



**North Yorkshire**  
County Council

# **Service for Disabled Children Short Breaks Self-Referral Form**

Jan 2017

## **Guidance Notes:**

- Short Breaks are provided to offer parents and carers:
  - An enjoyable play or leisure opportunity for your child;
  - A chance for parents to have a short break from their caring responsibilities;
  - An opportunity for children and young people to meet with their friends, or
  - A chance for your child to learn or develop a skill.
- This application should be read in conjunction with the North Yorkshire County Council Short Breaks Statement which is [available on the public website here](#).
- In order to gain a better picture of whether a short break grant would help to meet your child's needs please complete the following Self-Referral Form and send us any report or information about your child that you feel will help us make a decision.
- If you require support to complete this form please contact the North Yorkshire County Council Customer Resolution Centre on 01609 780780 or by emailing : [Children&families@northyorks.gov.uk](mailto:Children&families@northyorks.gov.uk) or [children&families@northyorks.gcsx.gov.uk](mailto:children&families@northyorks.gcsx.gov.uk)
- Once you have completed the form please send it, together with any documents or referee details as supporting evidence, to the email addresses above or post to:

Customer Resolution Centre (short breaks grant)  
North Yorkshire County Council  
County Hall  
Northallerton  
North Yorkshire  
DL7 8AD

- All applications and supporting documentation must be received by us 5 working days before the date of the panel.
- The decision will be made by a panel which is held twice a year with dates as specified on the website. You will be notified of the outcome within 5 working days of the date of the panel.

### **Please note: If successful**

- you will be required to keep receipts for all expenditure of any grant awarded.
- You will not be able to apply again for another grant at the next panel. We would require you to wait a period of 12 months before any re-application.

# NYCC SHORT BREAKS APPLICATION: BASIC INFORMATION

Please complete in BLOCK LETTERS

## Child's Information

Child's first name  Child's surname   
Child's date of birth  Child's age

Address of child

Postcode

Child's ethnicity

Language(s) spoken by family

Name of school or pre-school service

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

Please tell us your child's diagnosis or describe their disability

Please advise us of any health professionals who see your child (other than your GP, Health Visitor and School Nurse), and where they are based (e.g. Great Ormond Street Hospital)

## Family Information

Form completed by

Relationship to child or young person

Telephone No.  Mobile Telephone No.

Email Address

Please let us know if we can contact you in the future regarding activities and services  YES/NO

Is there another adult in the household who supports you with the care of your child? If so, please tell us their relationship to you

Please tell us the difference that having a short break will make to:

- a) Your child
- b) You and/or your partner
- c) Your child's siblings (if any)

- a) Your child:
- b) You and your partner:
- c) Your child's siblings (if any):

Do you have more than one disabled child? If so, please tell us how many disabled children there are in your family

Do **you** have a disability? If so, please describe

Do **you** have a diagnosed health need? If so, please describe

## **BEHAVIOUR, COMMUNICATION AND LEARNING**

Please tick one box in each row (for row numbers 1-5) that best describes your child's needs in terms of behaviour, communication and learning, to explain why they need more support than a child of the same age who doesn't have a disability:

	Low Support Needs	Tick	Medium Support Needs	Tick	High Support Needs	Tick		Tick
1	Because of their behaviour, needs <b>some</b> adult support with their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.		Because of their behaviour, needs <b>more regular</b> adult support with their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.		Because of their behaviour, needs 1:1 adult support <b>at all times</b> with their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.		Not applicable to my child.	
2	Has a learning disability and may display distressed behaviour arising from a lack of understanding and/or anxiety.		Has a <b>severe</b> learning disability and may display highly distressed behaviour arising from a lack of understanding and/or anxiety.		Has a <b>severe</b> learning disability and challenging behaviour <b>that presents significant risk of harm to self or others.</b>		Not applicable to my child.	
3	Has challenging behaviour which requires some involvement and interaction with multi-disciplinary communication and learning services.		Has challenging behaviour which requires <b>regular</b> involvement and interaction with multi-disciplinary communication and learning services.		Has challenging behaviour which requires <b>intensive</b> involvement and interaction with multi-disciplinary communication and learning services.		Not applicable to my child.	
4	Has a learning disability which impacts on some aspects of communication and social interaction.		Has a severe learning disability which impacts on all aspects of communication, i.e. restricted and rigid behaviours, social communication and social interaction.		Has a severe learning disability and a severe communication impairment diagnosed by a Speech and Language Therapist and they need augmented communication support.		Not applicable to my child.	
5	Has communication/learning needs that can be met within universal services with <b>some</b> support in relation to self-care, mobility and engagement with peers.		Has <b>severe</b> communication/learning needs that cannot be met within universal services without significantly more adult support in relation to self-care, mobility and engagement, than other children of a similar age.		Has <b>severe and complex</b> communication/learning needs that cannot be met by universal services without 1:1 support.		Not applicable to my child.	

## PHYSICAL DISABILITY

Please tick one box in each row (for row numbers 1-5) that best describes your child's physical disability, to explain why they need more support than a child of the same age who doesn't have a disability:

	Low Support Needs	Tick	Medium Support Needs	Tick	High Support Needs	Tick		Tick
1	Has a physical disability affecting some or all limbs, as identified by a paediatrician or physiotherapist.		Has a <b>significant</b> physical disability affecting some or all limbs, as identified by a paediatrician or physiotherapist.		Has a <b>complex</b> physical disability affecting some or all limbs, as identified by a paediatrician or physiotherapist.		Not applicable to my child.	
2	Has a physical disability and uses additional equipment <b>at times</b> to support standing, walking and feeding, and moving and handling generally.		Has a physical disability and uses additional equipment <b>regularly</b> to support standing, walking and feeding, and moving and handling generally.		Has a physical disability and uses additional equipment <b>as their main means of support</b> , i.e. standing, walking and feeding, and moving and handling generally.		Not applicable to my child.	
3	Has a physical disability and requires <b>some</b> adult intervention for their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.		Has a physical disability and requires <b>more regular</b> adult intervention for their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.		Has a physical disability and requires <b>1:1 adult intervention at all times</b> for their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.		Not applicable to my child.	
4	Has a physical disability and requires <b>some</b> involvement and interaction with multi-disciplinary services.		Has a physical disability and requires <b>more regular</b> involvement and interaction with multi-disciplinary services.		Has a physical disability and requires <b>intensive</b> involvement and interaction with multi-disciplinary services.		Not applicable to my child.	
5	Has a <b>physical disability that can be met within universal services with some support</b> in relation to self-care, mobility and engagement with peers.		Has a <b>severe physical disability that cannot be met within universal services without significantly more adult support</b> in relation to self-care, mobility and engagement, than other children of a similar age.		Has a <b>severe and complex physical disability that cannot be met by universal services without 1:1 support</b> .		Not applicable to my child.	

## HEALTH / MEDICAL NEEDS

Please tick one box in each row (for row numbers 1-3) that best describes your child's health and medical needs, to explain why they need more support than a child of the same age who doesn't have a disability:

	Low Support Needs	Tick	Medium Support Needs	Tick	High Support Needs	Tick		Tick
1	Has <b>controlled</b> healthcare needs requiring specialist intervention. For example, your child takes regular medication for epilepsy which controls their condition.		Has <b>significant</b> healthcare needs requiring specialist intervention. For example, your child requires regular medication for epilepsy, but their condition remains unstable.		Has <b>complex and chronic</b> healthcare needs requiring specialist intervention. For example, your child has had a tracheostomy.		Not applicable to my child.	
2	Has healthcare needs and requires <b>some</b> involvement and interaction with multi-disciplinary services (i.e. is seen by a medical team 3-6 monthly).		Has healthcare needs and requires <b>regular</b> involvement and interaction with multi-disciplinary services, which requires changes to their health care plan.		Has healthcare needs and requires <b>intensive</b> involvement and intervention with multi-disciplinary services (i.e. is seen by a medical team more often than once per month).		Not applicable to my child.	
3	Has <b>healthcare needs that can be met within universal services with some support</b> in relation to self-care, mobility and engagement with peers. For example, support required for medication administration (including insulin injections and epilepsy rescue medication).		Has <b>severe healthcare needs that cannot be met within universal services without significantly more adult support</b> in relation to self-care, mobility and engagement, than other children of a similar age.		Has a <b>diagnosed long-term medical condition which requires additional input to regulate and monitor their condition</b> , e.g. breathing, feeding or uncontrolled epilepsy, and <b>these needs can only be met in universal services with the addition of a 1:1 support worker</b> .		Not applicable to my child.	

## OTHER NEEDS

If your child has any other needs, including sensory needs (a visual or hearing impairment), please describe below:

## FURTHER INFORMATION

We need to ask you for some more information about your child and family.  
Please tick the box from each section that best describes your situation (tick one box only).

### 1. Sleep

		Tick one box only
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, with you having to attend to your child's needs for an hour a night for three or more nights per week.	

### 2. Effect on brothers and/or sisters under 18 years of age

		Tick one box only
1.	Your other children have friends to play with and they have social relationships appropriate to their age.	
2.	Your other children regularly have to help with the care of their disabled brother or sister and this affects their leisure and social time.	
3.	Other children in your family have a significant caring role for their disabled brother or sister and are a young carer	

Name

School  Date of birth

### 3. Impact on family

		Tick one box only
1.	You are able to use support and help from your family and/or community.	
2.	You have limited support from your family and/or community.	
3.	You have no support from your family and/or community.	



## Consent Statement

The Children and Families Service work closely with different professionals, such as teachers, health visitors and GPs. This helps us to understand and meet the needs of your family and members within it.

Before we are able to do this we need to ask you for consent to collect and share this information about your family and, before you sign to indicate you agree to this, we want to ensure you understand what we are collecting and sharing, and why.

### What we want your information for and how we will use it

It is important you know that any information we collect and share about you will be stored and used in strict accordance with the Data Protection Act 1998. We need to look up and share your information such as names, dates of birth, addresses for 3 main purposes:

- to understand what help you or your family might need. By sharing information we can build up a better picture of your family and this will help us and our partners
  - plan the services we offer you,
  - check our records to see if and how we have worked with your family previously
  - see if you are currently working with any of our partner services or support organisations and, where appropriate, ask such organisations to provide you with any additional services which we feel could assist you.
- to improve the way we support you and other people in the future. By listening to and sharing your feedback we can make changes to the way we work and constantly improve how we offer support to you and others in similar situations.
- to show those who are funding us (eg. Central Government) if the services we are spending it on are really helping families, both now and in years to come. Also
  - Any information will be provided as part of a large group of families from across North Yorkshire
  - Any report made will be on the findings for the group as a whole and it will not be possible to identify you or anyone individually.
  - Your information will only be used for research and statistical purposes to measure the performance of the service we give you.
  - The overall findings will help both Government and ourselves develop new policy and approaches, and to see if what is being provided meets the needs of those who receive the help.



**Thank you for completing the Self-Assessment Form**

**Checklist**

Before sending this form to us please use the checklist below to ensure you have included the information we need in order to process your request :

Have you completed all sections in full as reflects the needs of your child? **Yes / No**

Have you given details of any professionals where requested who will be able to confirm the needs of your child? **Yes / No**

Have you signed the application form and consent declaration? **Yes / No**

Have you included letters from any professionals referred to in this application confirming the diagnosis and needs of your child / family eg :

- health professionals, specialists / consultants , headteacher of any school or provision your child attends
- and/or from other professional or service provider supporting your family and able to confirm the needs of your child and/or the needs / situation and/or benefits to the family?

**Yes / No**

If you have answered yes to all the above, please now send your completed form and any supporting documentation to

North Yorkshire County Council Customer Contact Centre by email to

[Children&families@northyorks.gov.uk](mailto:Children&families@northyorks.gov.uk) or [Children&families@northyorks.gcsx.gov.uk](mailto:Children&families@northyorks.gcsx.gov.uk)

or by post to: Customer Contact Centre (Short Breaks Grant),  
North Yorkshire County Council,  
County Hall,  
Northallerton, North Yorkshire, DL7 8AD

**Please note that we need to have received the application and any supporting documentation a minimum of five working days before the date of the panel to which you are applying:**

Thank you