

**Evaluation of the impact of Action for Children
Short Break Services on outcomes for children
– Interim Report**

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Executive Summary

This report outlines the findings of the first part of an evaluation to examine the impact that Action for Children residential short break services have on disabled children and their families, the costs of providing them and the effectiveness of partnerships between Action for Children and other agencies. Existing data on outcomes were analysed and supplemented with information from interviews and surveys.

Key Findings

- Overall, the study presents a positive picture of the impact of Action for Children's short breaks on disabled children and their families. Of those outcomes, for which progress was recorded, 74% were recorded as having either improved or been achieved in the six month review period.
- Preliminary findings suggest that Action for Children are having the greatest impact on those children with the highest level of needs.
- It was evident from the research that the residential homes had a homely feel, whereby, only small numbers of children or young people stay in each home at any one time, creating the feeling of a sleepover.
- The outcome, '*Views are sought, heard and contribute to decision making*' had the highest percentage of recorded improvement. The outcome with the lowest recorded improvement was '*Parents/carers capacity to cope with difficulty is enhanced*', although this was for a small proportion of the sample. The impact of short break services on the wider family will be explored in more detail in phase 2.
- At the time of data collection, 60% of the identified outcomes had no progress recorded. The reasons for the gaps in data will be explored in phase 2 of the study.
- Given the high levels of need identified for the children in the sample, improvements in outcomes, however small, are positive.
- Overall the survey responses from the families were positive. Respondents reported improvements in their child's confidence (63%); emotional wellbeing (50%); behaviour (30%); personal care (48%) and practical skills (37%).

- Most staff members indicated that children's personal and practical skills had improved and all partner respondents reported improvements in children's abilities to socialise and that they had improved access to leisure activities as a result of the short break.
- Families and service partners were positive about the quality of the service provided with regards to the staff's knowledge of their child's specific condition and associated needs, the quality of the equipment at the homes; taking the child's views into consideration and communication between different agencies working with individual children.
- Not all of the staff that returned surveys were as confident about their knowledge of the children in their care: although most reported that they knew the children well and that they had sufficient knowledge of children's specific needs.
- Overall, families were very positive about how the three homes shared information with other professionals. Around two-thirds of families reported that the targets set for their children were linked to work being undertaken at their child's school or with other agencies working with their child.
- Nearly three-quarters of the staff members that submitted surveys agreed that partnerships with other agencies help to achieve the best outcomes for children.
- This report has been prepared as the United Kingdom is preparing for some of the largest public spending cuts in post war political history, which may have significant implications for the resources available to continue to provide short break services, which as this report demonstrates, are highly valued by disabled children and their families. The costs of these services will be explored further in phase 2.

Introduction

This report illustrates the impact that Action for Children residential short break services have on disabled children and their families. It forms the first part of an evaluation commissioned by Action for Children to bring together information about the outcomes that accrue for disabled children and their families from short break services, and the costs of providing them. This interim phase of the work has been carried out within a six-week timeframe during the school summer holidays to provide information for the Comprehensive Spending Review. It has required input and commitment from Action for Children staff, their service partners and the families of service users over the summer period. The report forms an evidence base that articulates the value of residential short break services¹.

Existing research suggests that outcomes for all children in need are difficult to accurately capture and measure (Holmes and McDermid, forthcoming). A recent report published by Ofsted states that too much focus is placed on checking that pupils are getting additional services, and too little on how much this support is actually helping children progress (Ofsted, 2010). Outcomes need to be measurable, such as attaining qualifications or gaining employment. However, Dewson et al (2000) argue that for those children with the highest levels of need 'soft outcomes' such as developing interpersonal skills or confidence may be more appropriate goals, although it is harder to measure them.

The difficulty in measuring outcomes is further compounded for disabled children for whom outcomes may be less evident, or harder to evidence. Action for Children residential short breaks are provided to children who are referred by social care services because they have the most complex and multiple needs. These needs may be associated with health conditions or challenging behaviours associated with severe learning disabilities. Many children have impairments that limit their ability to undertake elementary tasks such as eating and dressing or engaging independently in social activities. Furthermore, progress towards

¹ Action for Children refer to their services as short breaks, the term 'respite' has been used when used by study participants.

outcomes may be slow and require additional support. Research suggests that, as a group, disabled children and their families are among the most vulnerable and at high risk of social isolation, poor outcomes and economic disadvantage (Robinson, Jackson and Townsley, 2001; Beresford, Rabiee and Sloper, 2007). To this end, the children in receipt of the Action for Children short break services and their families are some of the most in need of additional support services. For them, the achievement of an apparently small outcome, such as learning to use a spoon to feed themselves, may have profound impact.

The research sites

The aims and objectives for this research are set out below. The study focused on three residential short breaks' homes (identified in this report as sites A, B and C) which are located in different areas of the United Kingdom. Sites A and B are both four bedded homes, Site A is in a residential area of a large town and Site B is in a small town. In addition to the four bedrooms, each home offers a staff sleeping room, kitchen, lounge, sensory room and Site A has a quiet room and Site B has a playroom. Both homes are equipped with specialist hoists, bath and showering facilities and have wheelchair access throughout. Site C is a five bedded home located in a residential setting in a suburb of a city. The home was purpose built and specialists were involved in the design of the building to ensure that it meets the needs of the children accessing the service.

Action for Children aims to provide residential short breaks in settings that are as much like an ordinary home as possible, with specialist equipment unobtrusively available to maximise independence. It was evident from the visits made to the homes by members of the research team that this had been achieved.

Furthermore, only small numbers of children or young people stay in each home at any one time, creating the feeling of a sleepover.

The children and the outcomes they achieve

All of the children attending each of the three research sites have high levels of need. The mix of children at Site A included some with specific healthcare needs, some with complex learning and physical disabilities, such as cerebral palsy, and

others with challenging behaviour arising from needs such as autism. Site B catered for children with complex health needs associated with both learning and physical disabilities, along with some children who presented challenging behaviours. Site C provided care for children with less profound physical disabilities but challenging behaviour arising from needs such as autism.

Many of the children in receipt of the short breaks were identified as having a combination of needs, including both physical and behavioural difficulties. A range of conditions were identified and in a small number of cases no formal diagnosis had been given, despite identified learning or behavioural difficulties. Due to these multiple needs, the short break was usually part of a range of services and support from a range of different agencies and professionals.

Given the impairments of the children who receive the residential short breaks, helping them to achieve outcomes such as making informed choices or improving their practical life skills is a challenging task. Action for Children is committed to supporting the development of children's potential during their short breaks and to support parenting.

It was apparent from visits to the sites that staff were skilled at setting outcomes that are relevant to these aims and appropriate to the level of need for each individual child. Evidencing the progress that the children make towards these outcomes is another challenging task.

Aims and objectives

The aim of this interim phase is to provide evidence on the impact that Action for Children residential short break services have on outcomes for disabled children and their families.

Specific objectives are:

- To provide evidence on the progress that children achieve in specific outcome areas. These are based on the Action for Children Outcomes Framework that

consists of 43 indicators. These indicators are organised under the Every Child Matters framework in England, the seven core aims in Wales and the GIRFEC clusters in Scotland. The Action for Children services for disabled children collect, as a minimum information, on a cluster of nine of these and the following five were selected for inclusion in this study:

- *Parent/carer's capacity to cope with difficulties is enhanced*
 - *The child or young person engages safely in a leisure activity of their choice*
 - *The child or young person's views are sought, heard and contribute to decision making*
 - *The child or young person's social skills improve*
 - *There is an improvement in the child or young person's practical life skills*
-
- To consider how good Action for Children are at communicating with different agencies such as schools and health to inform the setting of outcomes within their short break services, and how this improves outcomes for the children.
 - To make initial suggestions about future service development that can be discussed further with Action for Children during the second phase of the study.
 - To provide a brief cost benefit analysis for these services, utilising estimates of the costs of short breaks that have already been calculated by the Loughborough team.

Methodology

Overview

The methodology comprised collection, collation and analysis of data to demonstrate the outcomes that children, young people and their families achieve when supported by Action for Children. A mix of data collection methods was required to access data recorded electronically and on case files, together with the views of the various

stakeholders. The quantitative data collection included information recorded by Action for Children on developmental objectives and SMART targets set for the children and young people, and the extent to which these agreed outcomes are shown to have been achieved by the review records. This material was supplemented by qualitative data gathered from staff, commissioners and delivery partners and the families of children who access the service. The approach of combining data from different collection methods is similar to that previously used successfully by CCFR (Holmes and McDermid, forthcoming).

The three residential homes included in the study were identified by Action for Children as early adopters of review formats that assess outcomes with reference to targets that have previously been set. Therefore, it should be noted that the processes of recording and reviewing outcome targets were in the early stages of implementation in each of the sites, and different approaches were being tried. The complexities and difficulties in gathering evidence to measure outcomes and progress for disabled children were recognised by the site managers:

'Often staff are doing the 'work' without realising that this is meeting outcomes and progress with children. To really measure outcomes you need to develop relationships and use all aspects of evidence such as photographs, dvd footage, etc' (Manager, Site A).

Quantitative data collection

Action for Children has created a data capturing system, e-Aspire, which is designed for use by all Action for Children services. Data from the e-Aspire records for the three homes included in the study were supplied by the Action for Children Management Information Officer. Because E-Aspire is not specific to disabled children the three sites have each chosen to use it alongside their own local systems to record more detailed data. Each residential home was visited by one of the researchers and information was collected from the local data collection systems, review reports and case records for a random sample of ten children attending each of the sites.

The vast majority of the children had support needs in at least one area of personal care skills (such as toileting, dressing or eating) and seven children of the 39 case files examined (17%) were identified as requiring 'total care' for their personal needs. Many of the children had communication and learning difficulties. Furthermore, the problems experienced by the children and families were compounded by disrupted sleep and dietary difficulties. Six of the children in the sample (15%) had disrupted sleep patterns and required a sleeping plan. Eleven (28%) of the children required special diets or feeding methods such as gastrostomy tube-feeding.

Qualitative data collection

Telephone interviews were conducted with the manager and a member of staff at each of the homes and also with one of their social care partners. The number of interviews was chosen as being viable within the given timeframe of the interim phase.

Information about outcomes was requested from these groups. Their views were also sought on how good Action for Children are at communicating with different agencies such as schools and health to inform setting outcomes within their short break services, and examples of how this improves outcomes for children were requested.

Surveys were prepared for the families of service users, Action for Children home staff, and commissioners and delivery partners. These were distributed via the managers of the short breaks' homes as online and paper based versions with a Freepost return address. This approach offered a choice of modes of response. The method of distribution ensured anonymity, and that the details of services users were not sent directly to the research team. Since the timescale from start to finish of this phase of the project was only six weeks, it was necessary to ask for the completed surveys to be returned in just two weeks from the time that they were sent out.

Survey response rates

Table 1 outlines the response rates for the three different surveys.

Table 1: Survey response rates

Service	Survey type		
	Families¹	Staff	Partners
Site A	1	7	2
Site B	9	2	1
Site C ²	17	12	0 ³
<i>Total</i>	<i>27</i>	<i>21</i>	<i>3</i>

¹ Site A requested not to circulate surveys to families because they had recently requested the completion of internal surveys and did not want to over burden the families.

² Site C offers a service to a larger number of children and also employs the largest staff group.

³ Although no surveys were completed by partners for this site, the views and perceptions of a partner were included as part of the telephone interviews.

Survey respondents

Twenty-one staff members submitted surveys. The length of time employed at the homes ranged from a few months to more than 15 years, just over half (11:52%) of the respondents had been employed for more than nine years. The stability of the Action for Children workforce contrasts with the findings of the Local Government Workforce Intelligence Group (2006). That study suggests that local authorities experience difficulties in recruiting residential care staff, with their turnover rates being notably higher than those of field social workers. The survey findings of this study, however, suggest that Action for Children staff are highly experienced in working with disabled children and their families. Most staff members (19:90%) reported that they had received sufficient training and highlighted the strength of ongoing support.

A total of 27 surveys were returned by service users families; in all instances the surveys were completed by a parent. Most (22:81%) of the children attending the short break homes had siblings. Of these, around half of the parents reported that they used the short break to spend time with their other children.

Findings

Outcomes

Action for Children Outcomes framework

Outcomes areas analysed

The analysis focussed on the five outcomes categories outlined on page 8 along with four additional outcomes categories (shaded grey below):

Improvement in emotional wellbeing

Parents/carers capacity to cope with difficulties is enhanced

Quality of family life is enhanced

Engages safely in a leisure activity of his/her choice

Views are sought, heard and contribute to decision making

Makes informed choices

Social skills improve

Communication skills improve

There is an improvement in practical life skills

These additional outcomes were included because they were frequently cited by each of the three sites.

The identified outcomes indicators

The most frequently identified outcomes indicators were for 'Social skills improve' (n=144); 'There is an improvement in emotional wellbeing' (n=131); and 'There is an improvement in practical life skills' (n=127). The least frequently identified outcome was 'Makes informed choices' (n=41). Table 2 shows the breakdown of the outcomes indicators identified for the sample.

Table 2: Percentage of the sample for whom the stated outcomes were identified

Outcome category	% of sample
Improvement in emotional wellbeing	15.4
Parents/carers capacity to cope with difficulties is enhanced	9.2
Quality of family life is enhanced	7.8
Engages safely in a leisure activity of his/her choice	9.5
Views are sought, heard and contribute to decision making	9.3
Makes informed choices	4.8
Social skills improve	17.0
Communication skills improve	12.0
There is an improvement in practical life skills	15.0

Progress towards the agreed outcomes

As previously noted, the children in the sample had complex needs. The outcome areas therefore have to be interpreted in a way that is appropriate for the children's abilities. For example, for many of the children in the sample progress towards the outcome '*The child or young person's communication skills improve*' means that they are better able to indicate their choice of item by eye pointing or using a sign book, rather than that their use of language is improved.

The review information gathered suggests that, overall, children in receipt of Action for Children short breaks were making positive progress towards the agreed outcomes in the six month time period. Of those outcomes for which progress was recorded (n=339), 74% (n=251) were recorded as having either improved or been achieved in the review period. There was no change in 22% (n=76) of the outcomes for which a result had been recorded and 4% (n=12) were recorded as having deteriorated in the previous six months. The data does

not expand on how much these areas have deteriorated or in what way. The reasons for deterioration will be explored in phase 2.

The outcome, '*Views are sought, heard and contribute to decision making*' had the highest percentage of recorded improvement (26:32.9%). This is particularly pertinent as many of the children attending Action for Children short breaks are non-verbal and use specialist techniques for communication, such as PEC (Picture Exchange Communication System) or MAKATON. The outcome with the least amount of recorded improvement was '*Parents/carers capacity to cope with difficulty is enhanced*'. Furthermore, the outcome '*Quality of family life is enhanced*' showed the greatest deterioration (3:4.5%). It is not clear whether the deterioration was for children with life limiting illnesses. Although this is a small proportion of the sample, the reasons for this finding will be explored in the interviews with service users and their families to be included in phase 2.

It is evident from the data in Table 3 that for some children progress had not been recorded. In some cases no result was recorded because the outcome had not yet been reviewed. However, this was not the case for all outcomes. The issue of progress against outcomes not always being recorded will be explored further in phase 2.

Table 3: Breakdown of progress recorded for each outcome in a six month time period by site

Outcome	Site	Percentage of recorded progress in six month time period per outcome (%)					
		Achieved	Improved	Not Changed	Deteriorated	No Result Recorded	Total
Improvement in emotional wellbeing	A	0.0	14.3	0.0	0.0	85.7	100
	B	28.6	28.6	7.1	0.0	35.7	100
	C	0.0	30.1	14.6	1.9	53.4	100
	All	3.1	28.2	12.2	1.5	55.0	100
Parents/carers capacity to cope with difficulty is enhanced	A	0.0	9.1	0.0	0.0	90.9	100
	B	0.0	80.0	0.0	0.0	20.0	100
	C	0.0	17.7	17.7	1.6	62.9	100
	All	0.0	17.7	17.7	1.6	62.9	100
Quality of family life is enhanced	A	0.0	0.0	0.0	0.0	100.0	100
	B	0.0	66.7	0.0	0.0	33.3	100
	C	0.0	26.9	13.5	5.8	53.8	100
	All	0.0	24.2	10.6	4.5	60.6	100
Engages safely in a leisure activity of his/her choice	A	0.0	16.7	0.0	0.0	83.3	100
	B	0.0	50.0	0.0	0.0	50.0	100
	C	0.0	23.9	9.0	4.5	62.7	100
	All	0.0	23.5	7.4	3.7	65.4	100
Views are sought, heard and contribute to decision making	A	0.0	16.7	0.0	0.0	83.3	100
	B	0.0	75.0	0.0	0.0	25.0	100
	C	0.0	35.1	3.5	0.0	61.4	100
	All	0.0	32.9	2.5	0.0	64.6	100
Makes informed choices	A	0.0	11.1	0.0	0.0	88.9	100
	B	20.0	80.0	0.0	0.0	0.0	100
	C	0.0	33.3	0.0	0.0	66.7	100
	All	2.4	29.3	0.0	0.0	68.3	100
Social skills improve.	A	0.0	27.3	4.5	0.0	68.2	100
	B	17.6	29.4	5.9	0.0	47.1	100
	C	0.0	26.1	8.0	1.1	64.8	100
	All	4.2	27.1	6.9	0.7	61.1	100
Communication skills improve	A	0.0	15.0	0.0	0.0	85.0	100
	B	35.7	35.7	0.0	0.0	28.6	100
	C	0.0	25.0	11.8	1.5	61.8	100
	All	4.9	24.5	7.8	1.0	61.8	100
There is an improvement in practical life skills	A	0.0	25.0	12.5	0.0	62.5	100
	B	24.4	35.6	2.2	0.0	37.8	100
	C	0.0	20.6	19.0	1.6	58.7	100
	All	9.4	26.0	12.6	0.8	51.2	100

Table 4 outlines the progress recorded for the identified outcomes as a percentage of the total number of outcomes identified in each site.

Table 4: Percentage of outcomes identified by each site by progress (%)

Site	Percentage of outcome identified by each site by progress over a six month time period (%)				
	Achieved	Improved	Not Changed	Deteriorated	No Result Recorded
A	0.7	16.1	2.7	0.0	80.5
B	20.4	39.4	3.6	0.0	36.5
C	0.2	25.5	12.0	2.1	60.3
All	3.3	26.3	9	1.4	60

It was evident from the individual case files that the level to which each child had 'improved' varied. The 'improved' category included a spectrum of progress towards an individual outcome. Therefore, the number of 'improved' outcomes may not present a comprehensive picture, and rather represent a range of progress made across the sample. Better baseline data about the needs of the child as they first access the short break may assist in providing a better understanding of how far outcomes improve for different children with different levels of need. Moreover, it may be useful to consider more detailed ways of defining outcomes and presenting improvements towards them. One example is that for a child with deteriorating motor skills, to achieve 'no change' would be a considerable achievement and the target needs to be defined in such a way as to recognise this. These issues will be explored in phase 2.

However, given the high levels of need identified for the children in the sample, improvements in outcomes, however small, are positive. This is particularly pertinent for children for whom undertaking elementary tasks, such as holding a knife and fork, or remaining seated at the dining table at meal times present significant difficulties. The fact that Action for Children are able to integrate such children into a community so that they are able to continue to attend the short breaks together with other children who have a gastrostomy feeding tube, or disrupted sleep patterns, or who are non-verbal is an outcome in itself which deserves recognition. A linked achievement is that the staff are able to involve all

these disabled children in a very wide range of activities, some of them in the wider community and that the children enjoy their short breaks. For some disabled children being given the opportunity to enjoy themselves and play as their non-disabled peers would, is a positive outcome. The data gathered for this study suggest that the children in the sample are making positive improvements in various areas of their life to varying degrees, and that the work carried out by Action for Children staff is helping them to do this.

Outcomes by Need

Evidence suggests that the understanding of children's needs across policy and practice is complex (Holmes and McDermid, forthcoming; Axford et al, 2009; Ward, Holmes and Soper, 2008; Preston-Shoot and Wigley, 2005; Janzon and Sinclair, 2002).

Action for Children short break residential services have been designed for children defined as having complex or severe disabilities. As such, all of the children attending each of the sites have high levels of need. In some cases, multiple conditions have been diagnosed. The data about the types of disability appeared to be recorded comprehensively across the three homes, therefore, it was possible to make some measurement of the severity of need. Children with high levels of complex needs were defined as those children where three or more conditions (either physical, learning or behavioural) were listed for that child or where the child required total support in personal care. There were 20 children in the sample who were identified as having high levels of complex need. The progress against the outcomes identified for these two groups are shown in Table 5.

Table 5: Progress against outcomes identified for children with high levels of complex needs

Level of need	Progress against outcomes in a six month time period identified by child need type (%)				
	Achieved	Improved	Not Changed	Deteriorated	No Result Recorded
High levels of complex needs	5.9	30.0	4	0.0	59.6
Lower levels of needs (all other children)	2.3	25.2	10	1.9	60.3

Table 5 shows slightly better progress towards the outcomes for the children with high levels of complex needs compared to the other children in the sample. Almost 36% of the outcomes identified for children with high levels of complex needs were recorded as having been achieved or improved, compared to 27.5% for the remainder of the sample children. The lower rate of progress in the group of children with lower needs may be because that group includes children with autism, for whom change can be slow or difficult.

While these are only preliminary findings and will need to be explored further in phase 2, these early findings suggest that Action for Children are having the greatest impact on those children and families with the highest level of needs.

Survey data

Overall the responses from the surveys were positive with regards to the impact of short breaks on families. Nearly two-thirds of families reported that their child's self confidence had improved (17:63%). Half of the respondents reported that their child's emotional wellbeing had improved. Just under a third of respondents (8:30%) reported that their child's behaviour was more appropriate.

With regards to personal care and practical skills, families reported improvements in 13 (48%) and 10 (37%) cases, respectively. Respondents were also requested to outline if specific pieces of work were being carried out with their child as a part of the short break. Of these eight families, the majority (seven) considered the specific pieces of work, for example feeding or sleeping, to have had a positive impact on both their child and their family.

The outcomes examined in this phase of the research focus primarily on the impact of short break provision on the disabled child. However, previous research suggests that short breaks can also have a substantial impact on the wider family (Beresford, Rabiee and Sloper, 2007; Chan and Sigafos, 2001). The impact of short breaks on family life will be explored in phase 2.

Staff members' responses

Staff members also reported on the impact of the homes with regards to personal care and practical skills. Most indicated that children's personal and practical skills had improved (19:90% and 20:95% respectively). Some respondents also gave examples of improvements in the skills of some of the children attending the homes:

'"A" can now have a shower independently with minimum guidance from staff as to before flooding the bathroom at home each evening' (Staff member, Site A).

'A child who would not sleep at night or only on the floor, now sleeps in her own bed/room at the unit. This took a long time through consistent messages and routines and she is now sleeping at home and her mum is very grateful' (Staff member, Site C).

'A teenager with autism who found things hard when mixing with other people and socialising, played volleyball at youth club with a large group of people just last night' (Staff member, Site A).

Service partners' responses

Similarly the service partners provided information about their perceptions of the impact of the short breaks on children's personal care and practical skills. As outlined in Table 1, the number of respondents for this survey were low (three), however, two of these reported improvements in personal care and practical skills for children receiving a service from the homes.

All three partner respondents reported improvements in children's abilities to socialise and that they had improved access to leisure activities as a result of the short break.

One of the partners also highlighted the quality of the service and the impact that it has on children:

'The unit has built up a fabulous team of committed staff who meet the needs of the children with enthusiasm, professionalism and competence.

They are able to ensure that children are provided with the best possible experiences' (Partner, Site A).

The use of smart targets

Sites A and B have built on the Action for Children outcomes framework by identifying individual targets within each of the outcome areas. These targets are designed to be specific, measurable and tailored towards the individual needs of each child. As a result of the targets being individualised, analysis across a sample of children can be problematic. The following sections offer examples of targets being grouped for analysis, based on the data for targets within the outcomes areas: *'Social skills improve'* and *'There is an improvement in practical life skills'*.

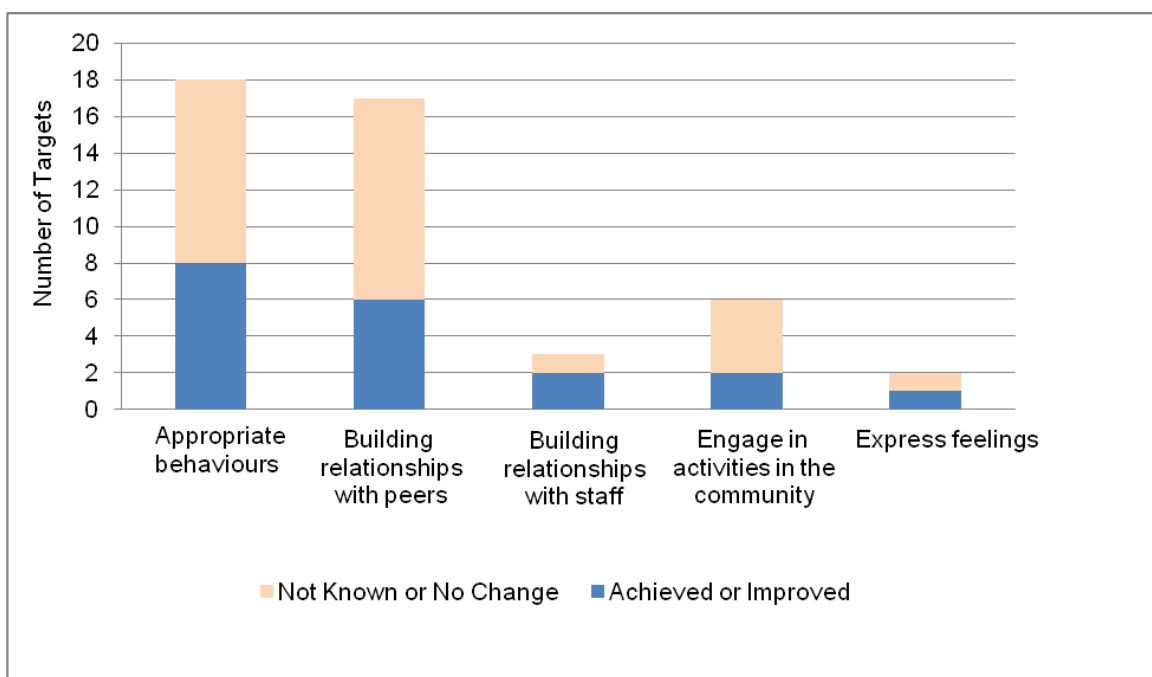
Social skills improve

All of the children in the sample from sites A and B (n=26) had targets set for the outcome '*Social skills improve*'. In total, 46 targets had been identified. These were categorised as follows:

- Appropriate behaviours
- Building relationships with peers
- Building relationships with staff
- Engage in activities in the community
- Express feelings

In the following graphs, the overall height of each block represents the number of targets of each type that were set. The lower section of each block represents the number that were achieved or improved, and the upper section of each block represents the number for which there is no information or for which 'no change' was recorded. The issue of recording progress against outcomes will be explored further in phase 2.

Figure 1: Progress recorded for *Social skills improve* by subcategory (Sites A and B)



The most frequently cited targets related to developing appropriate behaviours, such as reducing the frequency and severity of behaviour that challenges others or puts the child or others at risk of injury or developing appropriate levels of 'stranger danger' and building relationships with peers.

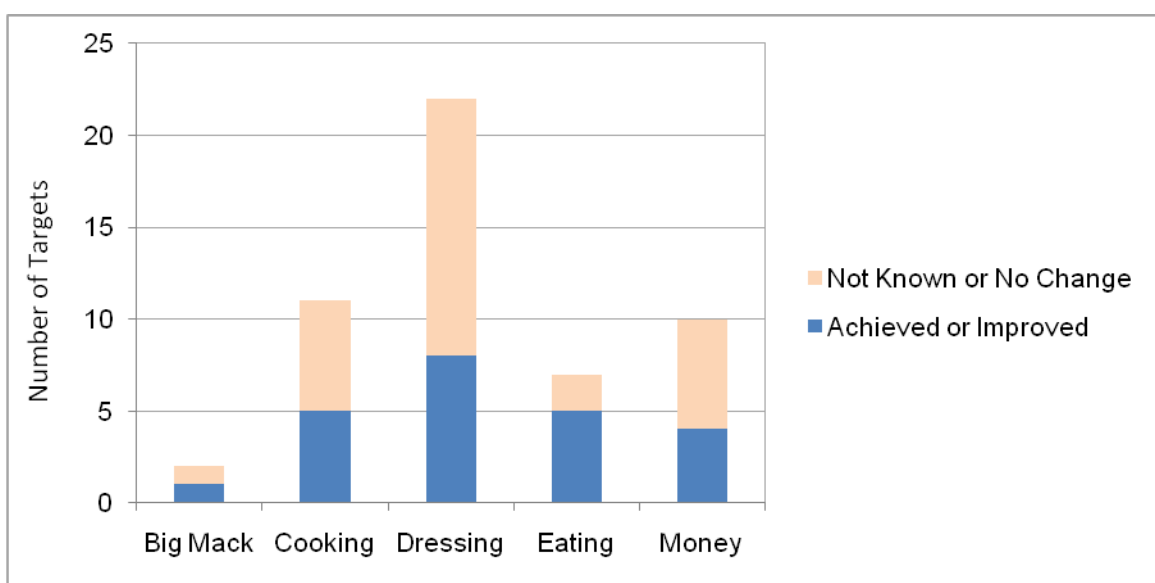
Improvement in practical life skills

The individual targets set for '*Improvement in practical life skills*' were classified as:

- Using 'Big Mack' (communication tool) to operate appliance
- Cooking and household tasks
- Dressing, showering and brushing hair
- Eating
- Money and shopping

Figure 2 shows the number of targets set for each category and the progress of that target.

Figure 2: Progress recorded for *Improvement in practical life skills* by subcategory (Sites A and B)



The prevalence of targets relating to dressing and personal care illustrate the value of residential short breaks in that overnight stays provide an opportunity to help children improve these important life skills.

Action for Children short break residential services have been designed for children defined as having complex or severe disabilities. However, the children in the sample did present as having a range of needs. The data about the types of disability appeared to be recorded comprehensively across the three homes, therefore, it was possible to make some measurement of the severity of need. Children with high levels of complex needs were defined as those children where three or more conditions (either physical, learning or behavioural) were listed for that child or where the child required total support in personal care. Fifteen of the children for whom a target relating to the outcome *Improvement in practical life skills* were defined as having high complex needs. In total, 24 targets had been set for children with highly complex needs. Figure 3 shows the number of targets set for each category and the progress towards that target for children in the group.

Figure 3: Progress recorded for *Improvement in practical life skills* by subcategory for children with high levels of complex needs (Sites A and B)

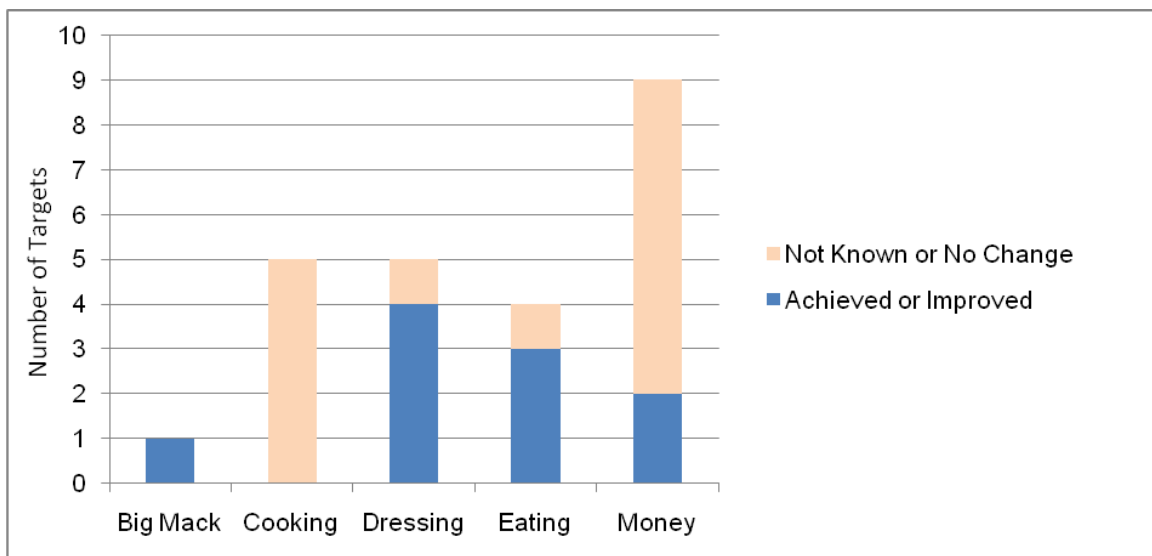


Figure 3 shows high levels of improvement in areas relating to dressing and eating, along with using the 'Big Mack' switch to make choices.

Partnership working

Information to meet this study objective was gathered through the interviews with managers and staff at each of the three sites, and also with a representative from a partner agency for each of the three sites. Additional information was collected from the surveys incorporating the perspectives of the service users' families, staff and partner agencies.

From the telephone interviews it was evident that the service partners all highly valued the service provided by Action for Children:

'In my view it's an absolutely fantastic service' (Service partner, Site C).

The service partners that responded were all positive about the referral process to access the services provided by the homes. They were also positive about how home staff communicate with other agencies and that staff provide them with information on children's progress.

The only significant reservations expressed were that there is insufficient service available to meet the needs of all children and families who could be referred and that there is not always the availability of an emergency bed when needed. However, the availability of emergency beds and sufficiency of service to meet local need is constrained by what is or has been commissioned and funded.

Overall, families were very positive about how the three homes shared information with other professionals with 23 (85%) reporting that information was shared appropriately. Around two-thirds of families reported that the targets set for their children were linked to work being undertaken at their child's school or with other agencies working with their child.

Nearly three-quarters (15:71%) of the staff members that submitted surveys agreed that partnerships with other agencies help to achieve the best outcomes for children. A similar number (16:76%) were clear about the various roles of different professionals working with the children. Slightly less (13:62%) reported that they had a clear understanding of the targets and outcomes identified by other agencies. The views of practitioners with regards to best practice for joint working and information sharing will be explored further in phase 2.

Costs

The impact of expenditure cuts

Site A accepted a 3% reduction in funding in spring 2010. It made several changes to accommodate this, including changes to staff working patterns which led to all staff working a mixture of day and night shifts rather than dedicated night shift staff as this was more cost efficient and a one week summer closure when all staff take one of their weeks of annual leave.

Site B is only offering 250 nights per year and is closed every other weekend.

One of their parents commented:

'The service provided by the unit is excellent. However, the resource needs to be available 52 weeks a year. Its limited funding makes it inflexible and greatly restricts its beneficial impact on local families' (Parent, Site B).

Another parent had experienced cuts in their direct payments and commented:

'We did not want our child to go into the unit. We had no choice when our direct payments were cut by approx 70% with no warning....we have no issue with the unit - the staff are fantastic BUT we had a very good set up with our direct payments...I don't want to send my child away - I want to be able to pay someone to help me look after her in our home' (Parent, Site B).

Cost Benefit

Holmes et al (2010) found that short break services are some of the most costly provided to children who are not looked after. However, these figures must be considered in relation to the high levels of need and vulnerability experienced by the children and families they serve, and the high staffing ratios and high levels of skill that are therefore needed. While the cost may be high, the impact on quality of life for the individuals and families involved is also high, as these quotes from the surveys demonstrate:

'I think it's a brilliant service and wish I'd received it a long time ago' (Parent, Site B).

'The unit offers a much needed service and support to our family. Staff are caring, professional, understanding and knowledgeable' (Parent, Site B).

'Staff do get constant praise from parents which makes us feel valued and that the job we are doing is worthwhile. Sometimes dealing with parents and service users can be really demanding so it is nice to be praised and appreciated' (Staff member, Site C).

Furthermore, research has suggested that the provision of short break services can prevent children from being placed in more costly permanent placements due to family breakdown (Chan and Sigafos, 2001). This was also reflected in the surveys:

'For most of our families having short breaks means the difference between coping with everyday living and reaching crisis point if they didn't receive short breaks on a regular basis' (Staff member, Site A).

Most survey respondents were positive about the quality of the service provided. All of the parents responding to the surveys considered the staff at the three homes to have sufficient knowledge of their child's specific condition and associated needs. The vast majority (25:93%) also reported that the staff knew

their child well and that staff were always friendly and welcoming on arrival (24:89%). Not all of the staff that returned surveys were as confident about their knowledge of the children in their care: although most reported that they knew the children well (18:86%) and that they had sufficient knowledge of children's specific needs (17:81%).

An issue that was raised by one of the respondents was the use of temporary or agency staff within Site B. The parent indicated that only the permanent staff members had sufficient knowledge of their child's needs. Most respondents (24:89%) also indicated that staff kept them well informed and up to date about their child's progress.

Most of the families reported that the homes were well equipped to meet their child's mobility, communication and emotional wellbeing needs. These results are shown in Table 6. This finding was corroborated in the responses from staff members; 81% (17) reported that the homes are well equipped to meet the physical and communication needs of the children and 91% (19) reported that the homes are well equipped to meet the emotional wellbeing needs of the children.

Table 6: Families perception of how well equipped homes are to meet specific needs

Statement	Response – frequency and (%)		
	Strongly agree/agree	Neither agree or disagree	Strongly disagree/disagree
Home is well equipped to cope with my child’s physical or mobility needs ¹	21 (84)	3 (12)	1 (4)
Home is well equipped to cope with my child’s communication needs	25 (93)	2 (7)	0 (0)
Home is well equipped to cope with my child’s emotional wellbeing needs	23 (85)	4 (15)	0 (0)

¹ Two respondents recorded that this question was not applicable; therefore there were 25 respondents rather than 27.

Families were generally positive about how the staff within the homes sought and acted upon the views of the child and the parents/carers. The responses to these statements are outlined in Table 7.

Table 7: Families perception of views being sought and acted upon

Statement	Response – frequency and (%)		
	Strongly agree/agree	Neither agree or disagree	Strongly disagree/disagree
My child's views on their care are <i>sought</i> by the home staff	21 (78)	6 (22)	0 (0)
My child's views on their care are <i>acted upon</i> by the home staff	18 (67)	9 (33)	0 (0)
My views on my child's care are <i>sought</i> by the home staff	25 (93)	2 (7)	0 (0)
My views on my child's care are <i>acted upon</i> by the home staff	22 (81)	5 (19)	0 (0)

Conclusion and recommendations

Overall, the study presents a positive picture of outcomes for children and families receiving short breaks measured over a six month time period. Almost 30% of the outcomes were recorded as having improved or been achieved, 9% had not changed and 1.4% had deteriorated. The outcome: '*Views are sought heard, and contribute to decision making*' had the highest percentage of recorded improvement (26:35%). Furthermore, the survey responses from both families and staff suggest that on the whole, families, staff and partners felt that the Action for Children short break had had a positive impact on children's outcomes. The surveys indicate that the service is highly valued by both families and professionals, providing an essential break for families. The findings suggest that overnight stays, and the various day trips the staff take the children on, present a unique opportunity to assist the child in developing practical life skills such as dressing, washing and eating, along with social and communication skills and life skills such as shopping.

This report has been prepared as the United Kingdom is preparing for some of the largest public spending cuts in post war political history. The new coalition government has announced plans to reduce the national debt through tightening the public finances by a total of £113bn by 2014-15, with £61bn of this coming from a reduction in government expenditure. In the run up to the Spending Review in October, it is looking to achieve the elimination of unnecessary expenditure, while prioritising funds on the areas that matter most to the UK (Alexander, 2010). Policy statements imply that local authorities will have to make very tough decisions in providing for children's needs while satisfying government demands for spending cuts, but that short breaks for severely disabled children may be a higher priority area for expenditure than others (HM Treasury, 2010a; HM Treasury, 2010b). However, public spending cuts may have significant implications for the resources available to continue to provide short break services, which as this report demonstrates, are highly valued by disabled children and their families. In particular the available capacity to respond to emergency requests, and for professionals to work together in partnership towards setting and reviewing outcomes may be eroded, reducing the overall effectiveness of the service.

Children receiving short breaks are some of the most vulnerable receiving services, with some of the highest levels of complex health and learning needs. For many children in the sample performing elementary tasks such as dressing, washing and eating are difficult. These outcomes areas and the progress that can be expected towards achieving them have to be interpreted in the light of the children's disabilities. Progress may be small and slow compared to non-disabled children. However, given the levels of needs and vulnerability experienced by families with disabled children, the impact of small improvements may well be magnified. A great deal of support (and cost) may be required to achieve a small improvement in one of these areas, such as learning to sleep. However, achieving this outcome may have a significant impact on the parents and other siblings. The short breaks provide an essential break for families, enabling them to spend time with other siblings and maintain family stability, as expressed by this respondent:

'The unit provides a VITAL service to children and carers. They are the "light at the end of the tunnel". More respite facilities are needed for demand to be met.'
(Parent, Site C).

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