

**Targeted Short Breaks Offer**

**Support Questionnaire 3-7 years**

Under our contract with Buckinghamshire Council, Action for Children needs to ensure that resources reach the families who need them most.

We are also committed to support children and young people to access universal services with their non-disabled peers where this is appropriate and offers the best outcomes for your child.

To help us achieve this we have a two-tier offer – standard offer of up to 36 hours each year and an enhanced offer of up to 90 hours each year. To help us determine the level of service we should offer you and your family, please complete the following questionnaire and return with your Information and Consent form to Action for Children, Bucks Activity Project, 201 Buckingham Road, Aylesbury, Bucks HP19 9QF.

Each question is designed for you to mark the statement that is the closest match to your child’s/family’s needs – please do add more information if you wish and think it will help us make a decision on what level of service, we should offer you.

If you do not complete this support questionnaire, it will delay or prevent access to the service. Please contact us if you need help to complete this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Child’s Date of Birth:** |  |
| **Home Address:** |  |

**Physical and Emotional Wellbeing of the Child**

|  |
| --- |
| Is your child physically fit and healthy? |
| My child has health needs that stop them doing what they want | My child has health needs that mostly stop them doing what they want. | My child has some health needs which sometimes impact on their lifestyle | My child has some health needs, but they do not impact on their lifestyle | My child is mostly fit and healthy |

|  |
| --- |
| Does your child manage their own personal care (toileting and washing)? |
| My child wears a nappy/pad/pull-up and shows no awareness or control over bladder and bowel movements | My child wears a nappy/pad/pull-up and shows signs of awareness/discomfort when they need changing. | My child is engaging in potty/toilet training | My child will indicate they need to use the potty/toilet but still needs prompts and support to complete the task. | My child is usually self -reliant in meeting their toileting needs. |

|  |
| --- |
| Can your child eat and drink independently?  |
| My child is tube fed | My child shows interest in food and drink, turns head towards and opens mouth in anticipation of food/drink | My child needs an adult to spoon feed and steady the cup but also likes to hold and use own spoon, grasps cup and will finger feed. | My child eats food mostly independently using a spoon and can drink from a lidded cup or sports bottle. | My child competently uses a range of cutlery, drinks from an open cup and can wipe their face and hands. |

|  |
| --- |
| How does your child communicate?(Using their preferred method of communication such as words, Makaton, symbols, tablet) |
| My child makes sounds to get attention in different ways such as crying when hungry or unhappy, making gurgling sounds, laughing, cooing or babbling. | My child enjoys eye contact, listening to and making babbling sounds to communicate. | My child uses gestures like waving and pointing to communicate. | My child understands simple questions and instructions like: ‘Where’s your hat?’Uses single words to ask for something specific like: ‘again’ or ‘drink’ | My child is able to explain what they would like to do. |

|  |
| --- |
| How does your child respond to others? |
| My child shows recognition of familiar voices by stopping and listening | My child shows recognition of own name  | My child responds to simple requests in play | My child is able to follow simple requests to complete simple tasks | My child is able to follow instructions to learn new skills |

|  |
| --- |
| How does your child express their feelings? |
| My child has growing ability to soothe themselves and may like to use a comfort object | My child understands ‘yes’, ‘no’ and some boundaries | My child can express their own feelings such as sad, happy, cross, scared, worried | My child is able to play with increasing confidence on their own and with other children. | My child can share or take turns with others with adult guidance. |

|  |
| --- |
| My child presents unwanted behaviours that hurt and/or cause distress to others. |
| Often and regularly hurts others | Often and regularly causes distress to others | Often but with the right support can usually be distracted quickly and the behaviour stops | Occasional outbursts but with support can be calmed quickly | My child does not present any behaviours that hurt or cause distress to others |

**Environmental Factors**

|  |
| --- |
| Do your child’s difficulties prevent you being able to get out and about with your child? |
| My child needs myself and one other adult to be kept safe when going out. | It is always a struggle to get my child to hold my hand or sit in a buggy/car seat. | It is mostly a struggle to get my child to hold my hand or sit in a buggy/car seat. | My child is mostly happy to hold my hand or sit in a buggy/car seat but needs lots of encouragement or distractions. | My child is mostly happy to hold my hand or sit in a buggy/car seat. |

**Keeping Children Safe**

|  |
| --- |
| Do you feel you have a good circle of support or good network of friends and family? If needed, are you able to leave your child safely with immediate family or friends? |
| I do not have any family or friends nearby | I have family and friends nearby, but I do not feel confident to leave my child with them safely | My family and friends are rarely available for me to leave my child with | I usually can find family and friends that that I can leave my child with for short periods | I can nearly always find family and friends that I can leave my child with |

**Family Life**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What time does your child go to sleep and wake up?  | Bedtime |  | Wake up time |  |

|  |
| --- |
| Does your child sleep soundly through the night? |
| I need to attend to my child for long periods throughout the night, most or every night | My child wakes at night most nights.  | My child wakes at night a couple of times a week. | Occasionally my child wakes at night  | My child mostly sleeps through the night |

|  |
| --- |
| How good is family life? Is there time for everyone in the family to enjoy life and pursue the things that matter to them? |
| Family life is stressful and frustrating all the time. We need help and would like to discuss this with you. | Family life is ok but there is no time to enjoy things that matter | We are able to plan time together as a family such as sitting together for mealtimes. | Family members have some time to do what they enjoy | Family life is generally good |

|  |
| --- |
| Does your child join in with activities with other children? |
| My child shows little or no interest in the activities of others. | My child plays alongside others | My child is interested in others’ play and is starting to join in | My child can play in a group | My child can play co-operatively, taking turns with others and taking account of others' ideas |

**Confidence and Self esteem**

|  |
| --- |
| Is your child relaxed and happy? |
| Never | Rarely | Occasionally | Most of the time | Generally |

|  |
| --- |
| Does your child have confidence to try new activities? |
| My child refuses to try new activities | My child often needs encouragement and support to try new activities | Sometimes my child needs encouragement to try new activities | My child will try most new activities | My child likes to try new activities and fully engages |

**Education and Learning**

|  |
| --- |
| How often does your child attend their playgroup/pre-school/childminder/school or residential school? |
| My child does not attend school/pre-school/childminder or residential school | My child attends 1 day per week | My child attends 2 days per week | My child attends 3 or 4 days per week | My child attends 5 days per week |
| Does your child attend any clubs/activities or childcare? If so, how often?  (eg. After school clubs, swimming, dancing, football etc) |
| My child does not attend any clubs or activities  | My child attends a club/activity once a week with my support | My child attends a club/activity once a week without my support | My child attends a club/activity more than once a week with support | My child attends a club/ activity more than once a week without support |
| Please tell us which clubs/groups your child attends. |
| What additional support does your child need to access this club/activity? |

|  |
| --- |
| Do you care for other disabled children in your family home? If yes, please tell us the child’s name and age. |
| Child’s Name |  | Age |  |

**Please tell us what other support your child is receiving.**

|  |  |  |
| --- | --- | --- |
|  | Yes – please let us know frequency of support | No |
| Domiciliary Care |  |  |
| Residential overnight care |  |  |
| Portage |  |  |
| Carers |  |  |
| Other – please provide details |  |  |

|  |
| --- |
| Please provide any additional information you would like us to know. |

|  |  |  |
| --- | --- | --- |
| **Name of parent/guardian:** | **Signature of parent/guardian:** | **Date of Completion:** |
|  |  |  |