**Special Needs Inclusion Playcare Service (SNIPS)**

**Guidance notes to read before completing the application**

**SNIPS arrange social activities for children when they are experiencing a barrier to accessing an activity as a result of their disability. These activities are referred to as ‘short breaks’ as they give both the child and their parent/carer a break. These activities are not to be used to enable a parent to work but to have some respite from their caring role.**

**Who can have a service?**

**Essential requirements are:**

* Children and young people aged 5-18 years old
* Children with a diagnosed disability (we do not accept a single diagnosis of ADHD)
* Children that are not accessing any other activity, including afterschool clubs, brownies or guides, holiday clubs
* Families that have already tried to find an activity in Sheffield ([www.sheffielddirectory.org.uk](http://www.sheffielddirectory.org.uk) is the Sheffield City Council resource)

**Additionally:**

* Families that have found a club that you feel your child should be able to access, but the club does not feel they are able to offer the appropriate level of support. SNIPS may be able to offer assistance, training or guidance to the club to enable your child to be included.
* **Please do not apply for a short break activity if you have claimed the short breaks grant for your child in the last 12 months.**

**Who can fill in the form?**

The SNIPS application form can be completed by the parent/carer with the help of a professional working with the child, if required. If you have a social worker please do not complete this form. The social worker will need to make a referral in a different way. They need to contact the team for details of how to do this.

Please contact the SNIPS team if you require any support to complete the form and a member of the team will be happy to help.

**What happens once the form is returned to SNIPS?**

* Applications are discussed fortnightly by the SNIPS team. At certain times of the year, especially before school holidays we are very busy and at these times we may have to place you on a waiting list.
* You will be informed of the outcome of your application by letter.
* If your application is agreed, a member of the team will contact you and arrange a home visit. They will discuss your child’s likes and dislikes and their support needs. A profile will be created that will be given to the chosen club to help them to understand how best to work with your child.
* SNIPS will then work with you to look for suitable clubs in your area. (Please note it is parent/carer’s responsibility to provide transport to and from clubs.)
* Once a club has been identified a ‘come and try’ visit will be arranged. If this is successful the process will be completed and your child will be given one of the following:
* One session of up to 5 hours per week during the school holidays

**or**

* Alternate Saturday sessions of up to 5 hours during the term time

**or**

* One session After School per week during the term time
* After the sessions start it is the parent/carers responsibility to ensure that your child attends the club regularly. Failure to do so without reasonable explanation will result in the activity being ended.

**If you would like further details or help to complete this form please contact the SNIPS team on 0114 2735368 or email** [**SnipsBusinessSupport@sheffield.gov.uk**](mailto:SnipsBusinessSupport@sheffield.gov.uk)

**SNIPS APPLICATION FORM FOR A SHORT BREAK ACTIVITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child/young person** |  | | |
| **Date of Birth** |  | | |
| **Address** |  | **Postcode** |  |
| **Contact details**  **(Phone, Mobile, email etc)** |  | | |
| **Confirmed Diagnosis** |  | | |

**Who else lives in the family home?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Name** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Is there anyone else who offers regular support?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Support offered and how often** |
|  |  |  |
|  |  |  |
|  |  |  |

**Services/ agencies that are currently involved with the child/young person.**

**Please include Ryegate, School, etc**

|  |  |
| --- | --- |
| **Service and worker** | **Brief detail of the support.** |
| **SCHOOL MUST BE SPECIFIED (Is this full time/part-time)** |  |
|  |  |
|  |  |
|  |  |
|  |  |

**How would you describe your child/young person’s health needs?** How does their health impact on daily function, e.g. mobility, epilepsy, need for rescue medication or special staff training

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**How would you describe your child/young person’s behaviour? What do you find most challenging?**

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**How independent is your child/young person**? Can they access the toilet, get dressed, put on their coat/shoes,. Feeding, drinking etc. What do they find challenging?

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**Does the child/young person’s disability impact the siblings in any way e.g. outbursts, behaviours, demands on parents’ attention, limits to family activities?**

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**Are there any other family members with a disability or health concerns?**

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**Are there any other additional strains or pressures on the family unit?**

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**Please describe how you feel the child/young person’s disability impacts upon daily family life**

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**Does the child/young person access any local services and if so how often? (Children’s centres, groups, activities, after school clubs etc.)**

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**Is there anything that has ever stopped the child/young person from attending a club? If they did attend how did it go? Is there anything that you would have changed or found challenging?**

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**What sort of activity or club or group would your child/young person enjoy? Please tell us why they would enjoy this**

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**What do you think the benefits for your child/young person and family would be if a SNIPS service was put in place?**

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**Does the child/young person have an Education, Health and Care Plan (EHCP)?** **Yes / No**

**Have you looked at the Sheffield Local Offer?** [**www.sheffielddirectory.org.uk**](http://www.sheffielddirectory.org.uk) **Yes/No**

**Have you applied for the Short Breaks Grant? Yes / No If you have received the short breaks grant in the last 12 months you cannot apply for a SNIPS club activity. Call the team on 0114 2735368 if you wish to discuss this further.**

**Any other information you feel you would like to share?**

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**What are the Views of the child/young person?** Please allow the child or young person to use the space below to write or draw their views on a Short Break and the activities they would like.

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**Professionals-** Please use this space to provide any supporting information you feel is relevant. Please include your name and contacted details.

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**Please indicate your ethnic origin:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Asian or Asian British** | **Black or Black British** | **Mixed** | **Other** |
| British | Indian | African | White & Black – Caribbean | Yemeni |
| Irish | Bangladeshi | Caribbean | White & Black – African | Chinese |
| Other White | Pakistani | Other | White & Asian | Chilean |
|  | Other |  | Other | Gypsy / Roma |
|  |  |  |  | Any other Ethnic Group |

|  |  |
| --- | --- |
| Do you require an interpreter when a mentor contacts you to process the application? |  |

As part of our ongoing work with your family we may need to liaise with other agencies regarding your child’s additional support needs or the current situation within your family. We will also need to share your child’s One page profile and a risk assessment with the staff working with your child to ensure that your child receives a safe and good quality service.

Please sign below to give us permission to share the information that you have provided with other agencies, if relevant, and for your child’s documentation to be shared with the relevant members of staff working with your child.

**Name of person completing form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to child/young person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed forms to:**

**SNIPS**

**Level 6 North wing,**

**Moorfoot building,**

**Sheffield,**

**S1 4PL**

[**SNIPSBusinessSupport@sheffield.gov.uk**](mailto:SNIPSBusinessSupport@sheffield.gov.uk)

**If you require any support, guidance or have any queries in completing this form please contact:**

**0114 2735368**