



Short Breaks Questionnaire

Parents' and Carers' Views

The Children and Adults with Disabilities team and Joint Commissioning Unit are seeking the views of Parents and Carers on the Short Breaks service.

This questionnaire is designed to gather feedback on the current services to capture information for future developments as part of the Re-Commissioning process of the Short Breaks Service.

Should you have any questions regarding the Short Breaks Service please contact CAD Duty team at CADDuty@havering.gov.uk

Thank you for your time

1. What age is your Son or Daughter?

- 0-5
- 6-10
- 11-15
- 16-18

2. What is your child's diagnosis

- Autism Spectrum Disorder
- ADHD - Attention Deficit Hyperactivity Disorder
- Asperger Syndrome
- Depression
- Cerebral palsy
- OCD
- Other (please specify)

3. Has your child attended a Short Break provision? if Yes please select below, if No please go to Question 4

- Weekend Clubs
- Holiday Play Scheme
- Day Trips
- Stay and Play Group
- Buddy Club
- Befriending
- Overnight Residential Breaks
- Direct Payments (please indicate in 'Other' below what you spend your Direct Payments on)
- Other (please specify)

4. If your child has not accessed a Short Break provision why is this?

- They are not eligible
- The activities are not in the right location
- The activities are not at the right time
- The activities are not accessible to my child
- We did not know what was on offer or how to find out about it
- Other (please specify)

5. Overall how satisfied are you with the range of Short Breaks you have received?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Other (please specify)

6. Overall how satisfied are you with the frequency/timing of Short Breaks you have received?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Other (please specify)

7. What types of Short Break would you like for child and when? What is the most valuable to you? Please select as appropriate.

	Term Time	Holidays	Weekends
Overnight breaks which include siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities with a small group of peers and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist residential provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support in the child's home (e.g a sitting service or support with bedtime routine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group holidays away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Befriending or buddying 1:1 support in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist play and leisure opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to take part in non-specialist play and leisure opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

8. Please list your top three types of support you would like to see commissioned locally

1.

2.

3.

9. Is there anything new you would like to see being developed/available?

10. Do you know how to apply for Short Breaks?

Yes

No

11. Do you know whether you qualify for Short Breaks?

Yes

No

Comments

12. Do you know where to find information about Short Breaks?

Yes

No

Comments

13. Have you visited the Local Offer for information about Short Breaks

Yes (go to question 14)

No (go to question 15)

14. Was the information on Short Breaks easy to find and easy to understand?

Yes

No - Please comment why

Comments (please specify)

15. Do you know the difference between Commissioned Services and Direct Payments

Yes

No

Comments (please specify)

16. Please tick below if you do not wish to share this information with Positive Parents

Do not share