For children and young people who have a disability and may require support to participate in leisure or recreation activities

**What does a Short Break offer?**

Families are given an opportunity to:

* have a break from their caring responsibilities
* rest and unwind
* spend time with other members of the family

Children and young people with disabilities are given a positive opportunity to:

* spend time away from their parents / carers
* relax and have fun with their friends
* develop their independence

**Who are Short Breaks for?** Short breaks are for children and young people aged under 18 who have a disability and live in Merton, and their families / carers. The Equality Act 2010 defines a disability as ***“a physical or mental impairment, which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities.”***

For children and young people who do not have a disability as defined above, other activities and services are available in Merton. Please visit www.merton.gov.uk/localoffer for details.

**------SECTION 1 (to be completed by person requesting Short Break)-----**

**1.1 Please confirm that the child / young person referred to in this form meets the eligibility criteria for a Family Wellbeing Short Break**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| They are aged under 18 |  |  |
| They are a Merton resident |  |  |
| They have a physical or mental impairment which has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. |  |  |

**1.2 Evidence is required to demonstrate eligibility. Please confirm this below**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| There is evidence of this disability via professional reports / assessments / eligibility for disability benefits (for example, specialist professional assessments, Disability Living Allowance (DLA), Personal Independence Payment (PIP)) |  |  |

**1.3 Details of person completing this application**

|  |  |
| --- | --- |
| Name of family member  |  |
| Relationship to child / young person |  |
| Email address |  |
| Telephone number |  |

**1.4 Details of person(s) with parental responsibility**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Relationship to child  |  | Relationship to child |  |
| Ethnicity |  | Ethnicity |  |
| Is an interpreter required? |  | Is an interpreter required? |  |
| Please provide one set of contact details for the family to be used to make contact about this referral. You must have permission to use these from the parent(s) or give permission if you are the parent(s) |
| Tel: | Permission obtained/given? | Y/N |
| Email:  | Permission obtained/given? | Y/N |

**1.5 Details of child / young person for whom a Short Break application is being made**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Date of birth  |  | M |  | F |  |
| Address and postcode |  |
| Ethnicity |  |
| Child’s first language at home |  | Is an interpreter required?  |  |

**1.6 Details of child / young person’s physical or mental impairment**

|  |
| --- |
| Please give further details of child’s physical or mental impairment, detailing how it has a substantial and long term negative effect on their ability to carry out normal day to day activities |
|  |
| Please provide details of professional assessments undertaken / disability benefits claimed for the child / young person. Copies of these letters confirming the assessment outcome or benefit should be submitted with your referral. You may be contacted to gather further information if required. Please do not submit full assessments – we only need the letter as evidence for this part of the process. |
| Type of evidence | Issued by | Tick to confirm that this has been provided as supporting evidence |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**1.7 What do you and your child want to gain from a Short Break?**

|  |
| --- |
|  |

**1.8 Consent**

**Data Protection**

By submitting this form, you are consenting to the information contained within it and any other documents sent to support this referral being shared within the Merton Council Early Years, Family Wellbeing and Early Help service. Other professionals in the borough as well as our Short Breaks providers may also use the information to decide on service provision, to track the choices made by families and to enable fair access to Short Breaks services. London Borough of Merton is the 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent signature  |  | Date |  |
| Agency / professional signature |  | Date |  |

**Merton’s Disability Database for Children and Young People** The London Borough of Merton's Disability Database is a voluntary database for children and young people aged 0 to 18 years who have a disability or SEN. By joining the database, families have the option to receive regular updates on services and other information relevant to children and young people with SEN and disabilities, the ability to apply for a Merton M-Card if your child/young person meets the eligibility criteria and the opportunity to have a voice as part of any future relevant Local Authority consultations. You can find out more here and sign-up online at [www.merton.gov.uk/localoffer](http://www.merton.gov.uk/localoffer)

**Process**

Family is informed by email and Short Breaks package implemented

Application completed and sent with
supporting documentation to fsd@merton.gov.uk

A proposed Short Breaks package is put together in consultation with the family

Screening of application and supporting documentation submitted as evidence. Further information is gathered if required

Insufficient evidence of eligibility. Family is signposted to Universal services / SEND Local Offer. Family informed by email

Proposed Short Breaks package presented for management sign-off

Proposed Short Breaks package amended and agreed

Proposed Short Breaks package agreed

Proposed Short Breaks package declined. Level of need is at Universal level. Family is signposted to Universal services / SEND Local Offer. Family informed by email

Assessment identifies need is at Universal level. Family is signposted to Universal services / SEND Local Offer. Family informed by email

An assessment takes place which includes a discussion with the family about Short Breaks and suitable support

**12 WEEKS**

**(due to the current situation relating to the COVID-19 pandemic, the process could take up to 16 weeks)**

**SECTION 2 (to be completed by Short Breaks Key Worker)**

**2.1 Details of the child / young person’s support needs (complete with the family)**

**Using the information gathered about the child/young person/ and their ability to carry out normal day to day activities please provide details for each area and scale to indicate the level of impact on the child and family**

Low impact - 1 2 3 4 5 6 7 8 9 10 – High impact

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Impact on child and family | Who currently provides this support | Scale 1-10 |
| Sleeping |  |  |  |
| Feeding / Eating |  |  |  |
| Physical Activity |  |  |  |
| Emotional Wellbeing |  |  |  |
| Communication |  |  |  |
| Socialising  |  |  |  |
| Personal Hygiene  |  |  |  |
| Safety |  |  |  |

**2.2 What is working well for the family?**

|  |
| --- |
| Please include details of family support network, services working to support the family; opportunities for respite etc |
|  |

**2.3 Do the family find any aspects of day to day activities particularly challenging / difficult?**

|  |
| --- |
| Please include details of particularly challenging elements of care; impact on family functioning etc.  |
|  |

**2.4 How will the provision of a short break support the child/young person and family and what difference will this make?**

|  |
| --- |
| Please detail the intended outcome of the short break |
|  |

**2.4 Family view**

|  |
| --- |
| Please detail the parents views/comments  |
|  |
| Please detail the child/young person’s views/comments  |
|  |

**2.5 Please confirm that the parent has consented to have professional reports and assessments accessed by Officers, as agreed?**

|  |
| --- |
| Please include details of assessments/reports agreed |
| Type of report/assessment:Professional name:Agency:Date consent confirmed: |

|  |
| --- |
| Name of Officer completing the reportDate completed |