

**Children with Disabilities Referral**

**Short Break / Carer’s Assessment**

01432 261957

DutyChildrenwithDisabilitiesTeam@herefordshire.gov.uk

Plough Lane Offices, Plough Lane, Hereford, HR4 0LE

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| **Date of referral:** |  |
| **Is this a referral for** | [ ]  **Child and family assessment** |
| [ ]  **Short break assessment** |
| [ ]  **Carer’s assessment** |
| **Details of child / young person** |
| First Name |  | Surname |  |
| Address and postcode |  | Age |  \_\_ y \_\_ m  | Gender: | M [ ]  |  F[ ]  |
| DOB: |  |
| NHS No (if known): |  |
| GP Practice: |  |
| School / Nursery: |  |
| **Are there any Safeguarding Issues? (if yes, please complete a Multi-Agency Referral Form (MARF)) and send to** **cypd@herefordshire.gov.uk** | Yes [ ]  | No [ ]  |
| Is this referral urgent (potential family breakdown) | Yes [ ]  | No [ ]  |
| Is parent / carer aware of the referral? | Yes [ ]  | No [ ]  |
| Has consent been obtained to make this referral? | Yes [ ]  | No [ ]  |
| If YES, is consent: | Written [ ]  | Verbal [ ]  |
| Does the child / young person have an Education Health and Care Plan (EHCP)? | Yes [ ]  | No[ ]  | Undergoing statutory assessment [ ]  |
| Does the child receive Disability Living Allowance (DLA) | Care [ ]  | High [ ]  | Middle [ ]  | Low [ ]  |
| Mobility [ ]  | High [ ]  | Low [ ]  |
| Does the child / young person receive Personal Independence Payment (PIP) | Daily Living | Enhanced [ ]  | Standard [ ]  |
| Mobility | Enhanced [ ]  | Standard [ ]  |
| **Details of the Parent / Carer (Primary carer details, others with parental responsibility to be detailed below)** |
| Name of Parent / Carer:  |  |
| Contact Telephone Number:  |  |
| Does this person have parental responsibility | Yes [ ]  No[ ]  If No, who does? |
| Is this person the child’s main carer | Yes [ ]  No[ ]   |
| Do they receive Carers Allowance | Yes [ ]  No[ ]   |
| Do they have a learning difficulty or disability | Yes [ ]  No[ ]  Details: |
| Do they have a diagnosed health need | Yes [ ]  No[ ]  Details: |
| **Family Composition** |
| **Name** | **Relationship** | **Parental responsibility** | **Address (if different to above)** |
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| Is a new baby expected in the household? | Yes [ ]  No[ ]  expected due date: |
| Does the parent have caring responsibilities for any other people which they need to undertake on a regular basis? | Yes [ ]  No[ ]  Details: |

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| **Referrer details (if family have not self referred)** |
| First name: |  | Last name: |  |
| Job title/ role: |  | Address: |
| Organisation: |  |  |
| Phone no: |  |  |
| E-mail |  |  |
| Has a Continuing Care checklist been completed for this child? If yes, who has completed it | [ ]  Yes, by: |
|  | [ ]  No |
| **Reason for assessment** |
| What is working well for this family? What are you worried about for this family? What difference will accessing a service make to the child / young person or their family? |
| **Views of the Child or Young Person** |
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| **Views of the Parent / Carer** |
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| **What does the child / young person like to do in their leisure time?** |
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| **Has the child / young person tried to access any local / universal activities Yes** [ ]  **No** [ ]  |
|[ ]  The child or young person currently accesses groups successfully |
|[ ]  The child or young person previously accessed groups successfully  |
|[ ]  The child or young person required additional support to access groups |
|[ ]  The child or young person tried to access groups but was unable to do so  |
|[ ]  Parents do not have transport to attend groups |
|[ ]  Parents can’t afford to access local groups |
|[ ]  The child /young person’s complex needs make accessing local groups too difficult |
|[ ]  Parents are unable to find something suitable for their child’s needs |

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| **Other professionals involved** |
|   | Yes | No | Name of involved professional/s:  |
| Community/Consultant Paediatrician |[ ] [ ]   |
| Physiotherapy |[ ] [ ]   |
| Speech and Language Therapy (SALT) |[ ] [ ]   |
| Occupational Therapy (OT) |[ ] [ ]   |
| Hearing or Visual Impairment Team |[ ] [ ]   |
| Child and Adolescent Mental Health Services (CAMHS) |[ ] [ ]   |
| Youth Offending Service |[ ] [ ]   |
| Drug/Alcohol Misuse services |[ ] [ ]   |
| Other |[ ] [ ]   |
| **Have you considered or made a referral to any of the following services?** |
|  | Date of most recent referral | Outcome |
| MASH |  |  |
| Early Help |  |  |
| Targeted Short Breaks |  |  |
| Marches Family Network |  |  |
| Portage |  |  |
| Home Start |  |  |
| Young Carers |  |  |
| Parent Carer Voice Herefordshire |  |  |
| SENDIASS |  |  |
| Other statutory or voluntary organisations or services |  |  |

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| **\*\*\*Note to referrer – please check the boxes in the left hand referrer column\*\*\*** |
| **The child's disability and additional needs** |
| **Learning Disability** | Referrer | CWD use |  |
| Does the child or young person have a learning disability?Yes [ ]  No[ ]  |[ ] [ ]  The child or young person has a learning disability but it does not impact on their daily life |
|  |[ ] [ ]  The child or young person has some delay in their learning, socialising and life skills (e.g. independence, safety, getting dressed etc.) compared to a child or young person of the same age and it has a moderate impact on their daily life |
|  |[ ] [ ]  The child or young person has a severe delay in learning, socialising and life skills (e.g. independence, safety, getting dressed etc.) compared to a child or young person of the same age and it has a severe impact on their daily life |
|  |[ ] [ ]  The child or young person is at very early developmental levels of learning, socialising and life skills (e.g. independence, safety, getting dressed etc.) compared to a child or young person of the same age and profoundly impacts on their daily life |
| Please describe the difficulties and how they impact on the child / young person’s life |

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| **Physical Disability** | Referrer | CWD use |  |
| Does the child or young person have a physical disability?Yes [ ]  No[ ]  |[ ] [ ]  The child or young person has a physical disability but it does not impact on their day to day life |
|  |[ ] [ ]  The child or young person has a physical disability and may require some help with basic needs and mobility and has a moderate impact on their daily life |
|  |[ ] [ ]  The child or young person has a physical disability which significantly impacts on their mobility and/or basic needs in their daily life |
|  |[ ] [ ]  The child or young person has a physical disability which has a substantial impact on all aspects of their mobility and/or basic needs in their daily life |
| Please describe the difficulties and how they impact on the child / young person’s life |

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| **Behaviour that challenges** | Referrer | CWD use |  |
| Does the child or young person have behaviours that challenge?Yes [ ]  No[ ]  |[ ] [ ]  The child or young person does have behaviours that challenge but generally responds well to adult instruction |
|  |[ ] [ ]  Behaviour requires supervision significantly greater than that expected for children and young people of the same age. Some specialist advice or provision is required |
|  |[ ] [ ]  Challenging behaviour impacts on most aspects of functioning and the child or young person needs constant supervision during the day. Specialist provision or 2:1 support is required |
|  |[ ] [ ]  Challenging behaviour poses a significant risk to the safety of the child or young person or others. Needs constant supervision day and night. Specialist provision or 2:1 support is required |
| Please describe the difficulties and how they impact on the child / young person’s lifeAre these behaviours directly attributable to their disability? |

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| **Health /medical needs** | Referrer | CWD use |  |
| Does the child or young person have additional health/ medical needsYes [ ]  No[ ]  |[ ] [ ]  The child or young person has health and medical needs but they do not impact on their ability to participate in social or physical activities on a daily basis |
|  |[ ] [ ]  The child or young person has a significant Health or Medical need but is able to manage their own intervention or requires minimal supervision. There is a moderate impact on daily life due to their health or medical need |
|  |[ ] [ ]  The child or young person requires significant support and supervision to ensure health/medical interventions are safelyaddressed which has a significant impact on daily life |
|  |[ ] [ ]  The child or young person requires substantial adult support and supervision at all times to ensure their health/medical needs are met, to ensure the child's safety and wellbeing and substantially affects their daily life |
| Please describe the difficulties and how they impact on the child / young person’s life |

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| **Hearing / visual difficulty** | Referrer | CWD use |  |
| Does the child or young person have hearing or visual difficultyYes [ ]  No[ ]  |[ ] [ ]  The child or young person has visual/hearing impairment but this is helped by adapted equipment and does not impact on their daily life |
|  |[ ] [ ]  The child or young person has moderate/Fluctuating VI/Functional moderate loss due to cortical visual impairment (CVI) or other visual factors such as visual field loss or nystagmus. Could be registered Sight Impaired (Partially Sighted). Hearing loss between 41-70 dB. Their daily life is moderately affected by their visual/hearing loss |
|  |[ ] [ ]  The child or young person has severe/Fluctuating VI/Functional severe loss due to cortical visual impairment (CVI) or other visual factors such as visual field loss or nystagmus. Could be registered Sight Impaired. Hearing loss between 71-95 dB. Daily life is significantly affected by their visual/hearing loss |
|  |[ ] [ ]  The child or young person has profound VI/Functional profound loss due to cortical visual impairment (CVI) or other visual factors such as field loss or nystagmus. Could be registered Severely Sight Impaired. Hearing loss over 95 dB. Daily life is totally affected by their visual/hearing loss |
| Please describe the difficulties and how they impact on the child / young person’s life |

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| **Communication difficulties** | Referrer | CWD use |  |
| Does the child / young person have communication difficulties?Yes [ ]  No[ ]  |[ ] [ ]  The child or young person can communicate their needs with some adult support and it does not impact on their daily life |
|  |[ ] [ ]  The child or young person has moderate communication needs and may require some adult support to interpret, support and help the child or young person to interact with others. This has a moderate impact on daily life |
|  |[ ] [ ]  The child or young person has severe communication needs and requires substantial adult support to interpret, support and help the child or young person to interact with others. This has a significant impact on daily life |
|  |[ ] [ ]  The child or young person has profound communication needs and requires constant adult support to interpret, support and help the child or young person to interact with others. This has a constant impact on daily life |
| Please describe the difficulties and how they impact on the child / young person’s life |

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| **Sleeping difficulties** | Referrer | CWD use |  |
| Does the child or young person have sleeping difficultiesYes [ ]  No[ ]  |[ ] [ ]  There is some disturbance of parents sleep pattern or child wakes early each morning and/or there are sometimes difficulties at bedtime |
|  |[ ] [ ]  The child or young person child has difficulties in going to bed every night and parents have to attend to the child’s needs for an hour a night for 2 or 3 nights a week |
|  |[ ] [ ]  Most / every night, parents experience sleep depravity due to the child waking through the night and have followed specialist advice |
| Please describe the difficulties and how they impact on family life |

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| **Impact on siblings (under 18)** |
|[ ]  The child or young person’s siblings have friends and have social relationships appropriate to their age. Their needs are not really affected by having a sibling with a disability |
|[ ]  The child or young person’s siblings are sometimes affected by having a sibling with a disability which sometimes means their social relationships are affected |
|[ ]  The child or young person’s siblings regularly have to help with the care of their disabled sibling, and this affects their leisure and social time |
|[ ]  The child or young person’s siblings have a significant caring role for their disabled sibling and are a young carer |
| Please describe the difficulties and how they impact on family life |

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| **Impact on family life** |
|[ ]  Parent(s) are able to use support and help from their wider family and friends / community |
|[ ]  Parent(s) have some support from their wider family and friends/ community but not always when it is needed |
|[ ]  Parent(s) have limited support from wider family and friends / community |
|[ ]  Parent(s) have no support from wider family and friends / community and feel very isolated |
| When are the most difficult times for the family - such as the evenings, weekends or school holidays.  |
| Are there any other things that impact on the family life and the support for the child? |
| Do parents know where to go for advice and information on carers’ services? Yes [ ]  No [ ]  |
| Do parents have information about any benefits or financial support they may be entitled to? Yes [ ]  No [ ]  |
| Are parents working and have the relevant support, e.g. information about child care? Yes [ ]  No [ ]  |
| Are there any obstacles preventing parents from accessing leisure, education, training or work? |
| What alternative care arrangements have parents made in the event of an emergency? |

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| **Is an interpreter required?** | Yes [ ]   | No [ ]  | Preferred Language |
| Referrer’s signature: Date:  |
| **Person with Parental Responsibility** |
| I we give permission for this referral to be made to the Children with Disabilities Team (Herefordshire Council). [ ] I give permission for the Children with Disabilities Team to discuss this referral with the professional named above for the purposes of responding to this referral. [ ] I give permission for the Children with Disabilities Team to review my child’s EHCP (if they have one) [ ] Signed by Parent:  Date: You have a right to access the information Herefordshire Council holds on you or on any children you have parental responsibility for, subject to the Data Protection Act 2018. As is the case with any information held by Herefordshire Council, it may be disclosed without consent to safeguard a child, children or an adult who may be at risk of suffering significant harm or to comply with any legal obligation to which the council is subject.For full information about how your information will be used, please see our privacy notice [Children's wellbeing services (safeguarding) privacy notice – Herefordshire Council](https://www.herefordshire.gov.uk/directory-record/5875/children-s-wellbeing-services-safeguarding-privacy-notice) |

| **For CWD use - Analysis of information gathered:** |
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| What is working well for this child /young person and their family?What are we worried about?What are the complicating factors (What is happening that makes the child /young person’s experience harder?)What outcome is needed to improve the quality of life for this child and their family? |

| Family support network  |  |  |  |  |
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| Name | Relationship / role | Support offered |
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| **Where would you assess this child / young person’s needs to be on the CWD resource matrix?** [Children with disabilities resource matrix (herefordshire.gov.uk)](https://www.herefordshire.gov.uk/downloads/file/11355/disability_services_assessment_for_children_-_resource_matrix) |  |
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| Band A – Emerging needs |[ ]  Signpost to universal services / targeted short breaks |
| Band B – Additional needs |[ ]  Commissioned specialist short break / 0-6 hours per week direct payment (0-8 hours out of term-time) |
| Band C – Complex needsBand D – Specialist needs and safeguarding | [ ] [ ]  | If you are recommending over 6 hours per week (8 hours out of term-time) or overnight short breaks this would require a full Child and Family Assessment |