LONDON BOROUGH OF SUTTON FUNCTIONAL NEEDS ASSESSMENT MATRIX

Purpose of Matrix:

This matrix tool is used in combination with an assessment completed by the Children and Young Person's Disability Service within the London Borough of Sutton to determine whether a child or young person's needs are such that they should receive a funded short break.

A relevant professional that knows the child well (usually a health or education professional) should review the needs of the child against the matrix to determine whether their needs within each domain are mild/moderate/severe/profound. Please refer to the Bite Size Briefing for further information about the services available and the referral process.

Any professional who knows the child or young person best can complete the form, however it is not appropriate for the parent/carer to complete the form due to impartiality. Professionals can always liaise with the parent/carer when clarification is needed.

The relevant professional will need to include explanation of the child or young person's needs in the relevant sections and the summary box at the end of the form.

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	Narrative (brief detail re scale selected)
INTELLECTUA L LEARNING (1)	No problems	 Usually functionally independent (allowing for age); Identified specific learning disability (likely to have continuing educational implications). 	- Psychometric/ developmental assessment reveals moderate learning difficulty.	- Psychometric/ developmental assessment reveals severe learning difficulty.	- Psychometric / developmental assessment reveals profound learning difficulty.	
GROSS MOTOR (E.G. MOBILITIY) (2)	No problems	- Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry; - Motor organisational difficulties; - Mild motor impairment.	 Difficulty in changing positions; Moderately delayed level of mobility; Walks with aids or assistance, may use wheelchair; May require postural management for function. 	 Requires assistance to move in and out of position; Markedly abnormal patterns of movement; High level of postural management required; Unlikely to be independently mobile. 	- Unable to walk/ uses wheelchair exclusively.	

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	Narrative (brief detail re scale selected)
FINE MOTOR (E.G. MANIPULATIO N) (3)	No problems	 Possible tremor, unsteadiness, awkward release; Delay in acquisition of skills; Some difficulties in play, writing, drawing or dressing. 	- Restricted movements of one or both hands when reading/ stretching/ feeding/ writing/ dressing i.e. affects daily life; - Poor manipulative skills.	- Requires aids/ assistance for fine motor function.	 No bilateral grasp and release; Unable to feed self or write, might use a switch system. 	
VISION (4)	No problems	 - VQ < 6/18 in better eye; - Problem e.g. amblyopia in one eye; - Minor visual field loss. 	 VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility); Reads print with aids; Defect in at least half visual field. 	- Partially sighted i.e. VA 6/36 – 6/60 in better eye.	- (Registered) blind, i.e. Visual Activity (VA) less than 6/60 in better eye (unable to see hand movements).	
HEARING (5)	No problems	 One ear normal (<30 dB), profound loss in other (>70 dB); Bilateral hearing loss of 30 – 40 dB. 	- Bilateral hearing loss with 41-70 dB loss in better ear and / or failed free- field testing on 2+ occasions over a six month period.	- Hearing loss of 71 – 90 dB in better ear	- Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted.	
SPEECH & LANGUAGE/	No problems	- Child may show isolated pockets of	- Child may show an uneven profile	- Communication difficulties present	- Child presents with complex	

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	Narrative (brief detail re scale selected)
COMMUNICA TION (6)		specific speech and / or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay.	of development across verbal/ non- verbal skills, demonstrating areas of strength as well as areas of difficulty. Alternatively the child may present with the moderate delay in acquisition of language skills in association with globally delayed learning skills and other areas of development.	as the primary factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the key area of form, content and/or use.	communication needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions where alternative systems used as primary means of communication.	
BEHAVIOURAL PROBLEMS (7)	No problems	 Sometimes aggressive or difficult to manage/ control (2+ times a week); Sometimes tearful/ depressed/ anxious (unrelated to immediate circumstances); 	 Frequent aggressive or difficult to manage/ control (once a day); Frequent tearful/ depressed/ anxious (once a day); 	 Persistently aggressive or difficult to manage/ control (several times a day); Depressed/ anxious sufficient to be considered 	 Aggressive behaviour causing significant injury to others requiring constant adult supervision; Severe persistent self-harm behaviours 	

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	Narrative (brief detail re scale selected)
		 Restless/ distractible – often does not settle to age-appropriate activity; Problems probably outside norms for age and social group. 	 Rarely settles to age-appropriate activity; Problems causing considerable difficulties to family or group. 	at risk of self- harm or to be disrupting daily routines i.e. attendance at school; - Never settles to age-appropriate activity; - Unable to function in a group.	(overdose, head banging, cutting) or assessed as suicide risk by appropriate child mental health professional.	
SELF HELP (9)	No problems	 Some delay in independent function in relation to age norm; Organisational difficulties requiring supervision. 	- Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self- feeding regimes.	- Requires constant assistance with ADL.	- Totally dependent on others for ADL.	
PHYSICAL HEALTH (10)	No problems	- Well controlled symptoms.	- Partially controlled symptoms.	 Has a serious deteriorating illness; Poor control of symptoms; Oxygen dependant. 	- Palliative care required; - Requires mechanical ventilation.	

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	Narrative (brief detail re scale selected)
EATING, DRINKING AND SWALLOWING (11)	No problems	 Copes well with wide variety of textures but occasional problems in chewing or controlling food and drink, particularly liquid, in the mouth; Infrequent episodes of choking: minimal risk of aspiration; Rejection or intolerance of some textures e.g. spits out or gags on lumps; Manages without NG or gastrostomy. 	 Some ability to cope with limited textures e.g. soft foods and thickened drink, but some loss of control of food and drink in the mouth; Periodic episodes of choking: some risk of aspiration; Wary and intolerant of the introduction of new textures e.g. averts head, pushes spoon away; Needs intermittent NG or gastrostomy feeding. 	 Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth; Adverse reaction often observed when food or drink presented e.g. cries, extends; Needs long term NG or gastrostomy feeding. 	 Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth; Frequent choking on all intake; significant risk of aspiration; No oral feeding ability. 	

Summary of the child's needs in relation to their disability and any other issues which are relevant.