

Dear Parents / Carers,

Please find below the 'self-assessment referral tool' which will help us gain a better picture of your child's needs, and the level of service or support that will meet those needs.

If you need any help with completing the form, or require a printed copy or a different format please contact the Short Breaks Co-ordinator:

Tel: 0118 974 6881 / 0118 974 6890

Email: shortbreakselfassessment@wokingham.gov.uk

Short Breaks Self-Assessment Referral Tool

This self-assessment tool is for use by anyone who believes they may be eligible for short break support. Details of eligibility and the type of support on offer can be found in our Short Breaks Statement.

www.wokingham.gov.uk/lo

We think it is important to allocate short breaks in a fair way. Not all children and families will be eligible or need the same level or type of short breaks; some will need more than others because of the impact of their child's disability. Some families may need more support because of their individual family circumstances. The self-assessment takes into account the child or young person's development, family circumstances and environmental factors, as families may have similar needs but manage differently.

Likewise not all children and young people need or want to attend activities or receive services specifically designed for children and young people with disabilities. Many children and young people would prefer to attend activities with their friends from school or local area, or with their siblings.

Details of all clubs and activities available as short breaks can be found on Wokingham Borough Council's Local Offer: www.wokingham.gov.uk/lo



By completing this form it enables us to direct your request for support through the appropriate assessment process. (This is set out in the decision making flowchart at the end of this document).

The type of assessment required beyond this self-assessment will depend upon the level of need. See Wokingham Borough Council's (WBC) Short Break Statement 'How Do I Apply for Short Breaks' for further details. www.wokingham.gov.uk/lo

Alternatively if you feel your family / child has high needs and / or would like to request a Social Work assessment please contact the Disabled Children's Team / Transition Team. Tel: 0118 974 6881 / 0118 974 6890 or DCT.TransitionsAdmin@wokingham.gov.uk.

Purpose of Short Breaks:

For your child or young person:

- To take part in exciting activities that interest them
- Develop feelings of independence and get more confidence
- Spend time with their friends – and make new ones
- Achieve personal goals and learn new skills

For you:

- Reduce feelings of stress and allow you time to relax and recover.
- Spend time with your other children or together as a family
- Meet and get to know other families who share similar experiences
- Feel confident your child is having fun – with skilled carers who understand their needs.

Date Assessment
Received

Mosaic Number

Office use only:

Section 1:

I understand that by completing this self-assessment it may be necessary for the 0-25 service to request and receive information from the child's school or relevant health professionals. This is to make sure that we have the right information to provide the right level of short break support for your child.

BASIC INFORMATION

Please complete in BLOCK LETTERS

Child or Young Person's Information

Child's first name(s)

Child's surname

Child's date of birth

Child's gender

Address:

Postcode

Telephone No.

Mobile Telephone No.

Email Address

Child's ethnicity

Language(s) spoken by family

Please tell us your child or young person's diagnosis or describe their disability (this must be permanent, substantial and will be confirmed with a relevant health professional)

Name of school/ college or pre-school service

Please list any short break or other services your child or young person has used previously and any relevant feedback.

Please advise us of any health professionals who see your child or young person (other than your Health Visitor and School Nurse), and where they are based (e.g. Great Ormond Street Hospital) A recent review or report from health professionals would be helpful.

Paediatrician Y/ N : Name and contact:
Speech and Language Therapist: Y/ N: Name and contact:
Occupational Therapist: Y/ N : Name and contact:
CAMHS Y/N: Name and contact:
Other Health Professional: Y/ N: Name and contact:
GP: Name and contact:

1. Disability Living Allowance (DLA) / Personal Independence Payment (PIP)

This section is about the Disability Living Allowance (DLA) or Personal Independence Payment (PIP – for young people from the age of 16 years) you receive for your child.

1a. Is your child in receipt of DLA or PIP? (Tick all that apply)

DLA				
Mobility	Lower		Higher	
Personal Care	Middle		Higher	
PIP				
Daily Living	Lower		Higher	
Mobility	Lower		Higher	

1b. If No, and you would you like advice about applying for DLA please see

<https://www.gov.uk/disability-living-allowance-children>

1c. If No, and you would like advice about applying for PIP please see <https://www.gov.uk/pip>

2. Do you receive Carers’

YES / NO

Allowance?

2a. If No, and you would you like advice about applying for Carers’ allowance please see

<https://www.gov.uk/carers-allowance>

FAMILY INFORMATION:

Form completed by

Relationship to child or young person. (Please let us know if you are a foster carer or adoptive parent)

Is there another adult in the household?

Do they support you with the care of your child? If so, please tell us their name and relationship to you and how they support you.

Are there other adults your wider circle of family and friends who supports you with the care of your child? If so, please tell us their name and relationship to you and how they support you.

Please tell us why you are requesting a short break or support from FIRST or ASSIST

Do you have more than one disabled child? If so, please tell us how many disabled children there are in your family, their name(s) age and disability *Please complete a separate form for each application*

Do **you, as a parent / carer,** have a disability? If yes, please describe

Do **you, as a parent / carer,** have a diagnosed health need / condition? If yes, please describe

Do **you, as a parent / carer,** have any regular caring commitment to any other person e.g. elderly relative, children under 5 years old

Section 2:

MY CHILD'S NEEDS

Please use this section to fully describe your child or young person's needs, including sensory needs below:

A large empty rectangular box with a black border, intended for writing the child's needs.

SELF ASSESSMENT INFORMATION

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 / your family's situation. Please tick one box only from each section. This will assist us in more accurately meeting your child's needs as well as signposting you to other relevant services.

Please tick only one box in each section.

Sleep

1. Your child sleeps well for their age.	
2. There is some disturbance of your/ your partner's sleep patterns due to the impact of your child's disability.	
3. 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.	
4. Other (give further details):	

Behaviour

1. Your child does not display any aggressive behaviours towards others or self-harming behaviours	
2. Your child displays some aggressive behaviour or self-harming when upset or frustrated but this can usually be easily managed by an appropriate adult without the need for physical intervention	
3. Your child can display aggressive or self-harming behaviours without an obvious trigger or the aggressive behaviours or self-harming behaviours often require an appropriate adult to physically intervene or you feel unable to manage these challenging behaviours.	
4. Other (give further details):	

Safety

1. Your child has an understanding of risk and danger appropriate to their age and requires a routine amount of adult supervision commensurate with this.	
2. Your child does not perceive risk or dangers and requires a high level of adult supervision to keep them safe	
3. Your child actively pursues risk and danger and cannot be left alone at any point.	
4. Other (give further details):	

Physical Mobility

1. Your child is able to move around independently	
2. Your child requires close adult supervision, prompting or a small amount of physical support to move around safely i.e. help with steps	
3. Your child is reliant on others or requires 1:1 support to be able to move around safely.	
4. Other (give further details):	

Communication

1. Your child is able to communicate independently and make their needs known without help (this may be through the use of aids)	
2. Your child needs adult support to communicate their needs	
3. Your child only communicates through emotions i.e. happy, sad etc. or needs an adult who is familiar with their unique communication to be understood.	
4. Other (give further details):	

Physical support with care needs i.e. eating, using the toilet, getting dressed.

1. Your child is able to do most tasks independently or with the amount of help that another child their age might need	
2. Your child requires close adult supervision, prompting or hand over hand support to undertake these tasks	
3. Your child is reliant on others to meet these needs and cannot do these tasks without full support.	
4. Other (give further details):	

Health

1. Your child does not have any particular health needs or has health needs that are routinely met with a medication i.e. asthma	
2. Your child has health needs that require a trained person to support their needs i.e. emergency medication, gastrostomy tube feeding, diabetes etc.	
3. Your child has a health needs that requires a qualified medical practitioner to support them	
4. Other (give further details):	

Child's social and leisure needs

1. Your child can access and enjoys activities without extra support (i.e. can attend without there being a need for the activity provider to think about additional staff).	
2. Your child would enjoy and benefit from participating in social and leisure activities; however he/she would need additional support such as a dedicated helper to access the service.	
3. Your child is socially isolated and does not attend any provision outside of school or health services or your child requires staff with specialist training or more than one adult to support them / keep them safe.	
4. Other (give further details):	

Family and social relationships

1. Your child has a good relationship with all family members and they have age appropriate friendships.	
2. 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.	
3. You feel that your child is isolated within the family environment for significant periods of time.	
4. Other (give further details):	

Effect on siblings under 18 years of age

1. Your child with disabilities and their siblings have social relationships appropriate to their age. There are no barriers to them having friends round. They are able to access an appropriate amount of parental attention	
2. Your child with disabilities sibling finds having friends round difficult or it is difficult to access an appropriate amount of parental attention or may at times need to help support their brother/sister	
3. Your child with disabilities sibling is unable to have friends round whilst their brother / sister is present and/or they have a strained relationship. The sibling is unable to get appropriate adult attention unless there are two adults present or they have a significant caring role for their brother or sister with disabilities.*	
4. Other (give further details):	

***If there is a young carer within the family, please provide their details here, so that we can provide you with information on services for young carers.** Go to the Wokingham Borough [Local Offer directory](#) for information on the [Wokingham Young Carers Project](#).

Name			
School		Date of birth	

Parental Capacity

1. You are able to use support and help from family, community, universal and targeted services.	
2. 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.	
3. You have more than one child with disabilities or you have a disability yourself or have a diagnosed health need. You regularly feel overwhelmed and unable to cope.	
4. Other (give further details):	

Impact on family

1. You have supportive relationships within your family and community.	
2. There are relationship difficulties within the family that impact on your child with disabilities and other children in your family. e.g. Family understanding and feelings about the child's diagnosis, so you sometimes feel isolated.	
3. You are worried that there is a real risk of family breakdown.	
4. Other (give further details):	

Finance

1. You have sufficient income (including any benefits) to pay for all essentials and some money left over for other activities each month	
2. You have sufficient income(including any benefits) to pay for all essentials but no money left for other activities	
3. You struggle to pay for the essentials each month	
4. Other (give further details):	

Are you already a member of the Children with Additional Needs (CAN Network)?

YES / NO

The CAN network provides information and advice about short break services and access to the CAN card which is accepted by many providers of mainstream and targeted services as proof of disability. It can also be used to access concessions where these exist.

If you would like to register with the [CAN Network](#) or find out more about it go to the Local Offer and search CAN Network: www.wokingham.gov.uk/lo

Section 3

Type of support required

As every child and their family are different we accommodate different levels of short break support –

The Levels of Support

	1. Services for all Universal or community services which are available to all children/young people and carers who need low support	2. Targeted Services via the 'Local Offer' Services for children/young people and carers who require some support A targeted offer could be a direct payment or services	3. Specialist Services Services for children/young people and carers who require high support via a specialist package of care
Children / Young Person's Development Needs	The child/young person has some additional needs because of their disability but this doesn't prevent them from generally making friends and accessing local services and activities such as the youth club and leisure centre	The child/young person has additional needs because of their disability and needs some support to help them make friends and access some local services and activities. Sometimes they might need specific activities designed for their needs. There is an expectation that the child/young person will have a statement for their special educational needs (or equivalent under the new SEN Reforms 2014). We will take into account other relevant assessments to inform eligibility.	The child/young person has significant and/or multiple needs because of their disability which prevents them from making friends and/or accessing local services and activities without high levels of support It is highly likely that the child/young person attends a special school to have their high level of educational needs met.
Parent / Carers Caring Needs	The parents/carers sometimes might need help but they know where to go to get it using resources available to them such as grandparents, neighbours, wider family or the community	The parents/carers need additional help to meet the child/young person's needs.	The parents/carers need significant and regular ongoing support to meet the child/young person's needs.
Parent / Carers Personal Needs	The child/young person's needs are impacting on the parents / carers personal or social life but the parent/carer is able to cope with this	The child/young person's needs are met but at a significant cost to the parents / carers physical / emotional health and leisure time.	Neither the child/young person's nor the parents / carers needs are being met and there is a serious risk of family breakdown.
Siblings Needs	The child/young person's brother/s or sister/s can access opportunities but they are sometimes restricted	The child/young person's brother/s or sister/s personal and social lives are significantly restricted.	The child/young person's brother/s or sister/s essential needs are not being met.
Environment	The place where the child/young person lives and the places they go to are safe and generally meet their needs with reasonable adjustment	The place where the child/young person lives and the places they go to may need some changes to ensure they are safe and can better meet their needs.	The place where the child/young person lives and the places they go to are often unsafe or unsuitable and need adapting; this limits their choices.
Who Pays the cost?	Families routinely pay the cost of the service	Families routinely pay no more that they would for child without a disability in a mainstream setting	Costs vary considerably depending on the child's needs and the settings used. WBC pays the cost of the service.

Please use this section to describe the type of support you feel you / your child would benefit from. This can be specific i.e.

- £x to cover the cost of (name of) club / activity,
- x hrs per month for a personal assistant,
- x sessions at a specific service.

or more generic i.e.

- support with activities / clubs,
- a sitting service,
- overnight support.

You may also want help in relation to a specific need, i.e. help with sleep, behaviour etc.



**WOKINGHAM
BOROUGH COUNCIL**

Confidentiality Declaration

Child/Young Person's Name:

Date of birth:

I agree to information being exchanged between the 0-25 services and Education, Health, Social Care and any relevant voluntary or private organisation as required to progress an assessment for Short break Support.

Yes

No

Signed

Date

Data Protection

The information provided is confidential and used only by those agencies involved in the care of the person. This is intended for the organisation to which it is addressed; if you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication and its attachments is strictly prohibited.

If you would like more information about how the Council uses your data, please see our Privacy Notice(s) which are available: <http://www.wokingham.gov.uk/privacy/>

What Next?

Please return this completed Self-Assessment form to: shortbreakselfassessment@wokingham.gov.uk

Or by post to:

The Short Breaks Co-ordinator
Disabled Children / Transitions Team
First Floor
Shute End
Wokingham
RG40 1BN

An email will be sent within 5 working days acknowledging receipt of your self-assessment and informing you which assessment pathway it will follow. Please see the [flowchart on the next page](#) or refer to the Short Break Statement on the [Local Offer section of the council's website](#) for further information.

Don't forget there are many services that can be directly accessed without the need for assessment. To find out more visit the Local Offer directory.



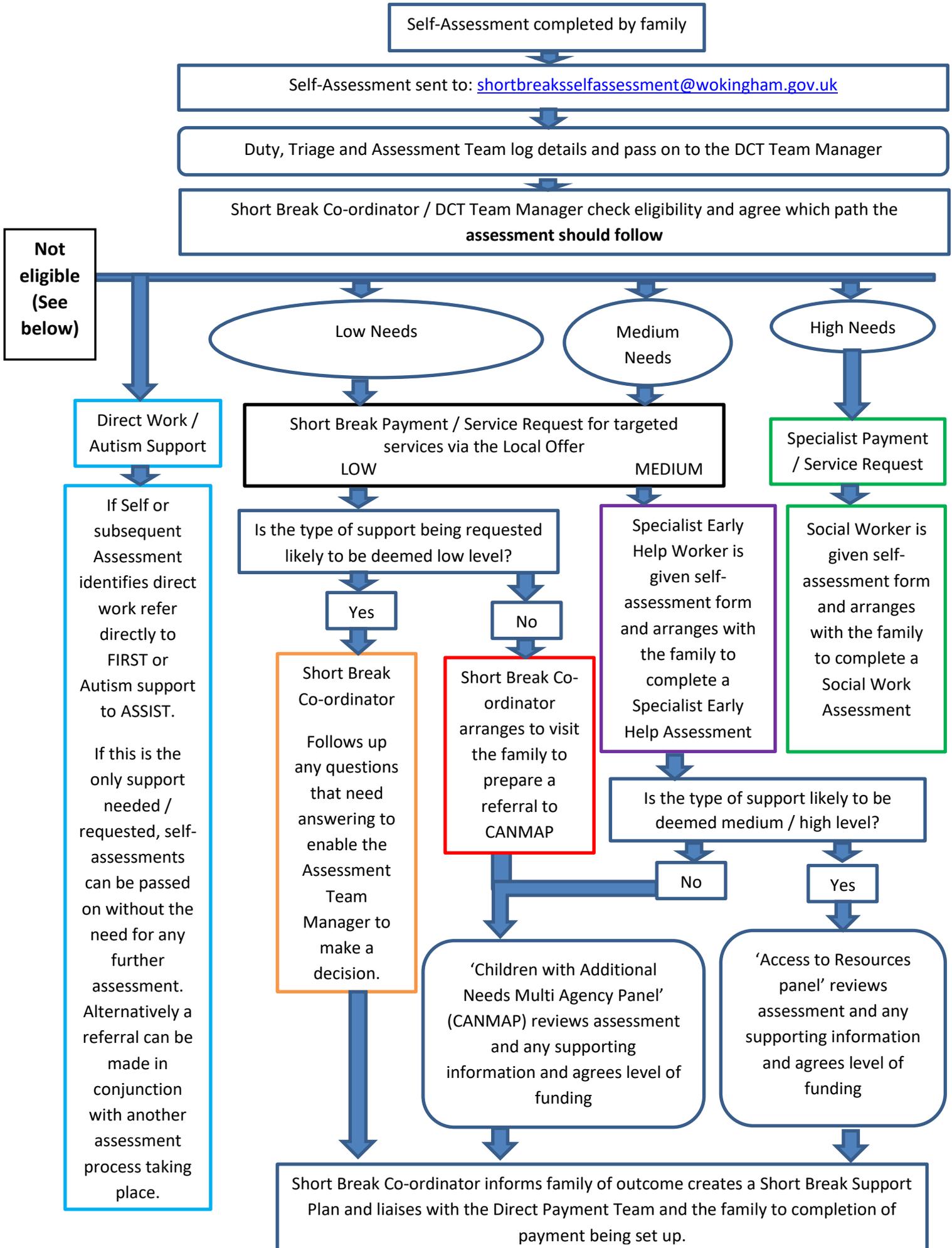
www.wokingham.gov.uk/lo-directory

Should you wish to withdraw this self-assessment please contact the Short Breaks Co-ordinator on 0118 9746881 / 0118 9746890 or email: shortbreakselfassessment@wokingham.gov.uk at your earliest convenience.

Thank you for completing the Self-Assessment Form

On the following page is the [decision making process](#) that your self-assessment will follow and information about what happens if you are not eligible for a service.

Decision making process flowchart



What Happens If My Child / Family Are Not Eligible?

If at any stage of the decision making process families are assessed as not eligible for a short break payment at the level requested they will either be assisted to understand the level of payment they are eligible for and taken through this assessment pathway or if ineligible for any payment will be offered support to still access suitable services through the Local Offer with support from the CAN Network Officer.

Children who are not eligible for a service because they do not have a disability will be directed to mainstream Early Help or Social Work Services as appropriate.

Children Young People and their families may be eligible for direct work around sleep, behaviour, other issues or Autism support even if they are not eligible for Short Breaks Payments.

Such decision will not be applied mechanistically, will take account of a particular family's needs and in unusual or exceptional circumstances will allow for discretionary provision of funding or service that does not fit the standard decision making process. You will be informed of an ineligibility outcome via a letter