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

**Call Off Request**

**Individual Service Request**

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| In respect of Lot  | PID 565731 | Geographical Delivery Area | Peterlee |
| Date of Request | 27-11-2020 | Response Deadline | ASAP |
| Proposed commencement date | DEC 2020 | Proposed end date |  |
| Child Initials and Party ID | AB | Gender | M |
| D.O.B. | 18-01-2009 | Social Worker / Family Worker | Laura Turner |
| Ethnicity | WB | Responsible Team | Children with Disabilities 0-18 Team |

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| **Term Time** | **School Holidays** |
| Number of identified hours for Short break | 0 | Frequency (weekly, bi-weekly, monthly) | 0 | Number of identified hours for Short break | 12 | 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 |  | 2:1 staffing | x |
| Transport required |  | Adapted Vehicle required |  |

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| Over-view of young person/ family  | A is a happy young boy who has a pleasant personality. A has the following diagnosis: Emanuel Syndrome & development delay. Scoliosis. Hearing aids in both ears. Gastrostomy for his feeds and a Colostomy which requires Stoma Care. A also has Immunoglobin Deficiency (Unable to produce antibodies). A attends a specialist educational provision which he really enjoys.  |
| Family/ home situation | Although A has a shared care arrangement in place with both parents. Mum is the main contact. Mum is very engaging and is pro-active in ensuring all of A’s needs are met. A has no siblings.  |
| Needs of young person | A is wheelchair dependant and requires an adapted vehicle for transport.A requires support staff to be Stoma Trained in which training can be provided.  |
| Hobbies and interests | A enjoys the outdoors where he can experience sensory activities. He also enjoys inside activities and being around others. |

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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.* |  | *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.* |  | *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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| **Individual Outcomes to be achieved**  | **Provider Response – how will these outcomes be achieved?** |
| A to have the opportunity to experience community and social activities. |  |
| To promote A’s social and sensory skills |  |
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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 | x[ ]  Specialist COS (2:1) session blocks of 3 hours and above | x[ ]  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):A would benefit from Community and Base Activities. An adapted vehicle is necessary. A does have an adapted vehicle if required.  |

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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) | A is non verbal but communicates through vocal sounds and his body language. Through this he will let you know his likes and dislikes, happy and sad.. | x[ ]  Y [ ]  N |  |
| Physical care needs  | A is wheelchair dependant.A has a stoma in which staff will require training, which can be provided. | x[ ]  Y [ ]  N |  |
| Specialist equipment required | WheelchairStoma Bag | x[ ]  Y [ ]  N |  |
| Medication Needs |  | [ ]  Y x[ ]  N |  |
| Named child training required  | Stoma Training | X[ ]  Y [ ]  N |  |
| Other issues (e.g. aggression, risk, substance misuse etc) |  | [ ]  Y x[ ]  N |  |

**We agree to provide the services detailed above under the contract Provider Panel for Short Breaks to meet assessed need (Pro Contract Ref DN264087)**

Signed by Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Durham County Council \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_