



# Short Breaks Self Referral for Disabled Children and Young People

Tower Hamlets Council working  
with partners, parents and  
voluntary sector organisations



# SHORT BREAKS SELF REFERRAL FORM

This form is designed to be completed by parents who would like their children to receive a short break service from those listed on page 5. 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.

For a full outline of what each of these services provides and their target group, please see the Directory of Services and Short Breaks Statement for Disabled Children and Young People. If you do not have a copy of this, you can obtain one from the Family Information Service by calling 020 7364 6495.

If you wish to find out about the progress made in developing our short breaks provision as well as other general information on short breaks, please refer to the short breaks statement featuring in the Directory.

For help in completing the form, please contact the Short Breaks Co-ordinator on:

Tel: 020 7364 1450

Email: [short.breaks@towerhamlets.gov.uk](mailto:short.breaks@towerhamlets.gov.uk)

Website: [www.towerhamlets.gov.uk/childrenwithdisabilities](http://www.towerhamlets.gov.uk/childrenwithdisabilities)

Further copies of this form are available at:

[www.towerhamlets.gov.uk/](http://www.towerhamlets.gov.uk/childrenwithdisabilities)  
[childrenwithdisabilities](http://www.towerhamlets.gov.uk/childrenwithdisabilities)



# DEAR PARENTS/CARERS

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 4 and is to be used as a guide to ensure that you are directed to the service you need. 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  
(which combines with a Carers 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 with Disabilities Team on 020 7364 2724.

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 call our Short Breaks Co-ordinator on 020 7364 1450. The co-ordinator is more than happy to talk you through it or support you in accessing the help you need to complete the form. Bi-lingual help is also available.

The Self Referral form does not have to be completed if your child already receives a specialist service. Once you have completed the Self Referral form, please send it back to:

Short Breaks Co-ordinator  
4th Floor, Mulberry Place,  
5 Clove Crescent, London E14 2BG  
020 7364 1450  
short.breaks@towerhamlets.gov.uk

**We look forward to receiving your short breaks application shortly.**

\*The Authority aims to meet the needs of all children through the universally available, inclusive provision. However, the needs or disability may require targeted provision. The two categories are described below:

#### Universal services:

Universal services seek, in conjunction with parents and families, to meet all the needs of children and young people so that they are happy and healthy and able to learn and develop securely. Universal services are provided to all children and young people, including those with additional needs.

Examples of universal services are maternity services, health visiting, children's centres, schools, extended schools services and youth services.

#### Targeted and specialist services:

Services for children with additional needs that go beyond what is on offer in universal services are known as targeted or specialist services. Specialist short breaks are an example of a targeted service. Other examples include extra support during the early years such as the Portage team and additional help with learning in school. Statutory specialist services are where the needs of the child and their families mean that they need intensive statutory intervention to ensure their continued development. An example of this type of service is Children's Social Care.

# BASIC INFORMATION

Please complete in BLOCK LETTERS.

Child's first name		Surname	
Date of birth		Age	
Ethnicity of child		Language(s) spoken by family	

Email	
Disability Please list the diagnosis/child's 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 (continuing care) and those with associated sensory impairments. Complex health needs includes children and young people with profound and multiple learning difficulties and complex and severe medical needs who may also have an additional physical and/or sensory impairment.

Form completed by	
Relationship to child or young person	
Address of child or young person	
Postcode	

Telephone		Mobile	
-----------	--	--------	--

Name of school or pre-school service	
Please list any short break or other services your child already receives	1. 2. 3.

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

Please tick all boxes that apply to your son/daughter:	Is your son/daughter:
	<input type="checkbox"/> Verbal?
	<input type="checkbox"/> British Sign Language trained?
	<input type="checkbox"/> Using PECS/Makaton to communicate?
	<input type="checkbox"/> Hearing impaired?
	<input type="checkbox"/> Able to use the toilet independently?
	<input type="checkbox"/> In need of assistance when using the toilet?

Please let us know if we can contact you in the future regarding activities and services that may be relevant to your child? Please tick the box as appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Signed	
Date	

# CHOOSE A SERVICE

## Choose a service from the list of specialist and universal services

Look at the list of self referral services below (read more about each service in the Directory of Services and Short Break Statement for Disabled Children and Young People available from the Family Information Service) and then indicate what your first choice is by putting a '1' in the white box next to that service. If you have a second choice then put a '2' in the white box next to that service. Please limit your choices to a maximum of two. If there is a short break service you wish to apply for and is not listed below, please state the service as 'other.'

Where more than one service is required to meet your child's needs, which includes overnight short breaks and Continuing Care, please indicate below and contact the Children with Disabilities Team on 020 7364 2724 for an assessment.

Please tick one option from the following if you would like your child to be assessed.

I would like my child to be assessed for more than one provision	<input type="checkbox"/>
I would like my child to be assessed for an overnight provision	<input type="checkbox"/>
I would like to arrange my own short break through direct payments/Individual Budget	<input type="checkbox"/>

Self referral services: (the services listed are correct at time of publication)

Early years service or day care		Family Link	<input type="checkbox"/>
a. Day Nursery	<input type="checkbox"/>	National Autistic Society- Befriending Service	<input type="checkbox"/>
b. Child Minding	<input type="checkbox"/>	Scope Befriending Service	<input type="checkbox"/>
c. Children's Centre	<input type="checkbox"/>	Tower Hamlets Inclusion Service	<input type="checkbox"/>
Tower Project Holiday Schemes		Richard House Day Break	<input type="checkbox"/>
a. Easter Scheme	<input type="checkbox"/>	Play Factory- Holiday Childcare Scheme	<input type="checkbox"/>
b. Summer scheme	<input type="checkbox"/>	Youth Services- Mayor's Activities for Young People e.g. Surjamuki Youth Project	<input type="checkbox"/>
c. February/ October half-term Scheme	<input type="checkbox"/>	APASENTH- Youth Service	<input type="checkbox"/>
Stephen Hawking School		Leisure, sports and cultural activities e.g. Mile End Leisure Centre	<input type="checkbox"/>
a. Easter Scheme (Whoosh)	<input type="checkbox"/>	Other- please state service below:	<input type="checkbox"/>
b. Summer Scheme (Whoosh)	<input type="checkbox"/>		
c. Saturday Group with Siblings	<input type="checkbox"/>		
Discovery Home After School Club	<input type="checkbox"/>		
1 Discovery House After School Club	<input type="checkbox"/>		
Stay and Play delivered by the National Autistic Society and Disabled Children Outreach Service (DCOS)	<input type="checkbox"/>		

How did you hear about short breaks?

# SELF SCORING BOXES

## Detailed information using scoring

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.

Key	
1	Low
2	Medium
3	High

The first section is about the Care Component of the Disability Living Allowance (DLA) or Daily Living Component of the Personal Independence Payment (PIP) you receive for your child.

Your DLA/PIP Reference Number is:

### 1. Disability Living Allowance – Care component

You receive  
(tick one box only)

1. You receive Low Level DLA	<input type="checkbox"/>	2
2. You receive Medium Level DLA	<input type="checkbox"/>	2
3. You receive High Level DLA	<input type="checkbox"/>	3
4. Do not claim DLA- but fall under either category A or category B (as stated on page 4)	<input type="checkbox"/>	2
5. Claim for DLA has been submitted	<input type="checkbox"/>	2

OR

### Personal Independence Payment - The daily living component

You receive  
(tick one box only)

1. You receive the standard rate of PIP	<input type="checkbox"/>	2
2. You received the enhanced rate of PIP	<input type="checkbox"/>	3
3. Do not claim PIP but fall under the category A or B as stated on page 4	<input type="checkbox"/>	2
4. Claim for PIP has been submitted	<input type="checkbox"/>	2

Tick one box only

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you receive Carers' Allowance?

### 2. Sleep

Tick one box only

1. Your child sleeps well for their age.	<input type="checkbox"/>	1
2. There is some disturbance of your/ your partner's sleep patterns due to the impact of your child's disability.	<input type="checkbox"/>	2
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.	<input type="checkbox"/>	3



### 3. Child's social education and leisure needs

Tick one box only

1. Your child has a routine and participates in social activities that are available within the local community with minor support.
2. 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.
3. Your child is socially isolated and does not attend any provision outside of school or health services.

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

### 4. Effect on siblings under 18 years of age

Tick one box only

1. Your disabled child has siblings or friends to play with. They have social relationships appropriate to their age.
2. Your disabled child has two or more siblings under school age.
3. Other children in your family have a significant caring role for their disabled brother or sister (known as a young carer).
4. If there is a young carer within the family, please provide their details so that we can provide you with information on services for young carers.

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

Name:

School:

Date of birth:

### 5. Family and social relationship

Tick one box only

1. Your disabled 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.

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

### 6. Parental capacity

Tick one box only

1. You are able to use support and help from family, community, universal and specialist 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 disabled child or you are yourself disabled or have a diagnosed health need.

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

## 7. Impact on family

Tick one box only

1. You have supportive relationships within your family and community.	<input type="checkbox"/>	1
2. 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.	<input type="checkbox"/>	2
3. You are worried that there is a real risk of family breakdown.	<input type="checkbox"/>	3

## NEEDS SCORE

1. Disability Living Allowance	<input type="checkbox"/>
2. Sleep	<input type="checkbox"/>
3. Child's social education and leisure needs	<input type="checkbox"/>
4. Effect on siblings under 18 years of age	<input type="checkbox"/>
5. Family and social relationships	<input type="checkbox"/>
6. Parental capacity	<input type="checkbox"/>
7. Impact on family	<input type="checkbox"/>
Total score	<input type="checkbox"/>

Please remember that this score is used as a guide only to help us to understand the needs of your child and family.



# WHAT HAPPENS NEXT

When completed, please return this form to:

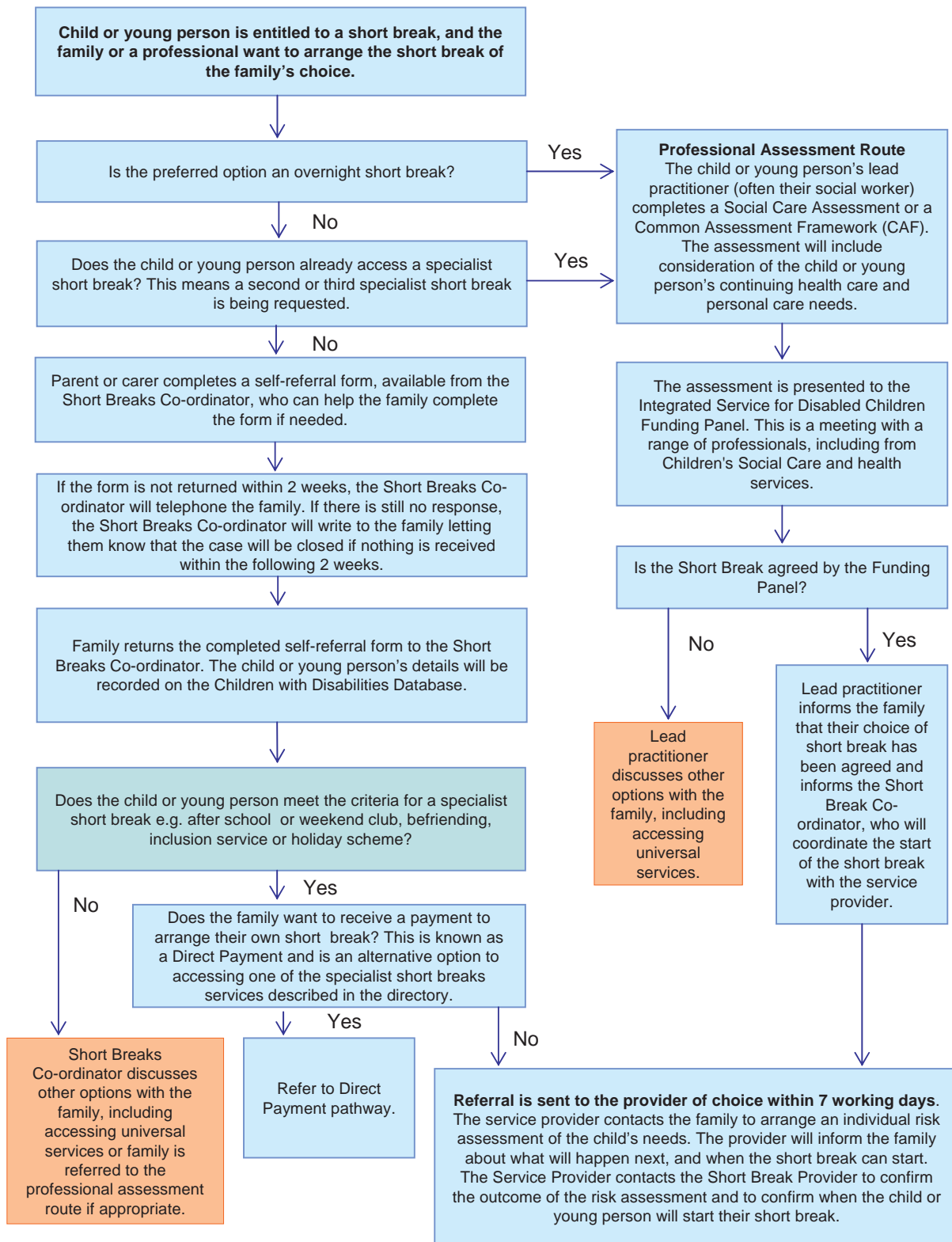
Short Breaks Co-ordinator,  
4th Floor, Mulberry Place, 5 Clove Crescent, London, E14 2BG  
Tel: 020 7364 1450  
Email: [short.breaks@towerhamlets.gov.uk](mailto:short.breaks@towerhamlets.gov.uk)

- When your application has been received, you will be contacted by the Short Breaks Co-ordinator to let you know that we have received your form.
- The information provided by you about your child and family will be reviewed by the Short Breaks Co-ordinator and then by the provider that you have requested a service from.
- We will use the information you have given as a guide to allocate the service of your first choice or make suggestions about other services that may assist your child.
- Where we have a waiting list, we will let you know so you can tell us if you prefer to opt for your second choice. The Directory of Services and Short Breaks Statement for Disabled Children and Young People indicates how many places each provision has.
- Once a service is identified, the individual service provider will be in touch with you to tell you more about their services and complete a provision risk assessment with you. This shouldn't take longer than 2 weeks, but if there are complications, the provider will let you know the reason for the delay.
- When you have been allocated a service, the provider will ask you to give feedback on your experience in order to help us improve our services to families in the future.
- Please refer to the Short Break Referral Pathway which appears on the next page setting out ways to access short break services.



# SHORT BREAK SELF REFERRAL PATHWAY

## SELF REFERRAL AND PROFESSIONAL ASSESSMENT ROUTE



# SHORT BREAKS SELF REFERRAL

When completed, please return this form to:

Short Breaks Co-ordinator  
4th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG  
Tel: 020 7364 1450  
Email: [short.breaks@towerhamlets.gov.uk](mailto:short.breaks@towerhamlets.gov.uk)

An electronic version of the Directory of Services and Short Breaks Statement for Disabled Children and Young People, a copy of the Self Referral Form and The Transition Directory are available on the Tower Hamlets website:

[www.towerhamlets.gov.uk/childrenwithdisabilities](http://www.towerhamlets.gov.uk/childrenwithdisabilities)

The Children with Disabilities Team 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 will be shared with our short break providers.

By submitting the form requesting a short break service you are consenting to your information being shared to the short break providers listed in the Directory of services and Short Breaks Statement for Children and Young People. London Borough of Tower Hamlets is a registered 'Data Controller' as defined under the Data Protection Act 1998. The information you provide will be held and processed in accordance with the Data Protection Act.

If you are a young person who would like to tell us what you think about your short break, please spend a few minutes completing the survey on AMP:

[www.surveymonkey.com/s/RDQT9GY](http://www.surveymonkey.com/s/RDQT9GY)





Integrated Services for Disabled Children  
Telephone: 020 7364 2724  
5th Floor, Mulberry Place  
5 Clove Crescent, London E14 2BG