**A black text on a white background

AI-generated content may be incorrect.**

**Short Breaks Self-Referral Form**

Thank you for expressing an interest in applying for a short break service for your child. Please find attached the ‘self referral’ form which sets the eligibility on page 3 and is to be used as a guide to ensure that you are directed to the service you need. Please refer to the Short Breaks Self-Referral form guidelines to help you complete the form.

This form is designed to be completed by parents who would like their children to receive a short break service from those listed below. The form can be used to request both specialist and universal services. If you are currently receiving a short break service, there is no need to fill out this form unless you are requesting a change of short break service because, for example, your child's needs have changed.

It is useful to bear in mind when making your choice that ‘specialist services’ are allocated to disabled children and young people whose needs cannot be met by universal services as they require a higher level of support. The needs of a majority of disabled children are met within universal services without the need for an assessment. Families can ask for an assessment if there is a change in circumstances or if more than one service is required.

A short break can be accessed by one of the following:

1. The Self Referral form

2. Common Assessment Framework (CAF)

3. A Social Care assessment

An assessment is completed by a professional. It takes into account the child's development, parent capacity and family and environmental factors, as families may have the same needs but manage differently. To request an assessment or access more than one specialist service, please contact the Children and Young People Disabilities Hub on 020 8227 5500 The Short Breaks Team at [referrals.shortbreaksteam@lbbd.gov.uk](mailto:referrals.shortbreaksteam@lbbd.gov.uk).

We have tried to make the form as simple as possible. If you require any help or further explanation to complete this form, please don’t hesitate to contact us.

A member of staff in the Short Breaks Team or Children and Young People Disabilities Hub will be more than happy to talk you through it or support you in accessing the help you need to complete the form.

The Self-Referral form does not have to be completed if your child already receives a specialist service. Furthermore, if your child/family currently has a CAF in place then please contact your Lead Professional/Family Support Worker to help you request additional services and do not use this form.

**Consent:**

The Short Breaks Panel will use the information you have provided on the Self-Referral form to enable fair access to and track choices made for short break services. In order to do this, the information you have provided may be shared with our short break providers.

To carry out a thorough assessment of your child’s needs, it may be helpful for us to obtain information from other agencies with whom you have contact and undertake some network checks. This could include but not limited to:

* Your child(ren)'s college, school, pre-school / childcare setting;
* Health Care Professional (i.e CAMHS (Child and Adolescent Mental Health Service), Speech and Language Therapy (SALT), EHCP/SEND, Educational Psychology, General Practice;
* Any other relevant professional.
* Network checks on information already held by Children Social Care and Early Help Services

It is also useful to share our assessment at its conclusion with other agencies and relevant professionals.

By submitting this form requesting a short break service, you are consenting to us seeking and sharing information about you and your child.

For help with completing this form please contact:

**Children and Young People Disabilities Hub**

Children's Centre, Stevens Rd, Dagenham RM8 2QR

Phone: 020 8227 5500

A blue and yellow logo

AI-generated content may be incorrect.

**Basic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename(s)** |  | **Surname** |  |
| **Date of birth** |  | **Age** |  |
| **Ethnicity** |  | **Language(s) spoken** |  |
| **E-mail address** |  | | |

|  |  |
| --- | --- |
| **Disability**  **Please list the diagnosis/disability in this**  **box. Choose from the disabilities listed in categories A and B below (eligibility**) |  |

|  |
| --- |
| **Group A:**  **Children and young people with Autistic Spectrum Disorder (who have severe learning disabilities or behaviour which is challenging) or those children and young people whose challenging behaviour is associated with other impairments such as severe learning disabilities.**  **Group B:**  **Children and young people with complex health needs including those with physical and/or learning disabilities, those who require palliative care (nursing care) and those with associated sensory impairments.** |

|  |  |
| --- | --- |
| **Form completed by** |  |
| **Relationship to child/young person** |  |
| **Address of child/young person** |  |
| **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** |  | **Mobile** |  |

|  |  |
| --- | --- |
| **Name of school or pre-school service** |  |

|  |  |
| --- | --- |
| **Please list any short break or other services your child already receives** |  |

|  |  |
| --- | --- |
| **Are there any health support needs for your child? If yes, give details (e.g. peg feeds, naso-gastric, allergies, special diet, asthma, skin condition, diabetes, seizures)** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Please let us know if we can contact you in the future regarding activities and services that may be relevant to your child? \*Please delete as appropriate** | Yes/No |

**Disability Living Allowance – Care Component**

|  |  |
| --- | --- |
| **Your DLA reference number is:** |  |

**Please tick one box**

|  |  |  |  |
| --- | --- | --- | --- |
| **You receive low level DLA** |  | **You receive high level DLA** |  |
| **You receive medium level DLA** |  | **Claim for DLA submitted** |  |
| **Do not claim DLA- but fall under either category A or category B (as stated on page 3)\*\*** | | |  |

|  |  |
| --- | --- |
| **Do you receive Carers’ Allowance?** | Yes/No |

**Eligibility for Short Breaks:**

**Please indicate in the box below why you feel your child is unable to access the local offer for SEND, and why they qualify for a short breaks package. Please provide as much information as possible using the short breaks guidance and how this would be of benefit your child. Insufficient information may slow the process down whilst we contact you to request additional information.**

**Self Scoring Boxes**

Now tell us about your child and family. In each of the sections below, put a tick in the box which most resembles your child's situation. Please tick one box only from each section. Once you've completed ticking the relevant boxes, write the score for each section into the 'Needs Score' section and write the total score in the same section.

**Please tick only one box in each section.**

**Sleep**

|  |  |  |
| --- | --- | --- |
| Your child sleeps well for their age. |  | **1** |
| There is some disturbance of your/ your partner's sleep patterns due to the impact of your child’s disability. |  | **2** |
| You follow specialist advice or a sleep programme, but your/your partner's sleep is still disturbed 3-5 nights per week due to the impact of your child’s disability. |  | **3** |

**Child’s social education and leisure needs**

|  |  |  |
| --- | --- | --- |
| Your child has a routine and participates in social activities that are available within the local community with minor support. |  | **1** |
| Your child would enjoy and benefit from participating in social and leisure activities, however this is difficult as he/she would need additional support such as a helper to access the service. |  | **2** |
| Your child is socially isolated and does not attend any provision outside of school or health services. |  | **3** |

**Effect on siblings under 18 years of age**

|  |  |  |
| --- | --- | --- |
| Your disabled child has siblings or friends to play with. They have social relationships appropriate to their age. |  | **1** |
| Your disabled child has two or more siblings under school age. |  | **2** |
| Other children in your family have a significant caring role for their disabled brother or sister. |  | **3** |

**Family and social relationships**

|  |  |  |
| --- | --- | --- |
| Your disabled child has a good relationship with all family members and they have age appropriate friendships. |  | **1** |
| You worry that your child may be excluded from some social activities or does not have the opportunity to develop friendships out of school time. |  | **2** |
| You feel that your child is isolated within the family environment for significant periods of time. |  | **3** |

**Parental Capacity**

|  |  |  |
| --- | --- | --- |
| You are able to use support and help from family, community, universal and specialist services. |  | **1** |
| You need and use additional support in order to live an ordinary life. You access support from professionals or your wider family on a regular basis. |  | **2** |
| You have more than one disabled child or you are yourself disabled or have a diagnosed health need. |  | **3** |

**Impact on family**

|  |  |  |
| --- | --- | --- |
| You have supportive relationships within your family and community. |  | **1** |
| There are relationship difficulties within the family that impact on your disabled child and not other children in your family. e.g. Family understanding and feelings about the child's diagnosis |  | **2** |
| You are worried that there is a real risk of family breakdown. |  | **3** |

**Next Steps**

**Once you have completed the Self Referral form, please send it back to:**

Short Breaks Team

Children and Young People with Disabilities

Town Hall Square,

1 Clockhouse Avenue,

2nd Floor, Barking, Essex IG11 7LU

Duty: 020 8227 3881

Or

**E-Mail to:** [referrals.shortbreaksteam@lbbd.gov.uk](mailto:referrals.shortbreaksteam@lbbd.gov.uk).

Once the referral is received, it will be screened by the Short Breaks Team and placed on the waiting list for assessment. There is roughly a 6-8 week waiting time for completing an assessment.

Once an assessment is completed it is presented to our Resource Panel who will then make a decision about whether a short breaks package will be funded by the Local Authority for your child.

**Data Protection and Privacy Statement:**

In line with the General Data Protection Regulation 2016/679 and the Data Protection Act 2018, LBBD will only process and use your information for the purposes of providing you with the necessary services to support yours and your child(ren)s needs. If you would like further information about how your information is used and your rights to access the information, we hold on to you, please go to the Privacy Notice on the LBBD website.