Evaluation of the Impact of Action for
Children Short break Services on Outcomes
for Children - Final Report

Report to Action for Children
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Executive Summary

Background
This report examines the findings of a study commissioned by Action for Children to explore the impact that their short break services have on disabled children and their families. The study began in August 2010 and an Interim Report was published in September 2010 (Holmes, McDermid, Soper and Lawson, 2010). Phase two of this study was conducted during a period which could be described as a time of substantive economic and political change within children’s services. This report aims to explore the impact of Action for Children short breaks services on disabled children and their families within this context and seeks to provide an evidence base for the future provision of Action for Children services to disabled children and their families. The study also seeks to examine how good Action for Children are at communicating with different agencies to inform the setting of outcomes within their short break services, and how this improves outcomes for the children and to provide a brief cost analysis for these services.

Methodology
In total, eight different Action for Children short break services participated in the study: three residential short breaks (Sites A, B and C) which contributed primarily to the interim phase, two family based short break services, two community based short break services and one service providing activity holidays (Sites D – H). The analysis of outcomes was based on the Action for Children outcomes framework, which consists of a number of indicators. At entry to a service, a number of outcome indicators are identified for each child and the progress against these outcomes is measured at six monthly intervals. Progress is measured as either “improved”, “not changed” or “deteriorated”. Data recorded by Action for Children on the developmental objectives and 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 were gathered for a sample of children from each of the participating services. This material was supplemented by
survey and interview data gathered from staff, commissioners and delivery partners and the families of children who access the service.

Key Findings

The families, the services they accessed and the information gathered about them

- It is evident from the study that the children accessing Action for Children short break services have a wide variety of impairments and needs, which may impact on their quality of life and overall wellbeing in different ways. The children may progress at various speeds, and some children with impairments such as autism, may require more time and investment from staff before they are fully able to feel the benefits of some of the services.
- The study found that Action for Children offer flexible provision, tailored towards individual children in order to achieve positive outcomes for a diverse group of children.
- The study highlights the importance of setting realistic targets and outcomes which can be both achieved and measured within the six month timeframe.
- Of the 12 families who identified in the surveys that specific pieces of work on areas such as sleep or personal care had been carried out with their child at the short break, the majority (11) considered that work to have had a positive impact on their child.
- Reliably assessing the overall impact Action for Children short break services have on such a diverse group of children and families, both in terms of the sheer range of impairments and needs represented, and the type of intervention they are receiving, is problematic. Two custom fields were added to e-Aspire, the management information system used by all Action for Children services, and piloted during phase two of the study. The custom fields categorised each impairment identified and the subcategory of the SMART targets set for the children in the sample. The custom fields enabled children to be grouped according to both the type and severity of needs and therefore facilitated a more reliable analysis of the outcomes achieved and the distance travelled.
Furthermore, the report recommends that it may be beneficial to utilise the custom field utility within e-Aspire to enable workers to give more details regarding why an outcome has been recorded as deteriorated in order to reflect whether external factors, such as a change in school or medication, may slow progress towards an outcome in the short term.

It is evident that the choice of services and support offered by Action for Children is a strength of their provision and may assist local authorities in offering the range of provision required by the new statutory duty (DfE, 2011b).

The impact of short breaks on children and families

Overall, the data gathered throughout the study suggest that Action for Children short break services have a positive impact on disabled children and their families and facilitate both children and families to achieve a range of outcomes.

Action for Children short breaks were found to enable disabled children and young people to access activities which may be readily available to non-disabled children.

All of the staff members who completed a survey agreed that the short break had a positive impact on the children’s confidence, along with 91% (n=10) of partners who also reported that that they considered the children to be less anxious as a result of the short break.

Most staff surveyed indicated that children’s emotional wellbeing (94%), and behaviour had improved (75%) and that levels of anxiety had been reduced (75%) as a result of the short break service. The data suggest that Action for Children services are effective at seeking and acting on the views and wishes of children and enabling them to make informed choices.

The study found that parents were primarily concerned with whether their child was having fun and enjoying the short break. The findings suggest that Action for Children short break services participating in the study were meeting this target.

Knowing that their child is having fun and making progress through developing new skills, can in turn help the families to cope.
It is evident that the families participating in the research felt that the short break had a profound and substantive impact on their own wellbeing and their family as a whole. 96% of families (n=23) reported in the surveys that the short break service had a positive impact on family life.

The majority of families interviewed felt that the short break had contributed to enhancing the quality of their family life. Many families put this down to the short break affording them the opportunity to spend more quality time with their spouse or their other children and engaging in activities not possible before receiving short breaks.

Some parents interviewed revealed that their capacity to care for their child had increased as they were able to cope better when their child returned from their short break because they had had a rest and a break from providing continual care.

**Views and experiences of the short break services**

Many parents were happy with the short breaks they were currently receiving, although some said that they would prefer more breaks from their current provider or access to a different short break as well as continuing with the short break they were currently receiving.

Most of the short breaks services participating in phase two had waiting lists or were unable to accept referrals as they were up to capacity, however, some sites were finding ways to help to manage waiting lists.

Overall families were very positive about how the services shared information with other professionals. Three-quarters of the families who completed surveys reported that information was shared appropriately. Two-thirds of the families (16) indicated 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.

There was evidence of good partnership working with professionals from other agencies, including children’s social care, health services, and schools. There is a clearly held view across all professionals who participated in the study that
sound working relationships between professionals benefit children by supporting the achievement of good outcomes.

**Costs analysis**

- Despite substantive spending cuts across all public services, it is evident that the present national government recognises the importance of short breaks. The introduction of the statutory duty to provide a range of short break services is designed to ensure such services are made available to families. It is possible that, while cutting expenditure on traditional short breaks services, local authorities may actually increase expenditure on other types of short breaks services.

- Services should focus on improving capacity utilisation or utilising existing resources such as residential short break homes to offer a wider range of short break services, which may increase demand for Action for Children services and support local authorities in their duty to provide a range of different types of short breaks.

- Previous research to explore the costs of short breaks identified considerable variation in the costs of different types of short break services (Holmes, McDermid and Sempik, 2010). This study has demonstrated the complexity of calculating costs for short break services for disabled children which allows customised packages of support to be provided to individual children. Consequently, a bottom up approach to cost calculations, which introduces transparency into cost calculations, may more accurately reflect the variations in both the types of support and services provided and the costs of those interventions. This will be explored further in McDermid and Holmes (forthcoming).

**Conclusion**

The environment in which Action for Children short break services are currently operating is one of transition, public spending cuts and uncertainty, but also one in
which the importance of short breaks has been recognised. The new statutory duty for local authorities to provide a range of short breaks (DfE, 2011b), along with the increasing emphasis on early intervention and prevention, may open up opportunities for Action for Children to continue supporting disabled children and their families through short break provision. In light of a small sample size and lack of counterfactual evidence regarding the impact of other services that may be being delivered to the children in the sample, consideration must be taken in generalising the findings too far beyond the scope of the study. However, the evidence in this report indicates that the Action for Children short breaks services participating in the study had a positive impact of families, were highly valued by children, parents and professionals and may be an important element within a package of services for disabled children and their families.
1. Introduction

This report examines the findings of a study commissioned by Action for Children to explore the impact that their short break services have on disabled children and their families. The study began in August 2010 and an Interim Report was published in September 2010 (Holmes, McDermid, Soper and Lawson, 2010). Phase two of this study was conducted between September 2010 and May 2011, a period which could be described as a time of substantive change within children’s services. The change in government in May 2010 has resulted in a subsequent re-examination of children’s services, outlined in documents such as the Munro Review of Child Protection (Munro, 2011a), the Allen Review of Early Intervention (Allen, 2011) and the government’s Green paper on services for children with special educational needs and disabilities (DfE, 2011a). While some anticipated changes are yet to be implemented into practice, some, such as the statutory duty on local authorities to provide a range of short break services (DfE, 2011b), have come into effect during the research period. Work carried out elsewhere by the Centre for Child and Family Research (CCFR) has found that many services and professionals working with vulnerable children and families feel that they are operating in a climate of transition and uncertainty (Holmes, McDermid and Soper, 2011). While the numbers of children referred to social care has been steadily rising over recent decades, this rise has accelerated since the publicity around the death of Peter Connelly (Munro, 2010:27). National statistics from the Department for Education show there was an 11% increase in referrals in the year following his death and a further 10.4% increase the following year (DfE, 2010). Demands for services and heightened concerns and scrutiny regarding safeguarding have been experienced across the children’s workforce (Holmes, McDermid and Soper, 2011; Holmes, Munro and Soper, 2010). This has been further compounded by the current climate of economic austerity and substantive public spending cuts. As a result, the onus has increased on service commissioners to ensure that they are procuring the most cost effective services; to achieve the best possible outcomes for vulnerable children and families from finite budgets (Holmes and McDermid, forthcoming). Consequently service providers must offer evidence of the impact of their service and value for money.
This report examines the impact of Action for Children short breaks services on disabled children and their families within this context and seeks to provide an evidence base for the future provision of Action for Children services to disabled children and their families.

**Background**

Research suggests that, as a group, disabled children, and their families, are among the most vulnerable. The needs of these children are highly complex, whereby disabled children, along with their parents and siblings, are at high risk of social isolation, poor outcomes and economic disadvantage (Beresford, Rabiee and Sloper, 2007; Robinson, Jackson and Townsley, 2001). Research has demonstrated the importance of a secure, loving family unit to achieve positive outcomes for disabled children (Beresford, 1994; Chan and Sigafoos, 2001). Nevertheless, caring for a disabled child can be an extremely stressful experience and can place additional pressure on parents and the family unit as a whole (Chan and Sigafoos, 2001).

Existing evidence shows that a break from caring is one of the most frequently requested services from families caring for disabled children (Beresford 1995; Robinson Jackson and Townsley, 2001), and many studies point to the positive outcomes achieved through the provision of short break care (Welch at al, 2010; Robertson et al, 2010; McConkey, Truesdale and Confliffe, 2004; Chan and Sigafoos, 2001). Short break provision may offer families increased independence, improved quality of life and reduced social isolation, along with providing opportunities for children to experience social interaction with their peers through different types of activities (McConkey, Truesdale and Confliffe, 2004; Tarleton and Macaulay, 2002; Chan and Sigafoos, 2001). In a review of the literature, Robertson et al (2010) cites evidence that suggests that short breaks can have a positive impact on the family as a whole and that having an opportunity to be a ‘normal’ family was frequently cited by parents and carers receiving short breaks as a highly valued outcome of that provision. The provision of short break care can enable quality focused time to be spent with siblings, or to
maintain the relationship between the mother and father, in order to sustain a secure family unit (Beresford, Rabiee and Sloper, 2007).

Research has found that that lack of appropriate short break provision was the most frequently cited cause of unhappiness and the greatest unmet need among parents of disabled children (Welch et al, 2010; Carlin and Cramer, 2007; McConkey, Truesdale and Conflifffe, 2004). Meeting the varied needs of a diverse group of children and families requires flexible and diverse service provision and the diversity in the families needing short breaks provides notable challenges for agencies planning and delivering short breaks (Welch et al, 2010; HoC, 2006).

From April 2011 local authorities in England came under a statutory duty to provide a range of short break services for disabled children and their families. The local authority should ensure that short breaks are delivered in the form of overnight stays, day, evening and weekend activities and services which enable the child to participate in educational and recreational activities (DfE, 2011b). Short breaks can take place in the child’s own home, the home of an approved carer or a residential or community setting (DCSF, 2007). The central aim of short break provision is to provide disabled children with enjoyable experiences away from their primary carers, and parents and families a necessary and valuable break from their caring responsibilities, and they should not be provided solely for those families at crisis point (DfE, 2011b).

This duty has been implemented at a time when substantial concerns about public spending are at the forefront of current social policy in England and many local authorities are in the process of making efficiency savings (Holmes, McDermid and Soper, 2011). The government has proposed that £800 million will be made available through the Early Intervention Grant to assist local authorities in providing these services (DfE, 2011b). However, due to the high levels of training, specialist equipment and intensive levels of intervention required for children with complex health needs, these services are often the most costly of those provided by Children’s Services departments (Holmes, McDermid and Sempik, 2010; Ward, Holmes and Soper, 2008).
While a number of research studies have suggested that the provision of short break services at an early stage enables parents to continue caring for their disabled child at home, which may lead to savings in residential care budgets (Beresford, 1994, Chan and Sigafoos, 2001), attempts to demonstrate this through empirical research have proved challenging (Statham and Smith, 2010).

As a result of both the implementation of the statutory duty and the economic climate, the onus on service providers to present evidence regarding the efficacy of their services and the value for money they might offer, has increased (Munro, 2011a). However, existing evidence, including the interim phase of this research, highlights complexities when in capturing and measuring outcomes for disabled children and their families (Holmes, McDermid, Soper and Lawson, 2010). The complex and varied nature of short break services, along with the highly diverse range of needs and circumstances of the children and families they serve (Munro, 2011a), present difficulties in defining clear achievable goals which are both tailored to the needs of individual children and comparable on a national scale (Scott, Moore and Ward, 2005). Disabled children and their families may be receiving a package of services. It may therefore be difficult to establish a causal link between their outcomes and any individual service. Despite a great deal of evidence regarding the impact of short breaks, Robertson et al (2010) argue that much of the current literature should be treated with some caution due to methodological problems including lack of control on external factors and other services being accessed by the family, the absence of a control group, and insufficient samples. Furthermore, Robertson and colleagues observe that few existing studies take the children’s views and experiences into account (see also Munro, 2011a).

The difficulty in measuring outcomes is further compounded for disabled children for whom outcomes may be harder to evidence compared to their non-disabled peers. Action for Children short breaks are provided to children who have the most complex and multiple needs. Many of these children have impairments that limit their ability to undertake elementary tasks such as eating and dressing or engaging independently in social activities. Progress towards outcomes may be slow compared to their non-
disabled peers and require additional support. The interim phase of this study noted that a great deal of support (and cost) may be required to achieve a small improvement. Such small improvements, may however, have a substantial impact on the child and their family.

The interim phase
This study has been divided into two phases. The interim phase focussed on Action for Children residential short breaks. The aim of the interim phase was to examine the impact that Action for Children residential short breaks have on disabled children and their families, the costs of providing them and the effectiveness of partnerships between Action for Children and other agencies. Three residential short breaks services (referred to as Sites A – C) participated the interim phase of the study and are described in Box 1 below. Existing data on outcomes were analysed for a sample of children from each of the three services and supplemented with surveys and interviews with families receiving short break services, staff and service partners. The key findings are summarised below and are explored in full in the Interim Report (Holmes, McDermid, Soper and Lawson, 2010).}

Summary of key findings of the interim phase
- Overall, the study presented a positive picture of the impact of Action for Children’s residential short breaks on disabled children and their families.
- The existing data on outcomes gathered suggests that, overall, children in receipt of Action for Children residential short breaks were making positive progress towards the agreed outcomes over a six month time period.
- Overall the responses from surveys to families, Action for Children staff members and their partner agencies were positive with regards to the impact of short breaks on families.
- A number of impacts were identified in the study. However, the findings suggested that overnight stays, and the various day trips the staff take the children on, present

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a unique opportunity to assist the child in developing practical life skills such as dressing, washing, eating, and shopping, along with social and communication skills. It was therefore noted that different types of short breaks are likely to be able to offer different kinds of impacts on disabled children and their families.

- The study highlighted the complex nature of measuring outcomes for disabled children, in particular children with the most complex needs. For these children, progress may be small or slow compared to non-disabled children. However, it was also noted that small improvements may have a substantial impact on the wider family. For instance, supporting the disabled child learning to use a fork independently might improve family mealtimes, reducing the need for the parents to focus on one child, and enable the family to go out for dinner together.

- Families and service partners were positive about the quality of the service provided regarding 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.

- Overall, families were very positive about how the three homes shared information with other professionals and staff members and partners agreed that partnerships help to achieve the best outcomes for children.

The final report

This report aims to bring together existing research, including the interim phase of this study, and empirical data gathered as part of phase two, to explore the impact of Action for Children short breaks services on disabled children and their families. Given the methodological limitations outlined above, caution must be taken in generalising the findings across all Action for Children short break services. The findings presented in this report do however illustrate the impact that the participating services had on the children and families accessing their services, and these impacts may be apparent for services working with children with similar needs. The study also explores issues
relating to capturing and measuring outcomes, value for money and some of the wider issues faced by the families accessing Action for Children short break services.

**Aims and objectives**

The aim of this study is to provide evidence on the impact that Action for Children 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.
- To ascertain the views of families, Action for Children staff and partner agencies regarding the impact that short break services have on disabled children and their families.
- 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 provide a brief cost analysis for these services.

**Report structure**

The methodology, sample sizes and response rates are detailed in Section 2 of this report. Section 3 explores the families, their needs and circumstances along with why they chose to access their particular short break service and their expectations of that service. This section also examines how the needs of the children accessing Action for Children Short breaks might be captured and measured. The impact that the participating Action for Children short break services had on the children and families is explored in Section 4. This section also explores how the Action for Children outcomes framework is used by the five participating services and how outcomes are measured and recorded. Section 5 explores key stakeholders’ views and experiences of the five participating Action for Children services in partnership working. The costs of short breaks are explored in Section 6 and the conclusions are outlined in Section 7.
2. Methodology

The methodology builds on that employed in the interim phase of the study and comprised of the 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 used to access data recorded by Action for Children on the developmental objectives and 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, together with the views of the various stakeholders.

The participating services

Building on the interim phase, five further Action for Children services were identified by the funder for participation in the study. As noted in the introduction, evidence suggests that families value a range of different types of short break services. A sample of different types of services were identified to reflect this range of services provided by Action for Children. The sample is not sufficient to draw substantive conclusions regarding the relative merits of different types of short breaks. Rather, it is intended to provide an overall illustration of the impact the Action for Children short breaks can have on disabled children and their families.

The services participating in phase two consisted of two family based short break services, two community based short break services and one service providing activity holidays. The services will be referred to as Sites D – H. The participating services are described in Box 1.
Box 1: Descriptions of participating services

Site A: Residential short break
Site A is a home of four beds. At the time of the data collection the service was supporting 37 children from three local authorities. Site A also has a garden with play equipment and outdoor toys.

Site B: Residential short break
Site B is a home of four beds and at the time of data collection, was providing overnight short breaks for 18 children. Outings to local services, such as shops or the beach, were offered to children receiving overnight stays where appropriate. The service also offered outreach and day care for a larger group of children.

Site C: Residential short break
Site C was delivering short breaks for 50 children and young people at the time of the data collection. The service is a five bedded residential home, where four beds were allocated to the short breaks service and one was allocated to emergency provision. Some children also received outreach support from the service.

Site D: Family based short breaks carers
Site D provides family based short breaks to disabled children and their families. The carers provide overnight care in their own home. Activities in which the child is involved might include trips, computer games, listening to music, watching TV, playing games and making new friends.

Site E: Access to leisure
Site E provides a play and leisure support service. It offers children and young people the opportunity to access leisure opportunities in their community such as swimming and the cinema. Children are supported by a carer who will assist them to make new friends and enjoy different experiences. The frequency of access is dependent upon the family's needs, however some families receive this short break on a weekly basis.

Site F: Family based short breaks carers
This service provides family based short breaks to disabled children and their families. The children who access the service have some level of learning difficulty and/or physical disability and/or complex healthcare needs. Children are matched with a carer based on their needs and what the carer can offer.

Site G: Access to leisure and social inclusion
Site G, commissioned by the local authority, aims to enable disabled children and young people to access universal sports, leisure and arts activities in a large city. The child or young person is provided with a support worker for a maximum of 12 weeks who will assist the young person with any support required that enables him or her to take part and enjoy the activity. If the child or young person requires further support they try to find them a buddy or a volunteer to continue to support them. The service works with the activity providers to ensure that they receive training and/or advice they require. The service works with 30 partner services and activity providers.

Site H: Holiday breaks
The service works with two charitable trusts to provide four residential holidays a year, each for up to five children and young people. Each holiday is three nights in duration and designed for disabled children. The holidays offer a range of outdoor activities, including bush crafts, wheelchair abseiling, horse riding, themed holidays, and visits to tourist attractions.

1 Sites A, B and C participated in the interim phase of the research and the key findings from these sites can be found in the Interim Report (Holmes, McDermid, Soper and Lawson, 2010). However, additional expenditure data and families interviews were gathered for these sites in phase 2 of the research, the findings of which are outlined in this report.
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. This management information system is used to record demographic information on children accessing Action for Children services, along with information on outcomes based on the Action for Children outcomes framework, which consists of a number of indicators. These indicators are used across all Action for Children services. At entry to a service, a number of outcome indicators are identified for each child and the progress against these outcomes is measured at six monthly intervals. Progress is measured as either “improved”, “not changed” or “deteriorated”.

Between the interim phase and phase two of this research, Action for Children reviewed their outcomes framework, reducing the 43 outcome indicators to 20 new or revised indicators. These indicators were previously organised under the Every Child Matters framework in England, ‘Flying Start’ Wales and the GIRFEC clusters in Scotland. The new outcomes framework has been designed to reflect the policy move away from the Every Child Matters Framework in England and had not yet been implemented within the participating services during the research period. Therefore outcome data were collected based on the existing 43 outcome indicators. However, in order to best reflect the future development of Action for Children services, the existing outcomes were mapped against the new revised framework, in consultation with Action for Children colleagues (see Appendix 1).

Data regarding children’s characteristics, impairments, the outcomes identified and the progress towards those outcomes were gathered for a sample of children from each of the five sites participating in phase two of the study. The research proposed to collect child level data on a sample of 20 children from each service. A purposive sample was selected to ensure that the sample best reflected the children accessing Action for Children short breaks. The following criteria were given to the service managers to select the sample:
Six girls and 14 boys.

At least two children with each of the following needs:
- Children on the Autistic Spectrum
- Children with multiple and/or complex health needs
- Children with moving or handling needs
- Children with challenging behaviour
- Young people aged 14+

The remaining children were randomly selected. Three of the participating services were supporting fewer than 20 children and in such cases child level data was collected for all of the children accessing the service. As a result of recommendations in the Interim Report, two ‘custom’ fields (‘children’s impairment’ and ‘indicator subcategories’) were added to e-Aspire and piloted in Sites D – H. Each of the services was asked to complete these custom fields for the sample children, and to ensure that their progress against the outcomes had been reviewed before the data were gathered. To ensure confidentiality was maintained, once the sample was identified the data for the sample children were electronically extracted from e-Aspire by the Action for Children Management Information Officer. The children were only identifiable by an ID number.

The sample consisted of 79 children in total. The children in the sample were aged between four and 20 years old, with an average (mean) age of 11 years. The children had been accessing the services for between five months and ten years, with an average of two years. Table 1 shows the sample by age and length of time accessing the service, by service.
Table 1: The child level data sample by age and time accessing the service

<table>
<thead>
<tr>
<th>Service</th>
<th>Age</th>
<th>Time accessing service</th>
<th>Total number of children in the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-6</td>
<td>7-9</td>
<td>10-12</td>
</tr>
<tr>
<td>Site D</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Site E</td>
<td>2</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Site F</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Site G</td>
<td>3</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Site H</td>
<td>3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>12</td>
<td>22</td>
</tr>
</tbody>
</table>

**Qualitative data collection**

Qualitative data were collected from three groups: families accessing the services; staff and managers from the five participating services; and staff from partner agencies. Data were collected using online and paper surveys. Interviews were undertaken with a sub-sample of the survey respondents and families from Sites B and C from the interim phase.

**The surveys**

Surveys were distributed to families, staff and partners via the managers of the short breaks services as online and paper based versions with a Freepost return address. The staff survey was also sent to foster carers at the two family based short break services. This approach offered a choice of modes of response. The method of distribution ensured anonymity and data protection.

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. The families were asked to identify any other services they were accessing. The surveys also invited respondents to participate in an interview.
In total 56 surveys were completed. Table 2 outlines the response rates for the different surveys.

Table 2: Survey response rates

<table>
<thead>
<tr>
<th>Service</th>
<th>Families survey</th>
<th>Partners survey</th>
<th>Staff survey</th>
<th>Foster carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site D</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Site E</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Site F</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Site G</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Site H</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>12</td>
<td>16</td>
<td>4</td>
</tr>
</tbody>
</table>

Survey respondents

As outlined in Table 2, a total of 12 responses were received from partner agencies, although two of these only completed a small section of the survey. Therefore the analysis throughout this report is based on responses from ten partners. Half of the responses were from social care professionals and the remainder were from health, education and also other voluntary organisations working with Action for Children. The respondents reported that they had been working with the services for between six months and 24 years.

Sixteen staff members submitted surveys; respondents comprised a range of roles including managers, project and support workers, coordinators and administrators. Almost half of the respondents (seven) were either project or support workers. The length of time employed at the services ranged from three months to 20 years; more than half (9:56%) of the respondents had been employed for one year or less, and the remainder had all been employed by Action for Children for at least three years.

A total of 24 surveys were returned by families of service users, and in all instances the surveys were completed by a parent. The gender of the children was recorded for all of
the children and young people attending the services, and of these almost two thirds were boys (15.63%).

*Interviews*
Professionals from the services themselves and from partner agencies were invited, when completing survey forms, to participate in a telephone interview with a member of the research team. All who responded positively were contacted to arrange a convenient time. It was additionally agreed with Action for Children that the service managers from the short break services participating in phase two should be interviewed. Separate interview schedules were devised for service managers, project staff, and partner agencies.

The number of interviews undertaken was limited by the response rate of those completing the survey. In total ten interviews took place: three managers, five staff and two partners. One additional respondent chose to opt out of being interviewed after two failed appointments and due in part to being unwell. One service manager did not respond to the invitation to be interviewed and one service manager was on sick leave for the time span of the interviews, and so the person providing interim cover was interviewed. This person did not have first hand knowledge of some details of the project’s work, and so prepared for the interview by collecting additional information from other members of staff. In response to a request, three interviews took place face to face rather than by telephone.

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 were requested of how this improves outcomes for children. The small sample size cannot produce conclusive findings based on the interviews with staff and partners. They do, however, support and illustrate the findings gathered elsewhere in this study.
Families were also offered an opportunity to take part in a face to face interview through the surveys. Information regarding the interviews was also sent to the families accessing Sites A, B and C as interviews were not conducted in the interim phase of the study due to the short time frame (Holmes, McDermid, Soper and Lawson, 2010).

The interviews gathered the views and experiences of families on the impact that the short break had on the disabled child and the family as a whole. The families were also asked whether they felt the outcomes set for their children were appropriate.

Fourteen families took part in the interviews and eight of these completed a survey. The remaining six did not complete a survey and took part in an interview only. In all but one case only one child per family accessed one of the participating Action for Children short break services. One family reported that two of their children accessed one of the short break services. The interview sample comprised of a higher number of boys than girls; ten and five respectively and the children were aged between nine and 18 years old. Table 3 details the numbers of interview participants from each of the services.

Table 3: The number of interview participants by Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site B</td>
<td>1</td>
</tr>
<tr>
<td>Site C</td>
<td>2</td>
</tr>
<tr>
<td>Site D</td>
<td>1</td>
</tr>
<tr>
<td>Site E</td>
<td>1</td>
</tr>
<tr>
<td>Site F</td>
<td>1</td>
</tr>
<tr>
<td>Site G</td>
<td>5</td>
</tr>
<tr>
<td>Site H</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Thirteen mothers participated in the interviews and one grandmother (the legal carer of the child accessing the short break). Two fathers participated in the family interviews. Fathers from the remaining families were unavailable for interview due to a number of reasons including being at work, caring for a child or not currently living with the mother and child.
Where possible, the children were also invited to participate in the interview and a range of techniques were employed to enable them to do so. The families were telephoned prior to interview to ascertain whether the child would like to participate and whether any additional tools or equipment, such as picture boards, would assist the child to communicate. Due to the high levels and complexity of impairments of the children in the sample, not all children were able to fully participate. However, it was considered important to ensure that the children were given the opportunity to voice their opinions. Thus, in some cases visual cues, such as nodding or smiling were included in the analysis. Nine young people participated in the interviews. The remaining six did not take part for various reasons including; refusing to participate on the day of the interview, not being available at the time of the interview or because their parent(s) decided that it would not be suitable for them to take part in an interview.

Families were asked a range questions in order to explore their perceptions of outcomes achieved by children and families in relation to the Action for Children short breaks they receive. Families were asked a diverse set of questions which focused on their reasons for accessing short breaks and whether any of the following outcomes were achieved:

- Improvement in emotional wellbeing
- Engages safely in a leisure activity of his or 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
- Quality of family life is enhanced
- Parents or carers capacity to cope with difficulties is enhanced
The interview also explored how children spent their time at their short break, additional benefits, how parents utilised their break and the overall impact of short breaks on families and how services could be improved.

Cost analysis
The costs analysis draws on existing research undertaken by CCFR to examine to costs of short break services (Holmes, McDermid and Sempik, 2010). The provision of short breaks for disabled children and their families in the current economic climate is also explored.
3. The families, the services they accessed and the information gathered about them

The importance of understanding a child’s journey as they receive support from a range of services in response to specific needs has recently been highlighted as part of the Munro Review of Child Protection (Munro, 2011b). Understanding the different types of needs of disabled children and families, the services provided to meet those needs and their subsequent outcomes is necessary to explore the effectiveness of child welfare interventions (Wade et al., 2010; UN General Assembly, 2009; UNICEF, 2009). The Interim Report of this study highlighted the importance of understanding the diversity of needs of the children accessing Action for Children short breaks in order to fully understand the outcomes they can reasonably be expected to achieve within a given timeframe (Holmes, McDermid, Soper and Lawson, 2010). As noted in the introduction, some disabled children may have impairments which limit their capacity for certain tasks, and any improvement in wellbeing or new attainment, however comparatively ‘small’, may have great significance and impact for the child and family.

Therefore, to fully understand the impact that Action for Children short breaks have on disabled children and their families, it is first necessary to understand the needs and circumstances of the children accessing short break provision, the additional services they may be accessing and their expectations and motivations for accessing short breaks.

*The families and the services they were accessing*

Action for Children provide services for children with a range of impairments and needs. The majority of children accessing the services have multiple or complex impairments, although some have lower levels of need. Many children are disadvantaged due to their impairments, which may impact on their quality of life and overall well being in different ways. Furthermore, due to the range of services included in this study, the needs of the children and families participating are varied.
Of the children who participated in the interviews, seven had been diagnosed with an Autism spectrum disorder. Three had been diagnosed with general developmental delay and the remaining four all had different conditions including down’s syndrome, global developmental delay and attention deficit disorder, fragile x syndrome and a learning disability.

The residential, family based and action holiday short breaks tended to be provided to children with the most complex needs, including health conditions and challenging behaviours, whereas the community based short breaks were generally accessed by children with lesser identified needs. Frequency and length of access ranged according to the needs of the family and the type of short break. The action holiday short break can only be accessed once a year and lasts for three days, whereas one of the community based short breaks lasts approximately 12 weeks and families tend to access this service once a week for between 30 minutes and two hours. The family accessing the other community short break reported that their daughter went to it once a week and had been doing so for two years. The residential short breaks varied. One of the families accessing residential short breaks utilised it at the weekend, once a month (Friday to Monday), whereas the other family were provided with two nights a month and accessed it on a week day and never on two consecutive nights. Only one family accessing another residential short break was interviewed and they were provided with four nights a month. There were two families accessing family based short breaks one accessing one overnight stay per week and the other, one overnight stay per month.

The variation in type of short break, frequency and length of access and the needs of families accessing them are often reflected in the findings, including not only outcomes achieved but also reasons for access, expectations and impact on parents. As noted in Section 2, the selection of services is not sufficient to reach a reliable conclusion regarding individual Action for Children short break services. However, given the range of service types and how those services might be accessed by the families, it is possible to assume that the services may impact families differently.
All of the children in the surveys and interviews were in receipt of additional support services. From the surveys completed, a quarter of the children receiving community based short breaks were also receiving overnight short break services. Just over half of the children had a social worker (14:58%). The other services that were most frequently accessed were a paediatrician (14:58%) and speech and language therapy (12:50%). A small number of the families were also in receipt of direct payments (6:25%).

It should be noted therefore that short breaks may be delivered as part of a continuum of services. Consequently, it may be difficult to identify conclusively whether the outcomes achieved are as a direct result of the short break, or as a result of another service, or the combination of services (Robertson et al, 2011). However, as explored in Section 4 below, the families interviewed felt that Action for Children short breaks were a valuable part of their overall service provision.

Reasons for accessing particular short breaks

The families interviewed were asked why they had chosen a particular type of short break. Families accessing residential short breaks revealed similar reasons for choosing residential rather than one of the other types of short breaks available. They reported that the environment was conducive to their child’s needs, expressing concerns over their child receiving a family based short break due to their challenging behaviours. They also felt that staff were more experienced and better prepared to manage these behaviours than carers providing family based breaks. As one parent explained:

One of the reasons is she is very hard work but she’s also, can be quite destructive. And, I, it’s supposed to be respite, for her to have a positive experience, but also for me as well, and the family. And if I’m continually thinking ‘has she escaped? Has she broken something? Has she trashed somebody’s house? Has she done something destructive?’ or, I’m sure, certain point, she’s smeared faeces and things like this in the past, so, you know, these are a constant worry. ‘Is she doing all those behaviours in somebody’s home?’ Whereas somewhere like [the residential short break home] is set
up, although it’s homely, it’s not an individual’s home. And they are geared to and experience of those kind of behaviours. (Parent)

Family based short breaks, were chosen by parents because they were perceived to offer more tailored support, where the focus is on meeting the child’s needs rather than the child fitting into an already existing service and adapting.

*Your child just slots in with everybody else, and it [the service] has been specifically tailored for your child and you know that all the right safety things are in place, and, if extra things are required, then they’re put in place.* (Parent)

One of the mothers interviewed revealed that her daughter was no longer able to access her family based short break as she had reached legal adulthood (18 years of age) and was now receiving a residential short break at an adult facility. Her mother felt that, although this was providing her with short break, it was not meeting her daughter’s needs in the same way the family based short break had. She went on to explain that her daughter had to fit into the routine of the home, which meant few outdoor pursuits as the other service users were less able bodied.

The main reason for accessing the action holiday short break was that it offered children the opportunity to experience new activities that they may not otherwise have been able to take part in without specialist support. It also provided them with the opportunity to interact with other children and experience independence away from their family home.

*I think, a little bit more independence [and] for [my son] to mix with children that he didn’t know. So that he learns how to play and adapt to what they feel as well, rather than just himself. And to join in. Because they tend to get isolated, don’t they. And do some different activities.* (Parent)

Reasons for accessing community short breaks were similar to reasons for accessing the action holiday short break. Motives centred on providing their child with the
opportunity to engage in local activities that they enjoyed as well as interacting socially with others, particularly if they were becoming withdrawn due to being isolated. As one parent explained:

*I was really getting quite concerned because he was becoming more and more isolated. Because he’s exceptionally shy until he gets to know people. And the school had said that they were a bit concerned that he seemed to be becoming very withdrawn. And, I thought, you know, he needs to be doing something. So I was looking for activities I had looked previously for, because the things he’s particularly interested in are art and drama. (Parent)*

**Expectations of the short break**

Although the parents interviewed had different reasons for choosing particular types of short breaks, often their expectations and what they wanted their child to achieve from their short break were the same. A key theme was for the parent(s) and also the child to have a break from each other. Many parents also hoped that the short break would enable their child to gain some independence away from their family and interact with other children. This was a reoccurring objective across all short breaks. A substantial number of parents spoke of the isolation their child experienced and/or the difficulties they encountered when attempting to communicate or interact with their peers:

*He’s very isolated in terms of being here, as an individual with learning disabilities, and it gives him an opportunity to meet different children. (Parent)*

Some expectations were specifically related to the type of short break received. For example, one mother reported that all she wanted was for her son to enjoy his time at his short break as she did not perceive a three day short break as having the potential to contribute to outcomes for her child. The family based short break was perceived by one mother as hopefully leaving her son feeling like he had stayed with ‘family’.

Although this might be perceived by some as a minor aim, interviews revealed that many parents valued their child feeling ‘comfortable’ and ‘at home’ at their short break.
For him to have an enjoyable time really. You know, to feel like he’s […] gone away and stayed, you know, with a family [and] really, being looked after. (Parent)

Residential short breaks were seen by parents as having the potential to enable children, who will eventually go onto to live in supported housing once they reach adulthood, to get used to living in such an environment:

I think I’m always aware of the fact that ultimately, she will be cared for, for her entire life. So getting her used to that kind of environment has been as important to me all the way through. (Parent)

Parents accessing community based short breaks often revealed that they expected the short break to provide their child with the opportunity to engage in activities in their local community, particularly if they spent a lot of time at home. One mother explained how she hoped that the community short break would help her son access activities of his choice and gradually introduce him into group lessons until he was confident to attend alone;

To lead him in gently, I suppose. So that they were supporting him but […] that it wasn’t a relative or a close friend, until such time as he could participate by himself. (Parent)

Some parents’ expectations were centred on what they hoped to achieve from receiving a short break. A few parents hoped that it would enable them to have an uninterrupted night’s sleep, particularly if their child was a poor sleeper or went to bed late/woke up early. Consistent with other research (see Robertson et al., 2010) many parents spoke of how they hoped their short breaks would enable them to spend quality time with their spouse and/or other children or socialise with friends.

Measuring children’s needs

Children’s service provision is predicated on a cycle of the identification of needs, the provision of services in order to meet those needs, and the review of those services to ensure that they are achieving sufficient outcomes. Therefore, the link between needs
and outcomes in all services for children is an important one. As noted in the introduction, to fully understand the impact of short breaks it is necessary to understand baseline information regarding the needs of children and families, and therefore the ‘distance travelled’. Evidence suggests that the understanding of children’s needs across policy and practice is complex and does not always reflect the full range of presenting needs (Holmes and McDermid, forthcoming; Munro, 2011a; Axford et al, 2009; Ward, Holmes and Soper, 2008; Preston-Shoot and Wigley, 2005; Janzon and Sinclair, 2002). The interim phase of this study data regarding the needs of the children were gathered by researchers by manually checking case records and other information. While the Interim Report demonstrated that much could be gained from understanding the needs of the children in relation to their outcomes, this technique was prohibitively time consuming to be routinely undertaken for regular monitoring activities, either at individual services or centrally.

Action for Children had developed a categorisation of different types of impairments. This categorisation was added to e-Aspire and the participating services were invited to identify the impairments of the children in the sample. The categories are not mutually exclusive. A number of the impairments were categorised as mild, moderate or severe. Table 4 shows the number of children in the sample identified as having each impairment.
Table 4: Impairments identified for the children in the sample

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Number of children identified with each impairment by service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Site D</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>2</td>
</tr>
<tr>
<td>Autism</td>
<td>190</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>1</td>
</tr>
<tr>
<td>Emotional Behavioural Difficulty</td>
<td>3</td>
</tr>
<tr>
<td>Global Developmental Delay (mild)</td>
<td>1</td>
</tr>
<tr>
<td>Global Developmental Delay (moderate)</td>
<td>1</td>
</tr>
<tr>
<td>Global Developmental Delay (Severe)</td>
<td>2</td>
</tr>
<tr>
<td>Health Care Need</td>
<td>4</td>
</tr>
<tr>
<td>Learning Difficulties (Mild)</td>
<td></td>
</tr>
<tr>
<td>Learning Difficulties (Moderate)</td>
<td>1</td>
</tr>
<tr>
<td>Learning Difficulties (Severe)</td>
<td>4</td>
</tr>
<tr>
<td>Physical Impairment (mild)</td>
<td>1</td>
</tr>
<tr>
<td>Physical Impairment (moderate)</td>
<td>2</td>
</tr>
<tr>
<td>Physical Impairment (severe)</td>
<td>2</td>
</tr>
<tr>
<td>PMLD</td>
<td></td>
</tr>
<tr>
<td>Sensory Impairment</td>
<td></td>
</tr>
<tr>
<td>Speech Language and Communication</td>
<td>3</td>
</tr>
<tr>
<td>Syndrome or Genetic Condition</td>
<td>5</td>
</tr>
</tbody>
</table>

¹ There were no children in the sample identified as having FASD, life limiting condition, or mental health difficulties.
² The total does not add up to 79 because more than one impairment could be selected for each child.

As Table 4 shows, the majority of the children attending the services have high levels of need and many of the children in receipt of the short breaks were identified as having multiple and complex needs, including both physical and behavioural difficulties. Owing
to the range of impairments (and combinations of impairments) identified for the sample children, were the analysis to group the children according to all of the possible the impairments and combinations of impairments, the number of children with each of the possible groups would not be sufficient to enable a reliable analysis. However, previous work undertaken by CCFR suggests that severity of need may be more influential on the outcomes achieved than category of need (Holmes and McDermid, forthcoming).

The manually collected data gathered in the interim phase was less comprehensive than data gathered via the piloted custom field in phase two. In the interim phase 'high needs’ children were identified as those for whom three or more impairments (either physical, learning or behavioural) were listed for that child or where the child required total support in personal care. There were 20 (25% of the sample) children in the sample in identified as high need. This categorisation, while going some way to distinguish different types of children, did not accurately reflect the diversity of needs within the sample, in relation to both the type of need and severity of that need.

Action for Children identified three ‘high need’ categories: children with Autism, children with complex health needs and children with one or more severe condition. These impairments have been used to group the children as either:

i. “Low need”\(^2\): whereby none of the above impairments have been identified

ii. “High need”: whereby either Autism, complex health needs or one or more severe need has been identified

iii. “Complex”: whereby two or more of the high need impairments have been identified.

Table 5 shows the number of the children in each of the need groups.

\(^2\) All the children in the sample have complex needs due to their disability. Therefore, the term “Low” need refers to the level of need relative to the sample.
Table 5: Levels of need of the children in the sample

<table>
<thead>
<tr>
<th>Level of need</th>
<th>Service</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Site D</td>
<td>Site E</td>
<td>Site F</td>
<td>Site G</td>
<td>Site H</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>High (Autism)</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>High (complex health needs)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>High (Severe need)</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Complex needs</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>20</td>
<td>11</td>
<td>20</td>
<td>14</td>
<td>79</td>
</tr>
</tbody>
</table>

These groupings, facilitated by the piloted custom field, are more able to reflect both the type of need and severity of need identified for the children in the sample than the categories use in the interim phase. Therefore these categories are more likely to produce a more reliable analysis of the outcomes achieved and the ‘distance travelled. These groups will be used to examine the outcomes of children with different types of impairments.

**Section 3: Summary of key findings: The families, the services they accessed and the information recorded about them**

- The child’s impairments, needs and circumstances of the families, along with the services they were accessing, varied.

- Many of the children in the sample had multiple and complex needs or combinations of needs which require bespoke packages of services which include short break provision.

- The families emphasised the need to feel reassured that the short break services were tailored towards their child’s individual and specific needs.
• The different Action for Children short breaks offered unique benefits, and parents were aware of this when revealing why they chose a particular short break or what their expectations were.

• Both community and residential short breaks were seen to offer children the opportunity to engage in activities not otherwise easily accessible and the chance to interact socially with others and hence improve their communication skills.

• Residential, family based and action holiday short breaks were provided to children with the most complex needs.

• The variation in short break type, frequency, length of access and the needs of the families were reflected in the outcomes achieved, reasons for access particular short break types, expectations and the impact on families.

• The families interviewed highlighted a range of reasons for accessing short break provision including not only enabling the parents to have a break, but the child to have one also. Parents hoped the short breaks would offer their children the opportunity to mix with peers, become involved with their community and develop their independence.

• It was important to the families interviewed for their child to have fun and enjoy themselves
4. The impact of short breaks on children and families

This section of the report will bring together the findings of the quantitative and qualitative data to explore the impact that Action for Children short breaks had on the participating families and children in the sample. The section will also explore how Action for Children can best capture and measure the outcomes attained by the children accessing their services.

The outcome indicators identified for the children in the sample

As noted above, Action for Children have developed an outcomes framework which constitutes a number of outcome indicators. A number of these indicators are identified for each child entering the service and progress against these outcomes is reviewed at six monthly intervals. Therefore, the work undertaken with children while they are attending the service can be tailored to their individual needs. The Interim Report found that it was apparent from visits to the services that staff were skilled at setting outcomes that are relevant to these aims and appropriate to the level of need for each individual child (Holmes, McDermid, Soper and Lawson, 2010). There were two children in the sample for whom no outcomes had been recorded. It is not clear from the data why these children had no outcomes recorded. It may be because they are new to the service or that the outcomes had been set but not recorded on e-Aspire. On average eight outcomes had been set per child across the sample. Table 6 shows the breakdown of the outcome indicators identified for the sample by service.
Table 6: The number of children in the sample for whom the stated outcomes were identified by service

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Site D</td>
<td>Site E</td>
</tr>
<tr>
<td>7. Child or young person lives safely in family or family network</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>8. The child or young person maintains or forms a supportive relationship with significant others</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>9. Relationships between child/ren and young people and parents/carers improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>10. The child or young person’s communication skills improve</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td>11. The child or young person achieves in a learning environment to the best of their ability or achieves readiness for school</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>14. The young person/family improves financial or practical life skills</td>
<td>24</td>
<td>14</td>
</tr>
<tr>
<td>15. The child or young person engages safely in a leisure activity of their choice</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>16. A child or young person is able to exercise a choice and express their ambitions for the future.</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>18. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
<td>34</td>
<td>18</td>
</tr>
</tbody>
</table>

The outcome indicators selected for the children in this sample are similar to those selected in interim phase. Direct comparisons, however, are a little problematic due to the revisions made to the outcome framework. The most frequently identified outcomes for both phases concerned social and communication skills (29% of outcomes selected in the interim phase and 21% in phase two) and emotional well being (19% in the interim phase and 15% in phase two). The services in the interim phase placed more emphasis on the development of practical life skills. This, in part, may reflect the different types of services included in the two phases and the outcomes they can be expected to work towards. In phase two outcome 8 The child or young person maintains or forms a supportive relationship with significant others was also frequently selected (13%). The least frequently identified outcome in phase two was 11 The child or young person achieves in a learning environment to the best of their ability or
achieves readiness for school (2%). This may be because of the types of short break services participating in the study.

The interim phase of this study explored the use of SMART targets. Sites A and B had built on the Action for Children’s outcomes framework by identifying individual targets within each outcome area. These targets are designed to be specific, measurable and tailored towards the individual needs of each child. Several targets may be set for one outcome area for each child, or built on over time. The targets set were highly individualised towards each child, designed to address specific needs. Some of the children in the sample had up to 20 specific targets set. However, previous studies have highlighted the difficulties in developing data collection systems that aim to gather data both for individual case files and for statistical analysis across a sample (McDermid, 2008; Holmes and McDermid, forthcoming). Furthermore, for a large proportion of the outcomes targets that had been set in the interim phase, nothing had been recorded as to whether or not there had been any progress (510:60%). This suggests that it is difficult to monitor progress on very intricate targets, and that it takes a lot of time to individually describe the child’s situation with regard to each of the agreed outcomes. The Interim Report suggested that a more meaningful analysis across the sample can be carried out by grouping the many individual targets into sub-categories.

A custom field was piloted at Sites E – H to explore the use of subcategories. While it was not possible to use the data to map the subcategories to the outcomes achieved, it has been possible to identify the types of subcategories identified for the children in the sample. The parents who were interviewed were asked whether they felt that outcomes being worked towards were appropriate. Although no parents perceived the outcomes to be unsuitable and were pleased that their child was making progress, some revealed that their child’s enjoyment of the short break was more important than whether they were achieving targets. The most frequently cited subcategory was Have fun on the short break. As noted in Section 3, their child’s enjoyment was as important for the parents interviewed as the achievement of wider outcomes. Indeed, it was noted that parents often feel that outcomes are presented in very formal language. They may just
want their child to come home smiling, but that might not be written in an outcome which they can understand. As one person put it:

*My personal view is that I don’t think they [parents] give a stuff about outcomes – they just want their child to be happy and enjoying themselves.* (Member of staff)

This quote reflects the importance placed on their child’s enjoyment by parents. This suggests that outcomes identified by Action for Children reflect those expected by parents and that the child’s enjoyment is paramount.

Outcome 10 *The child or young person’s communication skills improve* had the highest number of subcategories identified. Table 7 shows the number of subcategories identified.
Table 7: The number of frequency for which the subcategories were identified

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Subcategory</th>
<th>Site E</th>
<th>Site F</th>
<th>Site G</th>
<th>Site H</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Child or young person lives safely in family or family network</td>
<td>Stranger danger</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Arrangements for short break</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Break from caring</td>
<td>3</td>
<td>4</td>
<td>19</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Enjoyment of break</td>
<td>2</td>
<td>2</td>
<td>19</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Physical and emotional wellbeing</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Support with parenting role</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Improved quality of life</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Opportunity to work</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>8. The child or young person maintains or forms a supportive relationship with significant other/s</td>
<td>Arrangements for break: feel safe and secure</td>
<td>4</td>
<td>4</td>
<td></td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Moving and Handling Plan</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Risk assessments</td>
<td>12</td>
<td>4</td>
<td>12</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Relationship with child</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>9. Relationships between child/ren and young people and parents/carers improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
<td>Break from caring</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Have confidence in the service and work in partnership</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Improved quality of life</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Siblings have access to wider range of activities &amp; quality time with parents</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Social Life</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>10. The child or young person's communication skills improve</td>
<td>Social interaction</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Appropriate behaviours</td>
<td>10</td>
<td>2</td>
<td>12</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Building relationships with peers</td>
<td>5</td>
<td>13</td>
<td>9</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Building relationships with staff</td>
<td>2</td>
<td>9</td>
<td>9</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Engage in activities in the community</td>
<td>8</td>
<td>3</td>
<td>9</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Express feelings</td>
<td>1</td>
<td>3</td>
<td>13</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Make new friends</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Use of eye pointing</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Use of objects of reference</td>
<td>1</td>
<td>1</td>
<td></td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Use of sign language</td>
<td>1</td>
<td>1</td>
<td></td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Use of spoken word</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Use of symbols or photographs</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Use talking mat</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Social interaction</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>14. The young person/family improves financial or practical life skills</td>
<td>Continence</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Cooking and household tasks</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Eating</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Growing up and gaining independence</td>
<td>8</td>
<td>1</td>
<td>18</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Money and shopping</td>
<td>8</td>
<td>2</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Self Care i.e. dressing, washing and brushing hair</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Sleep pattern</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
It is evident from the number and diversity of sub-categories identified in Table 7 that Action for Children short break services offer flexibility in their provision. In a move away from traditional forms of “respite” care, Action for Children short break services are designed to work with individual children on specified areas of development in addition to providing the primary carer(s) a break from their caring responsibilities. The range of work undertaken with children is demonstrated by the sheer number of SMART targets identified for the children in the sample. Indeed, survey respondents were requested to outline if specific pieces of work were being carried out with their child as a part of the short break. Of these 12 families the majority (eleven) considered the specific pieces of work to have had a positive impact on their child. Some staff members also provided examples of specific pieces of work that had been carried out with children and improvements as a result of the service:

<table>
<thead>
<tr>
<th>15. The child or young person engages safely in a leisure activity of their choice</th>
<th>Art and Craft</th>
<th>2 2 2</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clothes Shopping</td>
<td>2 1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Have fun on the short break</td>
<td>14 4 18 13</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Play</td>
<td>6 4 11</td>
<td>21</td>
</tr>
<tr>
<td>16. A child or young person is able to exercise a choice and express their ambitions for the future.</td>
<td>Complete annual evaluation of service</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Contribute to review report</td>
<td>1 1 2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Take part in review meeting</td>
<td>2 2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Make choices about activities, food, clothing, play activities</td>
<td>4 4 12</td>
<td>20</td>
</tr>
<tr>
<td>17. There is an improvement in a child or young person’s emotional or mental wellbeing</td>
<td>Physical and emotional wellbeing</td>
<td>2 2</td>
<td>2</td>
</tr>
<tr>
<td>18. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
<td>Eating</td>
<td>4 2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Health procedure plans</td>
<td>7 2 1</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Support with eating</td>
<td>3 2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Emergency Procedures for specific health condition</td>
<td>1 3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Choosing healthy options</td>
<td>2 2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Choosing healthy options at mealtimes</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Experience success and achievement</td>
<td>2 4 13</td>
<td>19</td>
</tr>
</tbody>
</table>
The parent felt that their son would not want to participate in physical activities, but with the right encouragement he did and enjoyed it and he grew in confidence as the weekend went on. (Staff member)

A 16 year old with autism has developed in confidence and thus his social skills have developed. He could hold a conversation with people in restaurants, shops etc. (Staff member)

One individual had low self esteem and was unwilling to order his own items as he was conscious of his intelligibility. The carer needed to speak for the young person initially but this individual will now order his meal confidently without coaxing although the carer is near if clarification is require. (Staff member)

The findings suggest that Action for Children undertake a diverse range of work with disabled children and may offer a wide range of impacts and outcomes. It can be argued that this is a notable strength of their provision. Consequently, it may be of value to explore ways of linking the subcategories to information regarding the progress against each outcome subcategory within e-Aspire.

The interim phase of this study noted that a number of the outcome indicators, referred to process rather than a specific desired outcome for the child. The Interim Report recommended that such outcome should be adopted as standard practice. The revised outcome framework developed by Action for Children has been designed to address this. However, a number of the targets included in table 7 refer to process rather than the difference a service makes to a child. These subcategories are:

- Arrangements for short break
- Moving and handling plan
- Risk assessments
- Health procedure plans
- Emergency procedures for specific health condition
The inclusion of these targets may be a result of the new outcomes framework not being fully implemented at the time of the data collection. However, further training may be needed to ensure workers identify appropriate targets for children and it may be beneficial for managers to continue to scrutinise what outcomes and targets are set for children to ensure that targets are focussed on the difference the short break could make to a child rather than service processes.

The impact of Action for Children Short breaks on the children

In recent years short breaks have been recognised for their potential to meet the needs of the child as well as their parents. Traditionally short breaks were intended to provide “respite” for the parent (Cramer and Carlin, 2008). Short breaks offer parents relief from providing care and also the opportunity to undertake tasks or take part in activities that they would not usually have the time to do (Robertson et al, 2010). Short breaks have the potential to not only provide disabled children with the opportunity to spend time in the company of people other than their family or carers: essentially offering them a break from their family, but also the potential to contribute to the development of their skills and abilities and the chance for them to engage in new activities (Robertson et al, 2010).

As previously noted, the children in the sample have, like the majority of children accessing Action for Children short breaks, multiple and complex needs. The outcomes achieved 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 outcome 10 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.

Overall, the data gathered throughout the study suggest that Action for Children short break services have a positive impact on disabled children and their families and facilitate both children and families to achieve a range of outcomes.
The recording of outcomes achieved

The interim phase of the research was conducted shortly after the recording of outcomes on e-Aspire had been implemented. Consequently, a large proportion of the outcome indicators identified had no result recorded (510:60%). This had improved in phase two of the study. No result had been recorded for 20% (n = 138) of the outcomes in the sample. One of the sites had been unable to update their e-Aspire records due to capacity. A little under half of the outcomes with no result recorded were from this site. Recording of progress against outcome indicators may be improved further by staff training. Previous research suggests that the most effective data gathering will be found where both practitioners and managers are able to understand and see how the data they are gathering can be used in inform their own practice (Holmes and McDermid, forthcoming; McDermid, 2008, Scott, Moore and Ward, 2005).

The outcomes achieved

The data gathered from e-Aspire 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, 65% (n=342) were recorded as having improved. There was no change in 34% (n=179) of the outcomes for which a result had been recorded and 0.8% (n=4) were recorded as having deteriorated in the previous six months. This is slightly lower compared to the interim phase whereby of those outcomes for which progress was recorded, 74% (n=251) were recorded as having improved, there was no change in 22% (n=76) and 4% (n=12) were recorded as having deteriorated in the previous six months.

Table 8 details the progress recorded for all outcomes in a six month time period by site.
Table 8: The progress recorded for all outcomes in a six month time period by site

<table>
<thead>
<tr>
<th>Service</th>
<th>Improved</th>
<th>Not Changed</th>
<th>Deteriorated</th>
<th>No result recorded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site D</td>
<td>44.4%</td>
<td>6.0%</td>
<td>1.5%</td>
<td>48.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Site E</td>
<td>42.9%</td>
<td>28.6%</td>
<td>1.4%</td>
<td>27.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Site F</td>
<td>45.2%</td>
<td>32.3%</td>
<td>.0%</td>
<td>22.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Site G</td>
<td>56.3%</td>
<td>43.8%</td>
<td>.0%</td>
<td>.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Site H</td>
<td>74.7%</td>
<td>19.2%</td>
<td>.0%</td>
<td>6.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>51.6%</td>
<td>27.0%</td>
<td>.6%</td>
<td>20.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

27% of all the outcomes selected were recorded as not changing in the six month time period. The data does not give any further details regarding why an outcome may not have changed. However, as this report has already noted some impairments, such as autism, may cause a child to be resistant to change or, for example in the case of profound physical and learning difficulties, to progress at a slow rate. For example, one parent, with a child with autism who had recently joined the service commented in the survey that their child:

*Enjoyed the short event but child was completely disconnected due to the unfamiliar environment.* (Parent)

This child may take more time to become familiar with the environment before they can fully benefit the short break. Site G have the highest number of children with autism and the highest percentage of outcomes recorded as ‘no change’. A six month timeframe may be too short to fully assess the impact of short break provision for some children. However, statistical analysis suggests that there is no statistical relationship between the percentage of outcome improved and the length of time attending a service\(^3\). This suggests that children attending Action for Children short breaks may benefit from the

\(^3\) **Pearson’s** r = -.120
service shortly after accessing it, while other children, or other types of outcome indicators, might require a longer time frame than six months before an improvement can be evidenced.

The data suggests that Action for Children services have a positive impact on children with all levels of need. For each set of outcome indicators identified for every child in the sample, the percentage that were recorded as having improved in the six month time frame were calculated. Figure 1 shows the proportion of outcomes recorded as improved for the different levels of need.

**Figure 1: The proportion of outcomes recorded as improved per child for the different levels of need**
As the above graph shows, the children with lower levels of need had the largest proportion of children achieving 75% or more improved outcomes. Children with complex needs, however, achieved slightly more improved outcomes compared to children in the 'high' need groups. This group did however have the highest proportion of children achieving less than 25% improved outcomes. Children with 'high' levels of need achieved slightly fewer improved outcomes. While for some children, as noted above, progress may be slow, the analysis suggests that there is no statistical correlation between the levels of need and the proportion of outcomes improved per child⁴ or deteriorated per child⁵. This suggests that the Action for Children staff are skilled at setting appropriate outcomes for the range of needs and abilities of children accessing their services. However further analysis with a larger sample size may be necessary to fully understand the relationship between the level of needs and the outcomes achieved.

*The types of outcome achieved by the children*

Table 9 shows the progress recorded against outcomes by outcome indicator. The progress recorded against outcomes for each indicator by site is detailed in Appendix 2.

---

⁴ Spearman’s rho = .011
⁵ Spearman’s rho = .0187
Table 9: The progress against outcomes by outcome indicator

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Proportion of progress for each outcome indicator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improved</td>
<td>Not Changed</td>
</tr>
<tr>
<td>7. Child or young person lives safely in family or family network</td>
<td>29.3%</td>
<td>46.3%</td>
</tr>
<tr>
<td>8. The child or young person maintains or forms a supportive relationship with significant other/s</td>
<td>47.8%</td>
<td>36.7%</td>
</tr>
<tr>
<td>9. Relationships between child/ren and young people and parents/carerers improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
<td>53.6%</td>
<td>21.4%</td>
</tr>
<tr>
<td>10. The child or young person's communication skills improve</td>
<td>44.0%</td>
<td>36.2%</td>
</tr>
<tr>
<td>11. The child or young person achieves in a learning environment to the best of their ability or achieves readiness for school</td>
<td>100.0%</td>
<td>.0%</td>
</tr>
<tr>
<td>14. The young person/family improves financial or practical life skills</td>
<td>43.3%</td>
<td>32.8%</td>
</tr>
<tr>
<td>15. The child or young person engages safely in a leisure activity of their choice</td>
<td>65.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>16. A child or young person is able to exercise a choice and express their ambitions for the future</td>
<td>62.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>18. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
<td>57.0%</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

In addition to the data collected from e-Aspire, the surveys and the interviews asked parents to identify the outcomes they felt their children had achieved. The parents interviewed were shown a list of outcomes that Action for Children short breaks aim to contribute towards and asked which ones they perceived their child(ren) to have achieved and to provide examples. Table 10 shows the number of families who identified the various outcomes that had been achieved by their children.
Table 10: The number of families who identified various outcomes achieved

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number of families¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social skills improve</td>
<td>10</td>
</tr>
<tr>
<td>Communication skills improve</td>
<td>10</td>
</tr>
<tr>
<td>Engages safely in a leisure activity of his or her choice</td>
<td>9</td>
</tr>
<tr>
<td>Views are sought, heard and contribute to decision making</td>
<td>8</td>
</tr>
<tr>
<td>Quality of family life is enhanced</td>
<td>8</td>
</tr>
<tr>
<td>Parents or carers capacity to cope with difficulties is enhanced</td>
<td>7</td>
</tr>
<tr>
<td>Improvement in emotional wellbeing</td>
<td>6</td>
</tr>
<tr>
<td>There is an improvement in practical life skills</td>
<td>6</td>
</tr>
<tr>
<td>Makes informed choices</td>
<td>5</td>
</tr>
</tbody>
</table>

¹The total number in this table is greater than the number of families interviewed (14) because families could select more than one outcome.

The Outcomes identified by the parents interviewed were sometimes dependent on the type of short break accessed, how the young person spent their time at their break and how often they attended. For example, 'an improvement in practical life skills' was mostly identified by families accessing either family based or residential short breaks. It was only suggested by one family, out of the six who accessed community short breaks and by none of the families receiving the action holiday short break. This is because the children spent their time differently at the community based and action holiday short breaks. The emphasis of community based and action holiday short breaks were on participating in leisure activities, whereas the residential and family based breaks were focused on providing overnight stays and working towards developing practical life skills, and as noted in the Interim Report residential short breaks are most conducive to developing practical life skills (Holmes, McDermid, Soper and Lawson, 2010). This highlights the need for a range of short break provision to meet the differing needs of
families. The study suggests that Action for Children are providing such a range of services.

Outcome 11 The child or young person achieves in a learning environment to the best of their ability or achieves readiness for school shows highest percentage of recorded improvement in the e-Aspire data, with 100% of instances of this outcome being selected (n=2) being recorded as improved. The next most improved outcome indicator is 15 The child or young person engages in a leisure activity of their choice (65%). This indicator scored highly in the two sites aimed at increasing access to leisure activities (one through holiday breaks). The family interviews found that action holiday short breaks provided children with the opportunity to participate in activities that they may not have done previously or may not get the opportunity to engage in without the necessary specialist support. Several activities were undertaken over a single weekend and included abseiling, archery and wall-climbing. This is supported by the survey analysis whereby most (88%) of the family respondents also reported that the children’s access to leisure activities had been improved as a result of the short break, along with 82% (n=9) of the partners who completed surveys. One survey stated that:

My son enjoyed the short break and enjoyed being with other children and peers. He had an experience with the break that we wouldn't of been able to give him or even thought about given him. Conquered a fear of heights and joining in as a group. Very recommended to others. My son said it was awesome. (Parent)

The child or young person engages safely in a leisure activity of their choice was also frequently identified as an outcome achieved in the interviews (n=9). This outcome was identified by most families accessing activity orientated short breaks such as action holiday and community short breaks. This suggests that Action for Children short breaks enable disabled children and young people to access activities which may be readily available to non-disabled children, reducing social isolation.
These findings suggest that Action for Children are achieving an outcome highly valued by parents; that their child has fun and enjoys themselves at the short break.

Outcome indicator 16 *A child or young person is able to exercise a choice and express their ambitions for the future* also scored highly (62%). Furthermore, families completing the surveys were generally positive about how the staff within the short break services sought and acted upon the views of the child and the parents/carers. The responses to these statements are outlined in Table 11.

**Table 11: Families perception of views being sought and acted upon**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response – frequency and (%)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree/agree</td>
</tr>
<tr>
<td>My child’s views on their care are <em>sought</em> by the service staff</td>
<td>20 (83)</td>
</tr>
<tr>
<td>My child’s views on their care are <em>acted upon</em> by the service staff</td>
<td>20 (83)</td>
</tr>
<tr>
<td>My views on my child’s care are <em>sought</em> by the service staff</td>
<td>20 (83)</td>
</tr>
<tr>
<td>My views on my child’s care are <em>acted upon</em> by the service staff</td>
<td>22 (92)</td>
</tr>
</tbody>
</table>

¹Note: percentages do not add up to 100 and frequency is not 24 due to one or two respondents indicating that these questions were not applicable

Many families interviewed also felt that their child’s views were sought, heard and contributed to decision making. Some recognised their child’s limitations but felt that as far as was possible their child’s wishes were sought, taken into consideration and acted upon, as one parent explained:

*Researcher: Are his views sought, heard and do they contribute to decision making?*  
*Parent: Yes, I think so, as much as possible.*  
*Researcher: What do you mean by as much as possible if you don’t mind me asking?*  
*Parent: Well, no, as much as he can contribute. With his sort of limited communication skills, I mean, you know.*
Some of the parents interviewed felt that their child’s ability to express their views and make informed choices was somewhat impaired:

*Informed choice, I think, is difficult. Within her limitations, I think that’s true.* (Parent)

The data suggest that Action for Children services are effective at seeking and acting on the views and wishes of children and enabling them to make informed choices. However, it was also noted that for some children communication difficulties can limit their ability to contribute to decision making. This is particularly pertinent as many disabled children may be excluded from voicing their views and opinions (Robertson et al, 2010). The Munro Review of Child Protection emphasises the need for all children to contribute to decision making regarding services provided for them (Munro, 2011a). Furthermore, many of the children attending Action for Children short breaks are non-verbal and use specialist techniques for communication, such as a PECS (picture exchange communication system) or MAKATON.

More than two thirds of the families who completed a survey reported that their child’s self confidence had improved (17:71%). Increased confidence was also deemed by one parent to contribute to an ability to cope with potential challenges:

*She’s definitely improving; I think she’s gained in confidence, so I think that’s part of emotional wellbeing, don’t you? And I think emotional wellbeing can encompass a lot of things as well, like the acceptance of change, you know, and that makes her feel better in herself, she doesn’t get so freaked out. She does, she is a very anxious little girl, so I think, yeah, I think she’s definitely achieving that.* (Parent)

All of the staff members who completed a survey agreed that the short break had a positive impact on the children’s confidence, along with 91% (n=10) of partners who also reported that that they considered the children to be less anxious as a result of the short break.
Most staff indicated that children’s emotional wellbeing (94%), and behaviour had improved (75%) and that levels of anxiety had been reduced (75%) as a result of the short break service. More than half (14.58%) of the family respondents reported that their child’s emotional wellbeing had improved. Improvement in emotional wellbeing was suggested by a small number of parents interviewed. Increased confidence was the main contributor followed by feeling relaxed and happier after attending a short break.

*Improvement in emotional wellbeing.* Definitely. Because [my daughter] does have a lot of times when she gets upset and stressed out and that sort of thing, she picks spots and she’s got quite a lot of sort of marks and things. So anything that’s obviously important to her being relaxed and chilled. (Parent)

Of the outcome indicator 10 *Improvement in communication* skills selected in the child level data sample, 44% were recorded as having improved. Half of the families surveyed also reported that their child was better able to express their wishes following the short break service. However, slightly lower numbers of families who completed a survey reported an improvement in behaviour or communication skills, with 29% and 38% respectively. However, as outlined above some of the children were new to the service, or had only received a service as a ‘one off’. In contrast the majority of families interviewed felt that their child’s communication and social skills had improved through attending the short breaks. As a result of the short break parent’s perceived their child to be communicating more effectively and/or more often. As one parent explained: *We [parents] went to his parents’ evening at school and they said, “Oh, we’re really pleased because I don’t know what’s happened, but suddenly, he’s initiating conversations” which was always the problem, because of the shyness, people would say “Hello” [and] he’d turned his head away, back away. (Parent)*

There were many reasons why interviewees felt the short breaks contributed to an improvement in communication and social skills, including interacting with adults and other children, participating in group activities, the opportunity to mix with children without additional needs, and being separated from their parents which increased their
capacity for independence. Three parents reported that their children would rarely talk to others prior to receiving their short break or would often avoid making eye contact and had since made significant improvements in their level of communication and abilities to interact socially. The opportunity to mix with children without additional needs was seen by one parent as a useful means of developing her daughter’s skills as she was learning from more able young people.

With regards to personal care and practical skills, families surveyed reported improvements in 7 (29%) and 8 (33%) cases respectively. In the interviews residential and family based short breaks, were mostly seen to contribute to the development of practical life skills. All those children attending these types of short breaks had made progress with regards to developing their life skills. For some this involved learning to shop for groceries, preparing a meal and cleaning. For others it meant learning to feed themselves and/or eating at the table with others, or being encouraged to wash and dress with minimal assistance. Those attending residential or family based short breaks often engaged in activities that they might do at home such as watching television, playing computer games or outside in the garden/play area. Some parents spoke of how they were working jointly with staff to develop their child’s practical life skills, as one mother explained:

_We all work in conjunction and we discuss at length certain things, you know, so one of the things is, she won’t sit at a table to eat very well, that’s improved since she’s been there. We made an effort here, we’ll sit as a family, I mean, I can’t do it every night because it is just a huge challenge to get her to sit at the table so we do it, [The service] back it up, school back it up. (Parent)_

Another explained:

_Personal care which obviously I’ve mentioned as being a problem, but, normally washing the hair and taking a bath and things, and sort of helping [young person] with her own personal care is obviously something that’s important that we develop. And_
obviously, we try a lot with at home but then it’s good for her to be developing that within another home situation [family based short break] as well. (Parent)

For some parents improvements in practical life skills had led to real substantial changes including being able to eat in a restaurant as a family, which was not possible prior to the short break, and doing less for their child in terms of self-care (e.g. washing and dressing) given that their child is now able to take care of themselves or requires minimal support. As one family explained:

I practically washed, dressed and brushed her teeth, did everything for her, but now [...] I won’t do it now, no. I did everything. She does need prompting, she does need supervision, you still need that but she can actually do it. I don’t do it anymore. Because I was exhausted from doing it. (Parent)

The surveys found that around half of the partners (6:55%) reported that they did not consider the short break to have an impact on personal care or practical skills, or on the child’s behavior. Nevertheless, one of the partners did highlight that improvements in some of these areas would not necessarily be expected, because of the type of service:

The break for each child was successful but a one off so it is not possible to answer all the [outcomes questions] above. The breaks were well organised and benefited the children. (Partner)

The short breaks were seen to offer additional benefits including providing a comfortable and familiar environment; providing new opportunities, for example activities that may not be available at home or easy to access; new friendships; increased adaptability; and improvements in confidence. The action holiday short break in particular, was seen to offer additional benefits. Although based on small numbers, parents felt that it was difficult for the short break to contribute towards wider outcomes. Evidence suggests that progress takes time and this short break lasts for three days. However parents were very positive about this break as they felt it provided their
children with the chance to participate in activities that they would not usually be able to do without specialist support and equipment. All revealed that their children enjoyed the break immensely and for some it led to increased confidence, as one parent explained: *Well, I think all these things are confidence-builders, aren’t they? And it’s nice for him to go away from home occasionally. And to do something different, and I thought he, and I just think, he loves being outside and he did all kinds of, you know, very exciting new things.* (Parent)

One of the partners surveyed also highlighted the impact that the service has on children:

*The short break is for a weekend only for each child. The service has given opportunities to the children to experience new activities and have participation in the planning and evaluation of the service. I have experienced one of the weekend breaks and felt that the experience was amazing for the young people and to see how they developed and grew in self confidence over the weekend was very emotive. More opportunities like this for disabled children would really add to positive life experiences.* (Partner)

*The Children’s views*

Nine young people participated in the interviews. The extent to which children were able to participate in the interviews varied. As noted in the introduction, due to the high levels and complexity of impairments not all of these nine children were able to participate verbally or for the whole duration of the interview. However, it was considered important to ensure that the children were given the opportunity to voice their opinions. Thus, in some cases visual cues, such as nodding or smiling were included in the analysis.

Those children participating in the interviews were very positive about their experiences. Of those families interviewed accessing the community short breaks, all but one of the children took part in an interview and they were all positive about their experiences. They told the interviewer that they enjoyed the activities they took part in and many
continued to access the activity once the short break had ceased. In addition to enjoying the activities they were taking part in they were also learning and progressing. Speaking to these children directly also provided an insight into their development. Four of the children were apparently very withdrawn prior to accessing their short breaks and would often avoid eye contact and/or not speak to others directly. However, they took part in an interview, spoke directly to the interviewer and sustained eye contact, suggesting a substantial improvement in not only their communications skills, but also their confidence.

Two children receiving residential short breaks participated in an interview. One revealed that she had made new friends at this service and particularly like the sensory room giving it a ‘thumbs up’ and explaining that she can relax in there and listen to music. This young girl was all smiles when she spoke of her short break and gave staff a ‘thumbs up also’. She told the interviewer that she liked staying overnight and will get her bag ready in preparation for her ‘sleepover’. The other child was not able to communicate verbally but was observed at her short break, with permission from her parents. The young girl’s mother had been interviewed previously and described how staff were encouraging her daughter to eat at the table and behave more appropriately. Staff were observed encouraging her daughter to eat her meal at the table with the other children and to put her hands down when she began to hit herself in the face. The young girl took heed through eating her meal at the table and putting her hands down when asked.

One young man had a very happy expression on his face when he was asked about his short break. He shouted ‘Yes!’ when asked if he liked his carers and liked going to stay with them. When asked how he feels when he stays with his carers he pointed to the smiley face that said ‘good’.

*Negative impact of short breaks*

Previous research has found few negative impacts of short breaks on children. Those that have been identified in existing literature include problems with accessing
appropriate short breaks for their child’s need, children feeling homesick in overnight short breaks and lack of available provision generally (Robertson et al, 2010).

This research identified few negative impacts on the children. The only outcomes which were recorded as having deteriorated were outcome 9 *Relationships between child/ren and young people and parents/carers improve so that there is a reduced risk of family breakdown* (n=1) and outcome 18 *A child or young person maintains or improves physical health and/or emotional well being* (n=2). As noted above, it is not possible to identify the reasons for this deterioration. However, both the children for whom a deterioration in health and/or emotional well being was recorded, were recorded by the activity holiday service which may only last a few days, and while the child may enjoy such an activity, it can be assumed that some children with physical impairments may become tired after a number of days participating in some activities. The site did however show a high proportion of children enjoying the services and achieving access to a leisure activity of their choice. This demonstrates that the range of services offered by Action for Children may produce different outcomes and may be available to support a family as different needs arise. This highlights the importance of setting realistic targets and outcomes which can be both achieved and measured within the six month timeframe.

As noted above, the measurement of outcomes for all children is a complex issue, but may be further compounded for children with disabilities and complex needs. All children are impacted both positively and negatively by external events and disabled children are no exception. Previous studies undertaken by CCFR have highlighted the difficulties of measuring how children’s needs and circumstances can change over time, impacting on their outcomes (Holmes and McDermid, forthcoming; Holmes, McDermid, Soper and Lawson, 2010). For example, a change in school or medications may slow progress towards an outcome in the short term. Furthermore, children with life limiting diseases may be expected to achieve very different outcomes compared to those with other kinds of impairments. It was not possible to identify reasons for the deterioration in outcomes in the e-Aspire data gathered for this study, however, it is possible that individual staff members may have been able to explain why the outcome had
deteriorated. To fully understand outcomes for the children accessing Action for Children short breaks services it may be beneficial to utilise the custom field utility within e-Aspire to enable workers to give more details regarding why an outcome has been recorded as deteriorated.

Only two examples were given by staff and partners interviewed of situations when the short break services had been unable to achieve positive outcomes for a child. One was where a parent had serious mental health difficulties which undermined the attempts to provide a service, and the other was where a parent was unable to get the young person out of bed to participate.

**The impact of short breaks on the families**

One of the key aims of short breaks services is to support parents and carers in their caring role, to maintain family stability and to prevent the likelihood of family breakdown (DfE, 2011b, Munro, 2011a; DCSF 2007). The impact of short breaks on carer wellbeing is a common focus of existing research literatures (Robertson et al, 2010). Many studies examining carers perspective on the impact that their own wellbeing are highly positive (Eaton, 2008; McConkey,2008; Davies et al, 2004; MacDonald and Callery, 2004). Furthermore, existing studies suggest that short breaks have a positive impact on family functioning (Forde et al 2004; Damiani et al, 2004) and enable time to be spent as a ‘normal’ family (Shared Care Network 2008; McConkey and Truesdale, 2000). Overall the findings of this study support the existing literature and suggest that the Action for Children short breaks services had a positive impact on families. 96% of families (n=23) reported in the surveys that the short break service had a positive impact on family life.

The majority of families interviewed felt that the short break had contributed to enhancing the quality of their family life. Many families put this down to the short break affording them the opportunity to spend more quality time with their spouse or their other children and engaging in activities not possible before receiving short breaks.
Quality of family life is enhanced. Well, yes, it is. Because we usually make a point of doing something or doing something with [other child] when [child]'s away. (Parent)

Spending quality time with a spouse or other children or socialising with friends was a frequently identified means of using a short break by the families interviewed.

The lovely bit about it is, not just that she’s safe this evening, but we can recover like normal grown-ups tomorrow morning. And normally, of a weekend, if [my daughter]'s here, my husband has a lie-in on a Saturday and I have a lie-in on a Sunday. So you can imagine how that impacts on a marriage, that, you never get a lie-in together. And I'm not being rude or overly personal there, just, being together, and not having to get up. (Parent)

The impact that the short break had on family relationships and strengthening marriages was noted in a number of interviews, as one mother explained:

You know, it really is a case of, if they took [residential short break] away from me now, my family would collapse. And I'm not exaggerating in any way, shape or form... I can't underestimate what it's done for us. It’s saved my marriage. (Parent)

The family surveys also highlighted that short breaks enable quality time to be had with other children as these quotes demonstrate:

It enables us to do things with the other children that we cannot do with him. (Parent)
[Its] nice to have a relaxing evening or go out with the siblings without it being just about the 'one' child. (Parent)

The interviews with staff and partners found that one site had supported a family to take out their disabled child themselves, rather than providing a short break away from the child's family. This had enabled the family as a whole to enjoy ordinary life, such as going swimming together, and helped the family to see how they might cope in their own community thereby reducing the need for a short break away from the family.
Of the surveys, most (19:79%) of the children attending the residential short break homes had siblings. Of these, most of the parents (15:79%) reported that they ‘always’ or ‘often’ used the short break to spend time with their other children.

Some parents interviewed revealed that the short break provision gave them an opportunity to ‘catch up on some sleep’; ‘relax’ instead of caring for their child, particularly if their child had high level needs; undertake household chores; and spend quality time with other family members, as one parent explained:

Researcher: What do you do when your child is at their short break?
Parent: Chill. Chill. Not a lot, no, we, very occasionally go out, obviously, spend more time with my little boy. Which is nice. Catch up on housework. Tidying up. And just go to bed early. Because [my daughter] is quite a late to bed person and will appear to go to bed but it usually takes about ten or 12 attempts to get her into bed. Often, it’s sort of gone midnight, one o’clock before we settle down. Last summer, she had a stage of running away in the middle of the night, we were often out on the street at one and two in the morning, in tears and all the rest of it so, that sort of thing, obviously. Just, it’s just to, when she’d gone, you sort of, [exhales]. (Parent)

One survey respondent noted that short breaks have been:

Very positive - time for ‘head space’ and recharge batteries knowing that my son is well cared for. (Parent)

Some parents interviewed revealed that their capacity to care for their child had increased as they were able to cope better when their child returned from their short break because they had had a rest and a break from providing continual care. Other benefits suggested were an uninterrupted night’s sleep (see also MacDonald and Callery, 2004) as parents used their short break to alleviate exhaustion. Other ways in which the parents interviewed felt that the short break had enhanced their parenting
capacity included: the feeling of relief in knowing that they would soon be receiving a short break, particularly if circumstances at home were getting difficult; more energy to cope resulting from an increased sense of wellbeing, safe in the knowledge that the short break was contributing towards their child’s skills development and providing them with an enjoyable experience; and the chance to plan their child’s week ahead. One parent commented:

You know, and I think as a mum of any child, going away from your child and coming back to them does make you enjoy them more. But particularly when you got a child with challenges like [my child]’s got, you know, with the best will in the world, they are going to get on your nerves sometimes. And be able to have an evening where you can just be quiet, where you can go to bed knowing that you’re not going to get footsteps at three o’clock in the morning, […] Or just to be consciously half awake in case she gets up. (Parent)

Another stated that:

She’s got that break, when she comes home, you know she’s coming home, but you’re ready to deal with it because you’ve had that time out. (Parent)

One survey respondent noted that:

As a lone carer the breaks are essential for my wellbeing so that I can cope with the demands and have time for myself. (Parent)

Several of the staff and partners interviewed felt that outcomes for children and for families were ‘both sides of the coin’ – for families the breaks are often seen as a “respite” service, but they want their children to make progress by developing new skills and achieve good outcomes. Knowing that their child is making progress can in turn help the families to cope. The child has fun and returns home less stressed, and the parents are able to go on coping without enormous adverse consequences on their
health or on their other children. However, staff were clear that their priority is always the child. An example given was that of a parent choosing for their child to be taken fishing, not because the child wanted this particular activity, but because it would give a five hour short break. As the child had ADHD, it was felt by the service that fishing was not an appropriate activity and the child was given the opportunity to pick an alternative activity of his own choosing. The family interviews and surveys also noted that parents’ confidence in the short break service: knowing the child was well cared for, enjoying their break and achieving outcomes towards improving the child’s sense of wellbeing contributed towards quality of family life. Two families interviewed noted that they were relieved and contented to discover that their child was enjoying their time at their short break and that this enhanced the quality of family life.

Yes, because he’s happy, and because I feel happier about it. (Parent)

One mother reported how the short break had contributed towards her wellbeing as she was feeling relieved at knowing her son was benefiting from his short break. Another mother expressed relief at knowing that other people are capable of caring for her son:

We probably feel a bit more confident that he can go and stay away at places, and we don’t feel like we, we’re the only ones that look, can look after him, I guess. (Parent)

Parents were asked whether receiving a short break had contributed to their physical and emotional wellbeing, and responses varied. Those receiving residential and family based short breaks were more likely to report an improvement in physical and emotional wellbeing than those accessing community based or action holiday short breaks. Improvements included feeling less fatigued, ‘run down’ and less stressed.

Well, obviously, it’s kept me sane. And that’s not an understatement, overstatement or an understatement, really, I mean, yes, it’s, it’s, it’s an essential part of the package, really, you know, for any parent with kids that can challenge beyond that of a, of a
mainstream child. You know, it’s essential to have that quality time and quality break. (Parent)

Staff members also highlighted the impact of the service on the family in the surveys:

Mum is much more accepting of professionals as she was very negative before. She now realises we are there to help and her parenting skills improved because she is accepting the help offered. (Staff member)

The most amazing thing that has happened is that mum will be joining other families who will go to a girls brigade outing. I believe this is the start of the family being integrated into a new social group. (Staff member)

It was evident from the data gathered that the different types of short breaks achieved different outcomes for the families. In respect of the community short breaks and holiday breaks, less emphasis was placed on “respite” for families but it was acknowledged that families wanted their children to ‘have fun’. However, the unique benefits of the action holidays were noted and one parent, when asked if they would like any other types of short breaks, noted:

Researcher: If you could have any short breaks what would choose?
Parent: Yeah, I mean, sort of short stays away I think, are quite good for him.
Researcher: And why would that be?
Parent: Because he, you know, it takes him out of his comfort zone a little. And stimulating, new things and, and again, it’s promoting a bit of independence.

It was reported that one parent had said that she had re-bonded with her child after the weekend break: the child came back with ‘a spring in her step’ and the mother had had time to reflect. Moreover, those parents whose child was accessing community short breaks, which tended to last for between 30 minutes and two hours, often undertook leisure pursuits such as reading a book or taking a walk in the local park, or completed
household chores. Families who accessed overnight weekend breaks were sometimes able to go away for the weekend on holiday and participate in pursuits that they would not be able to if their child was accompanying them.

The staff and partners interviewed were asked how far they felt that short breaks help to achieve positive outcomes for both children and families. Those responding in relation to short breaks with foster carers were very clear that the breaks made a significant contribution. An example was given of a mother who had virtually built her house around the needs of the child so that she could keep an eye on him all the time whilst going about her daily life. The use of short breaks had steadily increased and it was felt that she would be unable to cope without these.

*It’s crucial. For some of our families, the family would break down if they didn’t have the short break.* (Manager)

*The short breaks are* part of the child’s plan, and absolutely vital to the child. *If they are not meeting the outcome, we adapt the service so that we can meet the outcome as far as possible.* (Local authority partner)

As noted above, short breaks are designed, in part to support and maintain families with disabled children. It is evident that the families participating in the research felt that the short break had a profound and substantive impact on their own wellbeing and their family as a whole.

**Section 4: Summary of Key Findings: impact of short breaks on children and families**

- Overall, the data gathered throughout the study suggest that Action for Children short break services have a positive impact on disabled children across all levels of need, and on their families, and facilitate service users to achieve a range of
outcomes and attainments. The children interviewed were also positive about the impact that short breaks had on them.

- Of those outcomes for which progress was recorded, 65% (n=342) were recorded as having improved. There was no change in 34% (n=179) of the outcomes for which a result had been recorded and 0.8% (n=4) were recorded as having deteriorated in the previous six months.

- Overall the findings suggest that Action for Children offer flexible services which are tailored towards the individual needs of children. The range of outcome indicators and subcategories identified for the children in the sample demonstrates the diversity of work undertaken with the children accessing the service.

- The impact on the children included facilitating access to leisure activities; views are sought and acted upon; improvement in self confidence; improvement in emotional wellbeing; improved communication and practical life skills.

- The number of outcomes with no result recorded was lower in phase two compared to the interim phase. This is due in part to an e-Aspire system enhancement that led to a requirement to report progress.

- Some of the parents who were interviewed revealed that their child’s enjoyment of the short break was more important than whether they were achieving targets. The findings suggest that Action for Children are meeting this outcome, and the children interviewed were very positive about their short breaks.

- The analysis suggests that there is no statistical correlation between the levels of need and the proportion of outcomes improved per child. This may be a result of the Action for Children staff being skilled at setting appropriate outcomes for the range of needs and abilities of children accessing their services. However, further
analysis with a larger sample size may be necessary to fully understand the relationship between the level of needs and the outcomes achieved.

- Short breaks are designed, in part, to support and maintain families with disabled children. It is evident that the families participating in the research felt that the short break had a profound and substantive impact on their own wellbeing and their family as a whole.

- The benefits reported by parents receiving short breaks included: reduced carer stress, the opportunity to alleviate exhaustion through getting an uninterrupted night’s sleep, increased capacity to care for their child as they had received a break, increased sense of wellbeing knowing that their child was benefiting from their short break and being cared for, relief from knowing that they will soon be receiving a break and an awareness that others are capable of caring for their child, and being able to spend quality time with other family members, including siblings.

- Action holiday short breaks were not necessarily considered to provide a rest for parents due to the short term nature of the service, but they were highly valued as a service for other reasons. They were viewed very positively for their ability to provide their children with a weekend away and the opportunity to engage in activities that they may not otherwise be able to do without specialist support. All families whose child had accessed an action holiday short break revealed that they would like to receive this short break again.

- When professionals referring children to the short breaks services set outcomes to be achieved, these were broad in nature. Action for Children was recognised as having skills in setting specific child focused outcomes and targets within the expectations of referring agencies.
- There was evidence that the views of children, young people and their parents are taken into account in planning the short breaks and setting outcomes.

- The Action for Children outcomes framework and e-Aspire were viewed by staff as positively supporting the setting and monitoring of outcomes for children and young people.
5. Views and experiences of the short break services

One of the aims of this study is to explore not only the impact that Action for Children short breaks have on disabled children and their families, but also to examine the views and experiences of key stakeholders, including families, staff and professionals from partner agencies about the short break services. The study aims to explore 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.

Information to meet this objective was gathered through the interviews the families, managers of three sites, staff at three sites, and a representative from a partner agency for two sites. However, given the small sample size of the interviews, findings may be indicative of individuals interviewed rather than staff, partners and families per se. Caution may be required when generalising the findings across all Action for Child short break services. Additional information was collected from the surveys incorporating the perspectives of the service users’ families, staff and partner agencies.

About the short break services

Overall, participants’ views and experience of Action for Children short break services were positive. The surveys asked the parents and partners whether they felt the staff had sufficient knowledge of their child’s needs. Most of the parents considered the staff at the services to have sufficient knowledge of their child’s specific condition and associated needs (21:88%). The vast majority (23:96%) also reported that staff were always friendly and welcoming on arrival. A slightly smaller proportion (17:71%) considered staff to know their child well prior to the short break, this lower figure may be as a result of the types of services. For instance, the holiday activity which only works with the child for a few days as a one-off experience. These responses resonated with those from the staff members, who all reported that they had sufficient knowledge of the needs of the children in their care and that they were always welcoming on arrival. Around a third of the staff members did not feel that they knew the children well before
their short break. This, however, may be a consequence of the type of short break. For instance, the activity holiday is delivered once a year and staff may not necessarily have the opportunity to develop a longer term relationship with the children. However, opportunities had been put into place to rectify this as two of the staff members from this service explained:

We do not know the children well but have access to information about them. We aim to meet them prior to the break at least once. (Staff member)

[As a result of geography] I haven't ever worked with the children before. I have limited time to get to know them during school visits and pre holiday activity days. However, I feel that Action for Children are doing their best in the situation. (Staff member)

Most of the families reported that the services were well equipped to meet their child’s mobility, communication and emotional wellbeing needs. These results are shown in Table 12. This finding was corroborated in the responses from staff members; 94% (15) reported that the services are well equipped to meet the communication needs of the children and 88% (14) reported that the services are well equipped to meet the emotional wellbeing needs of the children. Just over two-thirds of staff members (11:69%) reported that the services are well equipped to meet mobility needs.
Table 12: Families’ perception of how well equipped services are to meet specific needs

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response – frequency and (%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service is well equipped to cope with my child’s physical or mobility needs</td>
<td>Strongly agree/agree: 21 (88)</td>
<td>Neither agree or disagree: 1 (4)</td>
<td>Strongly disagree/disagree: 1 (4)</td>
</tr>
<tr>
<td>Service is well equipped to cope with my child’s communication needs</td>
<td>Strongly agree/agree: 20 (83)</td>
<td>Neither agree or disagree: 3 (13)</td>
<td>Strongly disagree/disagree: 1 (4)</td>
</tr>
<tr>
<td>Service is well equipped to cope with my child’s emotional well being needs</td>
<td>Strongly agree/agree: 23 (96)</td>
<td>Neither agree or disagree: 0 (0)</td>
<td>Strongly disagree/disagree: 1 (4)</td>
</tr>
</tbody>
</table>

1 One respondent recorded that this question was not applicable; therefore there were 23 respondents rather than 24.

All of the service partners also reported that the staff were always friendly and welcoming on arrival, and all except one also indicated that the services are well equipped to meet children’s needs and that children receive appropriate introductions to the service. However, one of the partners did indicate that they considered the skills of the staff to be variable:

*Staff have varied knowledge and skills in dealing with disabled young people, from superb to poor.* (Partner)

This may be a result of the range of needs identified for the children accessing this service.

Families were generally positive about how the staff within the services sought and acted upon the views of the child and the parents/carers. The responses to these statements are outlined in Table 13.
Table 13: Families’ perception of views being sought and acted upon

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree/agree</th>
<th>Neither agree or disagree</th>
<th>Strongly disagree/disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child’s views on their care are sought by the short break service staff</td>
<td>20 (83)</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>My child’s views on their care are acted upon by the service staff</td>
<td>20 (83)</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>My views on my child’s care are sought by the service staff</td>
<td>20 (83)</td>
<td>3 (13)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>My views on my child’s care are acted upon by the service staff</td>
<td>22 (92)</td>
<td>1 (4)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

*Note: percentages do not add up to 100 and frequency is not 24 due to one or two respondents indicating that these questions were not applicable.

Challenges and improvements

One issue identified by staff and partners interviewed was the impact that the level of funding for the sites had on the services, given the current financial climate in local authorities which commission the services. Services at one site were subject to a re-tendering exercise, and the local authority recognised that the re-tendering process was demanding for Action for Children. Another site had originally been funded for two years and had been funded for a further year at a reduced rate, although the actual level of funding had not been agreed with Action for Children even though the new financial year had begun. This had had a significant impact on the service.

*We put referrals on hold for a period because we didn’t know where we were going… We didn’t know till the last minute whether we were going to carry on or not… We know we’re going to have less money; we don’t want to affect direct delivery so the only place we can save money is to cut admin and management… hence we have got rid of an admin post, reduced my hours, but service delivery remains the same.* (Manager)

A third site had been funded for a year and not until the end of that period had it been agreed to fund a further year, but again at a reduced level.
Families were asked whether there were any aspects of the short break that they did not like or felt needed improving. Most families reported that their short break provision was more than satisfactory; however a few parents identified problems they had encountered. Issues with transport and the location of the short break was an issue identified by some families accessing two of the services. Two of the families accessing did not have their own transport, which made their journeys difficult and often lengthy due to public transport provision in their area and the location of the activity. Transport was however provided to some families accessing the same services. A further two families accessing one of the other participating services revealed that its location was not ideal. For one family the journey took around one hour and 30 minutes and was taken in a taxi at a cost to the family.

Two parents found the amount of notice required to secure their short breaks extensive, as they were often asked to provide the dates they required quite far in advance. This meant that they were sometimes unable to plan their short breaks to coincide with future events. However, both services had in the past amended the dates of these families’ short breaks when requested to do so.

The availability and length of short breaks was a common issue identified by families. Some of the parents interviewed expressed a desire for more provision. One parent accessing suggested opening the service more often, particularly at the weekend. Another parent accessing an overnight short break service would have preferred two overnight stays a week and those accessing the action holiday short break would have liked their children to have the opportunity to go again. A frequently suggested improvement for one of the community short break services was for the break to be longer, perhaps a whole afternoon or two hours to give the parents longer breaks. However, the focus of this service is to provide children and young people with the opportunity to access mainstream activities and as such the length of the short break is dependent on the activity chosen and how long it lasts for. A further issue identified with regards to one of the services was the time limit associated with the support worker. It was felt by one mother that number of weeks of support provided may be too
little for some children and result in the failure of them to continue accessing the activity once support ceases.

A child like [mine] needs a long lead-in. And if he hadn’t taken to it as well as he has, that end period of the help could have been critical, you know, the difference between say, six weeks help and eight weeks help, could have been just the break-through point for him to feel comfortable […]. I think they said they’d look at it, but because they were sort of a bit stretched, they haven’t got enough time and people really. I mean, obviously, if he’s ready earlier then, fine, you know, you can, you can leave off earlier but, it just, it did strike me that this had worked for him, but for another child or him in different circumstances. (Parent)

It is difficult to assess whether the timescale could result in some children ceasing to access their chosen activity once support from a worker has been withdraw, due to the small number of interviews undertaken with this cohort. Furthermore, this service does provide volunteers at the end of the time period to support children for longer if required and if available. Interview findings revealed that out of six children, three had continued to attend their chosen activities once support had ceased, one had stopped attending when his support worker left before the end of the allocated time period, another accessed a one off music event which meant that it could not be accessed continually, and the final child was not attending their chosen activity for personal reasons.

One parent said that she would have preferred it if the support worker had taken the time to get to know her son more before introducing him to new activities. However, the majority of parents accessing the same short break service were very positive about the support workers and were happy with one introductory meeting. The role of the support worker was seen as essential in ensuring that children are gradually introduced into their chosen activity. This site had however experienced some difficulties with recruiting appropriate staff to fill vacancies. One family reported that the support worker they were provided with left and no replacement was found which meant that they could not continue with the short break. The lack of male support workers meant that that one
child was not able to access his chosen activity which was swimming and had instead to attend another activity. This same family experienced difficulties with their support worker turning up late and, on one occasion forgetting that their support was required. This was however, an isolated incident and the worker was later dismissed.

Families were asked what short breaks they would choose if they had the option. Many were happy with the short breaks they were currently receiving although some said they would prefer more breaks from their current provider or access to a different type of short break as well as continuing with the one they were currently receiving. Those wishing to access a different type of short break often wished to be in receipt of an overnight short break (e.g. residential or an action holiday) as well as a community short break or vice versa and were aware of the unique benefits offered by different types of short breaks. Two parents accessing activity holidays would have liked to have been in receipt of continual short breaks such as community based short breaks or more frequent action holiday short breaks. Three parents in receipt of community short breaks expressed a desire for their children to be able to access other local activities due to the success of the current short break they were receiving.

Finally, one parent revealed that she would like to continue to access the short break service which had now ceased as her daughter had reached legal adulthood.

Researcher: If you were given the opportunity to sort of decide on short breaks for [young person], what would you choose?
Parent: Well, definitely, definitely return to [the service] again, without a doubt. But obviously, I mean, the independence thing is useful in its own right as well. But certainly, having the overnight break is, you know, very important to get the overnight break. And, and a 24 hour break when it’s holiday time, you know.

The range of responses demonstrates the need for a wide range of services to be made available in order to meet the diverse needs of children and their families.
**Accessing the short breaks services**

The managers, staff and partners interviewed were asked about how easy they thought it was for children to access the services. Due to the varied nature of the short break services participating in phase 2 of this study, the way in which families accessed the short breaks also varied. Access to overnight short break services was via a referral from the relevant local authority which had commissioned the service, following an assessment of the child’s needs by a social worker. The services providing community based and activity holiday short breaks offered open access to parents or others to apply on behalf of any child who met the eligibility criteria set by the commissioning local authority. However, one of these sites reported that children were prioritised if they were referred by children’s social care services, where there were safeguarding issues or they were the subject of a CAF assessment.

Interviewees were asked about these eligibility criteria, and responses were also varied. A staff member from the activity holiday short breaks scheme reported that “on the whole those who met the criteria got a place”, and towards the end of the scheme it had been possible to include a few young people who did not strictly meet the criteria because they were already receiving other services. Applications were considered by a panel consisting of the manager of the short break scheme, the local authority disabled children team manager and the head of a special needs school. The panel might be unable to make a decision if they did not have enough information about the child, and there was sometimes insufficient time for planning. However, it was reported that the commissioners were clear that they wanted to reach children who would not otherwise have the opportunity to go away.

An additional factor for the service working with volunteers was that Action for Children’s insurance policy does not cover volunteers for any form of medical intervention or moving and handling, so they were unable to support children with certain complex needs. However, the service has addressed this by developing its role and signposting families to other kinds of support such as direct payments for children with complex health needs. A partner of the same service felt that the criteria for
accessing the service were too strict and the referral process over-complex. The criteria, however, are set by the service funders and are contractually binding. Some of this person’s concerns related to the length of the waiting list, and they felt that offering children a smaller but realistic range of activities would be more appropriate. However, the range of activities on offer was considered to be a strength of the service by others interviewed.

The waiting time before a child was able to access the short break was raised in the interviews. All but one of the sites covered by the interviews had some form of a waiting list, or were described as “at capacity” and therefore children were not being referred. The services had, however, developed different ways of addressing this. For instance, one service had responded to the needs of a child who waited ten months for an overnight short break by providing outreach support in the interim period, which the local authority regarded as “a really positive aspect of the scheme”. In one service, where children needed ongoing support from a volunteer, there could be difficulties in identifying a suitable volunteer who was available at the time needed. However, this service used an assessment group as an intervention to help to manage the waiting list. The group was used to identify the most appropriate service for the child, and only after six months in the group would they go on a waiting list if there was no vacancy for that service, although they might wait for up to two years.

**Working in partnership with other agencies**

Overall families were very positive about how the services shared information with other professionals with three-quarters (18) reporting that information was shared appropriately. Most of the families (21:88%) reported that they had a clear understanding of the targets/outcomes that had been set for their child whilst at the short break and two-thirds of the families (16) indicated 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.
Most of the staff members reported that they had sufficient contact with other agencies to help facilitate their role and support the children. The proportion was slightly lower for contact with health professionals (10.63%), than for education (12.75%) and social care (81%). Two staff members from one of the services highlighted positive working relationships with other agencies:

*In my short period of employment I have noted that there appears to be a very good relationship with the service and other professionals.* (Staff member)

*‘Schools and other professionals have been fantastic in sharing their knowledge and resources with us.* (Staff member)

Three-quarters of the staff members reported that they had sufficient knowledge of the outcomes and targets set by other agencies. The same proportion also reported that they were involved in the setting of targets and outcomes for children. Similarly three-quarters of the staff members indicated that they discussed targets and outcomes with parents or carers.

The majority (10.91%) were also positive about how service staff communicate with other agencies and that staff provide them with information on children’s progress.

It was clear from interviews with managers, staff and partners that arrangements for partnership working varied between the four sites which were covered by these interviews. This may in part be determined by the nature of the services and the arrangements to access them as defined by commissioning agreements, but there were additional factors relating to professional relationships.

Access to one of the overnight short break services was only via a resource panel held by the commissioning local authority. At one stage the short break service had been represented on this panel with service staff, but this was no longer the case. The two staff members interviewed regarded this as a retrograde step as they felt that
membership of the panel gave them better information about children being referred and a general awareness of other services.

*You just get the assessment sent through to you… We used to go [to the panel] but nobody goes now, there are two people that sort it out now… It has a big impact on working together. Before you had people from different agencies and you knew what services they provided. You had a feel about where your service was going and what you needed to think about and the children that could be coming to you in the future.*

(Member of staff)

Although regular meetings were held with the team manager of the children with disabilities team, this was felt by the same member of staff to be *not the same* – *we haven’t got such good links*. The composition and remit of the resource panel was described differently by the Action for Children member of staff and the local authority representative (who served on the panel), as were the reasons for ending Action for Children representation on the panel. At the same site discussions were taking place with the local authority regarding the legal status of children receiving short breaks to ensure a clear understanding of the use of sections 17 and 20 of the Children Act 1989, in the light of recent statutory guidance. This understanding would be an essential element of good partnership working. There was recognition by the local authority working with this service that its practice had not been clear enough in the past.

Given the range of short break services included in the study the involvement of other agencies varied, but Action for Children managers and staff generally described partnership working with other professionals in very positive terms – and in one case as *absolutely fantastic*.

*The whole time we’re involved is constant communication between all the people involved with the child.* (Manager)
Schools were particularly referred to as very open to sharing information about children, and allowing for them to be visited at school. Relationships with a variety of health professionals were also reported as good. One staff member expressed frustration at the lack of communication between other the other agencies working with some of the children accessing their service. There was both positive and negative feedback about partnership working with social care. One staff members stated that “Some social workers are really involved and some aren’t.”

Several of those interviewed referred to the value of good working relationships which existed and of the benefit of these for children.

*I think the key to any good outcomes for children is a close working relationship between all parties, and a close working relationship with parents, and I think Action for Children try to do that really well.* (Local authority partner)

*When you’ve got those good relationships set up it’s just so beneficial for the service.* (Manager)

One partner was critical of the quality of information about children given to some providers of the community activities, and felt that the short breaks scheme had a lot of information but did not share it appropriately with those who needed it. They felt that on occasions the support worker could have withdrawn from providing support at an earlier stage, and that some actions of staff did not promote inclusion, although *where it all worked it was extremely good.*

*How the outcomes and targets were set and reviewed*

One of the aims of the study was 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. Managers, staff and partners were asked in interviews about the contribution of professionals, parents and children themselves to setting outcomes, and whether the referring agency specified any outcomes.
The extent to which outcomes for individual children were set by the Action for Children service or in partnership with other professionals varied. In some respects this may be seen to reflect the type of service provided and the agreed referral route. For the two sites providing family based overnight breaks and where all referrals came from the commissioning local authority, targets were set within the care planning process – at a review or placement planning meeting.

*Following assessment the child should have a care plan which should outline the outcomes the short breaks should be attempting to achieve.* (Local authority partner)

Examples given by interviewees of outcomes set at referral included socialising with others outside the family, promoting independence, and enabling a parent to spend time with a sibling or to have an uninterrupted night’s sleep. There was acknowledgement that even when the referring local authority does set outcomes to be achieved, these will often be fairly broad and that the Action for Children services will then set more specific outcomes and SMART targets.

*I have to say I think Action for Children are better at specifying than we are because they… break it down. We are much broader. There is a general outcome, and by the time of the review more detailed outcomes will be set… They don’t go off at a tangent; they will build on what we’ve already proposed.* (Local authority partner)

*[Outcomes set by the referring local authority] are very, very broad. It’s very much left to us. We are beginning to educate local authorities as to what outcomes can be achieved.* (Manager)

*The council set four or five outcomes for the project and we narrowed it down to individual children.* (Staff member)
Application to the sites which provide community short breaks and activity holidays was open to parents and others, providing the child met eligibility criteria set by the commissioner of the service. At one site it was reported that a referrer such as a teacher or social worker will sometimes specify what they want to achieve for the child by referring for short breaks, and that staff “keep an open mind but take it on board”. At both sites, managers and staff referred to the relevance of outcomes set for the service as a whole as the starting point for setting individual child outcomes. In that context, one member of staff felt that outcomes “just become obvious” during the assessment undertaken by the service.

The one local authority partner interviewed was familiar with the outcomes framework being used. All staff reported that the Action for Children outcomes framework is used to set SMART targets to be met for individual children, and that these are then recorded on e-Aspire. The value of e-Aspire in monitoring achievement of outcomes was noted.

*I set the outcomes first and then go onto the outcomes framework and pick the ones I think are relevant to that child. e-Aspire makes it more logical.* (Staff member)

*It has helped with the outcome focus of the project.* (Manager)

Partnership with the children, and the extent to which the children were able to contribute to decisions about the service they received was also explored. The views of children were sought by Action for Children staff in a variety of ways, including visits to them in their own homes and support for them to attend their review meetings. One site providing overnight stays reported that about half of the children attend their reviews. One had a target to prepare his own report on his iPad for his next review meeting. The views of children might differ from their parents.

*We always get a view from the child about what they want to do – it’s not always the same as the parent’s view. The parent isn’t necessarily in the driving seat.* (Member of staff)
All of the children receiving overnight short breaks with foster carers had review meetings chaired by a local authority independent reviewing officer, to which the carers, Action for Children staff, parents, social worker, other professionals and sometimes the child would be invited. These provided a forum for reviewing achievement of targets and outcomes and agreeing any changes, and those interviewed referred to them positively.

Staff members at one of the services undertook an evaluation of each weekly session with a child and made a record of how they did, scoring from one to ten on various social skills. A member of staff said *We always feed improvements back to parents* – such as a child started to use a few words. Evaluation forms were sent to parents and activity providers for a six week review, and an exit questionnaire. Workers from this service regularly attend all social care meetings for the children accessing their service. At another service targets had to be sufficiently realistic to be achievable over a weekend, but were evidenced by photographs and certificates, with each child having a diary to take home to their parents.

**Section 5: Summary of Key Findings: Views and experiences of the short break services**

- There was evidence of good partnership working with professionals from other agencies, including children’s social care, health services, and schools. The nature of the partnerships varied in part according to the type of short breaks service. Multi-agency reviews were held for children receiving short breaks with foster carers, but other professionals also supported children who received community based short breaks and activity holidays.

- There is a clearly held view that sound working relationships between professionals benefit children by supporting the achievement of good outcomes.
- Continuing lack of clarity about the extent of reduced funding by local authority commissioners was having a significant negative impact on some services.

- Most of the short breaks sites had waiting lists or were unable to accept referrals as they were up to capacity. The wait to receive a service could be as long as two years, but some sites were finding ways to help to manage waiting lists.

- There were varying routes to access the services, with referrals to short breaks with foster carers requiring a social work assessment but open referral from parents and others to community based and action holiday short breaks.

- One service which relied on volunteers to provide ongoing support to children and young people accessing community activities had difficulty finding volunteers with the necessary availability. There were also limitations on their role due to insurance cover.

- Most families reported that their short break provision was more than satisfactory; however a few parents identified problems they had encountered, including difficulties with transport, the amount of notice required to access the short break and the availability of the provision.

- The amount of notice families were required to give, with regards to their short breaks, was sometimes considered extensive, in that it was often required fairly far in advance. This meant that parents were sometimes unable to use their short breaks to coincide with future events.

- Many parents were happy with the short breaks they were currently receiving, although some said that they would prefer more breaks from their current provider or access to a different short break as well as continuing with the short break they were currently receiving.
6. Costs analysis

Earlier sections of this report have set out the many benefits that disabled children and their families derive from short breaks. It is not possible to put an economic value on these benefits. Many of them relate to people’s feelings and so are economically intangible. Some of the benefits, such as improved life skills and improved social skills will continue to provide benefits over the whole lifetime of the child.

Economic environment

As noted above, at the time of writing this report, the coalition government elected in 2010 has been in office for just over a year. It earlier announced plans to reduce the national debt through tightening public finances by a total of £113bn by 2014-15, with £61bn of this coming from a reduction in government expenditure. The government identified a need to cut public spending, not as an end in itself, but rather as an essential step on the path towards long-term, sustainable, and more balanced growth (HM Treasury, 2010a). The Spending Review statement in October 2010 noted that the UK had, at £109bn, the largest structural budget deficit in Europe (HM Treasury, 2010b). It went on to explain that the implication of this for local government was ‘an unavoidably challenging settlement’ with ‘overall savings in funding to councils of 7.1% a year for four years’.

As regards the funding for short breaks, the centrally directed separate funding streams for short breaks and for various other children’s services have been replaced by a single Early Intervention Grant. The budget for this in 2011-12 is reduced by 11% from the total of the separate funding streams in 2010-11 (DfE, 2011b). This change in the way that the government is making funding available is one example of its policy of being as hands-off as possible, encouraging the market or public bodies to address and resolve the issues (Lauerman, 2011). The government has proposed that £800 million will be made available through the Early Intervention Grant to assist local authorities in providing these services (DfE, 2011b). The response provided (DfE, 2011c) to a question about what the Early Intervention Grant can be spent on is: ‘that the most effective use of this money is for local authorities to determine’. Local authorities can
therefore choose how much of their Early Intervention Grant they spend on short breaks, rather than having a designated Short Breaks budget. It is possible that local authorities will give some priority to expenditure on short breaks given that a new statutory duty came into effect in April 2011. The government has brought in this new duty which requires local authorities to provide a range of short breaks services to carers of disabled children because it recognises the importance of short breaks and the need to ensure that they continue to be available.

In making choices about services for disabled children, local authorities and their Children's Trust partners are supported by the work of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO, 2011). Three key priorities are being addressed to help improve outcomes for disabled children and their families:

- Improving the wellbeing of disabled children (up to the age of eight) and their families through increasing the quality and range of early interventions.
- Improving the wellbeing of disabled children and young people through improving access to positive activities: extended services, youth work, inclusive play and leisure opportunities, sports and the arts.
- Ensuring all disabled children and young people and their families receive services which are sufficiently differentiated to meet their diverse needs.

The environment in which Action for Children short breaks services are currently operating in is therefore one of transition, public spending cuts and uncertainty, but also one in which the importance of short breaks has been recognised, local authorities have been given greater choice about how they spend their more limited funding, and the need for diversity in short breaks services is being emphasised. Given the duty to provide a range of short breaks services it is possible that, while cutting expenditure on traditional short breaks services, local authorities may actually increase expenditure on other types of short breaks services. They may well make only a small reduction in their total expenditure on short breaks services even though they will then have to make
more than 11% reductions in expenditure on other children’s services. The overall implication of the changes is that the onus has increased on service commissioners to ensure that they are procuring the most cost effective services to achieve to best possible outcomes for vulnerable children and families from finite budgets (Holmes and McDermid, forthcoming). Consequently service providers must offer a range of services, and must provide evidence of their impact and value for money.

Another theme of the coalition government is the Big Society. Children’s Minister Tim Loughton, in his address to the Heads, Teachers and Industry forum (DfE, 2011c) gave examples of the Big Society drawing on imaginative partnerships involving schools, voluntary organisations and commerce. There is therefore an opportunity here for voluntary organisations such as Action for Children to seek out potential new partnerships that will generate synergy and lead to more efficient ways of helping children to achieve better outcomes.

Government policy is for a range of short breaks services to be provided (DfE, 2011b). This accords with the findings reported by Greig et al (2010) in their evaluation of short breaks pathfinders that:

A common picture across Pathfinder sites was that people were demanding and looking for different types of short break provision from those that had traditionally been on offer. Frequently, these were felt to be best delivered from sources other than the traditional providers of short breaks and this often provided a challenge to the ways in which services were commissioned. (pp.40)

The implication of this for providers of traditional type services is that in order to supply what their ‘customers’ want they should consider whether they could offer other services also. For example, a residential provider could offer use of their sensory room on a sessional basis and could perhaps offer holiday breaks, including to children who regularly attend at a different location. Given the problem with funding, Action for
Children should investigate whether there may be other charitable funding available to provide holiday breaks for disabled children.

Furthermore, given that local authorities now have a statutory duty to provide a range of short breaks services, it may be beneficial for Action for Children to present the full variety of the services they offer. It is evident in this report that Action for Children offer a range of types of short break provision and that the support offered by the services is flexible and tailored towards the needs of individual children. However, to fully maximise the services provided, instead of using a collective name for a type of service they could describe different versions of the service as separate services. For example, the interim phase of this research found that the unique nature of residential overnights enabled a variety of activities to be undertaken with disabled children, enabling them to develop a number of new skills. Instead of “residential short breaks” they could offer:

- Sensory activity residential short break (includes use of sensory room facilities)
- Citizenship residential short break (includes use of public transport, visits to shops and public parks)
- Diet and cooking activity residential short break (focus on preparing meals, take home menu and recipes)
- Self-care and beauty residential short break (focus on getting dressed, brushing hair, includes visit to hairdresser and nail polish)
- Activity residential short break (includes visit to bowling or swimming pool)
- Craft residential short break (includes craft work that produces something they can take home)
The use of creative titles would make their breaks appear new and well planned, and would highlight the diversity of services that Action for Children offer and that local authorities are now under a duty to commission. It is apparent that Action for Children have begun to explore other ways of using their homes by allocating one bed in one of the Sites to emergency provision. Agreeing a range of different services, such as the one listed above, within future Service Level Agreements with commissioners could aid local authorities in meeting the new statutory duty to provide a range of different types of short break services.

**The cost benefits of short breaks as preventative services.**

The new duty for local authorities to provide a range of short breaks emphasises the preventative capacities of short break provision (DfE, 2011b). The guidance given to local authorities notes that short breaks should not be provided to families at crisis point, rather they should be put in place to maintain family stability and to prevent the likelihood of family breakdown (DfE, 2011b). In recent years, social care policy has emphasised the importance of early intervention and preventative services, such as short breaks for disabled children and their families. These policy moves are based, in part, on evidence to suggest that along with promoting positive outcomes, early intervention and prevention services are highly cost effective minimising the likelihood of needs and difficulties from escalating and subsequently reducing the need for more intensive and costly services, such as intensive interventions or specialist residential care, for some children at a later stage (Allen, 2011; nef, 2009; Ward, Holmes and Soper, 2008; Axford and Little, 2006; Farrington and Welch, 2004; Chan and Sigafoos, 2001; Beresford, 1994). Allen (2011) notes that:

*People who have adverse early childhood experiences can end up costing society millions of pounds through their lifetimes, both in direct spending to cope with their problems and behaviours and in the indirect loss of output and tax revenues from themselves and those they affect. (p.24)*
As noted in the introduction, a number of research studies have suggested that the provision of short break services at an early stage enable parents to continue caring for their disabled child at home, which may lead to savings in residential care budgets. (Beresford, 1994, Chan and Sigafoos, 2001).

Statham and Smith (2010), however, state that while the arguments for the potential for early intervention to save money have been popular among policy makers and practitioners, attempts to demonstrate this through empirical research have proved challenging. Measuring the possibilities of making savings through investment in early intervention and preventative services involve a number of assumptions, most notably, the capability to identify two key groups:

i. those who would otherwise go on to develop poor outcomes if left unsupported.
ii. those who may receive an earlier intervention service but would otherwise achieve good outcomes if left unsupported.
(Statham and Smith, 2010:61 see also Munro, 2010).

While the lack of such counterfactuals makes prediction regarding outcomes difficult, work previously undertaken by CCFR suggests that early provision of services is essential (Ward, et al, 2010) and young people who became looked after in their teens had higher levels of need, required more costly services and achieved poorer outcomes (Ward, Holmes and Soper, 2008). It is also important to note that, for some disabled children and their families long term residential care is entirely appropriate and may well be the best way for the child to achieve positive outcomes (Ward and Skuse, 2003).

The ability to assess how far the investment of providing short breaks represents a longer term cost saving due to the prevention of family break downs is, therefore, a complex one. It is important to acknowledge the methodological difficulties in calculating potential longer term cost savings. However, it is possible to compare the costs of short break provision with that of looking after a disabled child. As noted above, CCFR have developed a methodology for calculating costs of child welfare interventions. This
‘bottom up’ methodology breaks activities down into their most discrete components, links them to data concerning salaries, overheads and other types of expenditure, and allows one to build up a detailed and transparent picture of unit costs. This method is best suited for unit cost comparisons, as it can accommodate the cost variations. By identifying the number and frequency of cost-related activities occurring over a specific time period it is possible to draw up a longitudinal picture of costs incurred in providing a service.

This methodology had been used to calculate the costs of providing short break services to disabled children (Holmes, McDermid and Sempik, 2010) and long term or permanent placements (Ward, Holmes and Soper, 2008). Both studies utilised cost case studies to demonstrate how costs are incurred over time for children in different types of circumstances. The two case studies below utilise the findings of Ward, Holmes and Soper (2008) and Holmes, McDermid and Sempik (2010) to calculate the costs incurred for a disabled child to be looked after (Child A) and to be offered short breaks (Child B) for a 12 month time period. Where possible comparable services and characteristics have been used.

**Child A: A looked after disabled child**

Child A was a girl, aged 13, from an out of London authority. She became looked after at the beginning of the 12 month period. She had physical and learning difficulties, cerebral palsy, spastic quadriplegia and global developmental delay. Child A was referred to social care after concerns had been raised regarding family dysfunction and her parents’ capacity to meet her multiple and complex needs. After a process of assessment she placed in agency residential care. This placement was identified as being most suitable for Child A’s multiple and complex needs.

---

6 Unit costs based on those calculated for Ward Holmes and Soper, 2008 Inflated for financial year 2009-10
The timeline for Child A is shown in Figure 2 and the summary of costs in Table 16 (below).

**Figure 2: Timeline over a 12 month period for Child A: Looked after child**

![Timeline diagram](image)

**Table 14: Costs to social care over a 12 month period for Child A: Looked after child**

<table>
<thead>
<tr>
<th>Social care activity costs: out of London prices</th>
<th>Short break services costs: out of London prices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process</strong></td>
<td><strong>Weekly fees and allowance</strong></td>
</tr>
<tr>
<td>Decide Child needs to be looked after</td>
<td>Unit cost (£)</td>
</tr>
<tr>
<td></td>
<td>sub total (£)</td>
</tr>
<tr>
<td>Care planning</td>
<td></td>
</tr>
<tr>
<td>Maintaining the placement (first three months of placement ) <em>per week</em></td>
<td>209.78</td>
</tr>
<tr>
<td>Maintaining the placement (per week)</td>
<td>176.19</td>
</tr>
<tr>
<td>Review</td>
<td>596.62</td>
</tr>
<tr>
<td>Total cost of social care activity</td>
<td><strong>£11,148.51</strong></td>
</tr>
<tr>
<td>Total cost of placement</td>
<td><strong>£109,835.45</strong></td>
</tr>
</tbody>
</table>

*Total cost incurred by children’s social care Child A during the 12 months period* **£120,983.96**
Child B: A disabled child receiving short break services

Child B has severe learning and physical disabilities, along with complex health needs. The family were referred to social care because Child B’s mother expressed feelings of isolation and high levels of stress over her caring responsibilities. Child B’s mother had concerns regarding the time she is able to dedicate to her younger child, when much of her caring capacity is focused on Child B.

A core assessment was undertaken. As a result, the family were offered a package of support which included the provision of one overnight short break in a specialist residential short break per month and home sitting for eight hours a month. After the first review, it was identified that the younger sibling would benefit from attending a sibling support group once a week. Child B was also offered a place on a specialist adventure holiday in the school summer holidays.

The timeline for Child B is shown in Figure 3 and the summary of costs in Table 17 (below).

Figure 3: Timeline over a 12 month period for Child B: Short break services

Unit costs based on those calculated for Holmes, McDermid and Sempik, 2010 Inflated for financial year 2009-10
Table 15: Costs to social care over a 12 month period for Child B: Short break services

<table>
<thead>
<tr>
<th>Social care activity costs: out of London prices</th>
<th>Short break services costs: out of London prices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process</strong></td>
<td><strong>Unit cost (£)</strong></td>
</tr>
<tr>
<td></td>
<td>832.90</td>
</tr>
<tr>
<td>Core Assessment</td>
<td>157.66</td>
</tr>
<tr>
<td>Resource Panel</td>
<td>126.41</td>
</tr>
<tr>
<td>Ongoing support: visits: Every six weeks (per visit)</td>
<td>884.85</td>
</tr>
<tr>
<td>Ongoing support: Review</td>
<td>318.38</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) To ensure the cost calculations best reflect the findings of this report, an average night rate was calculated based on those calculated for Site A, B, C.

Ward, Holmes and Soper (2008) estimate that the costs to social care of looking after a child with physical and learning difficulties in residential care for 12 months is £120,983.96. Residential placements were found to be among the most costly. The overall costs of the same child being placed in agency foster care would be £63,207.34. In contrast, the costs to social care of providing short break provision to a child with complex learning and physical needs over a 12 month period was calculated as £20,083.68.

These case studies are intended to illustrate the difference in costs between long term provision and short break care. While it is evident that short break provision is less costly, these costs must be considered in relation to the outcomes achieved by the family. While, it is apparent from this and the Interim Report that the short break services in the study positively impacted the families, longer term care may be more appropriate for some families.
Furthermore, while the findings of this report are highly positive, the longer term outcomes of short breaks on family stability are also not known. Better data regarding the impact of short breaks on maintaining family stability and the numbers and characteristics of the children who would require longer term care if left unsupported are required before it would be fully possible to assess how far the investment of short break services result in longer term cost savings. However, the costs data outlined in this and other studies (Holmes, McDermid and Sempik, 2010; Ward Holmes and Soper, 2008) may assist service providers and commissioners in ensuring that the right services are available to the right families.

**Section 6: Summary of key findings: Costs analysis**

- Despite substantive spending cuts across all public services, it is evident that the present national government recognises the importance of short breaks. The introduction of the statutory duty to provide a range of short break services is designed to ensure such services are made available to families.

- Emphasis has been placed on the role of the market economy to introduce efficiencies. Consequently the ‘hands –off’ approach means that there is no ring fenced money to fund the provision of short breaks under the statutory duty. However, it is possible that local authorities will prioritise their statutory duty and use the Early Intervention Grant introduced for 2011-12 as an important source by which local authorities can commission short breaks.

- The Big Society policy may provide opportunities for Action for Children to seek potential new partnerships that will generate synergy and lead to more efficient ways of helping children achieve better outcomes.

- Utilising existing resources such as residential short break homes to offer a wider range of short break services, may increase demand for Action for Children
services. Discussions might be held with commissioners regarding how amending current contractual arrangements may enable Action for Children to support local authorities in their duty to provide a range of different types of short breaks.

- While there is some evidence to suggest the provision of short breaks can prevent the need to more costly long term residential care, attempts to demonstrate the longer term savings from preventative services through empirical research have proved challenging.

- While it is evident that short break provision is less costly than long term residential care, the costs must be considered in relation to the outcomes achieved by the family. The findings of this study suggest that children and families accessing Action for Children short breaks received many benefits. However, better data regarding the impact of short breaks on maintaining family stability and the likelihood of family breakdown, in the absence of the provision of short break, are required before it would be fully possible to conclusively assess how far the investment of short break services result in longer term cost savings.
7. Conclusion

This study aimed to explore the impact that Action for Children short break services have on disabled children and their families. Although the study represents a small sample of children and families receiving Action for Children short breaks it suggests that the services have a positive impact on the children and their families. The quantitative data suggest that a great number of outcomes identified for the children had improved over the six month time period. The qualitative data suggest that families, staff and partners consider Action for Children short breaks as having a positive impact on the families and value the service.

Many of the children included in this study have profound and multiple learning difficulties. Therefore, their outcomes must be measured in the light of those difficulties. The findings of this study suggest that services are proficient at meeting the various needs of those children and identifying individual outcomes for the children to work towards. The different short break services offered unique benefits and parents were aware of this when revealing why they chose a particular short break or what their expectations were. The sample size within each service type is not sufficient to make conclusive statements regarding the relative merits of the different types of provision. However, it is evident that the choice of services offered by Action for Children is a strength of their provision and may assist local authorities in offering the range of provision required by the new statutory duty (DfE, 2011b).

In recent years short breaks have been recognised for their potential to meet the needs of the child as well as their parents (Robertson et al, 2010; Holmes, McDermid and Soper, 2011; Cramer and Carlin, 2008) and this study suggests that Action for Children short breaks have a positive impact on the children accessing them. Just over half (51.6%) of the outcomes identified were recorded as having improved, 27% had not changed and 0.6% had deteriorated. The children across the services may progress at various speeds, and some children with impairments such as autism, may require more time and investment from staff before they are fully able to feel the benefits of some of the services. A six month time interval may be too brief for some children to improve
sufficiently in some outcomes and further benefits may be evidenced after a longer period of provision.

Furthermore, the survey responses and interviews suggest that on the whole, families, staff and partners felt that the Action for Children short breaks had had a positive impact on children’s outcomes. While it was clear that the parents interviewed valued the progress that their children made at the short breaks, some revealed that their child’s enjoyment of the short break was more important than whether they were achieving targets. The findings of this study suggest that the Action for Children short break services participating in this study were meeting this objective along with many others. The most frequently cited outcome indicator subcategory was Have fun on the short break, and 65% of Outcome 15 The child or young person engages in a leisure activity of their choice selected were recorded as having improved. Those children participating in the interviews were very positive about their experiences.

The interviews with professionals from Action for Children and partners provided evidence that where local authorities set outcomes for children referred to short break services, these tend to be broad in nature, and Action for Children staff are skilled at refining these and setting more specific outcomes and targets. It is not known whether social workers do not possess the appropriate skills to set more specific outcomes, or if they have no need to because these are appropriately set by Action for Children staff and where necessary agreed in an inter-agency setting.

One of the key aims of short break services is to support parents and carers in their caring role, to maintain family stability and to prevent the likelihood of family breakdown (DfE, 2011b, Munro, 2011a; DCSF, 2007). Existing studies suggest that short breaks can have a positive impact on parental wellbeing (Eaton, 2008; McConkey, 2008; Davies et al, 2004; MacDonald and Callery, 2004), family functioning (Forde et al 2004; Damiani et al 2004) and enabled time to be spent as a 'normal' family (Shared Care Network 2008; McConkey and Truesdale, 2000). Overall, the findings of this study support the existing literature and suggest that the Action for Children short breaks
services had a positive impact on families. 96% of families (n=23) reported in the surveys that the short break service had a positive impact on family life.

Whilst insufficient interviews took place with partner agencies to draw definitive conclusions about how well Action for Children staff work in partnership with other professionals, the local authority representative interviewed praised the quality of the work undertaken by the short breaks service. This was consistent with the information given by Action for Children managers and members of staff. One partner was critical of aspects of the joint working with providers of community activities, but there was no opportunity to verify this with such a provider. Taken as a whole, the evidence suggests good partnership working with other professionals, and several interviewees ascribed this to a commitment to good working relationships, especially when staff groups were stable.

There was some evidence of tensions between the short breaks services and local authorities, not least due to the current financial climate. Two of the sites had entered the new financial year without definitive funding arrangements with their commissioners, and a third well established service was facing a re-tendering exercise. Such uncertainties inevitably have a negative impact on service delivery and are an unfortunate consequence of the changing financial climate in public services, but do not demonstrate best practice in commissioning arrangements. There was additionally some criticism of the varying quality of work undertaken by social workers, and anxiety about revised arrangements for a resource panel affecting one site.

Despite substantive spending cuts across all public services, it is evident that the present national government recognises the importance of short breaks. The introduction of the statutory duty to provide a range of short break services is designed to ensure such services are made available to families. It is possible that, while cutting expenditure on traditional short breaks services, local authorities may actually increase expenditure on other types of short breaks services. Services should focus on improving capacity utilisation or utilising existing resources such as residential short break homes to offer a wider range of short break services, which may increase demand for Action for
Children services and support local authorities in their duty to provide a range of different types of short breaks. While there is some evidence to suggest the provision of short breaks can prevent the need to more costly long term residential care, attempts to demonstrate the longer term savings from preventative services through empirical research have proved challenging. While it is evident that short break provision is less costly than long term care, better data regarding the impact of short breaks on maintaining family stability are required before it would be fully possible to assess how far the investment of short break services result in longer term cost savings.

The methodological difficulties of this study have already been highlighted throughout the report. Given the complex needs experienced by many of the children accessing short breaks, short breaks may be delivered as part of a package of services. Many of the participating families identified a range of other services being delivered to them. Consequently, it is not possible to conclusively identify whether the outcomes achieved are a direct result of the short break, or as a result of another service, or the combination of services (Robertson et al, 2010). Furthermore, the sample sizes are limited. Therefore, caution must be taken in generalising the findings of this study across all Action for Children short break services.

However, it is evident that the services are highly valued by families and do contribute to a package of services in achieving positive outcomes for disabled children and their families. It is also evident that the children included in the study, and their families, are making positive progress towards good outcomes. The impact of Action for Children short break services identified in this study are:

Impact on the child:
- The child enjoying the short break;
- Facilitating access to leisure activities;
- The children having an opportunity to contribute decision making regarding their care through their views being sought and acted upon;
- Improvement in self confidence;
• Improvement in emotional wellbeing;
• Improved communication, social and practical life skills.

Impact on the family:
• Reduced carer stress;
• The opportunity to alleviate exhaustion through getting an uninterrupted night’s sleep;
• Increased capacity to care for their child as they had received a break;
• Increased sense of wellbeing knowing that their child was benefiting from their short break and being cared for;
• Relief from knowing that they will soon be receiving a break;
• An awareness that others are capable of caring for their child;
• Being able to spend quality time with other family members, including siblings.

Furthermore, as noted throughout this study and the Munro Review of Child Protection (Munro, 2011) it is essential to fully understand each child’s journey as they develop and grow. Therefore, it is important to recognise all incremental changes achieved for disabled children, no matter how small. As has been noted above, for many children with the most complex needs, a small amount of progress may have a substantive impact of the wider family.

The environment in which Action for Children short break services are currently operating is one of transition, public spending cuts and uncertainty, but also one in which the importance of short breaks has been recognised. The new statutory duty for local authorities to provide a range of short breaks (DfE, 2011b), along with the increasing emphasis on early intervention and prevention, may open up opportunities for Action for Children to continue supporting disabled children and their families through short break provision. While this and other studies note (Robertson et al, 2010; Burns and Bruchard, 2000) that short breaks cannot be considered a ‘cure all’ solution, the evidence in this report indicates that short breaks may be an important element
within a package of services for disabled children and their families. It is apparent that Action for Children services are highly valued by families as this quote demonstrates:

_This [service] has been exceptionally good. I was extremely upset and disappointed it has had to finish when our daughter reached her 18th birthday as throughout our daughter’s time we have had several care experiences and this was without a doubt the best: 100% perfect for my daughter and myself. [...] Please pass on our thanks for this wonderful [service], whoever receives [it] after us is very fortunate._ (Parent)
Appendices

Appendix 1: Existing outcomes framework mapped against the new outcomes

<table>
<thead>
<tr>
<th>Existing outcomes indicator</th>
<th>New outcomes indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The health and development needs of a child or young person are identified</td>
<td>16. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
</tr>
<tr>
<td>2. The child or young person recognises their own health and development needs</td>
<td>17. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
</tr>
<tr>
<td>3. Parent/carer’s capacity to support their child’s health and development is enhanced</td>
<td>18. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
</tr>
<tr>
<td>4. There is an improvement in a child or young person’s emotional wellbeing</td>
<td>19. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
</tr>
<tr>
<td>5. The risks to the child or young person are known and protective factors are in place</td>
<td>8. The child or young person maintains or forms a supportive relationship with significant other/s</td>
</tr>
<tr>
<td>6. The child or young person lives safely within the family network or placement</td>
<td>9. Relationships between child/ren and young people and parents/carer improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
</tr>
<tr>
<td>7. Child or young person lives safely in family or family network</td>
<td></td>
</tr>
<tr>
<td>11. The child or young person feels safe within the family network or placement</td>
<td>12. Child or young person lives safely in family or family network</td>
</tr>
<tr>
<td>14. The limitations of the parent/carer’s responsibility for their child/young person is understood</td>
<td>13. Child or young person lives safely in family or family network</td>
</tr>
<tr>
<td>15. Parent/carer’s capacity to cope with difficulties is enhanced</td>
<td>14. Child or young person lives safely in family or family network</td>
</tr>
<tr>
<td>16. The quality of family life is enhanced</td>
<td>15. Relationships between child/ren and young people and parents/carer improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
</tr>
<tr>
<td>17. The child or young person maintains a supportive relationship with significant other/s</td>
<td>16. The child or young person maintains or forms a supportive relationship with significant other/s</td>
</tr>
<tr>
<td>20. The child or young person has supportive friendships</td>
<td>17. The child or young person has supportive friendships</td>
</tr>
<tr>
<td>21. The child or young person engages safely in a leisure activity of their choice</td>
<td>18. The child or young person engages safely in a leisure activity of their choice</td>
</tr>
<tr>
<td>22. The child or young person’s views are sought, heard and contribute to decision making</td>
<td>19. A child or young person is able to exercise a choice and express their ambitions for the future</td>
</tr>
<tr>
<td>23. The child or young person makes informed choices</td>
<td>20. A child or young person is able to exercise a choice and express their ambitions for the future</td>
</tr>
<tr>
<td>24. The child or young person’s social skills improve</td>
<td>21. The child or young person’s social skills improve</td>
</tr>
<tr>
<td>25. The child or young person’s communication skills improve</td>
<td>22. The child or young person’s communication skills improve</td>
</tr>
<tr>
<td>26. There is an improvement in the child or young person’s practical life skills</td>
<td>23. The young person/family improves financial or practical life skills</td>
</tr>
</tbody>
</table>
### Appendix 2: The progress against outcomes by outcome indicator by site

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Service</th>
<th>Improved</th>
<th>Not Changed</th>
<th>Deteriorated</th>
<th>No result recorded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Child or young person lives safely in family or family network</td>
<td>Site D</td>
<td>10.0%</td>
<td>10.0%</td>
<td>80.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site E</td>
<td>71.4%</td>
<td>.0%</td>
<td>28.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site G</td>
<td>19.0%</td>
<td>81.0%</td>
<td>.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site H</td>
<td>66.7%</td>
<td>33.3%</td>
<td>.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>8. The child or young person maintains or forms a supportive relationship with significant other/s</td>
<td>Site E</td>
<td>47.8%</td>
<td>26.1%</td>
<td>26.1%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site F</td>
<td>50.0%</td>
<td>28.1%</td>
<td>21.9%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site G</td>
<td>14.3%</td>
<td>85.7%</td>
<td>.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site H</td>
<td>53.8%</td>
<td>42.9%</td>
<td>3.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>9. Relationships between children and young people and parents/carers improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
<td>Site D</td>
<td>33.3%</td>
<td>.0%</td>
<td>66.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site E</td>
<td>56.3%</td>
<td>12.5%</td>
<td>25.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site F</td>
<td>100.0%</td>
<td>.0%</td>
<td>0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site G</td>
<td>20.0%</td>
<td>80.0%</td>
<td>.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>10. The child or young person’s communication skills improve</td>
<td>Site D</td>
<td>41.7%</td>
<td>11.1%</td>
<td>47.2%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site E</td>
<td>17.6%</td>
<td>61.8%</td>
<td>20.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site F</td>
<td>41.7%</td>
<td>33.3%</td>
<td>25.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site G</td>
<td>45.0%</td>
<td>55.0%</td>
<td>.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Site H</td>
<td>94.7%</td>
<td>.0%</td>
<td>5.3%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>11. The child or young person achieves in a learning environment to the best of their ability or achieves readiness for school</td>
<td>Site F</td>
<td>100.0%</td>
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<tr>
<td>14. The young person/family improves financial or practical life skills</td>
<td>Site D</td>
<td>54.2%</td>
<td>4.2%</td>
<td>41.7%</td>
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<td>Site E</td>
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<td>15. The child or young person engages safely in a leisure activity of their choice</td>
<td>Site D</td>
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<tr>
<td>16. A child or young person is able to exercise a choice and express their ambitions for the future</td>
<td>Site D</td>
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<tr>
<td>18. A child or young person maintains or improves physical health and/or meets individual developmental milestones</td>
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</tbody>
</table>
References


Shared Care Network (2008) *Breaking Down the Barriers: How short breaks are helping families of children with autism to be “more like other families”*. Shared Care Network: Bristol.


UN General Assembly (2009) *Guidelines for the Alternative Care of Children Resolution GE.09-14213 (E) 160609*.


