**Call Off Process and Paperwork for Short Breaks Provider Panel**

**Call Off Request**

**Individual Service Request**

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| In respect of Lot  |  | Geographical Delivery Area | Willington |
| Date of Request | 25.11.20 | Response Deadline | Urgent |
| Proposed commencement date | As soon as possible | Proposed end date | To be confirmed |
| Child Initials and Party ID | AP 660489 | Gender | Male |
| D.O.B. | 11.3.2012 | Social WorkerTel. No. | Claire Beer 03000265295 |
| Ethnicity | White British | Responsible Team | CWD 0- 18 years |

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| **Term Time** | **School Holidays** |
| Number of identified hours for Short break | 4 hours | Frequency (weekly, bi-weekly, monthly) | weekly | Number of identified hours for Short break | 4 | Frequency (weekly, bi-weekly, monthly) | weekly |
| Please state if school holiday provision is in addition to term time provision or instead of. |

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| 1:1 staffing | x | 2:1 staffing |  |
| Transport required | x | Adapted Vehicle required |  |

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| Over-view of young person/ family  | **BACKGROUND**AP is 8 years old,  he communicates verbally, has no mobility problems and can use the toilet.  AP has learning difficulties functioning in his learning at around 5 years. AP was given a diagnosis of Autism on 29.10.20.   AP displays challenging and aggressive behaviours at home and is supported by CAMHS.  AP is able to respond to guidance and boundaries at School and the Holly Unit.  They describe him as anxious within these settings and in school I have observed AP to constantly look for the teacher and continually ask questions of the adults caring for him. I have also observed AP at school to smile, be proud of his work and show concern for less able children in his class. AP’s mam was the victim of DV while AP was an unborn baby in 2012 up until July 2015 when AP was 3.  Both AP and PP were witness to this on at least one occasion.   I am working with CAMHS at the moment to consider that AP may have experienced some childhood trauma and this alongside his diagnosis of Autism can help us understand how best support his mam to parent him. I am currently completing a C and F assessment,  it has become apparent from my observations of AP in the family home that he will benefit from some regular outreach both in termtime and holidays, in my opinion this will provide AP with the opportunity to develop his resilience and positive experiences while providing support to his mam and sister.  AP mam and grandparents are of the strong opinion that AP needs to receive 2 overnights per week short break from the Local Authority.  They have stated that they will continue to pursue this via the MP and children’s portfolio holder.**UPDATE**Last Thursday AP’s grandmother contacted me to advise that mam was in hospital and she was caring for the children in the interim.  She confirmed that Holly Unit would be providing support at the week and she was happy with this.   I advised I would seek some outreach support from the LA alongside this. She appeared happy with this suggestion.  |
| Family/ home situation | AP mum is ill and this impacts on her ability to look after AP, Grandma is helping mam’s partner who works full time to care for th children.  |
| Needs of young person | AP has a diagnosis of autism  |
| Hobbies and interests | AP loves computers and electrical equipment his parents say he can be engaged for hours when spoken to about these subjects. |

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| **Over-arching Outcome** |
| *Improvement in family health at case closure / de-escalation.* | *x* | *Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.* | *x* |
| *Improvement and management of a mental health condition at case closure / de-escalation.* | *x* | *Everyone enjoys physical activity and feels secure.* | *x* |
| *Parents and children have improved family relationships at case closure or de-escalation.* | *x* | *People are protected as far as possible from avoidable harm, disease and injuries.* |  |
| *Improvement in parental wellbeing at case closure or de-escalation.* | *x* | *People are supported to plan ahead and have the freedom to manage risks the way that they wish.* |  |
| *Improvement in child’s development including physical social and emotional development at case closure / de-escalation.* | *x* | *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.* |  |
|  |  | *When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.* |  |
|  |  | *Carers can balance their caring roles and maintain their desired quality of life.* |  |

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| **Name of Social Worker** | **Name of Provider**  |
| **Individual Outcomes to be achieved**  | **Provider Response – how will these outcomes will be achieved?** |
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| **Type of short breaks which will be delivered to achieve outcomes****Provider to tick as many as appropriate** Half day = 3hours Full day = 6hours |
| [ ]  Specialist COS from the home 1:1 sessions blocks below 3 hours | [ ]  Specialist COS from the home (1:1) session blocks above 3 hours | [ ]  Specialist COS from Providers base (1:1) | [ ]  Buddy Services from the home (1:1) session blocks of below 3 hours | [ ]  Buddy Services from the home (1:1) session blocks of 3 hours or above  |
| [ ]  Specialist COS (2:1) session blocks below 3 hours | [ ]  Specialist COS (2:1) session blocks of 3 hours and above | [ ]  Specialist COS (2:1) from Providers base | [ ]  Group based Breaks Standard HALF DAY  | [ ]  Group based Breaks Standard FULL DAY  |
| [ ]  Group based Breaks Specialist Support HALF DAY  | [ ]  Group based Breaks Specialist Support FULL DAY  | [ ]  Group based Breaks 1:1 Support HALF DAY  | [ ]  Group based Breaks 1:1 Support FULL DAY | [ ]  Group based Breaks Specialist Support HOURLY |
| [ ]  Family Activities Hourly Rate | [ ]  Family Activities HALF DAY | [ ]  Family Activities FULL DAY | [ ]  Transport - Adapted Vehicle HALF DAY[ ]  Transport Adapted Vehicle FULL DAY | [ ]  Transport Mileage |
| Please provide any additional comments in relation to the proposed service(s): |

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| Will there be any additional funding required from families to take part in the short breaks e.g. entrance fees etc. If yes, please give details. |  |
|  | Individual requirements*(to be completed by DCC)* |  | Can these needs be met and how?*(to be completed by the Provider)* |
| Communication needs (e.g. BSL, Makaton, PECS etc) |  | [ ]  Y [ ]  N |  |
| Physical care needs  |  | [ ]  Y [ ]  N |  |
| Specialist equipment required |  | [ ]  Y [ ]  N |  |
| Medication Needs |  | [ ]  Y [ ]  N |  |
| Named child training required  |  | [ ]  Y [ ]  N |  |
| Other issues (e.g. aggression, risk, substance misuse etc) |  | [ ]  Y [ ]  N |  |