direct payments are usually used to employ personal assistants. Support ranges from around two-hour weekly sessions to much larger packages of care. It can include day-care or overnight care in the child's or the personal assistant's home, or support to access the community.

Support is available to people who receive direct payments to help them manage their direct payment and manage the responsibilities that come with employing a personal assistant. Some support can be provided by the council's direct payment and finance support service. Where more help is needed, the person receiving the short break can purchase payroll support and bank account management services from the West of England Centre for Inclusive Living (WECIL). The cost of this service is covered by the direct payment.

4.5.2 Children using services and demand

Profile of children and needs

In the year between August 2012 and July 2013, 168 children and young people received a direct payment. Of these 118 (70%) were male and 50 (30%) were female. Their ages ranged from 2 years to 17 years.

Due to the flexible nature of the service it is used by children with a wide range of needs, and provides both day-care and overnight support. Support may be provided to children with lower needs only requiring a couple of hours community support as well as those with complex health needs requiring waking night support. In April 2013 it was estimated that approximately 15 direct payments were being used to purchase overnight support at either sleep-in or waking night rates. It was further estimated that 30% of direct payments were used for personal care support with the remaining 70% for a more traditional short-break service, though it was noted that some payments were for both types of service.

Referral and allocation

The direct payment service does not hold a waiting list; once a child is agreed a direct payment at resource panel then the service set-up is initiated.

Demand

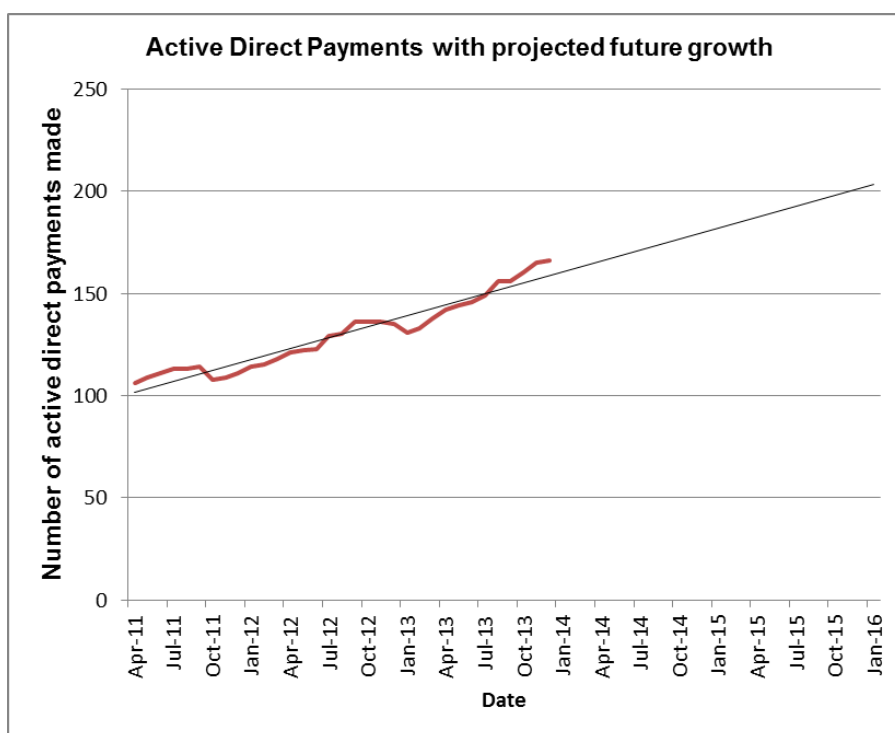
Our review of the children receiving direct payments in the year between August 2012 and July 2013 shows:

- Average total number of payments per month: 128
- Range of total number of payments per month: 115 to 144 (representing first and last month respectively).
- Average cost of payment per month: £491 (45hrs⁸)

⁸ Estimate based on the standard PA rate of £11 per hour.

The lowest direct payment per month was £47.67, received by two children and equating to around 4 hours support per month. The most expensive package of support was £3,003 per month, received by one child and equating to around 273 hours support per month, which is on average approximately 9 hours per day.

The demand for the service is shown in the graph below, which shows the quarterly growth since April 2011 and projected increase in direct payments until April 2015 at the same rate of growth. Between April 2011 and December 2013, direct payments increased by an average of 1.8 per month. There were 166 active direct payments in December 2013. Based on current growth levels it is predicted that there will be over 200 active direct payments by the beginning of 2016.



Some parents we spoke to reported that they were refused direct payments because the budget was allocated. As a result, these parents were referred to less preferred, more costly services. Some parents indicated they were unable to spend their direct payments because they could not recruit a suitable personal assistant.

4.5.3 Cost, quality and value for money

Quality

There is no aggregated data on outcomes achieved by direct payments. Individual children's goals and desired outcomes are identified by the children's social worker and reviewed as part of the Child in Need review process.

Costs and value for money

The standard direct payment hourly day-rate for a PA is £11 per hour; for a sleep-in night support this is £44 and for a waking night £88. Agency staff rates vary between approximately £13.95 and £25 per hour. Where a child requires an On Behalf Of bank account (currently provided by WECIL), there is an additional cost of £23.79 paid per month regardless of the direct payment amount.

Based on the spend for 2012/13, the average cost per child per year was about £4,600 if we include all children who received a payment within the year. If we look at each month separately, the average payment per child per month is £491. Adding up average monthly payments over a year period, gives an average of £5,892 per child.

4.6 Community care and palliative care

4.6.1 Service description

This is a council-run service providing short-term prevention and intervention to help disabled children, young people and their families to develop resilience and self-sufficiency. The team includes a team leader (0.6 FTE) two community care workers and two palliative care workers supporting families across the city. The service does not provide short breaks but works to achieve similar objectives, namely supporting children and families to prevent family breakdown and make it easier for parents and carers to care for their disabled children. These services are therefore integral to the effective delivery of short break services.

The team provide short-term outcome focussed packages of support for up to six weeks. This is likely to be 2 ½ hour sessions once or twice each week. A further six weeks of support may be provided if required. The services offered include:

- Outcome based service: working on specific goals with children and families, such as the implementation of strategies to manage behaviour/ routines/ complex family situations. This service helps to enhance parenting capacity.
- Community outreach/ holiday service: widening disabled children's access to positive activities in local community based provision.
- Emergency community care: helping families during emergencies or because parents are temporarily exhausted.
- Providing care to children with complex health needs for a time limited period in emergency situations or while longer term services are set up. This service is provided in the form of short visits to support with personal care tasks, such as dressing, showering, bathing and feeding.

- Palliative care workers: short to mid-term support to children and their families around the time of diagnosis; when the child moves home from hospital; during emergencies and crises; with end of life support; and when there are gaps in provision for the family and new services are established. Support is provided within the young person's home. Workers require specialist medical training and support families to help them cope with emotional issues around the end of a child's life.
- Family play sessions are also offered in partnership with the Disabled Children Service Inclusive Play Project and Bristol City Council Play Service. Workers run a weekly stay and play session for disabled children and their families at an adventure playground during school holidays. Separate half day sessions are run for palliative care families and community care families. Palliative care workers use these sessions to maintain on-going engagement with previously supported families during periods of stability.

4.6.2 Children using services and demand

Profile of children

In the year 2012/13 the team supported 59 children/families. Of these 35 received support from community care workers and 24 from palliative care workers. The children's ages ranged from 1 year to 17 years, with the highest number (n = 14) being in the 4 to 5 years age bracket. Ten children were also aged 1 to 3 years.

Demand

In December 2013 there were six families on the waiting list for this service. It is hard to judge demand however because the team has been under-staffed as a result of long-term sickness, and adjustments made to manage service request and service delivery.

4.6.3 Cost, quality and value for money

Quality

There is no aggregated data on the outcomes achieved by this service.

Costs and value for money

An estimated unit cost has been calculated based on the estimated provision delivered across a year. This equates to £46.90 per session, approximately £23.45 per hour.

4.7 Current targeted services

Targeted services are short breaks and other services for disabled children, young people and their families. Full details of these services are set out at Appendix 2.

Service description

The table below summarises current services and service volumes.

Provider	Status of provider	Service description	Number of sessions per year	Number of children	
KHASS	VCS	Works with Asian children and families providing minimum of 40 weeks of Saturday play sessions and 1 or 2 family trips per year.	40 Saturday sessions and 1 or 2 family trips per year	30 at one time	
Time2Share	VCS	Be-friending services providing volunteers for disabled children to visit them and take them out.	56 visits per month or 672 visits per year	c. 26 at one time	
Time2Share Families in Touch	VCS	Holiday activities for disabled children and their siblings.	14 sessions per year	c. 50 plus siblings	
Action for Children	VCS	Residential holidays. One holiday for CYP with medium level needs including ASD and behavioural issues, three holidays for more complex needs (with higher staffing ratios).	4 holidays per year equating to 166 nights and 2668 hours	44	
WECIL consortium		Activities provided by 4 providers listed below.	398 hours of activities across consortium	174 over the year	
	KHASS	VCS		Weekend sessions at an adventure playground for BME children and young people.	36 over the year
	WECIL	VCS		Weekend youth clubs in Southmead and Hartcliffe.	63 over the year
	National Autistic Society	VCS		Afterschool club and some weekend activities.	24 over the year
	Playbus	VCS		Weekend activities in two adventure playgrounds.	50 over the year
Special Schools consortium		Schools	5-6 hour activity sessions in school holidays, taking place in four Bristol special schools: New Fosseway, Briarwood, Claremont and Kingsweston.	285 hours of activities	171 over the year
Bristol Autism Project	BCC in-house	Holiday activities (separately for under 11s and over 11s). Support to families and signposting to other services.	105 activity sessions annually	186 accessed a service annually	
Bridging Workers and Inclusive Play	BCC in-house	Inclusive Play Project helps children and families to access mainstream and community based play and leisure activities. Small grant fund to enable access to mainstream services. Trains providers to include children with complex health needs.	Varies	127 over the year (c.95 active cases at one time)	

It should be noted that the Bridging Workers and Inclusive Play service does not provide short breaks. Instead it supports disabled children and their families to access short breaks, including universal services.

In addition to the services listed above, we also provide £20,000 per year to the council's carer's grant fund. This fund provides ad hoc payments to carers to help them in their caring role. This funding does not come from the short breaks commissioning budget.

Children using services and demand

The council does not have detailed data on the children and young people using these services. The table below summarises the data give to us by providers. The services are provided to children and young people with a range of impairments, but the majority appear to have ASD and there are more boys than girls receiving the services. The services are mainly provided to school aged children.

Provider	Children and young people		
	Impairment ⁹	Gender	Age
KHASS	13% Group A 87% Group B	63% boys 37% girls	5 to 15 (mainly 8 to 12)
Time2Share	66% ASD 12% Downs syndrome 12% Other	69% boys 31% girls	8 to 18 (mainly 13,14 & 18)
Action for Children	75% Group A 25% Group B	80% Boys 20% Girls	No data
WECIL consortium			
	KHASS	See above for KHASS	See above for KHASS
	WECIL	76% Group A 24% Group A&B	60% boys 40% girls
	National Autistic Society	100% ASD	No data
	Playbus	Group A and B	No data
Special Schools consortium		No data	66% Boys 34% Girls
Bristol Autism Project	100% ASD plus siblings		5 to 18
Bridging Workers and Inclusive Play	37% Group A 28% Group B 35% Not Recorded	No data	0 to 18

⁹ Group A includes ASD and children whose challenging behaviour is associated with other impairments such as learning difficulties. Group B includes children with complex health needs, life limiting conditions, need for palliative care, cognitive or sensory impairments.

It is difficult to gauge demand for the current services, although there is evidence from what families and providers tell us that the services where demand significantly exceeds supply are residential holidays and befrienders.

Cost, quality and value for money

Contracts for current services identify a range of outcomes the services must achieve. The outcomes measures are not consistent across the services, nor does the council collect outcomes data from all providers. Data provided by the schools consortium, WECIL consortium and Action for Children holidays indicates that all of these services met targets in relation to the following outcomes:

- Children have tried something new or had a positive new experience.
- Families were able to lead a more ordinary life.
- Children had improved self-confidence, social abilities or new friendships.

Because the services vary in nature and are provided to children with very different levels of need, it is difficult to compare unit costs and value for money. The table in 4.8.1 attempts to give a rough indication of the unit costs.

4.8 Value for money analysis

4.8.1 Unit costs for all current overnight short breaks

The current cost of overnight stays or support vary considerably. Employing a personal assistant is by far the least costly, but will not be suitable for all households and may not give parents a meaningful break as it is delivered in the family home. An overnight short break in another family's home is lower cost than a residential short break but will not be suitable for all children or families.

Current Bristol Services	Category of need	Cost per child per night
New Belbrook	Complex needs	£497 ¹⁰
The Bush	Complex needs	£413 ¹¹
Family Link – break in another family's home	Medium level needs	£237
Direct payments personal assistant	Medium to complex needs – waking night	£88
Direct payments personal assistant	Medium to complex needs – sleeping night	£44
Residential holiday	Complex	£301 ¹²

¹⁰ Based on actual occupancy 66%.

¹¹ Based on actual occupancy 82%.

¹² Total cost of service is £75,000, in 2012/13 provided 166 nights of holiday.

The unit costs of the Bush and New Belbrook are high but compare reasonably favourably to the costs of residential provision paid by other authorities and to local independent provision for complex needs children and young people. However, it has been difficult to get comparison data to enable robust benchmarking, as the nature of the services and the level of children's needs varies. The cost largely depends on the staffing levels required for individual children. The cost of the residential holidays we currently commission from an external provider compares very favourably to the cost of our residential units, and residential short breaks elsewhere. The table below provides a summary of the benchmarking data we have.

Local Authority	Category of need	Cost per child per night
Local independent provider A	Complex needs	£330 basic plus additional cost for 1:1. Current shared care placement (7 nights per fortnight) at £554 per night
Local independent provider B	Complex needs	£500-600, possibly more for 2:1
Local authority A	Complex needs	£513
Local authority B	Not reported to BCC	£500
Local authority C	Complex Health Needs	£340-380 plus additional for 2:1 (based on 75% occupancy)
Local authority D	Mix	£240-600
Local authority E	Autistic/behaviour	£280 plus additional for 2:1 (based on 75% occupancy)
Local authority F	Mix	£480
Local authority G	All including low to medium complex needs	£230

The current unit cost of £237 for Family Link placements seem relatively high for this type service. This is 27% more than the average complex needs rate quoted by independent foster agencies (IFAs) on our sub-regional IFA framework. The council's Family Placement Service have developed a business case for providing a new model of short breaks in another family's home, using fee-paid or contract carers. This would reduce unit costs down as shown below.

Service	Category of need	Cost per child per night
Family Link – shorts breaks in another family's home	Medium level needs	£237
Independent foster carers on BCC framework	All (but only 1:1) – weekly prices are quoted, price for individual nights of respite may be higher	£186 based on average of £1,300 per week (range £110-228)
Business case for BCC fee-paid carer proposal for 4 carers	Medium and complex needs	£162 - £218

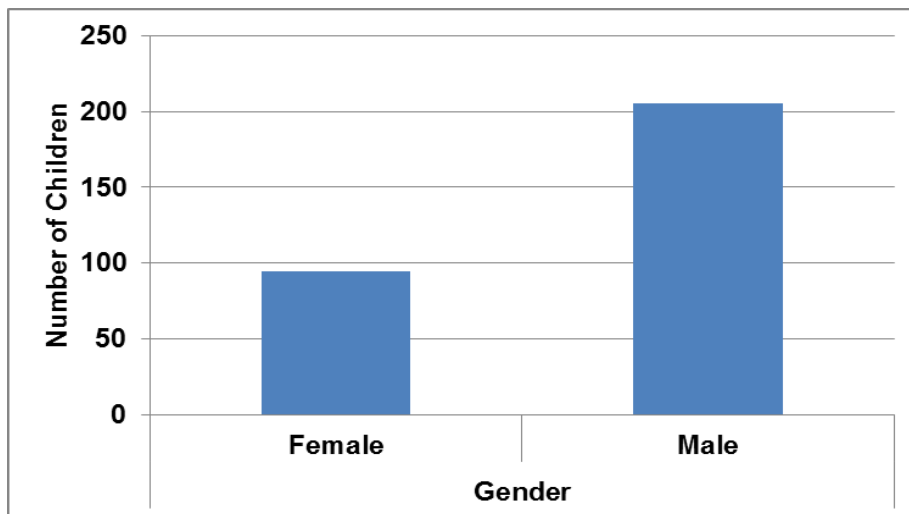
5. Needs and demand analysis

5.1 Profile and needs of children using services

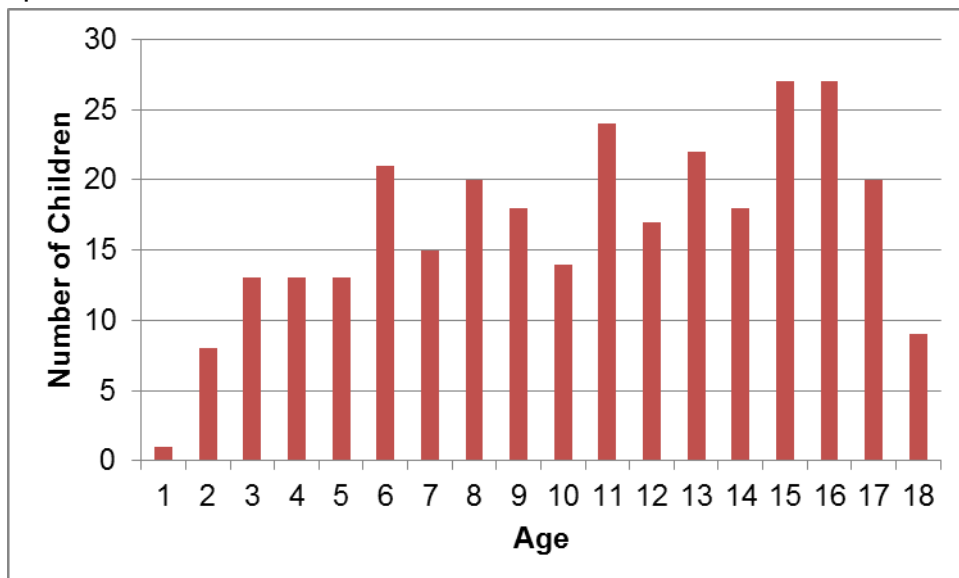
Demographic data

Currently, providers of targeted services are not required to give us any data about the children and families who use their services. For that reason, we do not have complete data for the children and young people who have targeted short breaks. The data below relates to children who have specialist short breaks.

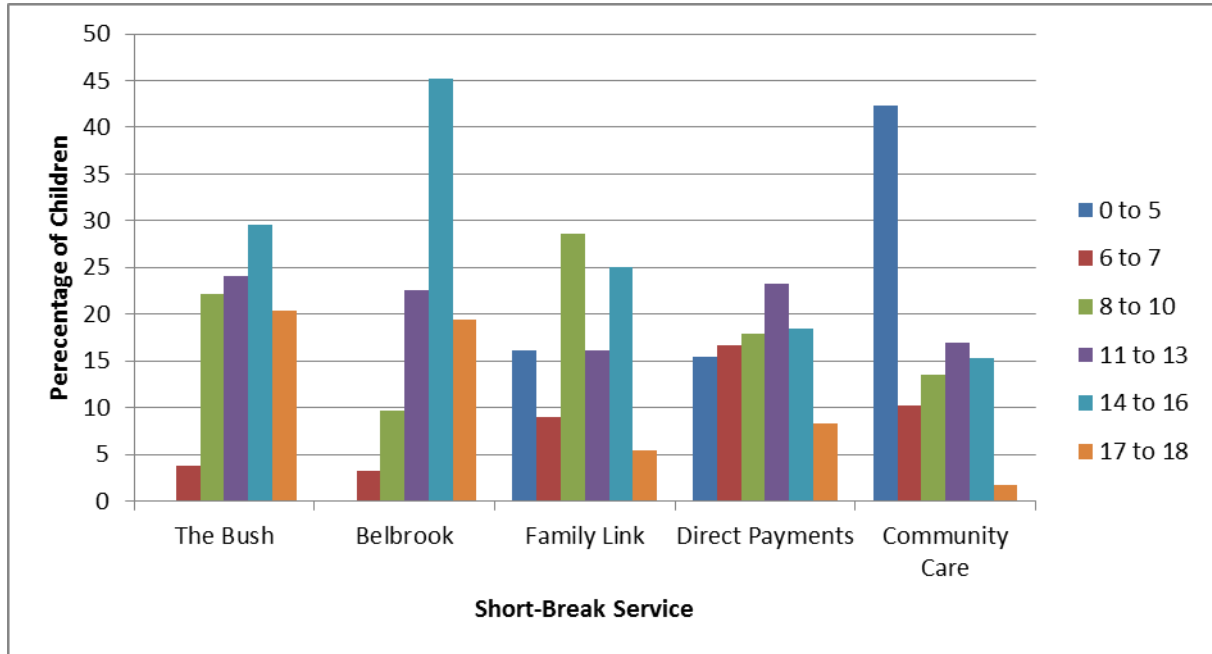
Gender: There are more than double the amount of boys as girls accessing short breaks.



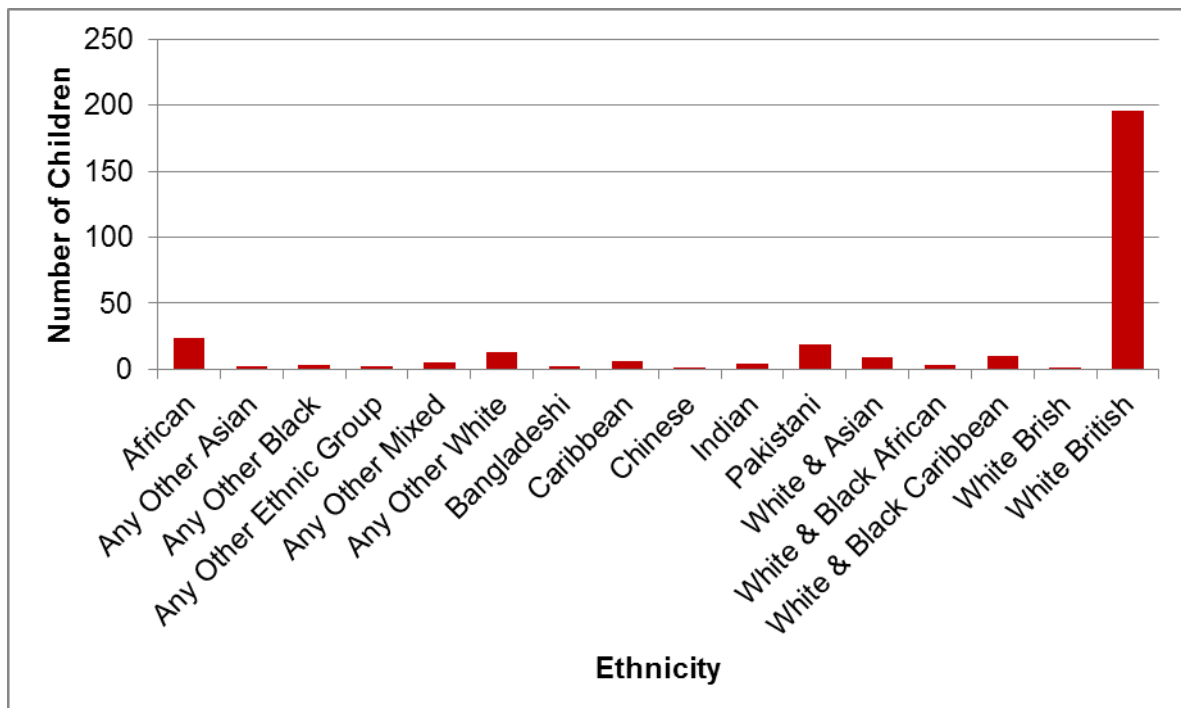
Age: The table below shows the number of children in each age group who have a specialist short break.



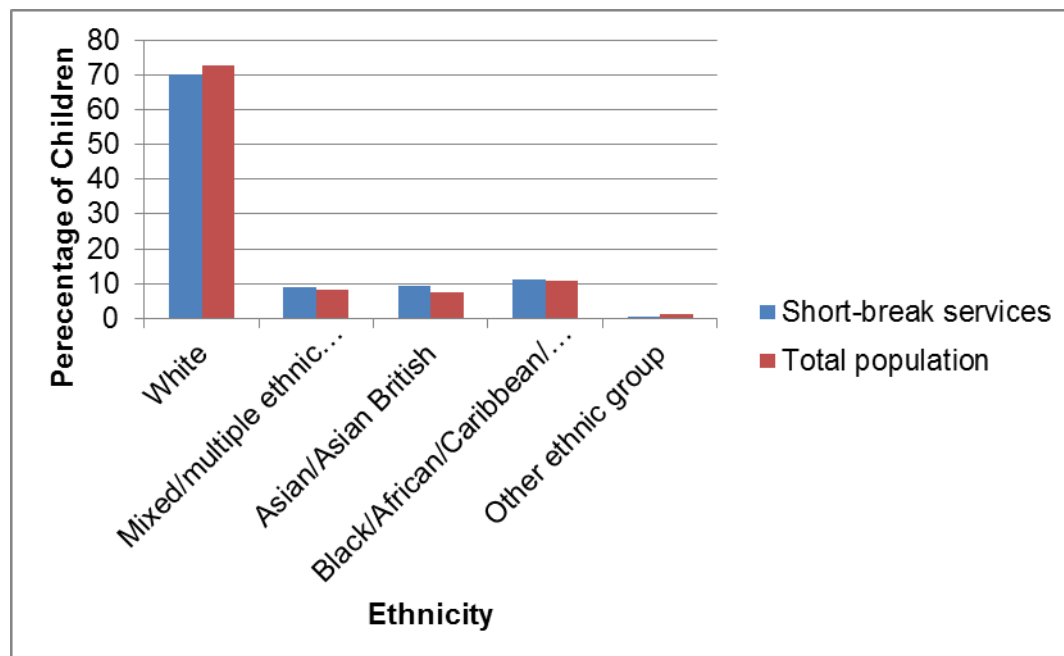
The following table shows the percentage of children in each age group who have particular types of short breaks. This shows that the overnight services have higher proportions of older children and both direct payments and community care provide to higher proportions of younger children.



Race:



The percentage of children from different ethnic groups accessing short-break services broadly reflects the demographic within the city based on ethnic groups. However, it should be noted that there may still be people from certain communities who are under-represented.



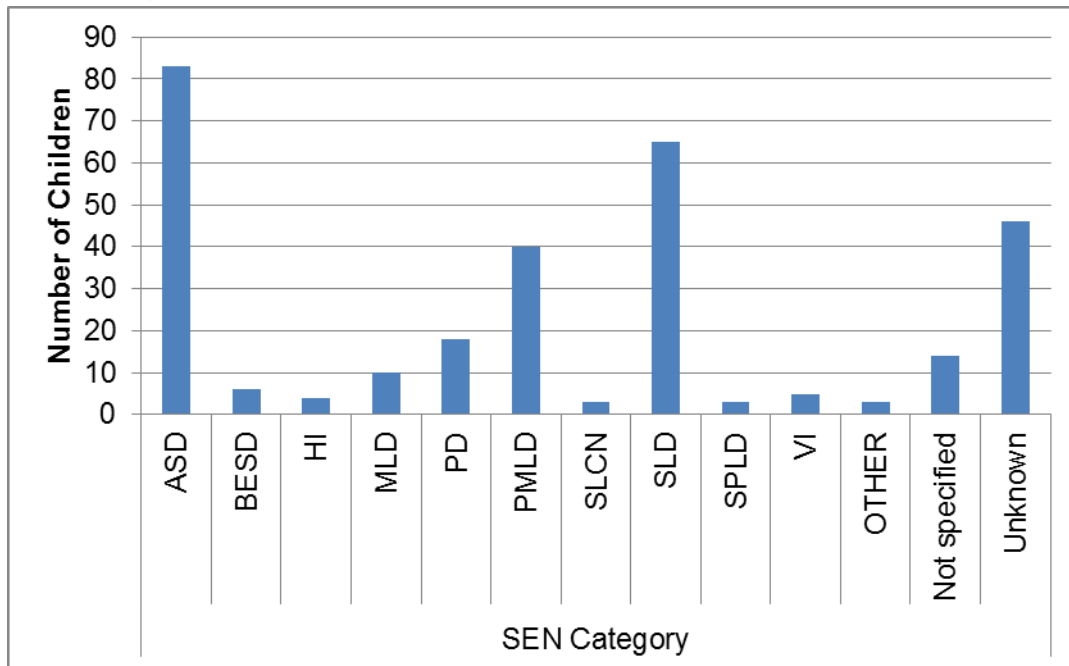
Needs of children and parents/carers

Children’s impairments: The best data we have on children’s disabilities is the school’s SEN data. This is recorded by schools and therefore subject to slightly different approaches to classifying disability which may change over time for instance in relation to greater awareness of certain conditions.

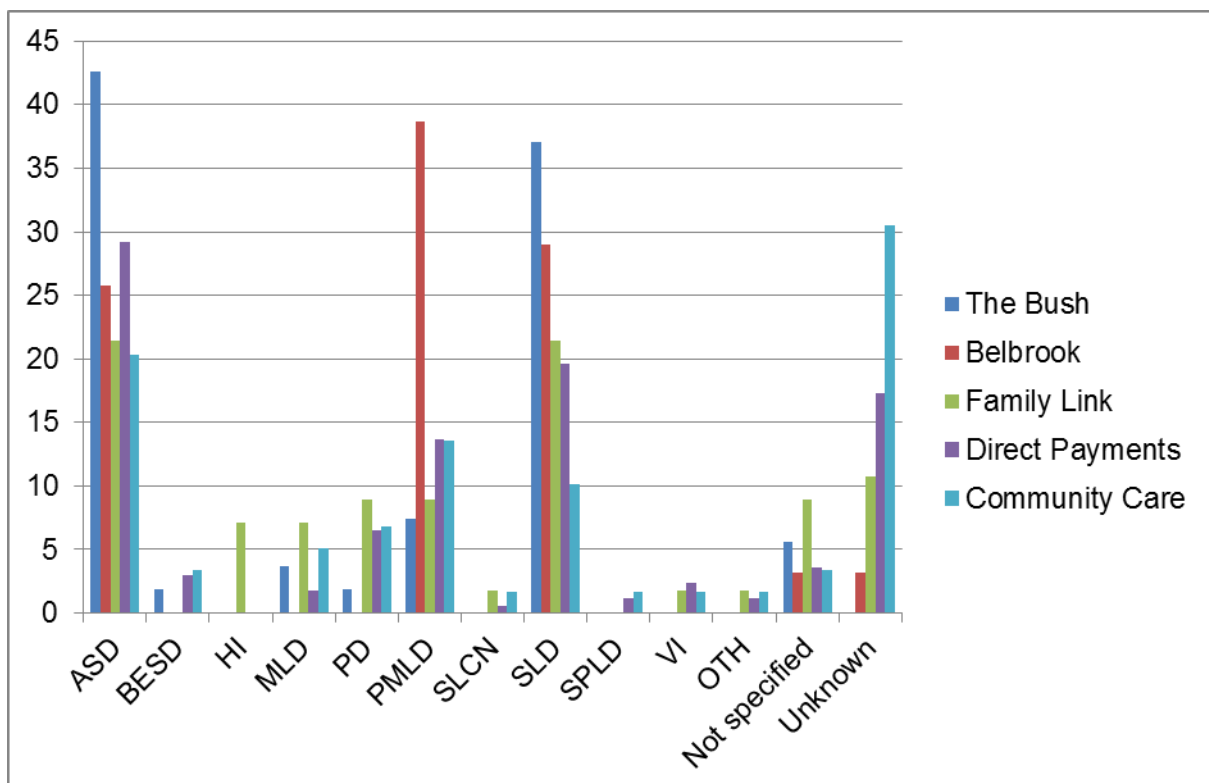
Key for the SEN abbreviations, including broad SEN area of need.

Abbreviation	SEN Category	SEN Area of Need
ASD	Autistic Spectrum Disorder	Communication and Interaction
BESD	Behaviour, Emotional & Social Difficulty	Behaviour, Emotional and Social
HI	Hearing Impairment	Sensory and/or physical
MLD	Moderate Learning Difficulty	Cognition and Learning
PD	Physical Disability	Sensory and/or physical
PMLD	Profound and Multiple Learning Difficulty	Cognition and Learning
SLCN	Speech, Language & Communication Needs	Communication and Interaction
SLD	Severe Learning Difficulty	Cognition and Learning
SPLD	Specific Learning Difficulty	Cognition and Learning
VI	Visual Impairment	Sensory and/or physical
OTH	Other	N/A

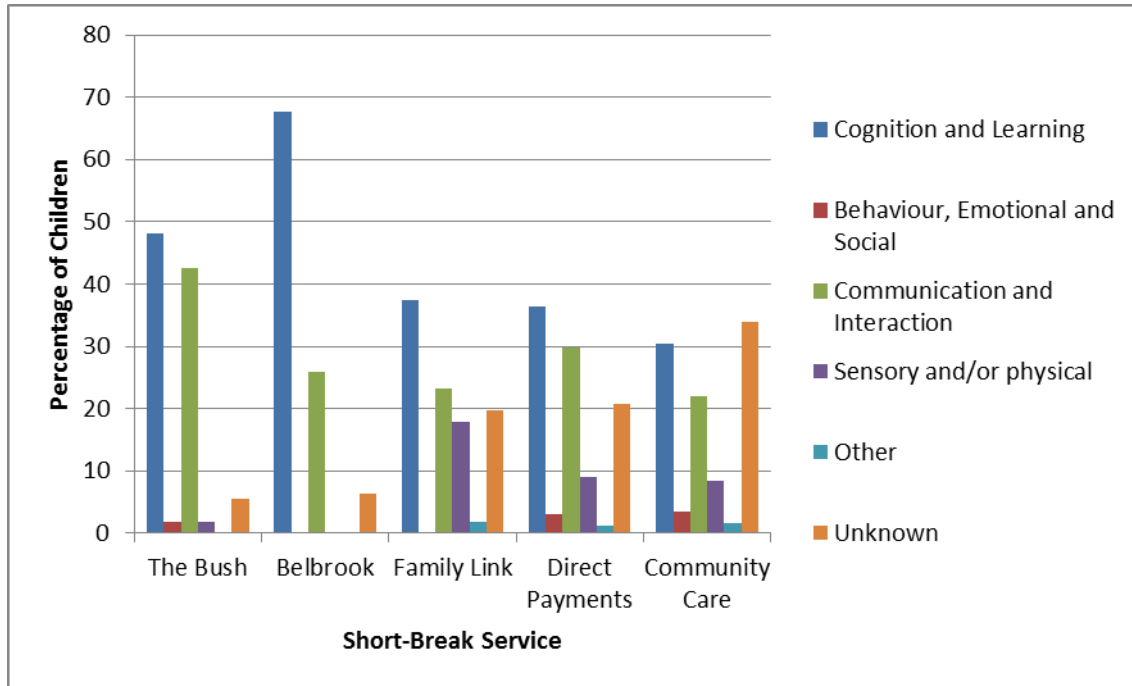
This chart shows the number of children accessing specialist short breaks by primary SEN category.



The chart below shows the percentage of children accessing different short break services by SEN category.



The chart below shows the percentage of children in each SEN area of need receiving different types of specialist short break. It is apparent that there is a slightly different demographic in The Bush and New Belbrook, with The Bush taking more children with Autistic Spectrum Disorder and those disabilities associated with communication and interaction difficulties.



5.2 Numbers of children using services

Specialist services

During the financial year 2012-13 a total of 300 children accessed specialist short breaks in Bristol. Some of these children had two or three different types of specialist short breaks as shown in the table on page 38. In total there were 368 specialist short breaks services provided.

No. of shorts breaks	Specialist services received	Number of children
1	Bush only	33
	New Belbrook only	18
	Family Link only	41
	Direct payments only	121
	Community care only	24
2	Bush plus Family Link	2
	Bush plus direct payments	13
	Bush plus community care	3
	New Belbrook plus direct payments	7
	New Belbrook plus Family Link	2
	New Belbrook plus community care	2
	Family Link plus direct payments	3
	Family Link plus community care	7
	Direct payments plus community care	19
3	Bush plus direct payments and community care	3
	New Belbrook plus direct payments and community care	1
	New Belbrook plus direct payments and Family Link	1
Total number of children		300

Targeted services

See section 4.2 above. The data from providers indicates that activities and sessions were provided to 777 children. We do not know how many of these children have been counted more than once. The actual figure is likely to be significantly less than 777.

5.3 Bristol population

The mid-2012 population of Bristol is estimated to be 432,500 of which 80,700 are children aged 0-15 years. The child population is growing rapidly. Between 2001 and 2012, the number of children is estimated to have increased by 7,100 (9.7%); the increase of 0-8 year olds has been 23%. There has been a substantial increase in births (22% between 2005 and 2012)¹³. One in four children in Bristol live in poverty. The Bristol population is becoming increasingly diverse. The proportion of children in the city under 16 who belong to a BME group is now 28% (this varies from 10% in parts of south Bristol to 50% in most inner city wards).

Approximately 5% of children in Bristol have a disability. In 2009-2010 Bristol City Council and NHS Bristol jointly undertook a pilot to estimate the prevalence of potentially disabling conditions with and without chronic illness in young people (0-18). They did this by using GP data sets and comparing to the prevalence of disability provided using Special Educational Needs and Disability Living Allowance data¹⁴. Results were considered from 10,756 children and young people (0-18 yrs) from 5 local GP practices.

Potentially disabling conditions - The prevalence of potentially disabling conditions varied from 3.2% to 7.8% with an average of 4.9%. NB Based on the current Bristol estimate of 84,145 children, there may be in the region of 4,100 young people (0-18) with a significant physical or mental difficulty.

Potentially disabling conditions or chronic illness - The prevalence of potentially disabling conditions or chronic illness varied from 5.2% to 10.5% with an average of 7.5%. NB Based on the current Bristol estimate of 84,145 children, there may be in the region of 6,300 young people (0-18) with a significant physical or mental difficulty or severe chronic medical condition that could potentially impact on their daily lives. Within this, the prevalence by type of condition indicates that, after chronic illness (36%), the majority of all potentially “disabling conditions and chronic illnesses” are mental difficulties, including general and specific developmental delays and mental health difficulties (24% of all, or 36% of potentially disabling conditions only). Some children had both chronic illnesses and potentially disabling conditions. Two-thirds were male, and the prevalence increased with age, especially for “potentially disabling conditions or chronic illness”.

¹³ Up to date population analysis is published in *Bristol State of the City 2013* <http://www.bristol.gov.uk/page/council-and-democracy/statistics-and-census-information>.

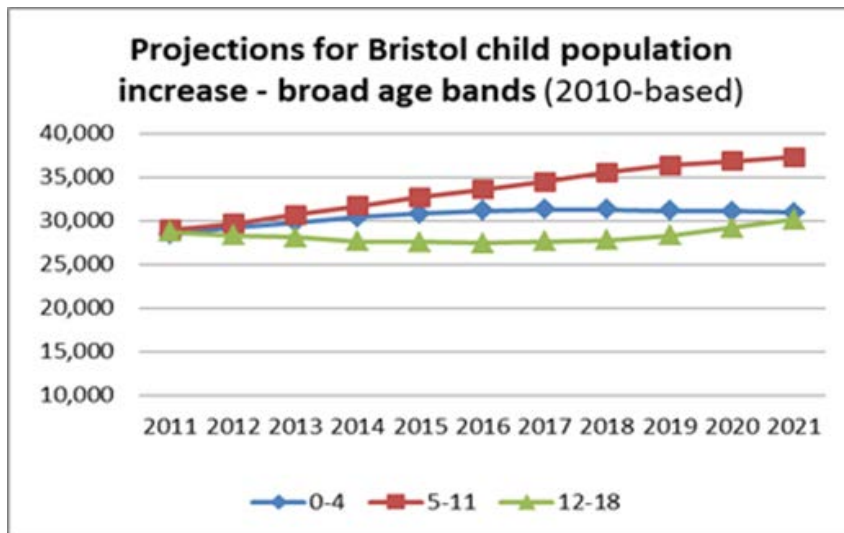
¹⁴ The prevalence of childhood disabling conditions, Bristol pilot study 2009-10, Bristol City Council & NHS Bristol, June 2010.

It is also helpful to consider Special Educational Needs (SEN) records. In 2012-13, 4,500 children were recorded as having SEN, i.e. School Action Plus or with a statement of SEN. Not all of these children will require or be eligible for a short break.

5.4 Demand forecasting

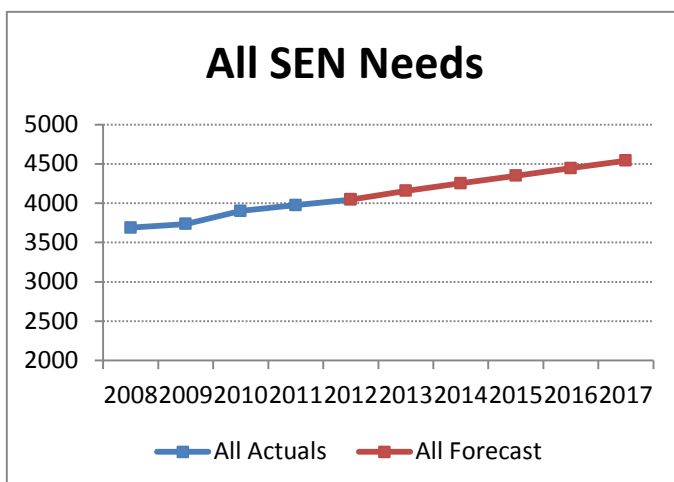
5.4.1 Increasing child population

The table below shows expected increases in Bristol's child population by age bands.



5.4.2 SEN forecasting

Nationally there has been an increase of children with a medical diagnosis of ASD. There has also been an increase in the complexity of children's needs, as medical advancements impact upon survival rates at birth and beyond. This trend is amplified somewhat in Bristol because of its specialist children's hospital and strong palliative care arrangements for children with terminal illnesses. The expectation in Bristol is that the number of pupils with SEN will grow by approximately 2.3% (or about 100 more children) each year until 2017.



The table below shows projections for each SEN category, i.e.

ASD	Autistic Spectrum Disorder
BESD	Behavioural Emotional Social Difficulties
HI	Hearing Impairment
MLD	Moderate Learning Difficulties
MSI	Multiple Sensory Impairment
OTH	Other
PD	Physical Disabilities
PMLD	Profound Multiple Learning Difficulties
SLCN	Speech Language Communication Needs
SLD	Severe Learning Difficulties
SPLD	Specific Learning Difficulty
VI	Visual Impairment

SEN type	ACTUAL					PROJECTION				
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
ASD	314	342	400	435	482	523	566	609	652	695
BESD	908	896	925	947	956	971	985	1000	1015	1029
HI	108	117	114	121	128	131	135	140	144	148
MLD	625	562	533	530	532	491	469	447	426	404
MSI	4	3	3	2	3	2	2	2	1	1
OTH	125	135	216	186	158	199	211	223	234	246
PD	172	183	171	162	177	170	169	168	166	165
PMLD	91	77	93	99	87	94	95	96	98	99
SLCN	827	888	938	977	983	1043	1083	1123	1163	1203
SLD	218	211	203	195	222	207	207	206	205	204
SPLD	264	287	264	278	278	280	282	284	286	288
VI	32	35	42	44	41	47	50	52	55	58
Total	3688	3736	3902	3976	4047	4157	4253	4349	4445	4540

It should be noted that some of the projected changes are likely to result from changes to how children are categorised, rather than changes to their needs.

5.4.3 Forecasting demand for short breaks

We do not have enough data about the numbers and SEN categories of the children receiving targeted services to accurately forecast demand for these services. However, as the Bristol child population increases, we can expect a proportionate increase in the number of children needing short breaks.

In relation to specialist services, we have more precise data about numbers, but as the numbers are small we cannot accurately forecast trends or changes in demand, but we can make a rough estimate. However, we have considered the total numbers for each SEN category in the school census data in 2012/13 and identified what proportion of these children were receiving specialist short breaks in that year (see table at the top of page 42).

	2012/13	
	%	Number children
ASD	21.6%	104
BESD	0.8%	8
HI	3.1%	4
MLD	2.3%	12
MSI	0.0%	0
OTH	2.5%	4
PD	0.0%	0
PMLD	59.8%	52
SLCN	0.3%	3
SLD	36.0%	80
SPLD	1.1%	3
VI	14.6%	6

If the proportions of children in each SEN category who receive a specialist short break remain the same in future years, then the change in numbers receiving short breaks in each SEN category would be as follows:

	2012	2013	2014	2015	2016	2017
ASD	104	113	122	131	141	150
BESD	8	8	8	8	8	9
HI	4	4	4	4	5	5
MLD	12	11	11	10	10	9
MSI	0	0	0	0	0	0
OTH	4	5	5	6	6	6
PD	0	0	0	0	0	0
PMLD	52	56	57	57	59	59
SLCN	3	3	3	3	4	4
SLD	80	75	75	74	74	74
SPLD	3	3	3	3	3	3
VI	6	7	7	8	8	8
Unknown	71	71	71	71	71	71
Grand Total	347	356	367	377	387	397

The biggest change would be an increase in the number of ASD children needing short breaks (an increase of 46 by 2017). There would be fewer children with MLD and SLD and the number of children with PMLD would increase slightly. Overall, there would be an increase of about 10 children each year.

All current specialist short breaks cater for a high proportion of ASD children, so the increase of children with ASD will impact across all services.

5.4.4 Demand for overnight short breaks

In the period 2012/13 the number of Bristol children receiving overnight stays were:

The Bush	54
New Belbrook	31
Family Link	36
Total	121

The number of overnight stays provided in 2012/13 were:

The Bush	2864
New Belbrook	1163
Total stays in residential	4027
Family Link	929
Overall total	4956

Including all children who receive a short break in the course of the year, the averages are 53 nights per year per child at the Bush, 37 at New Belbrook and 26 with Family Link carers. The average across both units is 47 nights. The average per child receiving any type of overnight short break (excluding residential holidays) was 41 nights. Many weekend stays started from after school on Friday all the way through to Monday morning.

If we look only at the children who received 9 months of support in the year, the averages are 69 nights per year per child at the Bush and 50 at New Belbrook. The average for Family Link is 26 nights.

In addition 44 children received a total of 166 nights of residential holiday. This brings the total number of overnight stays provided to 5122. If we assume that all children who receive these holidays have no other type of overnight short breaks this brings the average number of nights per child per year down to 31 days.

Data submitted to Impact from 21 local authorities in January 2013 indicates that the average number of nights received per child is 29¹⁵. It is not clear whether or not this includes residential holidays. We have requested comparison data from other authorities, but they have not been able to provide it.

¹⁵ <http://www.shortbreaksnetwork.org.uk/policyandpractice/impact>

Our objective is to reduce reliance on more costly overnight provision and invest more in preventative services, short breaks in another family's home and flexible direct payments. The proposals in this plan will enable us to offer an increase in overnight short breaks, by investing in fewer residential overnight stays per year and more breaks in another family's home and residential holidays as follows:

	Approximate number of overnights to be commissioned
Residential units	3232
Breaks in another family's home	1580
Residential holidays	180
Total	4992

6. Stakeholder engagement and consultation

6.1 How did we get people's views – pre-consultation

Before developing the draft commissioning plan we listened to the views of a broad range of stakeholders. This helped us to understand what is currently working well and what changes people would like to see.

We took the following steps to get the views of stakeholders:

- Workshop with the managers and assistant managers of the two in-house residential short breaks units in June 2013.
- Attended three youth groups to talk with disabled young people in July and August 2013 (Hillfields Youth Group, Hareclive Youth Group and the Listening Partnership).
- Electronic survey of parents and carers of disabled children during July and August 2013 (90 respondents). The full report on the survey results is at Appendix 3.
- Two workshops for providers and practitioners in August 2013, one focussing on lower level services, and the other on higher level and overnight services.
- Two focus groups with parents and carers who use the two in-house residential units in January 2014.
- Telephone interviews with 15 parents and carers whose children have short breaks in another family's home.
- Two focus groups with Family Link carers in February 2014.
- Meeting with Bristol Parent Carers Steering Group in February 2014.

We also considered the feedback from previous consultation exercises including:

- Bristol Parent Carers Forum annual conference in March 2012.
- A survey of parent/carers the council carried out in November and December 2010 in relation to Aiming High for Disabled Children.

For a summary of findings from all pre-consultation activity please see appendix 4.

6.2 How did we get people's views – consultation on draft commissioning plan

We published the draft commissioning plan on the 8th April 2014 for a 12 week consultation period. We undertook an extensive engagement and feedback exercise consisting of:

- 18 face-to-face workshops, focus groups and staff team meetings at 11 locations spread across the city with morning, afternoon and evening sessions. In total, there were 214 attendees to these events which consisted of 159 individuals from 33 organisations. This number included 49 representatives (four of whom were also parents / carers) from 32 external organisations, 61 Bristol City Council staff and 53 parents / carers.
- A survey with 121 respondents. These included 38 practitioners, 63 parents / carers (28 of whom use/d residential units), 4 disabled children / young people, 5 volunteers and 5 short break carers. The survey was electronic (hosted on surveymonkey.com) and distributed electronically via the Disabled Children's Register (approximately 400 contacts), a stakeholder list (over 200 contacts), and via short break providers including special schools. The link was also available on the short breaks website and the consultation hub citizen space website. Hard copies were also distributed via providers and social workers, taken to all consultation events and also available on request.

Some parents of the Bush Residential Unit also petitioned the Mayor as follows:

'We the undersigned appeal to The Mayor not to reduce the number of beds available for overnight respite at The Bush Residential Centre for disabled children. These beds are currently used by some of the most vulnerable disabled children and pressured families in our city.'

The online petition closed on the 28th of June and had 952 signatories of whom 492 provided a Bristol City address. A paper petition was also delivered to the council which the petition organiser says contains 1075 signatures. We have not checked whether or not there are any duplicate signatures across the two petitions. The wording of this petition was slightly different as it omitted the second sentence, stating simply:

'We the undersigned appeal to The Mayor not to reduce the number of beds available for overnight respite at The Bush Residential Centre for disabled children.'

Following the consultation period, we considered the feedback received and made some changes to this commissioning plan. Please see appendix 5 for a full report on consultation activity, feedback and our responses including any changes made to the commissioning plan.

Most of the children and young people who get short breaks have significant learning disabilities, which makes it hard to get their views about future proposals. We considered feedback from children and young people have given to providers, to get their views about the short breaks they receive. We also worked with some providers to trial a standard questionnaire to get outcomes data from children and young people.

7. Research and good practice

7.1 Good practice

Authorities across the country have developed a broad range of approaches to providing short breaks. We have considered examples of good practice, particularly among Aiming High Pathfinder authorities. These examples demonstrate the diversity of the services provided by different authorities. They include:

- Effective use of bridging workers to help families to access mainstream services (Hampshire County Council).
- Use of direct payments to fund transport as well as other services (Oxfordshire County Council).
- Increased use of carers, including contract carers from independent agencies (Swindon City Council and Plymouth City Council).
- Outreach service providing six sessions of support to develop on strengths and skills in the family (Nottingham City Council).
- Mentoring scheme for teenagers to support them to access short breaks and mainstream services such as youth groups (Plymouth City Council).
- Using the local Parents Forum to develop a process for families to access and evaluate personal budgets (Bury Council).
- “One stop shop” and electronic market place for accessing short breaks (Suffolk County Council).
- A framework agreement for domiciliary care services to be jointly tendered with adult social care (Plymouth City Council).
- A single contract with a lead provider responsible for coordinating short breaks services, supporting families to access the services and sub-contracting with short breaks providers to deliver a range and choice of short breaks services.

7.2 Research

We carried out a review of national research on short breaks services. See Appendices 4 and 5 for the full report and research summaries. The central message from the research is that success requires the direct and on-going involvement of the families of disabled children and young people to shape the wider offer of services as well as their own individual packages of care. Meaningful engagement with these families and service providers is key to the development of an effective and responsive set of local services.

Key messages from the research are –

Involve families throughout – Parents and carers should be involved at all stages. They need to be involved in their child’s assessment to get a true understanding of their needs and how best to meet those needs. They should also be involved in shaping, developing and evaluating the services they use. Such involvement has resulted in improved outcomes and innovative short breaks.

Draw on and maintain high quality data – The services offered should be informed by an understanding of current and accurate data about the local population and prevalence of specific SEN and disabilities.

Provide comprehensive information and a clear local offer – Plain language, informative and helpful information accessible by all is a key facet of quality short break provision. Cross boundary information for those Local Authorities whose extent crosses into others catchment area is beneficial to parents. Lastly, consistent definition of complex needs is required across all service provision.

Ensure simple and transparent review and assessment processes – It is important to have a clear and well publicised system for accessing services. Professionals across education, health and social care should have a shared understanding and integrated approach to assessment and planning. There is broad agreement that the allocation of short breaks should be based on careful and on-going assessment of carer health and well-being, any challenging behaviour of the child and the family’s circumstances, rather than solely on the health needs and level of disability of the child.

Offer a diverse and stable range of provision

The majority of local authorities offer three levels of support:

- Universal services - that any disabled child can access;
- Targeted services - impairment specific youth groups or support to enable disabled children to access universal services (eligibility is commonly through a common assessment framework);

- Specialist services - for children with higher needs, e.g. direct payments or overnight short breaks (eligibility generally through a “core” or other multidisciplinary assessment).

Families reported that they prefer support that is flexible and responsive and that choice, clarity and stability are the most important characteristics of services. There should also be on-going assessment of needs to enable families to access services across these levels, responding to fluctuations in the families’ needs.

Develop skills and invest in infrastructure support - Developing expertise in managing challenging behaviour has proven to be effective, both for staff and families. Examples of initiatives that have supported knowledge exchange and promote inclusive practice include:

- The development of Disability Forums to discuss how to make disabled children ‘everybody’s responsibility’;
- Training for mainstream providers of leisure, community and youth services in order to make their services more accessible to disabled children.
- In Bristol we commissioned a positive behaviour service to support families and schools to develop behaviour management strategies to help them educate and care for the child. This has worked and has helped reduce the number of children requiring residential school placement.

Promote strong partnership working – Some authorities sought to keep commissioners and providers quite distinct. But the most impressive work occurred where there was close working and a true sense of partnership between commissioners and providers. This enabled commissioners to utilise the breadth of experience of providers to help ensure decisions were rooted in realistic expectations in terms of services, timescales, costs and outcomes.

Direct payments as an inherent part of the strategy – There is evidence that where direct payments have been well developed as a means to access short breaks, they can result in improved outcomes for children and families. In order to get the best outcomes from direct payments, it is necessary that there is commitment to direct payments among front line staff as well as senior managers. There also needs to be sufficient support for families to navigate the process and use their payments effectively.

Personal budgets promote personalisation – To succeed personal budgets should be an integral part of the short breaks offer and enable creative solutions. A sufficient quantity and range of short break services need to be commissioned, by local authorities working with families. In this way families gain a meaningful choice of short break options.

8. Issues and potential for improvement

8.1 Give parents and children more choice and control

We are committed to enabling children, parents and carers to make decisions about the type of short breaks they receive and when they happen. We aim to give families a choice of short breaks to meet each child and family's needs. Often feedback from parents and carers currently in receipt of short breaks is that they were not aware of all the options, or when they were, they could not get their first choice because it was not available to them (e.g. there was not a suitable carer available, or the direct payments budget was fully allocated).

a) Commission a wide range of specialist and targeted services from a variety of providers

In order to provide choice to parents, carers and children it is necessary that we continue to commission a suitable range and variety of quality services. To meet current and projected increased levels of demand, there is a need to re-balance the range of services we commission. We will:

- Increase investment in a range of services by releasing resources currently tied up in over provision of residential short breaks.
- Develop the Family Link service so that we can offer short breaks in another family's home for more children and for those with higher needs.
- Add capacity by spot purchasing short breaks in another family's home from a range of independent foster agencies.
- Increase funding for direct payments and allow families greater choice and control over how they spend their direct payments.
- Increase staffing in the new 0-25 service to support disabled children and their families with direct payments and support in the home.
- Increase the number of residential holidays we commission.
- Continue to commission a range of targeted services, emphasising holiday activities and be-frienders.

b) Personalisation

The council is working with partners to introduce a person-centred planning approach to working with disabled children and their families. The aim is for children and families to have more choice and control over the support they receive. This includes providing children and families with information, encouraging their involvement in assessments and supporting them to make decisions about their services. From September, children and families with an education, health and care plan will have the right to request a personal budget. The child's plan will set out details of the needs and outcomes to be met by the budget.

In relation to short breaks, we will enable personalisation by:

- Increasing the funding and staffing for direct payments and making other changes to direct payments (see below).
- Ensuring there is a range of options open to parents, particularly those who want overnight short breaks.
- Allowing short breaks in another family's home to be spot-purchased from independent foster agencies.
- Asking bidders for the targeted short breaks services contracts to show how they will enable greater personalisation (e.g. offering different ways to access services, such as through direct payments, or self-funding).

c) Direct payments

Direct payments are very cost effective and flexible. However, currently direct payments are only available to purchase personal assistants. It can be hard to find a personal assistant and, for people who want to work as a personal assistant, it can be hard to link with a family. Parents/carers have said that there are not enough places or activities to which personal assistants can take their children. The current budget for direct payments is unable to meet demand and the in-house direct payments support team is over-stretched. Some parents and carers have expressed concern about the burden of managing a direct payment and employing a personal assistant.

In order to make direct payments an attractive and viable option for more families, we will:

- Allow direct payments to be used to pay for anything that will give the family a break and achieve the outcomes identified for the family, i.e. things other than personal assistants. Encourage families and social workers to be creative in identifying options that would most effectively meet the family's need for a break.
- Keep the direct payments service as a council-run service and from April 2015, increase the direct payments budget by £100,000 plus funding for an additional worker in the 0-25 integrated service to support the work relating to short breaks and personal budgets.
- Bring forward proposals for improving the end to end process for direct payments across the whole of the People Directorate (including adult services) to include the future role of the brokerage service.
- Bring together the children's and adult resource allocation systems into one system across the People Directorate.
- Reconsider the use of a prepaid payment card for families.
- Improve the direct payments support service, to include help for direct payment recipients around tax, payroll, and recruitment/managing staff develop a register of personal assistants.

- Review the services currently commissioned from WECIL across children and adults services.

d) Provide clear and comprehensive information about services

Feedback from parents and professionals is that it is hard to find out about what services are available. We are told that the current Findability¹⁶ website is not always up to date. There is a need to have one source of reliable information about what short breaks and other services there are suitable for disabled children, including information on how to access those services.

To make it easier to find out what short breaks are available we will:

- Publish the “Local Offer” showing the services available to children and young people with disabilities or special educational needs and providing details of how to apply for more specialist support. We are developing a Local Offer website as the source of this information. This website will contain comprehensive information about short breaks and other relevant services, including a diary of activities.

e) Right services, right place, right time

There is a need to encourage more flexibility so that services are able to respond better to families’ needs as they change over time. This means reducing provision when it is not needed, and increasing it at times when a family is feeling particularly stressed or under pressure. At the moment, those receiving overnight short breaks tend to get a fixed pattern of care; a certain number of nights per month.

Feedback from parents receiving both specialist and targeted services is that they need short breaks most in the school holidays, particularly summer and Easter holidays. They want summer holiday activities to be available throughout the holiday, not just in the first two or three weeks. Parent carers who have direct payments and personal assistants would like more activities that their children can do with their personal assistants. The service specifications for targeted services (after-school, weekend and holiday activities) will include a requirement that some activities are stay and play sessions and/or suitable for parent/carers, personal assistants and befrienders to go to with the children they care for.

8.2 Meet increase in demand within current funding

Bristol’s child population is increasing rapidly and there are growing numbers of children with complex health needs and an ASD diagnosis. The number of children in Bristol with some kind of special educational need is expected to increase by 2.3%

¹⁶ <http://www.findabilitybristol.org.uk/>

(or about 100 children) each year until 2017. This means there will be an increase in the number of children and families who need short breaks. At the same time, the council's overall budget has been reduced dramatically with a further £90million of savings required between 2014 and 2017.

Because of the important role short breaks play in keeping families together, there are no savings required from the short breaks budget. However, in order to meet the needs of growing numbers of disabled children, we must spend our money wisely and make sure that short breaks are available to those who most need them.

a) Services targeted at those in greatest need

In order to make sure that limited resources are allocated to those who most need them, we need to make sure that children's and families' needs are regularly reviewed with the family in order to determine the level and type of short break or other provision that best meets the family's needs.

To achieve this we will:

- Make sure that social workers undertake regular and robust reviews and better manage parents and children's expectations so that they know that short breaks services will change as their needs change.
- Make sure that provision is fair and equitable and allocated according to need.
- For targeted services, set targets to make sure that children with the most complex needs are able to access services.
- All funded providers will be required to give the council data about who is accessing their short breaks and the key outcomes achieved. This will give us better intelligence for the future about who gets short breaks and what their needs are.

b) Invest in cost effective alternatives by releasing resources from current spend on residential short breaks

The most expensive short breaks are overnight stays in a residential unit. These short breaks are highly valued by most parent/carers and children who get them and we acknowledge that residential short breaks provide the right service for many families. But there is evidence that we have too much of this type of provision and that some parents started to use residential units because other services were not available (e.g. short breaks in another family's home or direct payments).

In order to make sure that we can meet the needs of a growing population of disabled children, and to make sure that alternative options are available to families, we need release resources to invest in alternatives.

We recognise that, for the majority of families currently in receipt of a residential short break, this type of break is the right option for them. We will manage the reduction in beds and mitigate the risk to families of this reduction by:

- Continuing to block fund provision at the Bush and New Belbrook, but reduce funding across both units by c.£325K. This will be achieved by reducing the number of short breaks beds in the city from 15 to 10 through closing 5 beds at the Bush and reconfiguring provision of the remaining 10 beds (5 at the Bush, 5 at New Belbrook).
- Making sure that no-one's overnight short breaks change without a full social worker review of the needs of the child and family.
- Introducing more flexible booking arrangements so that parents book what they need, rather than always having a fixed pattern of care.
- Offering nights over weekends rather than whole weekends, and day-time only sessions, so that more families can access what they need.
- Increasing occupancy rates in the Bush and New Belbrook to at least 90%.
- Reviewing the staff structure at New Belbrook to make it more closely reflect staffing at the Bush so that children can go to their nearest home as both will be equally able to meet their needs.
- In order to make sure that alternatives are available to families, we will invest more in direct payments, residential holidays and short breaks in another family's home. We will encourage parents to consider and take up these other options, including residential holidays, short breaks in another family's home and/or direct payments.
- Reducing spend on transport to and from the units. We plan to consider transport, including transport to school and to other activities such as short breaks, as part of the personal budget approach described above. This will mean that in the future, families will be able to prioritise transport provision when considering how to meet their needs. When a new child and family start to get residential short breaks at the Bush or New Belbrook, there will not be an assumption that transport will be provided. Instead, an individual plan will be developed with the family, informed by that family's needs and priorities, and setting out arrangements for transport to and from the short breaks units.

c) Commission more and improve arrangements for short breaks in another family's home

The current Family Link service has a relatively high unit cost; carers are paid a small allowance and generally only care for one child. The service's overheads are quite high. Evidence from other authorities and providers indicates that the costs of fee-paid or contract carers can be significantly lower. These are carers who care for a number of children (usually 4 to 6) in their own home, generally having one child to visit or stay at a time. They are paid a fee or salary as well as

payments for the sessions they provide which are usually between 200 and 260 nights per year.

The parents we spoke to highly value their current Family Link carers. However, there is a concern that the service is not very responsive, waiting times are long and it is hard to find a match for new children and young people.

We currently have a sub-regional framework agreement with independent foster agencies (IFAs) that we use mainly to provide homes for children in care. Some of these agencies are also able to provide respite or short break stays for disabled children, but this is a service we do not normally use for children who are not in full-time care.

In order to increase the availability of short breaks in another family's home, and to bring down unit costs, we will:

- Continue to commission the council-run Family Link service and develop it to deliver improved value for money by:
 - Developing the service to offer a fee-paid or contract carer scheme (for up to 8 children and young people by April 2015).
 - Review staffing in the Family Link team and restructure the team to reduce overheads and unit costs.
- Undertake market development with IFAs on the sub-regional framework to increase the availability of carers for disabled children. This will enable us to spot purchase short break packages as and when required from the current IFA framework. Not only will this provide more choice for families, it will also reduce the need for new families to start using residential units just because they are unable to find a suitable placement.

d) Crisis prevention and response

The current community care service is extremely over-stretched. This means that they are not always able to provide the level of support necessary to prevent crises or work with families, particularly on behaviour management, to reduce the need for more expensive specialist services.

Historically there have been periods when longer-term crisis placements have blocked beds in the two residential units. This meant that short breaks for other families were cancelled.

We will take the following steps:

- Identify one bed in each residential unit (two in total) that may be used flexibly when there is a "crisis". Standard placements will be booked into these beds on the understanding that those placements will be cancelled if the bed is required for a family in crisis. In this way, families will understand that there is

a chance that the placement will be cancelled, and will enable the units to manage expectations.

- Explore using staff in more flexible ways between the residential units and community care according to need.
- Increase funding to the new integrated 0-25 service to employ another worker to work with families (in addition to the extra worker identified in the direct payments section above).
- Explore how to use staff from the residential units more flexibly and with the integrated 0-25 service to support families, to prevent family breakdown and stop problems from escalating.
- The new 0-25 integrated service will make it easier for social workers and other practitioners to build effective working relationship and improve communications with children's schools. This will help us to identify difficulties early and to work with families to prevent breakdown and get the right support in the right place at the right time.

e) Commission effective services

Currently we do not have consistent data about the children and families who receive targeted short breaks. We also do not have consistent data about whether or not services are contributing to achieving outcomes for their service users.

To make sure that we commission effective services, we will:

- Require all services, including those provided by the council, to focus on achieving outcomes for children and their parents / carers (see section 1.3 for more details). This will help us to make sure short breaks are making a difference, particularly that they are improving the lives of parents and carers.
- Introduce consistent outcome and other performance measures and systems for recording and reporting on those measures – for internal and external providers.
- Require that external providers give us details of the children accessing their services so that we have usable information about who is accessing services and their needs to inform future commissioning.
- Develop consistent contract management arrangements for all services, including in-house services, which will focus on outcomes and service improvement.

8.3 Commission integrated range of targeted services

Children and young people of different ages, with different development needs and different impairments are likely to enjoy and benefit from different types of activity. It is important that we commission a range of short breaks suitable for different age ranges and impairment groups.

a) School-based holiday activities

For some children with more complex needs, the special school holiday schemes are the only targeted service they access. Many parent/carers say they work because the surroundings and staff are familiar to their child and the parent/carers trust the school. However, currently this provision is not available to children and young people who do not attend one of the four consortia schools. We also recognise the importance of supporting parent/carers to develop trust in a wider range of short breaks and that children and young people benefit from new experiences and engaging in activities outside of school.

For these reasons we will commission holiday activities that are based in special schools and have the following requirements:

- Places for children who do not attend the provider special schools as well as for those who do.
- Holiday scheme activities take place throughout the school summer holidays.
- Some sessions are open to parents to attend with their disabled child and other children and/or siblings to attend.
- There are flexible arrangements to enable children to attend with their personal assistants or befrienders.
- Some activities take place outside of the school premises.
- Transport is provided to those families who need it.
- The provider collaborates with other providers (including other targeted short break providers) of play and leisure activities to support children and families to access community-based activities.

b) Complementary and responsive targeted services

It is important that there is a complementary range of activities and other targeted services, so there are suitable and accessible short breaks for those children and families who need a short break. It is also important that providers respond to the market and modify what they offer in response to demand, including demand from self-funders and families with direct payments to spend.

To encourage this, we will:

- Require that all service providers, particularly providers of targeted services, collaborate to offer a complementary range of short breaks and support disabled children and their families to access a variety of activities and breaks.
- Our contract monitoring will include asking for evidence of effective collaboration and of how services are responding to changes in demand.
- Set targets for each service to make sure that they are accessed by children and young people with different impairments.

a) Targeted BME service

Our equality impact assessment indicated that certain BME¹⁷ groups (South Asian and Somali) are over-represented among disabled children. We also had feedback to say that some BME groups, particularly newer communities, may not know what services exist or how to access them. Some practitioners indicated that some cultures are more opposed to labels of disability and do not access services they might benefit from. We currently commission a service that provides short breaks to South Asian families. Feedback from BME families during the consultation period included a range of opinions, but the majority of South Asian and Somali parent/carers said they would benefit from a service open to all racial groups, but would welcome having workers who speak their languages, and short break activities that are culturally appropriate for them.

For these reasons we will de-commission the South Asian short breaks service and instead commission a BME targeted service. The target group for the service will be disabled children, young people and families from those ethnic groups who are over-represented among families with disabled children and/or face additional barriers accessing short breaks services as a result of their race (e.g. language or cultural barriers). The role of the service to be:

- To support families from BME groups to access the full range of short break services and support providers to enable that access;
- To provide some services aimed at the target group but open to other children/families who wish to join.

¹⁷ Black and Minority Ethnic.

9. Recommendations

9.1 Resources

The annual commissioning budget for the services in scope of this review is approximately £3.32M (excluding corporate overheads).

9.2 Principles informing the recommendations

- We will reduce spend on residential units in order to increase investment in a range of short break services.
- We will to decrease the number of contracts for targeted services in order to enable more effective contract management. Larger contracts will give providers more flexibility to meet the varying needs of children and to respond flexibly to demand.
- We intend to have two contracts for targeted services and to encourage providers to work in partnership to maximise opportunities by delivering these contracts as consortia.
- We will encourage providers of targeted services to innovate and collaborate to offer solutions to gaps identified in this plan, for example:
 - Special schools to make their buildings available for other organisations or parent/carers groups to run activities.
 - Providers to contribute to training and development for personal assistants.
- Criteria for evaluating bids to provide targeted services will include an assessment of:
 - How well the proposed services will achieve the outcomes set out at section 1.3 of this plan.
 - The number of children and young people who will benefit.
 - The breadth and range of activities and their suitability for different age and impairment groups.
 - The proposed timing and location of services.
 - The provider's ability to work in partnership with the council, health providers, schools and other local providers.
 - The provider's ability and track record of meeting the needs of children who are hardest to reach.
 - The provider's plans to bring added value, e.g. use of volunteers, making premises available to other organisations and groups, providing training and experience to develop the pool of workers in the city.
 - How well the services will respond to changes in demand and provide choice to children and their families.

- The council is currently developing arrangements for introducing greater personalisation and personal budgets. This is likely to mean that providers, both in-house and external, are likely to need to become more flexible about how they offer services. Bidders wishing to provide external services will be asked to show how they might enable personalisation including different ways to access your services, i.e. through direct payments, personal budgets or the family purse.
- We will keep services in-house where they are currently providing good value for money or there are other benefits to children and families of retaining the services within the council. Where we do retain council-run services, we will develop service level agreements and monitor performance in a way that is consistent with our contract monitoring of external providers.
- All providers will be required to submit management data directly into council data systems, including: child's name, date of birth, postcode, service accessed, number of sessions per child and outcomes achieved for each child and family.

9.3 Eligibility, access and referral arrangements

The targeted and specialist short breaks services we commission will be for children and families where the child

- is aged 0-17 years old,
- lives in the Bristol City Council local authority area or is a child in care placed by Bristol City Council,
- has a life-limiting or long-term health condition or disability.

9.3.1 Targeted services

These services are for disabled children or young people who have multiple needs because of emotional or physical difficulties, or may be affected by problems in their family. Each service or activity may have specific eligibility criteria based on age, impairment or other factors. Such eligibility criteria will need to be agreed in advance with council commissioners and detailed in service specifications.

9.3.2 Specialist services

These services are for disabled children or young people with severe and complex needs. Access will require a social worker assessment and referral to the resource allocation panel. The Panel determines eligibility for services based on the family environment, parenting capacity and the child's development. This will include consideration of the child's needs and the strengths and risks to the child's family.

9.4 Commissioning recommendations

9.4.1 Summary

The short breaks commissioning budget from 2014/15 will be £3.26 M (plus overheads¹⁸). The figures below are current estimates and proposed budgets for each type of service.

SPECIALIST SERVICE	CURRENT	PROPOSED	CHANGE	Recommended procurement approach
Bush Residential Unit – overnight breaks	£1,047,000	£690,000	–£357,000	Retain council-run service
New Belbrook Residential Unit – overnight breaks	£654,000	£686,000	£32,000	Retain council-run service
Family Link breaks in another family's home	£230,000	£230,000	0	Retain council-run service
Short Breaks in another family's home – Fees	0	£81,000	£81,000	Purchase from Family Link and Independent Foster Agencies
Direct Payments	£820,000	£940,000	£120,000	Retain in-house service
Community Care and Palliative Care	£144,000	£175,000	£31,000	Retain council-run service
TOTAL SPECIALIST	£2,895,000	£2,802,000	–£93,000	

TARGETED SERVICE	CURRENT	PROPOSED	CHANGE	Recommended procurement approach
Residential Holidays	£50,000	£75,000	£25,000	Competitive tender
Activities, Befrienders & BME Services	£262,000	£330,000	£68,000	Two Lots Lot A – school-based holiday activities – direct award to four special schools and partner Lot B – other activities, befrienders and BME targeted services – competitive tender
Bridging Workers & Inclusive Play	£80,000	£80,000	0	Retain council-run service
Health Support Service	£35,000	£35,000	0	Grant managed by Bridging Worker Service
TOTAL TARGETED	£427,000	£520,000	£93,000	
TOTAL	3,222,000	3,220,000	0	

¹⁸ This budget excludes spend on the council's corporate overheads (which are also excluded from the estimated costs and proposed budgets for each service set out here). Total corporate overheads across all short breaks services are currently £189,225.

We will also continue to provide a minimum of £20,000 to the carers fund. This contribution is not funded from the short breaks commissioning budget.

The plan is to decrease funding for overnight short breaks in residential units and re-invest that funding into other lower cost short breaks including short breaks in another family's home, direct payments, community care, residential holidays and targeted services (such as play activities). The decreased funding for residential units will be achieved by reducing from 15 to 10 beds across the city; specifically, by closing five beds at the Bush.

We estimate that these proposals will mean we will be able to offer short breaks to 50-60 more families, including:

- More children and young people will have breaks in another family's home. These could be overnight stays and/or day-time visits.
- More families will have direct payments. The direct payment could be used to pay someone to support the child in or outside of the home (e.g. sleepover so parents can go away for the weekend), or used to pay for transport or activities or anything else that would provide the family with a break.
- More children each year will have a residential holiday, an opportunity for those disabled children who would not otherwise be able to go away without their family.
- More families each year will get short-term support from a community care worker.
- More children will have a volunteer befriender to help them to get out into the community and get involved in mainstream activities.

The proposals mean that fewer children would be able to have residential short breaks and/or that children who have residential short breaks would get fewer nights each year (the current average is 49 nights). However, our analysis indicates that the impact on current families using the Bush and New Belbrook would not be significant as long as we make sure that there are viable alternatives available for new families who need a short break (thus reducing intake by 50%). The reduction in residential short breaks would start from April 2015. Before that date a significant proportion of current children using the service will turn 18 and other families have indicated they would prefer to access alternative services. For this reason, we are confident that we would be able to continue to offer residential short breaks to those families who need them, although some may get fewer nights than they currently receive. Any change will be based on an assessment of the family's need and a review of allocated provision. This will begin in autumn 2015.

9.4.2 Targeted services

We will decommission all current targeted services listed at section 4.2 above except for the bridging workers and inclusive play service. There will be three contracts: one to provide quality residential holidays, the other two to provide a range of play, leisure and sport activities. The contracts will focus on outcomes and will set minimum numbers of children who should benefit. We will not prescribe what services or activities should be provided. Bidders will be asked to indicate how many children and families will benefit, how many sessions will be provided and how outcomes will be achieved.

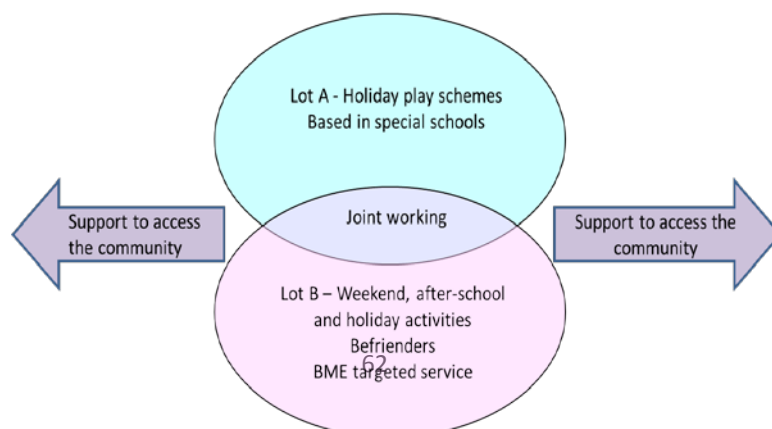
We will commission the following:

Residential holidays

- These holidays provide a valuable break and are extremely popular. The current provider is unable to meet demand. We will increase the funding for this contract by £25K to enable more children to have a holiday.
- One-stage competitive tender process to appoint a provider.
- Contract value: £75,000
- Contract term: Two years plus option to extend for a further one year, plus one year.
- User group: Disabled children and young people aged 8-17 with multiple impairments and complex needs, including health and behavioural for whom it would be very difficult to have a holiday away from their family because of the families' circumstances and/or the child's impairments. Eligibility for the service will be determined by the provider in accordance with criteria agreed by commissioners.
- Key requirements: Residential holidays during Easter and Summer holidays to a minimum of 64 children per year (increase of 20). Holidays to be provided to children with a range of different ages and different impairments with age and impairment appropriate activities

Activities – play, leisure and sport

- Value £270,000 split across two contracts:



- Contract term: Two years plus option to extend for a further one year, plus one year.
- User group for both Lots: Disabled children and young people aged 3-17 with multiple impairments and complex needs, including health and behavioural. No assessment is required to access these services.
- Key requirements for both Lots: Activities to take place in a variety of indoor and outdoor venues across the city. A range of activities suitable for different age groups and different impairments groups to provide all disabled children and young people with a choice of suitable and enjoyable activities and new experiences. Specialist care to be provided as and when required. Staff must have sufficient expertise and experience to work with disabled children with complex needs.
- Lot A procurement approach: As special schools are in a unique market position, our first preference is that we make a direct award to the special schools consortia and a partner organisation, providing we are able to negotiate a suitable arrangement. If we are unable to negotiate a direct award, we recommend a competitive tender process to appoint the provider.
- Lot B procurement approach: One-stage competitive tender process. Our preference is that the contract be awarded to a consortia made up of local organisations able to offer variety and choice to children and their families.
- Lot A specific requirements: Play, leisure and sports activities to take place during Easter and Summer school holidays for school-aged children with medium to complex needs, including children who do not attend the provider schools. Activities to take place both within the school premises and in the community.
- Lot B specific requirements:
 - Play, leisure and sports activities for disabled children to take place after-school, weekends and during school holidays in a variety of indoor and outdoor venues across Bristol to include some specialist provision for children with autism.
 - A befriending service with at least 32 befrienders who provide an on-going, supportive and fun one-to-one relationship that enables a child or young person to regularly access a range of activities and/or play.
 - A BME targeted service. The target group for the service to be disabled children, young people and families from those ethnic groups who are over-represented among families with disabled children and/or face additional barriers accessing short breaks services as a result of their race (e.g. language or cultural barriers). The role of the service to be:
 - To support families from BME groups to access the full range of short break services and support providers to enable that access;
 - To provide some services aimed at the target group but open to other children/families who wish to join.

Help to access mainstream activities

- We will not make significant changes to the current council-run service (bridging workers and inclusive play).

9.4.3 Specialist services

We propose to retain the current council-run specialist services and require that they make changes to make them become more flexible and cost effective. We will develop service level agreements for these services and commissioners will monitor their performance to make sure they deliver value for money. We will also spot purchase some short breaks in another family's home from independent foster agencies in order to increase the availability of short breaks in another family's home and provide parent/carers with more choice.

We will also be taking steps to make sure that other options are available to families to decrease reliance on overnight short breaks (e.g. by increasing funding for direct payments), and we will regularly review families' needs and the number of nights they receive to make sure services are targeted to those who most need them. These steps will enable us to provide the short breaks needed by an increasing population. The detailed recommendations are:

Residential short breaks

- Keep the two council-run units at the Bush (South Bristol) and New Belbrook (North Bristol). They provide quality services that are highly valued by parents. Keeping them in-house will minimise disruption to children and families and will enable the council to retain control over the service, particularly the ability to place children and young people who present a risk.
- Reduce total funding across both units by c.£325K (plus overheads) to release resources to re-invest in other short breaks. This will be achieved by decreasing the total number of beds available from 15 to 10 (by reducing beds at the Bush from 10 to 5).
- Increase occupancy to 90% and reduce transport costs.

Short breaks in another family's home

- These short breaks can provide a more cost effective overnight or day-time break. Whilst they may not be suitable for all children and young people, we plan to increase the availability of these short breaks so that they are an option for more families.
- There is scope for reducing the unit costs of the council-run Family Link service. This will be kept as a council-run service, keeping the current carers, many of whom have long-established relationships with the children they care for and the families they support. The Family Link service will be required to increase its capacity by developing a fee-based scheme with at least two fee-

paid carers able to offer short breaks to 4-6 children each (up to 200-250 overnight sessions per carer per year). This will reduce the unit costs of the Family Link service.

- We currently have a regional framework agreement with Independent Foster Agencies (IFAs) that provide for children and young people with complex needs. We will invite IFAs to increase the availability of short break carers.
- We will earmark funding to spot purchase packages of care from IFAs and Family Link fee-based carers.

9.4.4 Direct payments and community care – 0-25 integrated service

- We expect the demand for direct payments to continue to rise. We will add £100K to the payments budget from 2015-16. There will also be an additional one-off increase of £100K to the direct payments budget for 2014-15 to enable increased take-up of direct payments this year to help provide alternative options to residential short breaks.
- We will keep the direct payments and community care services in-house, within the new 0-25 integrated SEND service, and will increase funding to allow two additional members of staff to work with disabled children and their families. This will include undertaking preventative work with families in their own homes and support for families using direct payments and personal budgets.
- Direct payments will be able to be used to pay for anything that gives a family a break, not just to purchase support from personal assistants.
- We will support other steps to make direct payments a more attractive and viable option. This will include improving the direct payments support service by making more help available to families around the administration of tax, payroll, recruitment and management of staff as well as developing a register of personal assistants.

9.5 Other options considered

Targeted services – activities

Other options considered	Main pros and cons
<p>Consulted on a proposal to have two city-wide Lots each providing a range of activities during school holidays, on weekends and after school</p>	<p>Pros – Would promote choice for service users. Cons – Would not enable bidders to design complementary services to meet the full range of needs of children and young people and there may end up being gaps.</p>

Residential short breaks

Other options considered	Main pros and cons
No change - retain 10 beds at the Bush and 5 at New Belbrook	<p>Pros – Minimal disruption to current users of residential short breaks. Some efficiencies achievable.</p> <p>Cons – Even with increased occupancy, will not be able to meet increased demand. Unable to release resources to invest in increasing capacity of more cost effective options, including direct payments, and other options.</p>
Competitive tender to appoint an external provider to deliver residential short breaks from the Bush and New Belbrook buildings	<p>Pros – Possibility that tender process could bring down costs and/or increase quality, but not guaranteed. Tender process could test capacity to innovate.</p> <p>Cons – Less able to integrate with council's disabled children's service and promote step up and down through services. Little evidence of lower costs from the market.</p>
Close New Belbrook and retain 10 beds at the Bush.	<p>Pros – Unit costs would be lower. Easier to provide nursing staff cover.</p> <p>Cons – Increased journey length for children. Increased transport costs. Likely to be unpopular with parents using New Belbrook. Lack of choice. No flexibility if demand increases.</p>
Retain 15 beds at Bush and New Belbrook and close both units on alternative weekends	<p>Pros – Total number of bed-nights available would be greater than under the proposal.</p> <p>Cons – Does not release revenue required for other services and closure would be at times when families say they most value a break, i.e. weekends.</p>
Spot purchase overnight stays from external providers	<p>Pros – More choice for parents and would enable personal budgets.</p> <p>Cons – No current provider. Unit costs likely to be high because provider would carry high financial risk. Risk that could not place children.</p>
Sell beds / placements to neighbouring authority(ies)	<p>Pros – Could enable us to keep beds open at the Bush and raise revenue.</p> <p>Cons – Only a viable option unless we can get block funding. This not an attractive option for other authorities and likely to give rise to TUPE issues.</p>

Short breaks with another family

Other options considered	Main pros and cons
Contract carer pilot scheme with external provider(s)	<p>Pros – Could appoint a market leader with proven ability to innovate and provide quality placements.</p> <p>Cons – Risks that the provider is unable to recruit carers. Less flexibility than purchasing from a framework.</p>
Spot purchase all short breaks in another family's home	<p>Pros – Flexibility and choice for parents. Unit costs may be lower than Family Link.</p> <p>Cons – Will lose Family Link carers. Disruption for</p>

	children and families. Risk that market would not be able to recruit enough carers to deliver the number of short breaks required.
Competitive tender for one or two block contracts to provide short breaks in another family's home	Pros – Possibility that price may reduce and/or quality increase, but not guaranteed. Cons – Likely to lose many Family Link carers. May be lack of incentive to innovate once contract starts. Risk that provider is unable to recruit enough carers.

Direct payments

Other options considered	Main pros and cons
Competitive tender to appoint a direct payments support service	Pros – competitive tender should lead to the appointment of the best provider Cons – it is not an appropriate time to outsource this service at the time we are introducing SEND+ reforms and all the changes associated with personal budgets.

10. Indicative timetable

Activity	Timescales
In-house services	
Preparation of SLAs for in-house service(s)	Oct-14 to Dec-14
Closure of beds at the Bush (if applicable)	Apr-Jun-15
Family Link to begin recruitment of fee-paid carers	Oct-14
External services – residential holidays	
Tender process	Oct-14 to Mar-15
Contract awarded	Mar-15
New services start	Jul-15
External services – activities Lot A and B ¹⁹	
Tender process	Nov-14 to Mar-15
Contracts awarded	Mar-15
New services start	Jul-15

11. TUPE

Current and potential providers will need to be aware of the implications of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). When a service activity transfers from one provider to another, the relevant employees delivering that service transfer from the old to the new provider and must transfer on the same contractual terms and conditions of employment. The new provider/employer takes on all the liabilities arising from the original employment

¹⁹ If we are able to negotiate a direct award to special schools for school-based holiday provision (Lot A), then we would aim for new services to start at the beginning of summer holidays 2015.

contracts. The council will obtain from current providers basis information about the employees who will potentially be affected by this commissioning process. Bidding providers will need to consider the cost and other implications of TUPE. The council will provide bidders with the information it has collected from current providers about the employees who will be potentially affected. Providers must seek their own legal and employment advice on TUPE. It is the responsibility of bidders/ providers to satisfy themselves regarding TUPE requirements.