

<b>Name of proposal/policy</b>	Review of short breaks provision in Northamptonshire	<b>Budget number (if applicable)</b>	
<b>Service area responsible</b>	Learning Skills and Education; Quality and Performance	<b>Cabinet meeting date</b>	16 January 2018
<b>Name of completing officer</b>	Dr Rachel Sanson	<b>Date EqIA created</b>	18 September 2017 Updated 31 December 2017
<b>Approved by Director / Assistant Director</b>	Alison Shipley	<b>Date of approval</b>	20 December 2017 Update approved 3 January 2018

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'Due regard' to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant **MUST** include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact [equalities@northamptonshire.gov.uk](mailto:equalities@northamptonshire.gov.uk)

## PART 1

### Description of current provision/policy and main beneficiaries/stakeholders

Northamptonshire County Council currently provides funding for a range of residential and non-residential short breaks. Short breaks are part of a continuum of services which support children in need and their families. They include the provision of day, evening, overnight and weekend activities for the child or young person, and can take place in the child's own home, the home of an approved carer, or in a residential or community setting.

Short breaks for disabled children are now well recognised to be a vital service which help families with disabled children to lead ordinary lives. The importance of short breaks was reflected first through significant investment under the Aiming High for Disabled Children programme and then through the introduction of new legislation, in particular the Breaks for Carers of Disabled Children Regulations 2011.

#### *What is currently on offer?*

Northamptonshire County Council is committed to ensuring children and young people with disabilities can access and enjoy all the services and settings in their community that their non-disabled peers do. This is achieved by supporting mainstream holiday clubs, after school clubs, nurseries and other provisions to ensure they can provide a safe and fun short break facility for disabled children and young people.

Some children and young people with disabilities however need to access services and provisions at a targeted level. This is usually because they have more complex needs or have other issues which mean that universal or mainstream services may not fit their individual needs.

To meet the more complex needs of those children and young people, we currently provide the following short break services at targeted level across a number of different contracts:

- 10 holiday clubs running across Northamptonshire (in Daventry, Kettering, Northampton and Wellingborough) including:
  - Pan-disability activities for children and young people;
  - Clubs specifically for children with Profound and Multiple Learning Disabilities (PMLD);
  - Clubs for children with Autistic Spectrum Disorder (ASD); and
  - Services for those who are visually impaired;
- 4 after school clubs for disabled children and young people ranging across special schools, academies and third sector organisations;
- 7 Saturday clubs for children and young people with disabilities offering the opportunity of enjoyable leisure activities and a rest for parents and carers. Activities cater for a range of disabilities but also include clubs for children with PMLD and for children with ASD;
- 5 youth clubs specifically for young people with disabilities across the county (East Northants, Daventry, Brackley, Wellingborough and Kettering);
- Services are also in place to offer advice and support on Attention Deficit Hyperactivity Disorder (ADHD), on visual impairment and on deaf/hard of hearing children to families in the community;
- We have a contract in place to support siblings of children and young people with Special Educational Needs and Disabilities; and
- In addition we have a contract that provides a sleep service to children and families.

All of these services can be accessed directly by parents on behalf of their children.

For children and young people who have a significant complexity of need and/or their family situation is complex, specialist services are available. These services are accessed via a social work assessment and sometimes a Continuing Health Care Assessment, which identifies the need of the child and the family and identifies appropriate services to meet these needs. This may include:

- Personal Assistance;
- Domiciliary Care;
- Direct Payments;
- Family Link; and
- Residential Short Breaks.

In particular, residential short breaks are currently run from 3 units across the county:

- The “South Unit” based at John Greenwood Shipman House in Northampton has 6 beds available for children with physical disabilities with an associated learning disability, 4 beds for children with severe learning difficulties and 1 emergency bed;
- The “North Unit” based at The Squirrels in Rushden has 6 beds for children with physical disabilities and an associated learning disability; and
- 82 Northampton Road in Wellingborough has 6 beds for children on the autism spectrum.

Children and young people may spend a specific number of nights at one of the units per month, allowing them to try new activities, meet new people, work on their skills for independence and providing a break for parents and carers.

### **Description of proposal under consideration/development**

Due to a range of short breaks contracts ending and a withdrawal of funding from the Clinical Commissioning Groups for our residential short breaks service, we intend to re-model and re-commission the short breaks offer in Northamptonshire.

It is essential and legislatively expected that Local Authorities adopt a participatory approach to commissioning decisions in relation to short breaks, involving children, young people and families at every stage in the decision.

Between March and July this year, substantial consultation with stakeholders, children and families took place as part of the 20:20 Vision for SEND in Northamptonshire. This comprised of a series of events and consultative mechanisms which gathered information to co-produce with children, young people and their parents the priorities for improving outcomes for the future.

Northants Parent Forum Group have also undertaken a consultation with parents regarding short breaks. Their report has been presented to the Disabled Children and Young Peoples’ Delivery Group for information and will form part of the consultation process.

**Data used in this Equality Impact Assessment (general population data where appropriate but each EqIA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqIA)**

**Data Source (include link where published)** | **Please summarise what the data tells us – for example “X number of people use this service, X are male, Y are female etc”**

Contracts due to expire and therefore under review

We currently have a number of contracts relating to short breaks that are delivering services to children with SEND and their families. These contracts include –

Provider	Service	Value 2017/18
Billing Brook School	After School Club and Summer Play Scheme	£36,000
Fairfields School	After School Club, Saturday Club and Holiday Club	£40,900
Kingsley Special Academy Trust	After School Club and Holiday Club	£36,000
Isebrook College	After School Club	£18,000
Groundwork Northamptonshire	Farm based – After School Club, Saturday Club and Holiday Club	£38,000
<i>No contract holder currently</i>	PMLD East Northants (Raunds) Holiday Club	£48,204
Aspirations Wellbeing	Evening Leisure and Sports Club	£19,890
Action for Children	Saturday and Holiday Club in Kettering	£18,700
Action for Children	Saturday and Holiday Club in Wellingborough	£18,700
Action for Children	PMLD Northampton – Saturday and Holiday Club	£55,000
Action for Children	PMLD Daventry – Saturday and Holiday Club	£55,000
Autism Concern	Activity Club for those with Autistic Spectrum Disorder (ASD)	£97,000
Action for Children	Youth Club in Daventry	£12,000

	Action for Children	Youth Club in Brackley	£12,000
	Olympus Care Services	Youth Club in Northampton for those with ASD	£10,000
	Olympus Care Services	Youth Club in Wellingborough	£20,000
	Right Resolution CIC	Youth Club in Kettering	£20,000
	Northamptonshire Association for the Blind	Services for those with visual impairment	£27,500
	Deaf Connect	Services for those with audio impairment	£21,000
	Action for Children	Support for the siblings of children with SEND	£28,000
	Delos	Support for young people with SEND	£15,000
	Autism Concern	Support Service for families with children with ADHD	£62,500
	Scope	Support Service for families with sleeping issues	£142,802
	Northamptonshire Healthcare Foundation Trust	Residential Short Breaks	£2,638,429
Services delivered by these contracts	<p>In youth clubs, a minimum of 90 children and young people receive a service  In holiday clubs, a minimum of 120 children and young people receive a service  In Saturday clubs, a minimum of 55 children and young people receive a service  In after school clubs, a minimum of 50 children and young people receive a service  In sibling support group programmes, a minimum of 70 children and young people receive a service  In residential short breaks, there are on average 125 children and young people accessing the service</p> <p>In addition to these children, young people their families can access support around visual and audio impairment, ADHD, SEND more widely and sleep services.</p>		
Joint Strategic Needs Assessment of Children and Young People in Northamptonshire, January 2015  <a href="http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=758">http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=758</a>	<p>The JSNA includes demographic data and locality profiles – and specific info on perinatal depression (pp.38-39), children’s mental health (p.99-101) and self-harm (p.102).</p> <p>According to the Children’s and Young People’s Mental Health and Wellbeing Profile (2014) 9.2% of children aged 5-16 have some form of mental disorder; this compares favourably with the 9.6% estimate for England. The report says that the prevalence of emotional disorders in 5-16 year olds is</p>		

Locality profiles:

<http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=759>

<http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=760>

<http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=761>

<http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=762>

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<http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=764>

<http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=765>

3.6% (England value 3.7%), conduct disorders 5.5% (England value 5.8%) and hyperkinetic disorders 1.5% (England value 1.5%).

There are 103,453 children aged 5-16 in Northamptonshire and by applying the above prevalence rates, the following estimated numbers of children by locality could have different forms of mental disorders:

District	Population 5-16	Prevalence of emotional disorder	Prevalence of conduct disorder	Prevalence of hyperkinetic disorder
Corby	9,542	344	525	143
Daventry	11,336	408	624	170
East Northamptonshire	13,307	479	732	200
Kettering	13,949	502	767	209
Northampton	31,104	1120	1711	467
South Northamptonshire	13,030	469	717	195
Wellingborough	11,185	403	615	168
<b>Northamptonshire</b>	<b>103453</b>	<b>3724</b>	<b>5689</b>	<b>1552</b>

As indicated in Future in Mind, the last UK epidemiological study suggested that less than 25% – 35% of those with a diagnosable mental health condition accessed support.

The JSNA highlights further information taken from social care initial assessment, which allows the practitioner to tick any/all factors identified at the end of the assessment, and shows that 11% (634) of initial assessments completed from April to November 2014 identified mental health in the child/young person as a risk factor. This locally evidences the national view that 1 in 10 children need support with mental health problems.

The ambition to reduce wait times will enable services to reach more young people earlier. In addition, the development of self-referral routes will allow children and young people to access services directly themselves, rather than having to disclose to a GP or teacher, for example, first.

In addition we are aligning the Emotional Wellbeing and Mental Health pathway with the County's Early Help pathway. In this way we hope to be able to respond to multiple presenting needs and ensure that children and families receive the range of support required at the earliest stage possible.

Health needs of children and young people in Northamptonshire, with emphasis on mental health, March 2015

[www.northamptonshireanalysis.co.uk/resource/view?resourceId=653](http://www.northamptonshireanalysis.co.uk/resource/view?resourceId=653)

This report focuses on the health needs of children and young people in Northamptonshire, and pays specific attention to mental health issues. In particular it includes a section on disabilities and learning disabilities (please see pp.122-128).

The report sets out the scale of C&YP with disability, including learning disability, in Northamptonshire:

- 1070 primary school children with statements
- 1275 secondary school children with statements
- 3590 children with Special Educational Needs
- 916 children with Autistic Spectrum Disorder known to schools
- 2442 children with learning difficulties known to schools
- 879 children with learning difficulties estimated to have a mental disorder

In addition, in September 2013 Northamptonshire reviewed those C&YP with disabilities classified as children in need (CIN). 440 were logged as having a disability. The most frequent diagnoses were of autism or Aspergers syndrome and a classification of special educational need.

The description of these disabilities includes the information shown below:

Disability Description	Total
Behaviour – a condition entailing behavioural difficulties includes Attention Deficit Hyperactivity Disorder (ADHD).	15
Communication – speaking and/or understanding others.	11
Consciousness – seizures.	6
Diagnosed with autism or Asperger Syndrome – diagnosed by a qualified medical practitioner as having classical autism or Asperger syndrome.	189

Needs Assessment Report: Mental Health of Children and Young People, February 2015



Report on mental health in children in N

This report, building on the JSNA, outlines what we know (and gaps in knowledge) about children and young people’s emotional wellbeing and mental health in Northamptonshire; including identification of specific risk factors and their prevalence across the county.

Specific risk factors that are identified are:  
Risk Factor 1: Children living in poverty

- Risk Factor 2: families where parents are unemployed
- Risk Factor 3: families where parents have low educational attainment
- Risk Factor 4: who are looked after by the Local Authority
- Risk Factor 5: children with disabilities (including learning disabilities)
- Risk Factor 6: from Black and other ethnic minority groups
- Risk Factor 7: who are lesbian, gay, bisexual or transgender (LGBT)
- Risk Factor 8: who are in the criminal justice system
- Risk Factor 9: who have a parent with a mental health problem
- Risk Factor 10: who are misusing substances
- Risk Factor 11: who are refugees or asylum seekers
- Risk Factor 12: in gypsy and traveller communities
- Risk Factor 13: who are being abused or neglected
- Risk Factor 14: being a young carer

Greater and quicker access to services will enable a more robust access route to those who are often traditionally hard-to-reach. If we can get the right support in place more quickly it means that we can ensure that specific risk factors do not impede a swift resolution for those young people.

Cost template for ASD / ADHD (part of local plan submission)

National epidemiology is 1% of total population with ADHD/ASD. There were 155,575 CYP aged 17 or under in Northamptonshire (April 2013) and so approximately 1,550 Northamptonshire children have a diagnosable neuro-developmental condition.

Currently in excess of 1,000 children and young people are referred per annum but less than a quarter ends up with a diagnosis. So whilst perhaps 250 CYP are diagnosed, and need support, a further 750 may have traits and need some support. As at 1<sup>st</sup> August, there were 304 CYP awaiting assessment:

Wait time	No. of CYP
0 – 3 months	49
3 – 6 months	76
6 – 9 months	85
9 – 12 months	55
12 + months	39



<http://www.autism.org.uk/about-autism/myths-facts-and-statistics/>

According to the National Autistic Society (NAS), the latest prevalence studies of autism indicate that 1.1% of the population in the UK may have autism. This means that over 695,000 people in the UK may have autism, an estimate derived from the 1.1% prevalence rate applied to the 2011 UK census figures.

The prevalence rate is based on two relatively recent studies, one of children and the other of adults. The prevalence study of children, (Baird G. et al., 2006) looked at a population in the South Thames area. The study of adults was published in two parts, Brugha et al (2009), and The NHS Information Centre, Community and Mental Health Team, Brugha et al (2012). This is the only known prevalence study to have been done of an adult population.

NAS also points to issues of co morbidity that must be considered and sets out that between 44% and 52% of people with autism may have also have a learning disability.

Fombonne et al (2011), in their research review of 14 prevalence studies that mentioned IQ, found a range of 30% to 85.3%, with a mean of 56.1%, of people without learning disabilities.

Emerson and Baines (2010) in their meta-analysis of prevalence studies found a range of people with learning disabilities and autism from 15% to 84%, with a mean of 52.6%.

NAS suggests that five times as many males as females are diagnosed with autism. The proportion of males as opposed to females diagnosed with autism varies across studies, but always shows a greater proportion of males. Fombonne et al (2011) found a mean of 5.5 males to 1 female in their research review. Baird et al (2006) found a male to female ratio of 3.3:1 for the whole spectrum in their sample. The Adult Psychiatric Morbidity Survey looked at people in private households, and found a prevalence rate of 1.8% male compared with 0.2% female, (Brugha et al, 2009).

However, when they extended the study to include those people with learning disabilities who had been unable to take part in the APMS in 2007 and those in communal residential settings, they found that the rates for females were much closer to those of the males in the learning disabled population (The NHS Information Centre, Community and Mental Health Team, Brugha et al., 2012).

NAS note that autism spectrum disorders are under-diagnosed in females, and therefore the male to female ratio of those who have autism may be closer than is indicated by the figure of 5:1.

## SEND Types

Children with disabilities face a range of inequalities, including access to services, health outcomes and educational attainment. It has been estimated that between 3 and 5.4% of children have a disability (<http://www.ucl.ac.uk/ioe/departments-centres/centres/thomas-coram-research-unit>), in Northamptonshire this would equate to between 6,551 to 11,792 children (based on ONS Mid-Year Estimates, 2015).

	Total Population	Lower Estimate (3%)	Upper Estimate (5.4%)
0 to 4	47,168	1,415	2,547
5 to 9	47,739	1,432	2,578
10 to 14	41,971	1,259	2,266
15 to 19	42,024	1,261	2,269
20 to 24	39,473	1,184	2,132
Total	218,375	6,551	11,792

<https://www.northamptonshireanalysis.co.uk/advanceddataviews/view>

For those with a Statement or an EHCP, and those at the SEN stage without a Plan, a Primary Need will be identified for each of these children / young people. In some cases 'secondary' or 'SEN' can be identified. The SEN types are listed below, in descending order with the number and percentage of children and young adults with a SEN or EHCP with that particular primary type in Northamptonshire, January 2016:

- Speech, Language and Communication Needs (SLCN) 23.8% (1,514)
- Moderate Learning Difficulty (MLD) 21.5% (1,384)
- Behavioural, Emotional and Social Difficulties (BESD) 19.1% (1,212)
- Specific Learning Difficulty (SpLD) 10.5% (669)
- Autistic Spectrum Disorder (ASD) 7.9% (504)
- Physical Disability (PD) 2.9% (183)
- Hearing Impairment (HI) 1.9% (118)
- Severe Learning Difficulty (SLD) 1.6% (102)
- Multi-Sensory Impairment (MSI) 1% (90)
- Visual Impairment (VI) 1% (61)
- Profound and Multiple Learning Difficulty (PMLD) 0.4% (26)

For further information regarding Northamptonshire demographics, please visit Northamptonshire Analysis:

<http://www.northamptonshireanalysis.co.uk/>

Tick the relevant box for each line by using a capital 'P' to make a <input type="checkbox"/>	Based on the above information, what impact will this proposal have on the following groups?			
	Positive	Negative	Neutral	Unsure
Sex			✓	
Gender Reassignment			✓	
Age				✓
Disability				✓
Race & Ethnicity			✓	
Sexual Orientation			✓	
Religion or Belief (or No Belief)			✓	
Pregnancy & Maternity			✓	
Human Rights (Please see articles in toolkit)				✓
Other Groups (rural isolation, socio-economic exclusion etc)				✓

Initial impact	
Explain your findings above	Actions identified to mitigate, advance equality or fill gaps in information
Because the consultation will inform the service redesign, it is difficult to be certain of the impact at this stage, although by its nature an service redesign will have an impact on children and young people (with disabilities), their parents, carers and families.	Short breaks review will ensure that the views of children and young people, parents and carers and other stakeholders are taken into account and inform the service redesign.

Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2
<p>Consultation and engagement will include:</p> <ul style="list-style-type: none"> <li>• A survey for children and young people, devised by the young people from Shooting Stars;</li> <li>• A survey for parents and carers, to be agreed by the Northamptonshire Parents Forum;</li> <li>• Attendance at established meetings, groups and fora to field opinions, concerns and ideas;</li> <li>• Targeted engagement with families currently using the services; and</li> <li>• Social media engagement to gain wider viewpoints and provide transparency.</li> </ul>

In addition, we will establish or utilise existing focus groups enable co-production throughout the process of review, design and re-commissioning.

The consultation is schedule to run for a 6-week period, from 9.00am on Thursday 26th October to 5.00pm on Wednesday 6th December 2017. The views of children and families will then be collated and used to inform service design going forwards. It is hoped that Delegated Authority to make the relevant decisions regarding model of delivery and re-commissioning will be grantd by Cabinet.

All oppourtunities and findings will be detailed on the Local Offer web pages to enable as wide a participation as possible and to ensure that we are transparent in our plans.

Short breaks review will ensure that the views of children and young people, parents and carers and other stakeholders are taken into account and inform the service redesign; and the EqIA will be updated when we have more information (following consultation) on what our families want to see.

**PART 2 – if required**

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?
<p>We have now completed a 6-week consultation specifically on short breaks and those services listed above. This has included:</p> <ul style="list-style-type: none"> <li>• A survey for children and young people, devised by the young people from Shooting Stars;</li> <li>• A survey for parents and carers, to be agreed by the Northamptonshire Parents Forum;</li> <li>• A series of consultation meetings across the county</li> <li>• Attendance at established meetings, groups and fora to field opinions, concerns and ideas;</li> <li>• Targeted engagement with families currently using the services; and</li> <li>• Social media engagement to gain wider viewpoints and provide transparency.</li> </ul>	<p>Overwhelmingly the consultation highlighted:</p> <ul style="list-style-type: none"> <li>• The significance of short breaks to so many families;</li> <li>• The lifeline that these services offer; and</li> <li>• The importance of short breaks in that they do not just provide respite, but enhance and maintain healthy family dynamics; they contribute to the emotional and social growth of disabled child and underpin the wellbeing of non-disabled siblings.</li> </ul> <p>Key principles identified in the consultation included:</p> <ul style="list-style-type: none"> <li>• That information on what is available needs to be easily accessible;</li> <li>• That assessment of the whole family as well as the needs of the child/ren is really important in getting the right package of support;</li> <li>• Locally available provision is important to reduce travelling for families and maximise the short breaks that these services provide;</li> <li>• Appropriately skilled staff are an essential part of the short breaks offer;</li> </ul>

The Short Breaks consultation ran from 26th October to 6th December and nearly 900 people got involved to give us their views. Two surveys collected views from children, young people, parents, carers and professionals in which over 700 individuals took part.

350 children and young people completed the children's survey that was designed by young people from the Shooting Stars group; and 392 adults (including parents, carers and professionals) completed the parents and carers online questionnaire.

We ran 10 consultation meetings around the county, which were attended by 150 individuals. Additionally we visited 15 clubs and activities for children and young people and 14 events for parents to promote the consultation.

Several other surveys were set up and run by partners, including the Northants Parents Forum Group, Scope Sleep Solutions and Billing Brook School. This information has also been included in the overall consultation report.

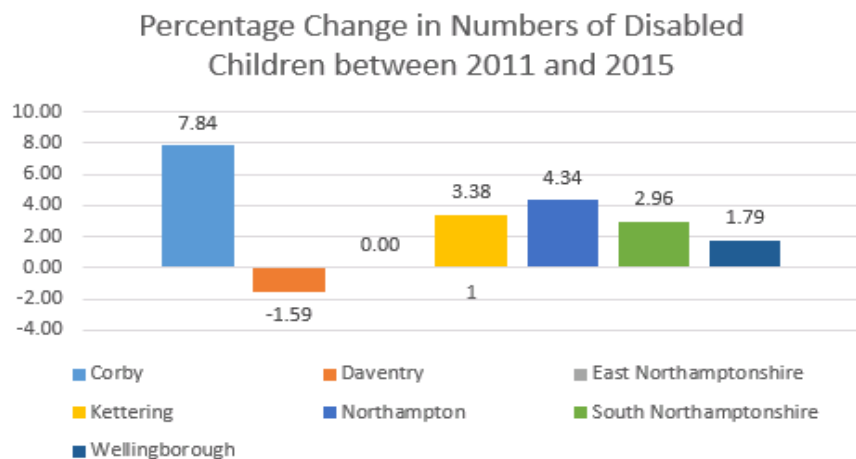
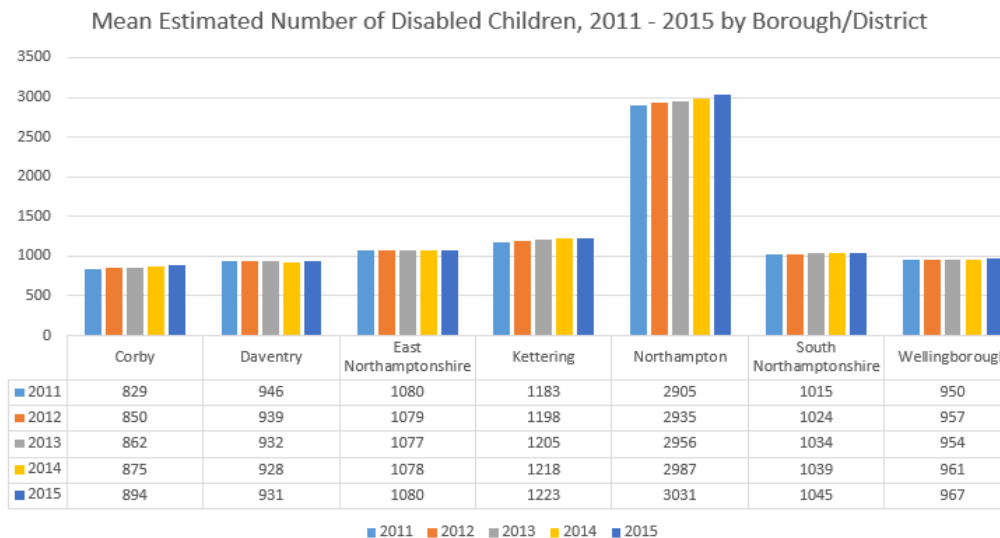
- Ensuring that venues are suitable and have the required equipment to deliver short breaks is essential; and that,
- Responding to a range of needs, including complex medical needs, is imperative.

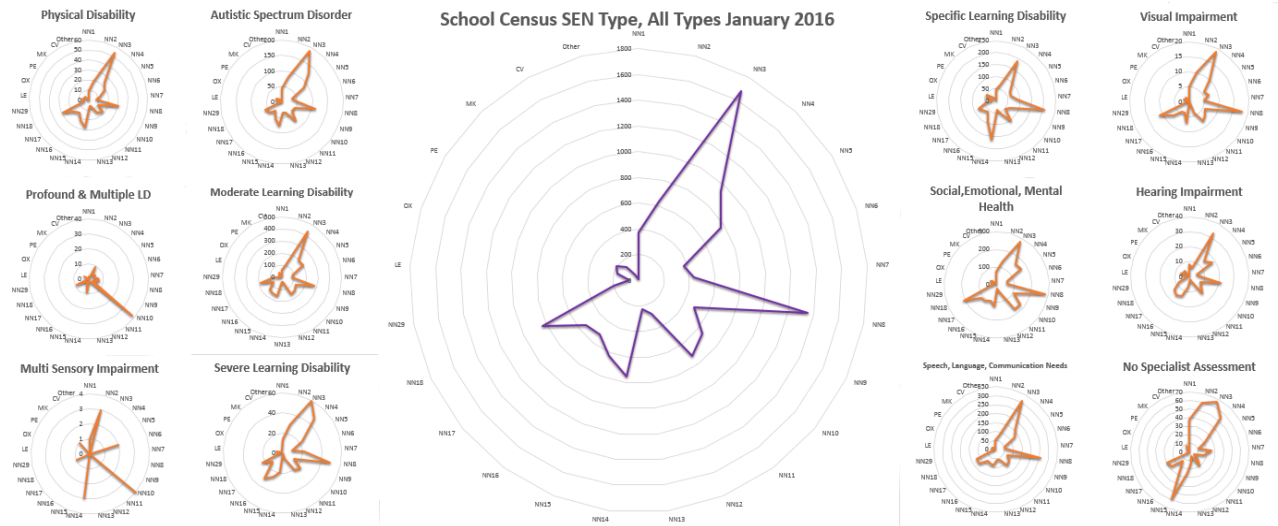
Key themes identified in the consultation included:

- How highly valued residential short breaks are by families across the county;
- That short breaks are used to not only give parents and young people a break from each other, but also to provide an opportunity for children and young people to socialise with peers and prevent isolation.
- That there is a lack of consistency in terms of the quality of non-residential short breaks across the county;
- There is not enough support to enable disabled children to benefit and take part in mainstream clubs and activities;
- There are gaps in provision in different areas of the county, mainly with regards to the non-residential short breaks offer;
- Non-residential short breaks for children with Profound and Multiple Learning Difficulties (PMLD) are considered insufficient and often these activities are not able to respond to the most complex needs;
- In particular short breaks provision often does not meet the medical needs of children; and providers do not have the equipment needed for some of our most physically disabled children.
- Frequently parents feel that staff employed do not have the skills to work with the most complex children (particularly those with complex medical needs).
- Parents reported having to stay at the clubs with child/ren when non-residential short breaks staff were not able to or willing to respond to all of the individual needs of their child.
- Providers also fed back that they can struggle with staff turnover and being able to recruit staff with sufficient expertise.
- Feedback suggests that there is not enough provision in the holidays and that the all-day sessions that are on offer are not long enough to enable decent short breaks or allow for parents to work.
- Whilst Personal Budgets are thought to be useful by parents, overwhelmingly they also pose significant challenge to parents, particularly in finding and securing appropriately trained Personal Assistants for minimum wage.
- Some providers are very successfully supplementing their income from NCC and parental contribution by applying for additional charitable funding.

- Parents advised us that financial contribution to clubs and activities varies depending on the area and the provider.
- Some families reported the value of “Family Link” but some pointed out that processes at the Council make it hard to be a Family Link foster carer (timing of payments, red tape etc).
- Also some parents noted that Family Link carers were often not ready for complexity of their child, either due to the Social Worker not being clear and transparent with the foster carers or in terms of expertise of carer.

Geographies of Need – further information that has become available since the original EqIA was published

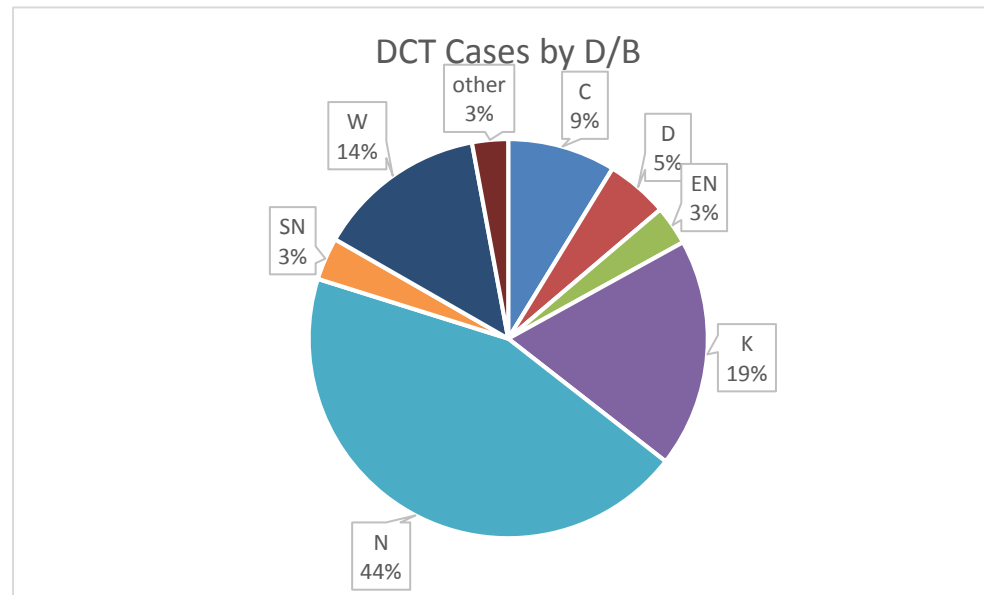




The information above is taken from a draft JSNA chapter that is due to be published shortly on children with SEND. These show estimated number of disabled children by district and borough, percentage change in estimated numbers between 2011 and 2015; and SEN type by postcode.

Overall these show that the highest projected number of children with SEND live in Northampton (33%), followed by Kettering (13%) and East Northants (12%), with Wellingborough and South Northants at 11% and Daventry and Corby at 10%.

We have also looked at the geographical spread of cases by the Disabled Children’s Team, taken as a snapshot in December 2017. This shows a slightly different picture –



As a result of the feedback received, the following model is being proposed:

- In order to deliver the “inclusion” principle set out in the recent SEND strategy, we will increase the financial envelope for funding for mainstream and universal settings to enable individual additional support to be purchased. We will rebrand this grant funding as “SEND Support in Universal and Mainstream Settings” (SSUMS) and increase the funding three-fold to maximise... This will build on previous funding utilised to deliver Additional Needs in Out of School Settings (ANOOS); and will be run alongside Early Years Inclusion Fund re-development to maximise opportunities for disabled children to enjoy activities alongside non-disabled peers.
- In order to support smaller Voluntary and Community Sector organisations and community and parent groups, we will administer an “Innovation” grant which will be opened annually to deliver time limited and bespoke activities. This will build on the “Summer Placements” scheme that NCC have previously run and encourage bids for activities to be provided throughout the year.
- We will set up a Grant Finder and Brokerage role that will support the Voluntary and Community Sector to apply for charitable funding streams and build capacity and further opportunities within the short breaks delivery in the county.
- This role will also explore the potential to set up a discount card initiative that would be open to all families with SEND and offer discounts across a range of universal activities available throughout the county.



- We are proposing to add funding to the Young Carers contract to specifically support siblings of children with SEND, and use economies of scale within this contract to maximise support and networking opportunities for siblings.
- To respond to feedback regarding Family Link and respite in carers' homes we will extend our Family Link offer and improve the associated processes.
- We will introduce a framework to support and facilitate parents who are purchasing services using a Direct Payment to maximise the use of personal budgets from both the County Council and Health.
- We will advertise 4 specific contracting opportunities for the delivery of short breaks. These are:
  - A countywide contract for sleep services;
  - A countywide contract to provide support for families with a range of SEND, including ASD, ADHD and sensory impairment;
  - Five localised contracts for targeted and specialist non-residential short breaks for moderate needs. These contracts will seek to respond to the presenting needs in each geographical location but focusing on moderate needs and some specific neuro-developmental conditions, behavioural disorders and disabilities; and,
  - Five localised contracts for provision of residential short breaks and PMLD non-residential activities. These contracts will be designed to maximise use of facilities and staffing to ensure that the PMLD non-residential breaks are able to respond to the most complex needs and health requirements. In addition we hope to maximise residential provision (and the numbers who can access it) by ensuring that there is safe clinical oversight and care planning for all children including those with complex health and continuing care needs. This will de-medicalise the model and deliver a safe and suitable environment for each child or young person with access to fun and meaningful activities, opportunities of friendship and peer support and help to move towards increased independence.

**Final impact analysis (taking the findings from Part 2 into account) – including review date if required**

Any service redesign will have an impact on children and young people (with disabilities), their parents, carers and families. The model proposed is linked directly to feedback from children, young people, parents and carers so where there are specific implications, the intention is that any impact is positive; and meets the needs of families more robustly.

	<b>Actions identified to mitigate, advance equality or fill gaps in information</b>
<p><i>Sex</i> A positive impact is expected due to the range of activities commissioned that will hopefully suit individuals in each local area.</p>	<p>Ensure the specifications developed account for a range of activities to suit a variety of needs and preferences.</p>
<p><i>Age</i> A positive impact is expected due to the range of activities commissioned that will hopefully suit individuals in each local area. Services that these proposals are designed to replace currently include little provision for those</p>	<p>Ensure the specifications developed account for a range of activities to suit a variety of needs and ages.</p>

<p>under 8 years of age and older teenagers. The new contracts are intended to respond to all ages.</p>	
<p><i>Disability</i> All of the services subsumed within these proposals are specifically to respond to the needs of disabled children and their families. As a result if the re-commissioning goes ahead we will be seeking to make services (including mainstream provision) more accessible, equitable and fairly distributed in terms of geography and areas of need.</p>	<p>Ensure the specifications and contracts match areas of need.</p>
<p><i>Race and ethnicity</i> A positive impact is expected due to the range of activities commissioned that will hopefully suit individuals in each local area.</p>	<p>Ensure the specifications developed account for a range of activities to suit a variety of needs and preferences.</p>
<p><i>Human rights</i> All proposals have been developed with due regard for the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, which include:</p> <ul style="list-style-type: none"> <li>• The duty to ensure that disabled children’s best interests are treated as a primary consideration in all decisions which affect them;</li> <li>• Children’s rights to age-appropriate play, leisure and recreational activities; and</li> <li>• The right to support for disabled children’s full inclusion and participation in the community.</li> </ul>	<p>Ensure the specifications reflect the rights of disabled children.</p> <p>Ensure the specifications developed account for a range of activities to suit a variety of needs and preferences.</p> <p>Ensure promotion of SSUMS grants for settings and providers to enable additional support in mainstream provision, commission range of activities for play, leisure and recreation.</p>
<p><i>Rural isolation</i> A positive impact on rural isolation is expected. We know that current delivery does not meet requirements geographically and that there are gaps in provision due to changing needs. As a result if the re-commissioning goes ahead we will be seeking to make services (including mainstream provision) more accessible, equitable and fairly distributed in terms of geography and areas of need.</p>	<p>Ensure the specifications and contracts match areas of need and consider the geography of the county.</p>
<p><i>Deprivation</i> A positive impact on meeting the needs of deprived families is expected. We know that current delivery does not meet requirements geographically and that there are gaps in provision due to changing needs. As a result if the re-commissioning goes ahead we will be seeking to make services (including mainstream provision) more accessible, equitable and fairly distributed in terms of geography and areas of need.</p>	<p>Ensure the specifications and contracts match areas of need in the county.</p>

Consultation and further engagement will be needed. If Cabinet approves the proposed model of delivery (across activities including both the development of grant schemes and re-tendering) we have the following plans –

- A Prior Information Notice (PIN) has been published alongside a market engagement document that seeks feedback from potential providers/bidders on the proposed structure of the tenders and corresponding contracts.
- This will give us an opportunity to engage with providers prior to the tenders going live, to test the market and to gain feedback on the proposed model of delivery.
- We are also engaging with special schools in the county to see how we can work more closely together and use existing county assets and expertise.
- Additionally we plan to engage with parents and partners further to finalise the local models and specifications; and we will be recruiting parent representatives and young people to get involved in the evaluation of bids.