

# Hull Information Exchange

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## Disabled Children (HIE~DC)



**HULL:** The family friendly city where no child is left behind



# **What is the Hull Information Exchange ~~~~ Disabled Children? (HIE~DC)**

The Children Act 1989 requires all local authorities to establish and maintain a register of disabled children in their area. The HIE~DC is Hull's response to this requirement.

The information parents and carers share with the HIE~DC about disabled children and young people in Hull is really important. We need to know our local population, what our local needs are and make sure we are planning future services effectively. Your information supports us to do this.

We will share news and information with you and you can tell us your views.

Enrolling on the HIE~DC is voluntary – you do not have to enrol your child but the more children who are enrolled the greater the understanding of the needs of disabled children/children with additional needs in the local area.

The HIE~DC is not an eligibility register and will not affect your entitlement to services.

You can choose to have your child's details removed at any time.

## **Are there any further benefits of enrolling my child?**

Once your child is enrolled you will receive a discount card which you can use in a number of shops, venues and facilities in Hull.

If you choose to, you can receive regular newsletters to keep you updated with information on disability issues.

## **Who can be enrolled?**

Any child or young person under the age of 19 (24 and under, if they have a learning disability) who is either disabled or has additional needs can be enrolled on the HIE~DC.



## **Where and how is the information kept?**

The information you provide will be kept confidentially and securely by Hull City Council's Children and Young People's Services. If you wish, we can send you a copy of the information you have sent us.

Hull City Council is registered under the Data Protection Act and this means that we must take the utmost care of your information, only hold the information with your consent and must destroy the information if you request it to be removed, or when the young person no longer qualifies for the HIE~DC.

## **Who can see the information?**

Personal information will remain confidential within Children and Young People's Services. Any reports from the information you provide will NEVER identify a particular child or family. General, statistical information, like how many children have a particular condition, may be shared with central government and our partner agencies delivering services for disabled children.





## **What if I need support to complete the form?**

If you need support to fill in the form you can either ask for help from the worker who gave it to you or, if you have received the form through the post you can contact the Supporting Families Coordinator on:

**01482 616194** or the Disability Information Officer on **01482 616359** and ask for support.

If you require the form to be in a different format (large print, audio or Braille) or in another language, please telephone either of the above numbers with your request.

## **Where do I return the completed enrolment form to?**

Once you have completed the form please return it in the pre-paid, envelope or by quoting “freepost reference NEA” on an envelope to:

**The Supporting Families Coordinator.  
Children and Young People's Services,  
Brunswick House, Strand Close, Hull HU2 9DB**



| For Office Use Only |           |
|---------------------|-----------|
| DATE                | ID number |

## Enrolment Form

*Please use a separate form for each child you are enrolling.  
Print clearly and tick all relevant boxes.*

***N.B. Enrolment is voluntary and therefore, you do not have to answer any question that you feel is not relevant or is information you do not wish to share with us.***

### PERSONAL DETAILS

#### Details of Child or Young Person

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male ☐ Female ☐

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long has the child/young person lived in Hull? \_\_\_\_\_

#### Where does Child/Young Person live?

At home ☐ With foster carers ☐ In residential care ☐ Other ☐

Other - please state \_\_\_\_\_

### Parent/Carer Details

Name of Parent/Carer: \_\_\_\_\_

Address of Parent/Carer (if different from above): \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please state your relationship to the Child/Young Person,

e.g. parent/carer/guardian: \_\_\_\_\_

Please state Parent/Carer's preferred language: \_\_\_\_\_

Are you a lone parent? YES ☐ NO ☐ Number of adults over 18 years in the household?

Number of children in the household? (please state how many children in each age group)

age 0 – 5  age 6 – 11  age 12 – 19

Apart from your child, is anyone else in the household disabled? YES ☐ NO ☐

If YES, what is their relationship to the child? \_\_\_\_\_

### Ethnic Origin of Child/Young Person

|                            |                          |                            |                          |
|----------------------------|--------------------------|----------------------------|--------------------------|
| White – British            | <input type="checkbox"/> | Any other Mixed Background | <input type="checkbox"/> |
| Any other white background | <input type="checkbox"/> |                            |                          |
| White Eastern European     | <input type="checkbox"/> | Pakistani                  | <input type="checkbox"/> |
|                            |                          | Any other Asian background | <input type="checkbox"/> |
| Gypsy or Irish Traveller   | <input type="checkbox"/> |                            |                          |
|                            |                          | African                    | <input type="checkbox"/> |
| Greek Cypriot              | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |
| Greek                      | <input type="checkbox"/> |                            |                          |
|                            |                          | Chinese                    | <input type="checkbox"/> |
| Turkish Cypriot            | <input type="checkbox"/> |                            |                          |
| Turkish                    | <input type="checkbox"/> | Any other Ethnic Group     | <input type="checkbox"/> |
|                            |                          | (Please state)             | <input type="checkbox"/> |
| White Western European     | <input type="checkbox"/> |                            |                          |
| White/Asian                | <input type="checkbox"/> |                            |                          |

### About Your Child/The Child You Care For

**What Disability/Condition/Additional Need/s does your child have?**

Please indicate whether the Disability/Condition/Additional Need has been diagnosed by a  
Health Care Professional

| Disability/Condition/Additional Need | Professional Diagnosis? |    | Health Care Professional who made the Diagnosis |
|--------------------------------------|-------------------------|----|-------------------------------------------------|
|                                      | Yes                     | No |                                                 |
|                                      | Yes                     | No |                                                 |
|                                      | Yes                     | No |                                                 |
|                                      | Yes                     | No |                                                 |
|                                      | Yes                     | No |                                                 |
|                                      | Yes                     | No |                                                 |

**What is your child's preferred method of communication?**  
(please tick all that apply)

|                                                                 |                          |                                   |                          |
|-----------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Speaks words with no difficulty                                 | <input type="checkbox"/> | Speaks words with some difficulty | <input type="checkbox"/> |
| Non-verbal communication<br>i.e. pointing or facial expressions | <input type="checkbox"/> | Recognises symbols (e.g. widgeit) | <input type="checkbox"/> |
| Makaton                                                         | <input type="checkbox"/> | Uses a communication aid          | <input type="checkbox"/> |
| British Sign Language                                           | <input type="checkbox"/> | Other                             | <input type="checkbox"/> |

**Health**

Is the child/young person registered with a GP? YES ☐ NO ☐

Is the child/young person Blind ☐ Visually Impaired ☐

If yes are they registered as being so? YES ☐ NO ☐

**Is your child currently receiving support from any of the following?**  
(Tick all that apply)

|                                                             |                          |                |                          |                          |                          |
|-------------------------------------------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|
| Occupational Therapy                                        | <input type="checkbox"/> | Physiotherapy  | <input type="checkbox"/> | Consultant Paediatrician | <input type="checkbox"/> |
| Health Visitor                                              | <input type="checkbox"/> | Speech Therapy | <input type="checkbox"/> | Psychological Services   | <input type="checkbox"/> |
| Children and Adolescent<br>Mental Health Service<br>(CAMHS) | <input type="checkbox"/> | School Nurse   | <input type="checkbox"/> | Hospice                  | <input type="checkbox"/> |
|                                                             |                          | Don't know     | <input type="checkbox"/> | Other – Please state     | <input type="checkbox"/> |

**Education**

**Which of the following educational settings does your child attend?**

|                                   |                          |                                     |                          |
|-----------------------------------|--------------------------|-------------------------------------|--------------------------|
| Special School in Hull            | <input type="checkbox"/> | Mainstream Primary School in Hull   | <input type="checkbox"/> |
| Special School outside of Hull    | <input type="checkbox"/> | Mainstream Secondary School in Hull | <input type="checkbox"/> |
| Mainstream School outside of Hull | <input type="checkbox"/> | Pupil Referral Unit                 | <input type="checkbox"/> |
| College                           | <input type="checkbox"/> | Academy                             | <input type="checkbox"/> |
| Other <input type="checkbox"/>    | Please state:            |                                     |                          |



## **Abilities and Support Needs**

| <b>How often does the child/young person...<br/>(please tick all that apply)</b> | <b>Never</b> | <b>Sometimes</b> | <b>Always</b> |
|----------------------------------------------------------------------------------|--------------|------------------|---------------|
| Have difficulties with learning                                                  |              |                  |               |
| Need support with mobility                                                       |              |                  |               |
| Use a wheelchair/Special Buggy                                                   |              |                  |               |
| Use a hoist                                                                      |              |                  |               |
| Need support using his/her hands                                                 |              |                  |               |
| Need help with personal care – washing, toileting etc...                         |              |                  |               |
| Experience incontinence                                                          |              |                  |               |
| Have hearing difficulties                                                        |              |                  |               |
| Have seizures (fits)                                                             |              |                  |               |
| Need help with eating and drinking                                               |              |                  |               |
| Need assistance during the night                                                 |              |                  |               |
| Need support to play and join in leisure activities                              |              |                  |               |
| Need support with being aware of social and/or physical danger                   |              |                  |               |

**Please indicate your child's involvement with any of the following:**

|                                                          | <b>Currently attending</b> | <b>Attended in the past</b> | <b>Awaiting a place</b><br>(please name the facility) |
|----------------------------------------------------------|----------------------------|-----------------------------|-------------------------------------------------------|
| Children's Centre (e.g. Surestart)                       |                            |                             |                                                       |
| Children's Centre (Walker Street)                        |                            |                             |                                                       |
| Parent and Toddler group                                 |                            |                             |                                                       |
| Day Nursery or Pre-school                                |                            |                             |                                                       |
| Child Minder                                             |                            |                             |                                                       |
| <b>Leisure, Free Time and Sport</b>                      |                            |                             |                                                       |
| Out of School Activities                                 |                            |                             |                                                       |
| Mainstream Youth Club                                    |                            |                             |                                                       |
| Specialist Youth Club                                    |                            |                             |                                                       |
| Any other group, society or club<br>(Please State which) |                            |                             |                                                       |

**If your child has not been able to attend any of the facilities on the previous page, can you please tell us why?**

(Please indicate)

|                                                                                         |                          |                                                                              |                          |
|-----------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------|--------------------------|
| Building not being accessible<br>(please state which facility)                          | <input type="checkbox"/> | Lack of appropriate facilities at the venue<br>(please state which facility) | <input type="checkbox"/> |
| No available childcare for siblings<br>(please state which facility)                    | <input type="checkbox"/> | Transport problems<br>(please state which facility)                          | <input type="checkbox"/> |
| Extra/Additional Support for child not being available<br>(please state which facility) | <input type="checkbox"/> | No such facility in your area<br>(please state which facility)               | <input type="checkbox"/> |
| Other<br>(please state)                                                                 | <input type="checkbox"/> |                                                                              |                          |

## **Support Services**

|                                                                            |                                           |                             |
|----------------------------------------------------------------------------|-------------------------------------------|-----------------------------|
| <b>Does your child have a social worker?</b>                               | YES <input type="checkbox"/>              | NO <input type="checkbox"/> |
| Please state their name if known:                                          | <input type="text" value="NAME"/>         |                             |
| <b>Do you/your child have a support worker?</b>                            | YES <input type="checkbox"/>              | NO <input type="checkbox"/> |
| Please state their name & organisation if known                            |                                           |                             |
| <input type="text" value="NAME"/>                                          | <input type="text" value="ORGANISATION"/> |                             |
| <b>Do you currently receive any of the following?</b>                      |                                           |                             |
| Direct Payments                                                            | YES <input type="checkbox"/>              | NO <input type="checkbox"/> |
| Personalised Budget                                                        | YES <input type="checkbox"/>              | NO <input type="checkbox"/> |
| <input type="text" value="Homecare Services (please state which):"/>       |                                           |                             |
| <input type="text" value="Family Support Services (please state which):"/> |                                           |                             |
| <input type="text" value="Short Breaks (please state where):"/>            |                                           |                             |
| <input type="text" value="Overnight Stays (please state where):"/>         |                                           |                             |
| <input type="text" value="Portage:"/>                                      |                                           |                             |
| <input type="text" value="Other (please state):"/>                         |                                           |                             |

Occasionally, it may be helpful if we contact workers or agencies you have referred to on this form. We will, however, only do this if you give your permission.

Please tick this box if you are happy for us to do this

☐

Other than the services you already receive, what else from the list below might help you?

More information

☐

Support in the home

☐

Specialist Leisure Services

☐

Improved access to Mainstream Services

☐

Someone to speak on your behalf

☐

Specialist Equipment

☐

Short Breaks Service

☐

Support Group (relevant to your child's condition)

☐

Activity group with opportunity to meet with other parents and children

☐

Other (please state)

***Indicating a need does not automatically guarantee a service.  
However, we will note and monitor responses to aid future planning of services.***



## Looking to the Future

What are your child's and your hopes for the future in terms of education, training, supported employment, access to health services, short breaks or activities?

If you would like to discuss your options and the range of services available to children and young people aged 16 onwards, please contact:

The Hull Transition Team on 01482 467540 or 499086 for more information.

The Hull Transition Team can support you and your child with the move from Children's to Adult services.

If there is anything else you would like to tell us or anything you would like to ask, please use the space below

Where did you find out about the Hull Information Exchange ~Disabled Children?

Please write here \_\_\_\_\_

**Thank You** for taking the time to complete this enrolment form. The information will help to assist in the planning and development of services in Hull. Completion of this form does not mean that you will automatically receive a service but it will help to identify where service planning needs to concentrate resources.

Please read the '*Terms of use*' statement below and sign to confirm your agreement.

**Terms of use:**

***I agree to the information I have provided being kept by Hull City Council's Children and Young People's Services.***

***I agree that non personal information may be shared with central government office and other services for disabled children in Hull.***

**Signed (Parent/Carer/Guardian).....**

**Date.....**

Please tick here if you do not wish to be sent newsletters or disability related information

☐

In order to keep postage costs to a minimum we can email you newsletters and other information if you wish. Please tick this box if you would prefer to receive items by email.

☐

Once you have completed the form please return it to:

**freepost reference NEA**

**The Supporting Families Coordinator.**

**Children and Young People's Services,**

**Brunswick House, Strand Close, Hull HU2 9DB**

***Thank you for enrolling your child/the child you care for on the Hull Information Exchange - Disabled Children.***

***We will contact you shortly to confirm your registration and to send you your discount card.***