**Short Breaks Self-Assessment Renewal Tool**

In Camden, children and young people with more complex disabilities at [level 3](https://search3.openobjects.com/mediamanager/camden/cd/files/thresholds_criteria_for_children_s_services_in_camden.pdf) and their families will meet the threshold for a statutory social care service from the Children and Young People Disabilities Service (CYPDS), the integrated service for children, young people with disabilities and their families.

**0-4 year olds** – Children aged under five will not be offered the core or enhanced offer but will be assessed based on their needs and their family’s individual circumstances. At this age it is not common for children to be placed with a carer away from the family home, however an assessment can be used to fully understand the needs of the child.

**5-12 year olds** - All eligible children and young people aged 5 – 12 who meet the threshold and who live in Camden can request access to short breaks through this self-assessment referral tool form. Following the first SART this is reviewed annually; a Short Breaks Assessor will be in contact to conduct a telephone review of the provision.

**13 year olds** – All eligible young people aged 14+ will receive a Preparing For Adulthood (PFA) Assessment completed by a social worker who will assess needs and plan service provision for young people. It considers the child or young person’s development, family circumstances and environmental factors, as families may have similar needs but manage differently. This assessment will start to consider the needs of this young person as they approach adulthood, looking at how the short breaks can support the young person as they transition through their teens, including things such as developing independent living skills.

**14-15 year olds** – Following the first Preparing For Adulthood assessment, the short breaks will be reviewed annually just as it was before. The family will be invited to attend the short breaks panel to share their difficulties and the needs of their children/young people.

**16 year olds** – At this age, all eligible young people will received a second Preparing For Adulthood assessment by a social worker. At this age the pathway to adulthood will be explored more, including discussing what will happen when the young person becomes an adult. Please visit the link below and scroll to the download section and read through our Preparing For Adulthood document which explains everything as a parent what you can expect from services provided through the Education Health and Care (EHC) Plan. From the age of 16 if your child is eligible they will still receive a short breaks package, however as stated in the Preparing For Adulthood document, the assessment will focus on preparing for when the young person is an adult, including acknowledging where they will live, do they have a bank account, will they continue to college, will they go into employment or volunteer work.

<http://cindex.camden.gov.uk/kb5/camden/cd/localoffer.page?localofferagebands=3&localofferchannel=0>.

To request an assessment or access more than one specialist service, please contact Early Help or Duty Social Worker (**0207 974 3597**)

**For more help to complete the form and discuss options including if you feel a social work assessment is required, you can also contact the duty social worker ( 0207 974 3597 /** [**dutydct@camden.gov.uk**](mailto:dutydct@camden.gov.uk) **) in the children and young people disabilities service to request one.**

**Once you have completed the Self-Referral form, please send it back via email to** **[SARTCYPDS@camden.gov.uk](mailto:SARTCYPDS@camden.gov.uk) or by post to Camden MOSAIC Children and Young People with Disabilities (0-25) Service, Kentish Town Health Centre, 2 Bartholomew Road, London, NW5 2BX**

**Please note each section of this form is to be completed, or this could cause delays in processing the application and us providing a short breaks service for you.**

**Section 1:**

**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 age |  |

|  |  |  |
| --- | --- | --- |
| Address: |  | |
| Postcode |  |

|  |  |
| --- | --- |
| Child’s ethnicity? |  |
| Nationality? |  |
| Language(s) spoken by family? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school or pre-school service | |  | | |
|  | |  | | |
| NHS Number: |  | | Unique Pupil Number: |  |

|  |  |
| --- | --- |
| Name of registered GP |  |
|  |  |
| Has your child’s EHC Annual Review taken place yet? If so, please state when. |  |

|  |  |
| --- | --- |
| Please state your child’s diagnosis or describe their disability (this must be permanent, substantial and will be confirmed with a relevant health professional). |  |

|  |  |
| --- | --- |
| Please advise us of any health professionals who see your child or young person (other than your GP, Health Visitor and School Nurse), and where they are based (e.g. Great Ormond Street Hospital).  **Please note we need at least 2 to contacts if possible for us to be able to complete the assessment or reapplication.** | Paediatrician Y/ N :  Name and contact:  SENCO Y/N:  Name and contact:  Speech and Language Therapist: Y/ N:  Name and contact:  Occupational Therapist: Y/ N :  Name and contact:  Other Health Professional (CAMHS, Physiotherapist, Specialists): Y/ N:  Name and contact: |

|  |  |
| --- | --- |
| YES | NO |

I consent for the Disabled Children’s Team to complete a **relevant** **network check** with professionals’ e.g. school and relevant health professionals. We will request information about your child from professionals working with you. This is to make sure that we have the right information to provide the right service for your child. **Please circle or highlight in bold.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick the box from each section that best describes your situation (tick one box only).**   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. This is to help us signpost you to other helpful services.  :  **1a. Is your child in receipt of middle or higher rate DLA?** (Tick all that apply)   |  |  |  | | --- | --- | --- | | **Mobility:** |  | | | Middle |  | | | High |  | | | **Personal Care:** |  | | | Middle |  | | | High |  | | |  |  | | |  | |  | | |

**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 as well as receive our “In Touch” Service quarterly newsletter | | | | | | | YES | NO |
| **Please tell us who lives in your family household** | | | | | | |  | |
| Name |  | | | Date of birth |  | | | |
| Contact details |  | | | Relationship to child |  | | | |
|  |  | | |  |  | | | |
| Name |  | | | Date of birth |  | | | |
| Contact details |  | | | Relationship to child |  | | | |
|  |  | | |  |  | | | |
| Name |  | | | Date of birth |  | | | |
| Contact details |  | | | Relationship to child |  | | | |
|  |  | | |  |  | | | |
| Name |  | | | Date of birth |  | | | |
| Contact details |  | | | Relationship to child |  | | | |
|  |  | | |  |  | | | |
| Name |  | | | Date of birth |  | | | |
| Contact details |  | | | Relationship to child |  | | | |
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| --- | --- |
| Please tell us why you are requesting for the current short breaks package to continue,  And how it benefits you as a family. |  |

|  |  |
| --- | --- |
| Do you have more than one disabled child? If so, please tell us how many disabled children there are in your family. *Please complete a separate form for each child’s application.* |  |

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

**Section 2:**

**CHILD’S NEEDS**

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

If you are reapplying for short breaks, then you may write same if there have been no significant changes since the last review.

|  |
| --- |
| Behaviour, Likes & Dislikes |
|  |
| Health, including medical needs |
|  |
| Personal care |
|  |
| Social interaction with peers and adults |
|  |
|  |
| Any other details |
|  |
|  |

|  |  |
| --- | --- |
|  | |
|  |  |

Thank you for completing this form.

Please send this form to the address below, or alternatively email it to;

[**SARTCYPDS@camden.gov.uk**](mailto:SARTCYPDS@camden.gov.uk)

**Short Breaks Coordinator**

**MOSAIC**

**Kentish Town Health Centre**

**2 Bartholomew Road**

**London**

**NW5 2BX**