

DeCiDe

Directory Children's Disabilities

Data Collection Form

For Children & Young Adults (0 – 19 Years)
with Additional Needs (Disabilities)



ID Number:

Introduction to the Questionnaire

- The Children Act 1989, Schedule 2 paragraph 2 requires all Local Authorities to keep a directory of disabled children in their area. Registration on the directory is optional.
- If you are a young adult who has additional needs, different abilities, an impairment or if you care for a child/young adult with similar needs please complete the following questionnaire. You will see that we use the term disability sparingly. This is because many people who have a 'disability' and those who care for them find the term unhelpful.
- To be eligible for the directory the child/young adult must live within the boundaries of Torbay.
- If you are completing the questionnaire on behalf of a child or young adult please involve them as fully as possible. It is important that their views as well as your own are included.
- All information will be entered into the directory. The information you provide is important to us. It will be used to produce statistical reports to help statutory and voluntary organisations plan and provide a more efficient service that better meets the needs of the local people. Torbay organisations will also be able to monitor their services more effectively.

Why Should I Complete The Questionnaire?

- You will be helping to plan the future development of local services.
- You will receive a twice-yearly letter on news and information about relevant facilities, events and items of interest.
- You will be able to contact the directory office for information and advice about the directory.
- No individual information which identifies your child or yourself will be given out to any professional/organisation without your consent unless we are required to do so for the purposes of a criminal investigation or unless we are required to do so by law.
- You will be sent a review form every year. If there are any changes during the year, please contact the directory co-ordinator.
- This questionnaire can be made available in other languages and different styles of communication e.g. Braille, PECS, communication aids.
- Please note that the completion of the form does not automatically mean that you will receive a service from the voluntary and statutory organisations.

Thank you for your time and help in completing the form.

If you need help in completing the form, any leaflets or information about any of the services mentioned in this questionnaire, please contact the directory co-ordinator on 01803 402757.

Section 1

A. Personal Details of the Child / Young Adult: *(Please complete in black ink)*

First Name(s)

Surname(s)

Also known as:

Gender: Female Male

Date of Birth:

Main Address:

	Preferred method of contact:
Postcode:	Text: <input type="checkbox"/>
Telephone Number:	Post: <input type="checkbox"/>
Mobile Number:	Email: <input type="checkbox"/>
Email Address:	Telephone: <input type="checkbox"/>

If child / young adult has an alternate address (e.g. regular shared care with other family members / joint shared parental responsibility) then please enter details.

Secondary Address:

Postcode:

Telephone Number

B. Living situation:

Please tick the box (✓) which describes the MAIN address where the child / young adult lives.

Parents Social Services / Education residential funded placement

Extended family – grandparents / brothers / sisters / aunts / uncles Supported Living

Foster Carers Voluntary funded residential placement

Living Independently Other, please specify

Education funded residential school / college (full time)

C. Ethnicity:

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example: skin colour, language, country of birth, religion, parents. We need this information to help us ensure equal access in the provision of all services. Please tick the box (✓) which best describes the child's / young adult's ethnic group.

White British	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

D. Home Languages:

Please tick the box (✓) that describes the main / preferred means of communication used at home by the child / young adult.

Spoken languages:

English	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Arabic	<input type="checkbox"/>
Russian	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Czech	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
French	<input type="checkbox"/>	Thai	<input type="checkbox"/>	German	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Italian	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>		

Non-spoken languages:

Braille	<input type="checkbox"/>	Makaton	<input type="checkbox"/>
Communication Aids	<input type="checkbox"/>	PECS	<input type="checkbox"/>
British Sign Language / Sign Supported English	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>
Clear Speech and Lip Reading	<input type="checkbox"/>		

Does the child / young adult use an interpreter or signer? Yes No

E. Religion:

Please tick the box (✓) as appropriate.

Agnostic Muslim Apostolic Orthodox Atheist Pentecostal Bahai Plymouth Brethren Baptist Presbyterian Buddhist Protestant Catholic Sikhism Christian Shinto Church Of England Church of Jesus Christ of Latter Day Saints Hindu United Reform Church No denomination Unknown Interdenominational None Jewish Methodist Jehovah's Witness Other, please specify **F. Personal Details of the Main Parent/Carer:**

First Name(s)

Surname(s)

Also known as:

Gender: Female Male

Date of Birth:

Main Address:

Postcode:

Telephone Number:

Mobile Number:

Email Address:

Relationship to the child / young adult:Parent Aunt/Uncle Brother / Sister Foster Carer Grandparent Other, please specify

G. Additional Needs:

Does the parent / main carer have any additional needs (disabilities)?

Yes No

If yes, please give details

Are there any other members of the household who have additional needs?

Yes No

If yes, please give details

Has the carer been offered / received an assessment under the Carers and Disabled Children Act 2000 (known as a carers assessment)?

Yes No

H. Preferred Language / Means of Communication Used by Main Parent/Carer:

Please tick the box (✓) as appropriate.

Spoken languages:

English Mandarin Albanian

Malay Afrikaans Polish

Arabic Portuguese Bengali

Russian Cantonese Serbian

Czech Spanish Farsi

Tagalog French Turkish

German Thai Hindi

Urdu Italian Kinyarwanden

Other, please specify

Non-spoken languages:

Braille Makaton

Communication Aids PECS

British Sign Language /
Sign Supported English Symbols

Clear Speech and Lip Reading Other, please specify

Does the child / young adult use an interpreter or signer? Yes No

I. Nature Of Child / Young Adult's Additional Needs (Disabilities):

Please tick all relevant boxes (✓).

Mobility	1	<input type="checkbox"/>	Hearing	7	<input type="checkbox"/>
Hand Function	2	<input type="checkbox"/>	Vision	8	<input type="checkbox"/>
Personal Care	3	<input type="checkbox"/>	Behaviour	9	<input type="checkbox"/>
Incontinence	4	<input type="checkbox"/>	Consciousness	10	<input type="checkbox"/>
Communication	5	<input type="checkbox"/>	Autism/Asperger Syndrome	11	<input type="checkbox"/>
Learning	6	<input type="checkbox"/>	Other, please specify	12	<input type="checkbox"/>

Please write one of the above numbers in this box,
corresponding to the child / young adults MAIN need

J. Child/Young Adult's condition:

Please tick the relevant box (✓).

ADHD (Attention Deficit Disorder)	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Autistic Spectrum Disorder	<input type="checkbox"/>
Hydrocephalus	<input type="checkbox"/>	Behaviour/ Emotional Difficulties	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Spina Bifida	<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
No Diagnosis	<input type="checkbox"/>	Other Diagnosis Please state	<input type="checkbox"/>		

K. Deafblind registration:

In addition to maintaining a register of all children with disabilities, Local Authorities are also required by law to keep record of children / young adults who are deafblind. Please answer the following questions if the child / young adult has impairment in vision / hearing.

Please tick all the relevant boxes (✓).

	Impaired From Birth / Early Childhood	Impaired From Later On In Life
Deaf (With Speech)	<input type="checkbox"/>	<input type="checkbox"/>
Deaf (Without Speech)	<input type="checkbox"/>	<input type="checkbox"/>
Hard Of Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Blind/severely sight impaired	<input type="checkbox"/>	<input type="checkbox"/>
Partial sight/sight impaired	<input type="checkbox"/>	<input type="checkbox"/>

L. Personal Care required:

Please tick all relevant boxes (✓) if the child/young adult requires significantly more care than other children of the same age.

Balancing	<input type="checkbox"/>	Overcoming anxiety	<input type="checkbox"/>
Communication (expressing needs, being understood)	<input type="checkbox"/>	Personal Safety	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	Picking things up (e.g. holding a pencil)	<input type="checkbox"/>
Eating, drinking	<input type="checkbox"/>	Playing	<input type="checkbox"/>
Getting in / out bed	<input type="checkbox"/>	Reaching for things (e.g. combing hair)	<input type="checkbox"/>
Getting up / down stairs	<input type="checkbox"/>	Social inclusion (e.g. being included in mainstream activities – play, schools, leisure, youth clubs)	<input type="checkbox"/>
Medical treatment / medication (operating oxygen suction equipment nebuliser)	<input type="checkbox"/>	Teeth cleaning	<input type="checkbox"/>
Night supervision	<input type="checkbox"/>	Toileting and washing (showering, bathing)	<input type="checkbox"/>
Outdoor mobility	<input type="checkbox"/>	Walking	<input type="checkbox"/>

Does the child / young person use a wheelchair?

Yes No If Yes is it Manual Powered

M. Child/Young Adults GP:

Name

Practice Address

Postcode

Telephone Number

Name of Consultant

Child/Young Adult's NHS number

Section 2

Please tick the boxes that apply

- ✓ **'Received' if the service is being provided**
- ✓ **'Not Received' if the service is needed now and not being provided**
- ✓ **'Needed Within 2 Years' if the service is needed within 2 years**
- ✓ **'Not Needed' if the service is not needed**

This section will help monitor services across Torbay, highlight gaps and indicate what is needed in the future.

N. Educational Services and Careers

Name of current nursery / school / college attended:

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Private Day Nurseries				
Educational Psychologists				
Education Welfare Service				
Neighbourhood Nursery				
Mainstream Schools				
Portage Service				
Inclusion Service				
Torbay Parent Partnership Service				
Pre-Schools (Playschools)				
Residential Schools Outside The Bay				
Specialist Advisory Teachers				
Special Schools				
Statement Of Special Educational Needs				
Tuition Services / Pupil Referral Unit				

O. Health Services

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Audiologist				
Child And Adolescent Mental Health Services (CAMHS)				
Child Development Centre (CDC)				
Children's Hospice				
Clinical Psychologists				
Community Children's Nursing Team				
Community Dental Service				
Continence Advice				
Family Dentist				
Health Visitors				
Nutrition And Dietetics				
Occupational Therapists				
Orthopist				
Ophthalmologist				
Orthoptic Service				
Palliative Carers				
Paediatrician				
Physiotherapist				
Podiatrist				
School Nurse				
Sexual Health / Advice / Counselling				
Speech And Language Therapist				
Other, Please State				

P. Leisure Services

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Holiday Play Schemes				
Library Services / Central Library				
Play Schemes In School Term				
Supported Leisure Activities				

Q. Getting about - Mobility

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Access To The Radar National Key Scheme For Disabled Toilets?				
Adapted Family Vehicle?				
Blue Badge?				
Mobility Training For Children & Young Adults With A Visual Impairment?				

R. Individual & Family Services

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Advocacy				
Assessment Of Needs By Children's Services				
Benefits, Advice & Information				
Child Minding				
Counselling				
Occupational Therapy				
Short Breaks				
Befriending				
Direct Payments				
Domiciliary Care				
Family Link				
Holiday/Weekend Breaks				
Leisure & Sport Facilities				
Play Schemes – Inclusive				
Play Schemes – For Children With Additional Needs				
Residential Care – Nursing				
Residential Care – Non Nursing				
Sitting Service – Day				
Sitting Service - Evening				
Sitting Service - Hospital				
Sitting Service – Overnight				
Young Carers Services				
Youth Enquiry Service				
Other Forms Of Short Breaks – Please Specify				

S. Aids & Equipment

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Communication Equipment				
Continence Equipment				
Daily Activity Equipment				
Enteral Feeding Equipment				
Feeding Equipment				
Lifting Equipment				
Medical Equipment				
Orthoptic Equipment				
Play Equipment				
Posture Equipment				
Sensory Equipment				
Safety				
Mobility				
Other Equipment – Please specify				

T. Current Accommodation

Please tick all the relevant boxes (✓) that apply to the current accommodation for child/young adult.

Bungalow	<input type="checkbox"/>	Flat	<input type="checkbox"/>
House	<input type="checkbox"/>	Privately owned	<input type="checkbox"/>
Privately rented	<input type="checkbox"/>	Council rented	<input type="checkbox"/>
Housing Association rented	<input type="checkbox"/>		

U. Adaptions In The Home

✓ Please tick boxes that apply	Received	Not received	Needed Within 2 Years	Not Needed
Access				
Bathroom				
Bedroom				
Environmental				
Kitchen				
Safety				
Other Adaptations – Please specify				

V. Please Provide Details Of Help You Received In Completing This Form

Name

Job title, please tick all the relevant boxes (✓) as appropriate.

Directory Co-ordinator	<input type="checkbox"/>	School Nurse	<input type="checkbox"/>
Family Support Worker	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>
Parent Partnership	<input type="checkbox"/>	Other – Please Specify	<input type="checkbox"/>

Telephone Number

Mobile Number

If you would like a copy of your completed questionnaire, please (✓) tick the box

How Did You Hear About The Directory?

Please tick any relevant boxes (✓).

GP / Health Visitor Clinic	<input type="checkbox"/>	Lead Professional Care Manager	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>
School	<input type="checkbox"/>	Magazine	<input type="checkbox"/>
Torbay Council Website	<input type="checkbox"/>	Friend / Relative	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Support Group	<input type="checkbox"/>
Other – Please Specify	<input type="checkbox"/>		

Do you wish to take part in other surveys from Torbay Council? Yes No

CONSENT FORM

Thank you for completing the data collection form

Please sign the consent section below

1. I consent to the sharing of anonymous data with relevant professionals who work with us, the purpose of this is to allow them to better co-ordinate and develop services.
2. I would like to be kept up to date about services that affect me / my child / young adult; therefore I consent to my contact details being shared with other statutory agencies and / or relevant voluntary organisations for this purpose only.
3. In order to keep the directory accurate and to help us work sensitively, Torbay Council need to know when someone recorded on the register has died. This information is held by health and registry organisations. I agree to Torbay Council obtaining this sensitive information.

Signature of Parent / Main Carer

Signature of Child / Young Adult

Date

Data Protection & Confidentiality

- The directory is registered under the Data Protection Act 1998
- A definition of personal information is: 'any information relating to an individual who can be identified from that information, including any expression of opinion about that individual'. Personal information includes reference numbers, financial details, family details and records of services provided
- All personal information whether held on paper, disk or computer will be kept securely
- Access to personal information will only be shared with other agencies where the parent(s)/carer(s)/child/young adult have consented (on the next page) that they agree to other agencies accessing the information, unless we are obliged by law to provide the information
- Information from the directory will be used to provide statistics for improving, planning, and monitoring services. Data which will be shared with other relevant agencies and support groups will be kept anonymous
- In accordance with the Data Protection Act, the information will be regularly updated and parents/carers/young adults will receive a copy of their information held on the directory to check the accuracy of the record
- Any inaccuracies on the directory will be amended on notification from the parent/carer/young adult