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**Targeted Short Breaks Offer**

**Support Questionnaire 0 to 5 years**

Under our new contract with Buckinghamshire County 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 been asked to introduce a two-tier offer – standard offer of 36 hours each year and higher offer of 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 provide the statement that is the closest match to your child’s or family’s needs – please 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.

**YOUR CHILD’S DETAILS:**

**Child’s name:**

**Child’s date of birth:**

**Home address:**

**SECTION A: Physical and emotional wellbeing of your child**

**Is your child physically fit and healthy? Delete the lines that do not apply to your child:**

• 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)? Delete the lines that do not apply to your child:**

• My child wears a nappy or pad or pull-up and shows no awareness or control over bladder and bowel movements

• My child wears a nappy or pad or pull-up and shows signs of awareness or discomfort when they need changing

• My child is engaging in potty or toilet training

• My child will indicate they need to use the potty or 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? Delete the lines that do not apply to your child:**

• My child is tube fed

• My child shows interest in food and drink, and turns their head towards and opens mouth in anticipation of food or drink

• My child needs an adult to spoon feed and steady the cup, but also likes to hold and use their own spoon, grasps a cup and will finger feed

• My child eats food mostly independently using a spoon and holding a cup steadily

• My child competently uses a range of cutlery, drinks from an open cup and is able to wipe their face and hands

**Is your child able to communicate well? Delete the lines that do not apply to your child:**

• My child communicates basic needs through crying, sleeping and turning their head towards a familiar adult

• My child enjoys eye contact, listening to and making babbling sounds and peek-a-boo games

• My child uses simple behaviours to ask for something (for example, excited movement to ask for a game to continue or pointing to a cup to ask for a drink)

• My child uses single words to ask for something specific (for example, ‘again’ or ‘drink’)

• My child is able to explain what they would like to do next or later

**How does your child respond to others? Delete the lines that do not apply to your child:**

• My child shows recognition of familiar voices by stopping and listening

• My child shows recognition of their 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? Delete the lines that do not apply to your child:**

• 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 aware of own feelings and knows that some actions and words can hurt others’ feelings

• My child is beginning to be able to negotiate and solve problems without aggression (for example, when someone has taken their toy)

**My child presents unwanted behaviours that hurt or cause distress to others. Delete the lines that do not apply to your child:**

• My child often and regularly hurts others

• My child often and regularly causes distress to others

• My child often presents unwanted behaviours, but with the right support can usually be distracted quickly and the behaviour stops

• My child has occasional outbursts, but with support can be calmed quickly

• My child does not present any behaviours that hurt or cause distress to others

**SECTION B: Environmental Factors**

**Do your child’s difficulties prevent you being able to get out and about with your child? Delete the lines that do not apply to your child:**

• Apart from school, we rarely leave the house

• Apart from school, we leave the house a few times a month

• Apart from school, we leave the house at least once a week

• Apart from school we leave the house a couple of times a week

• Apart from school, we are able to leave the house daily

 **SECTION C: 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? Delete the lines that do not apply to you:**

• 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? Delete the lines that do not apply to your child:**

• It is always a struggle to get my child to hold my hand or sit in a buggy or car seat to keep safe when going out

• It is mostly a struggle to get my child to hold my hand or sit in a buggy or car seat to keep safe when going out

• My child is mostly happy to hold my hand or sit in a buggy or car seat when going out but needs lots of encouragement or distractions

• My child is mostly happy to hold my hand or sit in a buggy or car seat to keep safe when out and about

• My child is always happy to hold my hand or sit in a buggy or car seat to keep safe when out and about

**SECTION D: Family life**

**What time does your child go to sleep and wake up? Please add your times below:**

• Bedtime:

• Wake up time:

**Does your child sleep soundly through the night? Delete the lines that do not apply to your child:**

• 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 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? Delete the lines that do not apply to your child:**

• Family life is stressful and frustrating all the time

• Family life is ok but there is no time to enjoy things that matter

• There is some time for family members to enjoy things that matter to them

• Family life is good most of the time but there are some struggles

• Family life is good

**Does your child join in with activities with other children? Delete the lines that do not apply to your child:**

• 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, extending and elaborating play ideas

• My child can play co-operatively, taking turns with others and taking account of others’ ideas

**SECTION E: Confidence and Self esteem**

**Is your child relaxed and happy? Delete the lines that do not apply to your child:**

• Never

• Occasionally

• Regularly

• Most of the time

• All the time

**Does your child have confidence to try new activities? Delete the lines that do not apply to your child:**

• 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

**SECTION F: Education and Learning**

**How often does your child attend their school or pre-school or childminder or residential school? Delete the lines that do not apply to your child:**

• My child does not attend school or pre-school or 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 or activities not linked to school or childcare? If so, how often? Delete the lines that do not apply to your child:**

• My child does not attend any clubs or activities

• My child attends a club or activity once a week with support

• My child attends a club or activity once a week without support

• My child attends a club or activity more than once a week with support

• My child attends a club or activity more than once a week without support

**Tell us which clubs or groups your child attends. Please add your answer below:**

**What additional support does your child need to access this club or activity? Please add your answer below:**

**Outside of school time, how much time do you have away from your caring role in an average week? Delete the lines that do not apply to your child:**

• Less than one hour

• Between 1 and 3 hours

• Between 3 and 6 hours

• Between 6 and 12 hours

• More than 24 hours

**Does your child spend regular overnight periods with close family members (for example, with a parent or grandparents) away from your main family home? If yes, please provide some details below.**

**Do you care for other disabled children in your family home? If yes, please fill in the child’s name and age below.**

• Child’s name:
• Age:

**If there is any additional information you would like us to know? If so, please add your information below:**

**YOUR DETAILS:**

**Name of parent or guardian:**

**Signature of parent or guardian:**

**Date of completion:**