

**Targeted Short Breaks Offer**

**Support Questionnaire 8 -19 years**

Under our new 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 it 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.

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

**Physical and Emotional Wellbeing of the Child**

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| 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 |

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| Does your child manage their own personal care (toileting and washing)? |
| My child needs full support and presents challenging behaviour / requires manual handling | My child needs full support but engages | My child needs some support | My child can mostly manage independently but needs prompting | My child usually manages this independently |

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| Can your child eat and drink independently? |
| My child needs full support | My child regularly needs some support | My child sometimes needs some support | My child just needs prompting | My child manages independently |

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| Is your child able to communicate well?(using their preferred method of communication such as words, Makaton, symbols, tablet) |
| Indicates basic needs through behaviour only | Mostly needs support to indicate basic needs | Sometimes needs support to convey basic needs | Able to convey basic needs | Able to explain their needs and thoughts |

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| How does your child express their feelings? |
| It is always difficult to understand my child’s feelings | I sometimes understand what my child is feeling but it is mostly difficult | I can mostly understand my child’s feelings when I encourage and support them | My child can identify and express their feelings appropriately, through facial expressions, body language or verbally | My child is able to identify and name their feelings appropriately and those of others |

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| **For children aged 11 and over**, is your child able to travel safely and use public or private transport such as taxis? For those under 11years please ignore this question. |
| I feel my child would not be safe using public or private transport such as taxis. | My child needs full support to use public or private transport. | My child would like to use public transport but lacks confidence or has not had opportunity | My child is able to use public or private transport with a responsible person/friend | My child is able to use public transport or private transport such as taxis independently |

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| 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**

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| 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 safe when going out.  | It is always a struggle to go out with my child | It is mostly a struggle to go out with my child | There are sometimes challenges going out my child | There are generally no issues going out with my child |

**Keeping Children Safe**

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| 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 |
| Is your child safe in their community when out and about? |
| My child finds it difficult to keep safe even with full support.  | My child needs full support when out and about as they have no awareness of road safety and how to keep safe. | My child is still learning about road safety and keeping themselves safe when out and about. They need support but are able to follow instructions. | My child has understanding of road safety and keeping themselves safe when out and about but needs reminders. | My child has good understanding of road safety and keeping themselves safe when out and about. |

**Family Life**

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

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| 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 | I need to attend to my child with brief visits throughout the night, most nights | I need to attend to my child at night a couple of times a week | Occasionally I need to attend to my child at night | My child mostly sleeps through the night |

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| 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 |

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| Does your child join in with activities with other children? |
| My child rarely joins in activities with other children | My child needs lots of encouragement and support to join in activities with other children | My child needs encouragement and support to join in activities with other children | My child generally will join in activities with other children | My child actively seeks and joins in activities with other children |

**Friends**

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| Does your child have a supportive circle of friends?How many friends does your child have?  |
| No friends | 1-3 friends | 4-5 friends | 6-10 friends | 11+ friends |

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| How often does your child spend time with their friends? |
| Never | Once a month | Once a fortnight | Once a week | 2+ times a week |

**Confidence and Self esteem**

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

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| 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**

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| How often does your child attend their school/childminder or residential school? |
| My child does not attend 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 |

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| Does your child attend any clubs/activities or childcare? If so, how often? (eg. after school clubs, breakfast clubs, swimming, dancing, football etc) |
| My child does not attend any clubs or activities  | My child attends a club/activity once a week with support | My child attends a club/activity once a week without 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? |

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| 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.**

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

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

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