**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 | Hutton Henry |
| Date of Request | 28th July 2020 | Response Deadline | 12th August 2020 |
| Proposed commencement date | September 2020 | Proposed end date | Ongoing |
| Child Initials and Party ID | TLD  655590 | Gender | Male |
| D.O.B. | 23-Mar-2011 | Social Worker | Mary Slaughter |
| Ethnicity | White British | Responsible Team | Children with Disabilities |

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| **Term Time** | | | | **School Holidays** | | | |
| Number of identified hours for Short break | 5 hours | Frequency (weekly, bi-weekly, monthly) | Per week at the weekend. | Number of identified hours for Short break | 10 hours | Frequency (weekly, bi-weekly, monthly) | Per week |
| Please state if school holiday provision is in addition to term time provision or instead of.  Support school holidays is not in addition to the term time hours. | | | | | | | |

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| 1:1 staffing |  | 2:1 staffing – for outreach  **Mam will be present at all times. Mam will be the primary carer. Worker will be the 2nd carer** | X |
| Transport required |  | Adapted Vehicle required  **Mam will use the family vehicle which is adapted for TD’s use.** | x |

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| Over-view of young person/ family | TD is a delightful nine year old who has a good sense of humour and loves to be out in the community. TD has complex needs and he is totally dependent on his parents and carers to meet all of his care needs. TD has severe global developmental delay, hydrocephalus with a ventriculo-peritoneal (VP) shunt and bilateral cerebral palsy. TD is registered as severely sight impaired and he has generalised neonatal seizures. TD receives fluids and medication via his gastrostomy PEG. TD is able to eat pureed foods orally. TD is doubly incontinent and wheelchair dependant. TD has curvature of the spine and requires careful positioning and repositioned to prevent any pressure on his spine.  TD attends Durham Trinity School; he has an Education Health and Care plan in place. |
| Family/ home situation | TD lives with his parents in Hutton Henry. TD is an only child and parents are providing him with a very warm, loving and stable home environment.  Mam is TD’s main carer. Dad is currently working from home due to concerns re Covid 19 and he is supporting mam with hoisting and care as necessary.  Mam is struggling to access the community without the support of a 2nd carer. Mam would like any potential carers to provide support within the home initially so that TD can build a positive relationship with workers and mam can feel confident in the support that TD is accessing. |
| Needs of young person | TD requires support with all of his personal care, feeding, moving and handling.  TD is wheelchair dependant and has completely immobile.  TD requires highly skilled workers to care for him and follow his therapy plans.  TD requires constant repositioning to prevent any pressure on his spine and ensure that his head is in a safe swallowing position as he he is unable to support his own head. |
| Hobbies and interests | TD really enjoys any trips out into the community. TD responds well to the sensation of movement and loves to be in vehicles, especially over rough terrain. TD enjoys being taken around supermarkets as he likes the noise and the lights, he also particularly likes jewellery shops due to the lighting. TD enjoys being taken out for walks, for example, at Seaham. TD loves to be around other children, especially when they are noisy and mischievous. |

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| **Over-arching Outcome** | | | |
| *Improvement in family health at case closure / de-escalation.* |  | *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.* |  |
| *Improvement and management of a mental health condition at case closure / de-escalation.* |  | *Everyone enjoys physical activity and feels secure.* |  |
| *Parents and children have improved family relationships at case closure or de-escalation.* |  | *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 bAce their caring roles and maintain their desired quality of life.* |  |

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| **Individual Outcomes to be achieved** | **Provider Response – how will these outcomes will be achieved?** |
| TD to have fun and access to the community and social activities in line with his peers. |  |
| TD to experience activities and interaction which is stimulating for him. |  |
| Mam to have the support of another carer to enable her to take TD out into the community on a weekend and during school holidays. |  |
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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 | x 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) | TD is non-verbal and does not use BSL, Makton or listed communication aids. However, TD is able to indicate needs through physical movements, for example, when he wants to eat he sticks his tongue out. TD’s mother, N, will be present and is able to interpret TD’s communication. | Y  N |  |
| Physical care needs | TD requires support with all of his care needs. TD has no head control, he is double incontinent and takes his liquids and medication through a PEG. TD is not able to mobilise independently. | Y  N |  |
| Specialist equipment required | TD uses a wheelchair, a stander (which he loves) and a hoist. All equipment is available in the home.  The family have a mobility vehicle which mam will drive for outings. | Y  N |  |
| Medication Needs | Mam will administer medication as necessary | Y  N |  |
| Named child training required | Carer will require training re how to use a hoist.  Mam will administer medication and feeds. | Y  N |  |
| Other issues (e.g. aggression, risk, substance misuse etc) | N/A | Y  N |  |