



Dear Parents and Carers

Please find below the Self-Referral Form. As well as providing some basic details, it will help us to gain a better picture of your child's needs, the support you feel you need and the outcomes you are hoping to achieve by making this referral.

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: [ShortBreaksCo-ordinator@wokingham.gov.uk](mailto:ShortBreaksCo-ordinator@wokingham.gov.uk)

### **Short Breaks Self- Referral**

This self-referral form 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](http://www.wokingham.gov.uk/lo)

Once a referral has been received by the Short Break and Early Help Team, a decision will be made about the best way to support your child and family. In order to make this decision a Short Break Co-ordinator may contact you to find out some further details.

This process has four potential outcomes:

1. If not eligible for Short Breaks from Wokingham Borough Council, you will be offered advice and signposting to services that are available on the Local Offer via the Short Break Co-ordinator or Children with Additional Needs (CAN) Network Co-ordinator.
2. Where eligible a Short Break Co-ordinator will make contact with you to organise for an Early Help Assessment for Children with Disabilities to take place.
3. Where there are complex needs/circumstances that meet threshold for assessment under Section 17 of the Children's Act 1989, the referral will be passed to a Social Worker.

NB: Some children with disabilities have very complex needs which can have a significant impact on family life and adequate support may not be in place. Social Workers who are experienced in working with disabled children, are best placed to work with their families to determine what support is required, coordinate and involve other agencies in this activity and monitor the effectiveness of the provision.

Children and young people who access overnight short breaks outside of the home, either at an overnight short break provision or in a short breaks fostering provision, will be allocated a Social Worker due to the complexity of need this denotes. The care plan and provision will be reviewed within the Child in Need framework.

4. Where it is felt that another service would be best placed to meet your child's needs, i.e. sleep support from the FIRST team, Autism support from ASSIST, ADHD support or parenting support from the Early Help team, with your consent the referral will be passed to the relevant team for consideration.

We will contact to discuss the outcome of the referral within 5 working days.

We think it is important to allocate short breaks in a fair way. Not all children and families will be eligible for or need the same level or type of short break; 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 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, most of which can be accessed without an assessment, can be found on Wokingham Borough Council's Local Offer:

[www.wokingham.gov.uk/lo](http://www.wokingham.gov.uk/lo).

### **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.



**SHORT BREAKS AND EARLY HELP FOR CHILDREN WITH DISABILITIES**

**SELF REFERRAL FORM**

**BASIC INFORMATION**

<b>Name</b>	
<b>Relationship to Child</b>	
<b>Address (including Postcode)</b>	
<b>Telephone Numbers</b>	
<b>Email Address</b>	
<b>Preferred method of contact</b>	
<b>Language(s) spoken by the family</b>	
<b>Do you have any additional communication needs relating to vision or hearing for example that we need to be aware of when contacting you? Please give details</b>	

**ABOUT THE CHILD/YOUNG PERSON YOU CARE FOR:**

<b>Child/Young Person's name</b>	
<b>Known as</b>	
<b>Gender</b>	
<b>D.O.B</b>	
<b>Ethnicity</b>	
<b>Religion (please also state if practicing)</b>	
<b>Name of school/ college or pre-school service</b>	
<b>GP</b>	
<b>Address</b>	
<b>Telephone Number</b>	

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

### **ABOUT YOUR HOUSEHOLD / SIGNIFICANT OTHER PEOPLE**

Name	D.O.B	Relationship to Child	Ethnicity	Religion

**Do any of these people live at a different address? If yes please give details**

**Do any of these people have a disability or additional needs that would be relevant to an assessment of your child in relation to the need for Short Breaks or Early Help support? If yes please give details**

<b>Please advise us of any other health professionals who see your child or young person (other than your GP &amp; School Nurse), and where they are based (e.g. Great Ormond Street Hospital)</b>			
Name	Role	Based at	Contact details

### **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.

**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	

If No, and you would you like advice about applying for DLA please see <https://www.gov.uk/disability-living-allowance-children>

Please use this section to tell us about your child's needs.

**NB:** Please note that you can provide as much or as little information as you see fit, as this is only a starting point and further information gathering will form part of the assessment process.

- What's going well,
- What's not going so well, support you think would help and the outcomes you are hoping this referral will achieve.

Overview of child's needs

What's going well?

What's not going well?

What support do you think would help

What outcomes are you hoping this referral will achieve

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

Do you receive Carers' Allowance? Yes / No

If No, and you would you like advice about applying for Carers' allowance please see <https://www.gov.uk/carers-allowance>

### **CHILD'S NEEDS AND DESIRED OUTCOMES**

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](https://www.wokingham.gov.uk/lo) or find out more about it go to the Local Offer and search CAN Network: [www.wokingham.gov.uk/lo](https://www.wokingham.gov.uk/lo)



## **Information Sharing Consent Form**

### **What is the purpose of this form?**

When you or your family need help from us, you are the first and most important source of information about your circumstances. However, sometimes it is important to share that information with other agencies so we can provide co-ordinated and seamless services which are right for you, and/or your family. This form asks for your consent to share information with other organisations that may or need to be involved with your family. It also allows them to share information with us.

### **Could the information be shared without my consent?**

Yes, sometimes we can share information without your consent, if in our judgement there is a lawful basis to do so, for example safeguarding children and individuals at risk. Where possible we share information with consent, and where possible we respect the wishes of those who do not give consent.

### **What will the information be used for?**

We will use the information to get a picture of your or your child's needs, so we can provide you with the services that are right for you. If you give consent, some personal details may be shared between services. **We will only share information when it is appropriate to do so.** Information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure. You can find the Services and partner agencies that we may request information from further down in this document.

### **Where will the information held by Children's Services be kept?**

The information you have given us will be stored on our client database and/or in a paper or electronic file. Access to the information will only be given to staff that have a reason to see it. It will be kept confidential and secure so that we comply with the Data Protection Act 2018 and General Data Protection Regulations.

### **Who will be able to see my information?**

Access to the information will only be given to staff that have a reason to see it, for example some information may be shared with other involved professionals within Children's Services for purpose of providing a service to you or your family members.

### **How long will it be kept for?**

Information will only be kept for as long as we are required to do so as per our retention guidance: [https://www.proceduresonline.com/wokingham/childcare/t\\_retention\\_records.html?zoom\\_highlight=retention](https://www.proceduresonline.com/wokingham/childcare/t_retention_records.html?zoom_highlight=retention) Please ask your Short Break Co-ordinator if you want to find out more about this.

### **What are my rights?**

Your information is protected by the General Data Protection Regulations. Your information will be

kept safe and secure, and you will have the right to see what information is being kept about you. You can read our Privacy statement on the council's website:

<https://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/privacy-statement/>

### Withdrawing consent

If you have given consent to share and wish to withdraw this, please contact your Short Break Co-ordinator.

## STATEMENT OF CONSENT

### 1. Children

	Child Name	Date of Birth	Address
1			
2			
3			
4			
5			

### 2. Statement of Consent

☐ I / We understand that personal information is gathered and held about me and my / our children

☐ I / We have had the opportunity to discuss the implications of sharing or not sharing information about me and my / our children

☐ I / We understand that if my / our children are supported by teams within the Short Break and Early Help Service for Children with Disabilities, appropriate information will be shared during necessary meetings so we can provide co-ordinated and seamless services which are right for your child and/or your family.

☐ I / We agree that personal information about me and my / our children may be gathered from and shared between the following agencies:

Agency	Agree	Disagree
Health Professionals (e.g. GP, Health Visitor, School Nurse, Midwife, A&E Consultant, NHS Direct)	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention Service including the Police, Probation, Youth Offending Team	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
School / Nursery	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Sector Organisations	<input type="checkbox"/>	<input type="checkbox"/>
Housing Department/ registered social landlords	<input type="checkbox"/>	<input type="checkbox"/>
DWP and other Benefits Agencies	<input type="checkbox"/>	<input type="checkbox"/>
Other Local Authorities you have lived in	<input type="checkbox"/>	<input type="checkbox"/>
Other Children's Services Departments	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is there anyone or any agency who you DO NOT want us to contact/share information with?</b> <b>Please tell us below:</b>		

### 3. Signature page

**To be signed by the person with parental responsibility or young person over age 16**

<b>Parent / carer / young person details:</b>		
Name of parent / carer / young person		
Relationship to child		
Signature		Date: / /
<b>Parent / carer / young person details:</b>		
Name of parent / carer / young person		
Relationship to child		
Signature		Date: / /

**Signature Worker:**

Name of Worker		
Agency / Service		
Signature		Date: / /



## What Next?

Please return this completed Self-Referral form to:

Duty Triage and Assessment

Email: [triage@wokingham.gov.uk](mailto:triage@wokingham.gov.uk)

Or by post to:

Duty Triage and Assessment Team  
Ground Floor  
Shute End  
Wokingham  
RG40 1BN

The Duty Triage and Assessment Team act as a 'Front Door' for the service. This team will log the fact that the referral has been received and use the information requested to create a record on our system if one does not already exist. They will then pass the referral on to the Short Breaks and Early Help Team for a decision.

You will be contacted within 5 working days to acknowledge receipt of your self-referral and inform you of the referral outcome.

Please 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](http://www.wokingham.gov.uk/lo-directory)

Should you wish to withdraw this process, please contact the Short Breaks Co-ordinator on 0118 9746881 / 0118 9746890 or email: [ShortBreaksCo-ordinator@wokingham.gov.uk](mailto:ShortBreaksCo-ordinator@wokingham.gov.uk) at your earliest convenience.

**Thank you for completing the self-referral form**

