

experiences of a child with disabilities.

**These questions provide prompts for practitioners when engaging in a series of conversations with the child/young person and/or their parent/ carer to explore and understand their lived experience. The questions can be selected as appropriate and adapted to suit the communication needs of the child/young person and their parent/ carer. It is not intended that that all sections are answered in a single conversation.**

**Information provided will need to be triangulated with the direct observations of practitioners and information from a range of sources.**

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| **Questions** | **Responses** | **Notes** |
| 1. Waking up in the morning 2. What time do I normally get up? 3. Can I tell whether it is time to wake up? 4. How do I let someone know I am awake? 5. Do I need help to get out of or transfer from my bed using equipment e.g. hoisting? Is any equipment needed available and in good working order? 6. Are my mornings the same or is it different every day? Do I follow a routine in the morning? What is the routine? 7. If I need medicine, does someone help me take it? 8. Who is awake in the house with me to help me if I need it? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **Personal Care**   1. Do I use a special shower or bath and have access to specialist equipment that is needed? 2. Do I have to be supported to move with special equipment   i.e. hoisting? Is any equipment needed available and in good working order?   1. Can I independently wash myself and clean my teeth and if I need support is this available to me? 2. Does someone come to my house to help me wash and dress? Who? 3. Do I have to take regular medication or use daily creams? 4. Do I have to have pureed food or my food through a tube or peg? 5. Do I have a special toothbrush and does someone help me to wash and brush my teeth? 6. Do I feel pain with certain tasks like brushing hair, teeth cleaning or showering? How does this impact me? 7. Do I have sensory difficulties which impact on my personal care? 8. How often do I shower/bath? |  |  |
| **Dressing**   1. Do I wear special clothes – i.e. all in one, to prevent taking it off overnight and removing my nappy? 2. Are my clothes clean, the right size for me, right for the weather? 3. Do my shoes fit? Are they right for the weather? 4. Does someone help me get dressed or do I do it myself? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **Travel to school**   1. Do my parents take me to school? Can I travel independently? 2. Do I travel by taxi or minibus to school? Do I have an escort? 3. Do I have any behavioural or other needs which make travel difficult? 4. Am I met when I get to school by the teachers? 5. Do I understand safety on the road and in cars? |  |  |
| **In School/College**   1. Do I like school/college? 2. What is my favourite bit? 3. Which bit do I not like so much? 4. How often do I go to school? 5. Do I generally arrive on time? Have any necessary adaptations been made to my timetable to accommodate my needs? 6. Do my parent(s) engage with school and attend school meetings? 7. Do I have an Education, Health and Care Plan (EHCP)? 8. Do I have a home link book? If I do, is it completed and given to my teachers when I get to school? 9. Am I electively home educated? 10. If I am Electively Home Educated (EHE), what does this look like, what do I like about it , what might be better? Is my parent/carer in touch with the EHE team? 11. If I am at EHE, how is my progress monitored? Do I have access to the resources I need at home? Do my carers communicate openly with education welfare? 12. Do I complete homework? Who supports me with this? 13. Do my carers tell school about any difficulties I have had that morning? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **In School/College**   1. What do I do at breaks? Do I have a snack? 2. Do I always have appropriate food at school i.e. orally or PEG fed? 3. Do I have the right things for school – medication, reading books, home schoolbooks, uniform, PE clothes, coat, nappies, spare clothing? 4. Do I have a favourite teacher or someone I like to talk to? 5. Do I see anyone for help at school – school nurse, Educational Psychologist, Speech and Language Therapist, Physiotherapist and Occupational Therapist. 6. Do I go on school trips? 7. Do I have regular health appointments when I am at school? 8. Do I need special equipment at school? 9. Are there plans in place at school to respond to any needs I have? 10. Is the school environment responsive to my needs? For example, a safe space for physio; a designated space for my specialist equipment that is easily accessible 11. Am I provided the opportunity to communicate in school, including the use of technology and adaptations to different tools? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **After School/College**   1. Do my parents collect me, or do I travel by minibus or taxi with an escort? 2. Does school share any issues from the day with my parents/ carers? 3. Do I go home at the end of the school day or do I go to any afterschool clubs? 4. Do I watch TV/game/ go on the internet on a personal device such as a mobile phone and if so, is what I watch okay for my age/development? 5. Do I have any food to eat? 6. Does anyone help me with my food? 7. Do I like to play with toys are they available? 8. Do I have any triggers for my behaviour, if so, what are they? 9. Does someone have to hand me toys to play with as I am not able to access them myself due to my needs? 10. Do I only like certain TV programmes/you tube clips or videos/ games? 11. Am I encouraged to participate in other activities/try new TV programmes/games/videos? 12. Am I included in usual family life? 13. Do I find some toys/play activities too noisy or too busy? 14. Does someone need to supervise me/be with me as I find it difficult to play with others, to share, or to be close to other people? 15. Do I spend time in my bedroom alone? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **Evenings**   1. Do I have a meal in the evening and what time is this? 2. Does someone have to prepare and help me eat my meal i.e. orally or PEG fed? 3. What do I eat? 4. Where do I eat? 5. Do I have a favourite foods? 6. Do I eat with others? 7. Do my carers understand if I am hungry or not? Do they provide food for me? 8. Do I do attend any clubs such as a sports club, swimming, scouts/brownies/cadets 9. Do I watch TV/game online/watch videos and/or look at social media on a personal device and what do I watch, is it appropriate to my development? 10. Do I use the internet? What device do I use – laptop/ tablet/ phone? Does anyone check what I am doing on the internet/ are there any parent controls? What sites do I visit online and what do I do? 11. Do I go out in the evening and if so, who do I go out with? Do I need and have carers to take me out? Do they have the appropriate equipment and training to look after me? 12. What do I do with my family in the evenings? Am I included in family times? 13. Do I need medication before I go to bed? Who gives this to me? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **Bedtime**   1. Do I go to bed at the same time every night during the week? 2. Who decides when it is bedtime? 3. Does someone help me with my personal care at nighttime? 4. Where do I sleep? Do I have a special bed? How do I get into my bed? 5. Do I like where I sleep? 6. Who else is in the house at night-time? Do I have additional carers overnight? 7. Do I have my own room? 8. Do I have what I need in my room (clean, warm bed, curtains, warm floors, specialist equipment)? 9. Do I have to wake in the night, or be woken to be changed or turned? |  |  |
| **Sleep**   1. Do I need a special sleep system to keep me positioned correctly when I am in bed? 2. Do I need to be repositioned at night? 3. Do I need to use a hoist to get from chair, bed, or toilet? 4. Do I need my nappy changing at night? 5. Do I have a bedtime routine? Do I go to bed on my own or does someone put me to bed? Who? 6. Do I sleep well at night, or do I tend to wake? 7. How often do I wake? 8. What happens when I wake up? 9. Does my carer respond or am I left to cry/self-soothe? 10. Do I have feeds during the night? 11. Do I often need a pad change during the night? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **School Holidays/Weekends**   1. What do I do in the school holidays? 2. Do I see friends? Do my family spend time with me? 3. Do I have anyone to provide extra care for me? Do I spend time with carers and not my family? 4. Do I go on days out with my family or carers? 5. Am I provided with the food I need i.e. orally or PEG fed? 6. Am I encouraged to experience new activities? 7. Do I have access to a special car to get my equipment in? 8. Do I have the appropriate equipment to enable me to go out in the community? 9. Do I have access to toys or stimulation at home? |  |  |
| **Communication**   1. Am I able to communicate verbally? Do I use words or sounds, can my parents/carers understand me, know what I need? 2. Do I need communication aids? i.e, communication cards/ pictures, sign, writing/drawing pictures, using puppets, braille, voice recorder (possible non-verbal in some environments such as school but will voice record at home and share the recording)? Are the aids available for me to use? |  |  |

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| **Questions** | **Responses** | **Notes** |
| **A****dditional Considerations**   1. Do my parents/carers have any special educational needs or health difficulties, and how does this impact on my care? 2. Do my parents/carers smoke around me? Am I aware of it? 3. Do my parents/carers misuse substances such as alcohol, cannabis or other drugs and do they do they do it around me? Am I aware of it? 4. Do my parents/carers have a learning difficulty and how does that affect me? 5. Do my parents/carers have complex health needs or a disability? How does this impact me? 6. Do my parents/carers suffer with poor mental health?   How does this effect how they care for me? Do my parents disclose/overshare too much to me about their difficulties?   1. If my parents/carers are separated, do they both have a suitable home for me to safely be at and how much time do I spend with each of them? 2. Does my parent have a new partner? 3. Who are the adults I see often? 4. Do I hear my parents/carers arguing a lot? 5. Are my parents/carers in a healthy relationship or is one of them at risk of domestic abuse? Am I at risk of domestic abuse? 6. Are my parents/carers in prison or in the criminal justice system? Do I know about it? How does that affect me? 7. Do my parents/carers feel like they have a support network around them? 8. Do my parents and carers have access to sufficient resources to care for me and support my wellbeing? |  |  |