



Children, Adults and Health Department  
**Short Breaks Survey**

We have produced this survey for all families of children/young people with SEND, or disability or additional need. It aims to find out if you are aware of short breaks, how you access them and what your experiences are, as well as any gaps in provision you feel exist. If you don't access short breaks we want to hear from you too please. By understanding your needs better we can work with our partners to ensure that they continue to strive to meet your needs, or if not - we can work with them to make the experiences for your families better.

What are Short Breaks? "Short breaks are activities for children and young people, usually away from home, that enable them to have fun and time with their peers, while at the same time giving a break to parents from their caring role. Short breaks can be for the whole family together as well as for children and young people away from their family carers and range from a few hours' activities to longer times. They aim to enable disabled children to have opportunities to meet other children and to have fun, and to take part in everyday activities. They also aim to enable parents, carers and siblings to have some time free from their caring responsibilities."

Please Complete the survey by **5pm, Friday 6 October 2017** and return to us at:

**Freepost RTXL-YHGY-GSYS**  
South Gloucestershire Council  
CAH - Partnerships and Comissing Team  
Council Offices  
Badminton Road  
Yate  
BRISTOL  
BS37 5AF

**A. About Your Child with SEND/Disability/Additional needs:**

Q1 How many children in your household are within the following age groups?

Under 4	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
5 to 10	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
11 to 15	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
16 to 18	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
No Children in the household	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Q2 What is the nature of your child/children's needs? (Please tick all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHD                                | <input type="checkbox"/> Medical Needs                         | <input type="checkbox"/> Social Communication Difficulties |
| <input type="checkbox"/> Autism                              | <input type="checkbox"/> Mental Health Needs                   | <input type="checkbox"/> Social emotional behaviour        |
| <input type="checkbox"/> Down Syndrome                       | <input type="checkbox"/> Moderate Learning Difficulty          | <input type="checkbox"/> Speech and Language               |
| <input type="checkbox"/> Dyslexia                            | <input type="checkbox"/> Multi Sensory Impairment              | <input type="checkbox"/> Undiagnosed                       |
| <input type="checkbox"/> Dyspraxia/Coordination Difficulties | <input type="checkbox"/> Physical Disability                   | <input type="checkbox"/> Visual Impairment                 |
| <input type="checkbox"/> Global development delay            | <input type="checkbox"/> Profound Multiple Learning Difficulty | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Hearing Impairment                  | <input type="checkbox"/> Severe Learning Difficulty            |  |

Other, please specify

Q3 Where does your child/young person go to school/college?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Nursery/Early Years Provision | <input type="checkbox"/> Specialist College/Placement | <input type="checkbox"/> School HUB                      |
| <input type="checkbox"/> Mainstream School             | <input type="checkbox"/> Adult Service Provision      | <input type="checkbox"/> Specific services e.g. Pathways |
| <input type="checkbox"/> Special School                | <input type="checkbox"/> Home Educated                | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Mainstream College            | <input type="checkbox"/> NEET                         |  |

Other, please specify

## B. Thinking About the Short Breaks Provided by the Council

Q4 How aware are you of 'short breaks'?

- Not at all aware                       Slightly aware                       Extremely aware

Q5 How often do you use short breaks?

- Occasionally                       Once a year                       More than once a year                       Never

In South Gloucestershire, we currently provide two stages towards short breaks:

We fund various organisations that any family who has a child with a disability can access by self-referring. For those children with higher needs we provide additional support through our 0-25 Team where a Child in Need assessment is completed. We want to collect your views on the following questions:

**If your child has been referred for Short Breaks by a professional (e.g. by a social worker), please complete Questions 7 through to 13**

**If your child has not been referred by a social worker but you have accessed the short breaks yourself, please go to Question 14 through to 27**

**If your child has not been referred by a social worker and you have not accessed short breaks, please go to Question 16**

Q6 Please select the option that best describes your situation:

My child has been referred for Short Breaks by a professional (e.g. a social worker) (Q7 through to Q13)

My child has **not** been referred by a professional, but we have accessed short breaks (Q14 through to Q27)

My child has **not** been referred for Short Breaks and we have **not** used them (Q16 through to Q25)

Q7 Does your child access any of the following short breaks and what is your overall rating of them? (Please tick all that apply)

	Excellent	Very good	Good	Fair	Poor	Not applicable
Breakthrough Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brandon Trust/Play Link Holiday Play schemes for disabled children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brandon Trust/Playlink Buddy Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids (Daytime and Evening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Social Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Russell House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAS Short Breaks for Disabled Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAS (Local branch) Short Breaks for Disabled Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense Woodland Family Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Friends Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Outside Session (SOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stibbs House (18-25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairburn (18-25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service 1 (please specify name below if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service 2 (please specify name below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service 3 (please specify name below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7p Name of 'Other Service 1'

Q7q Name of 'Other Service 2'

Q7r Name of 'Other Service 3'

Q8 Please tell us any further comments about the service (i.e. costs, booking, process etc.)

**C. Direct Payments - are local Health and Social Care (HSC) Trust payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local trust**

Q9 Do you currently purchase short breaks or any other services through Direct Payments for your child or other members of your family?

Yes

No

Q10 If you were allocated a Direct Payment, would you consider using it towards short breaks (i.e. Breakthrough Mentoring, Brandon Trust/Play Link Holiday Play schemes for disabled children etc)

Yes

No

Q11 Does your child access any of the following services (following your social care assessment) and what is your overall rating of them?

	Excellent	Very good	Good	Fair	Poor	Not applicable
Overnight Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Options (18+) services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Breaks at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us any other services that are not included in the list and give your rating

	Excellent	Very good	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 What aspects of Short Breaks do you think work well for your child and family?(Please tick up to 3 options)

Easy accessibility

Staff awareness of disability related needs

Comfortable environment for your child or young person

Cost (including concessions where available)

Relaxing and peaceful break

Medical care

Sociable

Choice - options you can chose from

Educational

Active and stimulating

Accessibility (good location)

Available when you need it

Other

Other, please specify

Q13 If you have been referred for shortbreaks by a professional you do not need to complete the next 3 questions. Please tick here to skip to Q16

Skip to Q16

**Thank you, now go to question 16 and complete through to question 27**

**If you do not have a Social Worker and have been able to access the following groups below for Short Breaks please complete the questions below.**

Q14 Does your child access any of the following and what is your overall rating of them? (Please tick all that apply)

	Excellent	Very good	Good	Fair	Poor	Not applicable
Brandon Trust/Play Link Holiday Play schemes for disabled children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brandon Trust/Playlink Buddy Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids (Daytime and Evening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Social Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAS Short Breaks for Disabled Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAS (Local branch) Short Breaks for Disabled Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense Woodland Family Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Friends Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Outside Session (SOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us any other services that are not included in the list and give your rating

	Excellent	Very good	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 Please tell us any further comments about the service (i.e. costs, booking, process etc.)

Q16 What aspects of Short Breaks do you think are most important for your child and family? (please tick up to 3 options)

- |   |   |
|---|---|
| <input type="checkbox"/> Easy accessibility                                     | <input type="checkbox"/> Choice - options you can chose from. |
| <input type="checkbox"/> Staff awareness of disability related needs            | <input type="checkbox"/> Educational                          |
| <input type="checkbox"/> Comfortable environment for your child or young person | <input type="checkbox"/> Active and stimulating               |
| <input type="checkbox"/> Cost (including concessions where available)           | <input type="checkbox"/> Accessibility (good location)        |
| <input type="checkbox"/> Relaxing and peaceful break                            | <input type="checkbox"/> Available when you need it.          |
| <input type="checkbox"/> Medical care   | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> Sociable   |   |

Other, please specify

Q17 If your child/young person does **NOT** attend any short breaks please tell us why?

- |   |   |
|---|---|
| <input type="checkbox"/> Doesn't want to  | <input type="checkbox"/> Access as a whole family                                   |
| <input type="checkbox"/> Not aware of them  | <input type="checkbox"/> Timing   |
| <input type="checkbox"/> Cannot access due to transport                                   | <input type="checkbox"/> Location   |
| <input type="checkbox"/> Cannot access due to cost/additional charges applied by provider | <input type="checkbox"/> Lack of staff awareness of disability related needs        |
| <input type="checkbox"/> Staff ratio  | <input type="checkbox"/> Attitudes of other users                                   |
| <input type="checkbox"/> Duration   | <input type="checkbox"/> Physical environment e.g. too noisy, too cold, too crowded |
| <input type="checkbox"/> Poor accessibility at the venue                                  | <input type="checkbox"/> Other  |
|   | <input type="checkbox"/> Not applicable   |

Other, please specify

Q18 How could we make it easier for you and your family to access school clubs, libraries, youth clubs and other leisure activities easier for you and your family?

Q19 When are/would short breaks be most useful to you? (Tick up to 3 options)

- Before school     After school     During holidays     At weekends     Overnight     INSET Days

Q20 Please tell us any further comments about when shorts breaks would be most useful to you?

Q21 Thinking about siblings, how often would your child enjoy attending activities with their siblings/wider family members?

- Never                       Regularly                       Occassionally                       Every time

Q22 Where do you find out most information about short breaks?

- |   |   |
|---|---|
| <input type="checkbox"/> Other Families who have accessed | <input type="checkbox"/> Social Media                 |
| <input type="checkbox"/> Local Offer                      | <input type="checkbox"/> I am unaware of Short Breaks |
| <input type="checkbox"/> SENDirect                        | <input type="checkbox"/> Other                        |

Other, Please specify

Q23 What leisure activities does your child enjoy in their spare Time? (please tick all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Swimming pools     | <input type="checkbox"/> Cinema/bowling                     | <input type="checkbox"/> Music tuition                 |
| <input type="checkbox"/> Leisure facilities | <input type="checkbox"/> Scouts/cubs/Brownies/ Guides clubs | <input type="checkbox"/> Team sports clubs             |
| <input type="checkbox"/> Soft Play areas    | <input type="checkbox"/> Youth clubs                        | <input type="checkbox"/> After School Clubs/activities |
| <input type="checkbox"/> Parks/playgrounds  | <input type="checkbox"/> Dance/drama groups                 | <input type="checkbox"/> Other                         |

Other, please specify

Q24 Are there any barriers to accessing any of the above activities that you would like to make us aware of? (e.g. need for childcare etc)?

**D. Activities you would like to become available to your child**

Q25 What activities you would like to become available to your child (please tick up to 5)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aerobics/keep fit                                      | <input type="checkbox"/> Friendship club                              | <input type="checkbox"/> Outings: theme parks                              |
| <input type="checkbox"/> Archery  | <input type="checkbox"/> Gardening                                    | <input type="checkbox"/> Outings: transport-related e.g. steam train trips |
| <input type="checkbox"/> Athletics  | <input type="checkbox"/> Golf   | <input type="checkbox"/> Police cadets                                     |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Horse riding (including RDA)                 | <input type="checkbox"/> Pottery   |
| <input type="checkbox"/> Board games  | <input type="checkbox"/> Hydrotherapy                                 | <input type="checkbox"/> Rugby   |
| <input type="checkbox"/> Chess  | <input type="checkbox"/> Judo   | <input type="checkbox"/> Sailing/water sports/canoeing                     |
| <input type="checkbox"/> Climbing/abseiling                                     | <input type="checkbox"/> Karate                                       | <input type="checkbox"/> Scuba diving                                      |
| <input type="checkbox"/> Computer games   | <input type="checkbox"/> Lego   | <input type="checkbox"/> Singing   |
| <input type="checkbox"/> Cookery  | <input type="checkbox"/> Messy play                                   | <input type="checkbox"/> Skiing  |
| <input type="checkbox"/> Cricket  | <input type="checkbox"/> Music  | <input type="checkbox"/> Supervised gym                                    |
| <input type="checkbox"/> Cubs/Brownies/Scouts                                   | <input type="checkbox"/> Outings: Adventure playgrounds               | <input type="checkbox"/> Swimming - learning                               |
| <input type="checkbox"/> Cycling e.g. Companion Cycling /tri-cycling - learning | <input type="checkbox"/> Outings: Bowling                             | <input type="checkbox"/> Swimming - leisure                                |
| <input type="checkbox"/> Dance  | <input type="checkbox"/> Outings: Cinema                              | <input type="checkbox"/> Tennis  |
| <input type="checkbox"/> Dodgeball  | <input type="checkbox"/> Outings: Countryside/parks                   | <input type="checkbox"/> Trampolineing                                     |
| <input type="checkbox"/> Drama  | <input type="checkbox"/> Outings: farm/zoo                            | <input type="checkbox"/> Walking   |
| <input type="checkbox"/> Drawing/painting                                       | <input type="checkbox"/> Outings: overnights away from home           | <input type="checkbox"/> Wheelchair sports                                 |
| <input type="checkbox"/> Film club (watching)                                   | <input type="checkbox"/> Outings: soft play (including for older age) | <input type="checkbox"/> Yoga  |
| <input type="checkbox"/> Film-making  | <input type="checkbox"/> Outings: theatre                             | <input type="checkbox"/> Youth/social club                                 |
| <input type="checkbox"/> Fishing  |   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Football   |   |  |

Other, please specify

Q26 Do you have anything else you'd like to share with us? E.g. improvements that could be made to Short Breaks (NB: information shared will be anonymised for general reporting).

**About You: Contact Details (optional) (Please complete this section if you would like us to contact you about your response to you individually)**

Q27 Name

Address

Postcode

E-mail

Phone number

Thank you for completing our survey today - your input is very valued. The report will be shared on our website in due course. If you wish to contact us in the mean time please e-mail:  
Andrew.Gregory@southglos.gov.uk

**Any personal information that you have supplied will be held by South Gloucestershire Council in accordance with the Data Protection Act. This information will only be used as part of this exercise and will not be passed on to any other organisations**