

Things to think about assessing the appropriateness of the daily routine of a teenager.

These questions provide prompts for practitioners when engaging in a series of conversations with the 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 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** (including observations) |
| **Waking**   1. Do I use an alarm to wake me up? 2. What time do I normally get up? Is it early, i.e. in time for school or college? 3. Do I have to wait for someone to help me get up if I require it? 4. Do I have to get anyone else up? 5. Is there anyone else up when I get up? 6. Are my mornings the same or is it different every day? |  |  |
| **Breakfast**   1. Do I eat breakfast in the morning? What do I like to have? Is it the same every day or different? 2. Do I need to make breakfast for other people? 3. Do I eat my breakfast with others or by myself? 4. Is there food available in the cupboard for breakfast? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **Dressing**   1. Do I have enough clothes? Do I have the right school uniform? 2. Are my clothes clean, the right size for me, right for the weather? 3. Do I take responsibility for my own personal hygiene, i.e. washing and brushing my teeth, etc? 4. Do I have any additional needs which mean I need extra help with my personal hygiene? 5. Do I get picked on or bullied because of what I wear 6. Do I think I look okay in my clothes? |  |  |
| **Getting to school**   1. Do I go to school/college? How far away is it? How do I get there? 2. Do I need to take anyone else to school, i.e. younger siblings? 3. Do I tend to arrive at school on time or am I late? |  |  |
| **At school**   1. Do I like school/college? 2. How many friends do I have at school? 3. Do I hang out with them in breaks? 4. What do I do in free periods/lunchtime? 5. Do I have lunch – canteen food or packed lunch? Am I hungry at school? 6. Do I have money to buy food from school? 7. Are my special diet needs met at school (e.g. medical condition/ religious/ ethical beliefs?) 8. Do I have the right things for school – uniform, coat, PE kit, stationary, bag? 9. Do I have a favourite teacher or someone I like to talk to? 10. Do I fall asleep in class or struggle to concentrate? 11. Do I see anyone for help at school/college either for my development or behaviour? 12. Is there anyone that I don’t like at school or think is mean? 13. Have I ever been bullied? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **After school**   1. How do I get home from school? 2. Do I have money for bus fares/taxis to get back from school? 3. Do I want to go home or do I avoid going home? 4. Do I go home at the end of the school/college day, or do I go to friends’ houses or hang out somewhere else? 5. Do I have a job to go to? 6. Does anyone meet me and take me home? 7. Is there anyone at home? 8. Do I watch TV and, if so, is what I watch okay for my age? 9. Do I have homework to do and does anyone help me with it? 10. Do I like doing my homework? Does anyone check that I have done it? 11. Do I have a printer at home or can I print my homework at school? 12. Do I have to look after anyone else? 13. Is there food available? 14. Does anyone help me get some food? 15. Do I need to get food for anyone else? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **Evenings**   1. Do I have a meal in the evening and what time is this? 2. Who makes the food? 3. What do I eat? 4. Do I eat with others, and at the table, or do I eat by myself? 5. Is there anyone I can tell if I am hungry and do they provide food for me? 6. Do I watch TV and what do I watch? 7. Do I have access to the internet or social networking sites? What device do I use – laptop/tablet/phone? 8. Do I have a phone? Do I use it to send pictures or images? Are the photos appropriate? Which Apps do I use, e.g., Instagram, Snapchat? 9. Does anyone check what I am doing on the internet/are there any parental controls? 10. What sites do I visit online and what do I do? 11. Do I chat online or share any information or pictures? What do I talk about? 12. Do I ever receive any images/messages that upset me? 13. Do I play games on a console? Do I play online/’live’ games? Do I know who I am playing with? 14. Do I go out in the evening and, if so, who do I go out with? 15. Do I have friends outside of school |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **Evenings (continued)**   1. Do I drink alcohol and/or use any drugs? If so where do I get them from? Do I use them with anyone else in/out the house? 2. Where do I go and what do I do there? 3. Is there an activity I like doing outside of school (e.g. sports/ hobbies)? Do I enjoy them? 4. Do I have to be home by a set time? 5. Does my carer know who I hang out with? 6. What do I do with my family in the evenings? What do my carers do? 7. Do we spend time together or do our own things? 8. Are my parents/carers too strict? Are there any consequences for any misbehaviour? 9. Do I have any activities after school to attend? If yes, what are they? Are there any activities I would like to do in my spare time? If so, what are they? |  |  |
| **Bedtime**   1. Do I go to bed at the same time every night? 2. Who decides when it is bedtime? 3. Is my bedtime appropriate to my needs? 4. Where do I sleep? Do I like where I sleep? 5. Do I struggle to get to sleep? 6. Who else is in the house at night time? 7. Do I have to look after anyone else at bedtime? 8. Do I have my own room or do I share with others? 9. Do I have what I need in my room (bed, curtains, bedding)? 10. Is my bedroom clean enough for me? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **School holidays/weekends**   1. What do I do in the school holidays? 2. Do I attend organised activities? 3. Do I have to look after anyone? 4. Do I have chores/jobs to do around the house? If so, what are they? 5. Who looks after me if my parents/carers work in the holidays/at weekends? 6. If left unsupervised, how long is this for? 7. Do my carers know what I am doing during the day and who I am with? 8. Do I have friends to spend time with? Do my carers know them? Where do I know them from? Are they the same age as me? 9. What do my friends like doing? 10. Do I have any hobbies? 11. If I get free school meals during the term what happens during the holidays? 12. Is there food to eat at home? Is there someone around to help make food and supervise meal times? 13. Do I have my own money? Where do I get it? 14. Do I have a job to earn money? 15. Do I seem to have more money/things than I would be able to afford by myself? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **Relationships**   1. What are my relationships like with my family and friends? Do I have lots of friends or just a few? 2. Do I get on okay with my parents/carers? What about my siblings? If I don’t get on with them, is there anyone else that I talk to or spend time with? 3. Who else is close to the family/around a lot? 4. Do I spend lots of time in other people’s houses/sleep elsewhere? 5. Do I have a girlfriend/boyfriend? Do they make me happy? Are they the same age as me or older/younger? Where did I meet them? Where do I go with them? 6. Do I feel safe in my relationship? Do I feel safe, respected and loved in my relationship with my boyfriend/girlfriend? 7. Am I sexually active with anyone/different people? Am I practising safe sex? Do I know where to go to get advice on safe sex? 8. Do I identify as lesbian, Gay, Bisexual, Transexual, or other? If so, am I able to discuss this with my family/friends and are they supportive? |  |  |
| **Independence**   1. Do my parents have appropriate expectations of me given my age and any additional needs I may have? 2. Am I encouraged and supported to become more independent as I get older? 3. Do I have access to my own space and private time? 4. Do I get pocket money? If so, how much? What do I spend it on? 5. Do I have chores around the house? If so. what are they? 6. Do I have a part time job? If so, where do you work? How many hours do you work? Is it your decision to work? How do you spend your pay? 7. Do I feel safe at school? If no, describe why? 8. Do I feel safe at home? If no, describe why? 9. Do I feel safe in my neighbourhood? If no, describe why? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **Medical/Health/Disability**   1. If I need medicine or other help (e.g. getting out of bed), does someone help me with them? 2. If I have an alternative feeding method (e.g. tube fed) is this always followed? Has this been agreed with all the professionals and carers who work with me? Do people know what to do if I choke? 3. Are my medical and care needs (e.g. medication and moving and handling procedures) met while at school and consistent with at home? 4. Does my parent/carer communicate with me in ways which enable me to understand what they are saying? (for children with sensory impairment or communication needs) 5. Does my parent/carer interact with me in ways that help me develop? (for children with sensory impairment or communication needs) 6. During school holidays do I attend organised activities and/or short breaks for young people with disabilities? 7. Do I or my carers have the appropriate and necessary equipment and support to help me become more independent? 8. Am I given my medication/treatment as required? 9. Are medical instructions always followed? 10. Is all my equipment maintained and working well? 11. Are my measurements being recorded (e.g. height, weight and saturation levels) as required by my health professionals? 12. Am I or my parent/carer affected because of lack of sleep as a result of my condition? 13. Do I think I have any mental illnesses? Does anyone else worry about my mental health? 14. Have I ever felt like I needed to hurt myself? Have I ever felt like I did not want to live anymore? 15. Do I have a ‘healthy’ approach to food or am I secretive about what I eat? |  |  |

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| **Questions** | **Responses** | **Notes** (including observations) |
| **Medical/Health/Disability** (continued)   1. What is my diet like? 2. Do I think I eat healthy? If yes, what does my diet look like? If no, what do I normally eat? 3. Do I sit down to eat with my family? 4. Who cooks fro me? |  |  |
| **Hospital Inpatients**   1. Am I being visited regularly by my family and friends? 2. Am I having contact with friends online? 3. Do I have access to games? |  |  |
| **Pets**  1. Are there any pets in my family and, if so, who looks after them,  e.g. feeding, cleaning out, walking?   1. Do I have any concerns about the care of the pets? 2. Do I like the pets? 3. Am I scared of any of my pets? |  |  |
| **Additional Considerations**   1. Do I have any additional or complex needs (e.g. do I have a physical or learning disability; poor mental health; am I an asylum seeker or have been trafficked or am I a young carer) which can impact on my life? 2. Do I need additional support to help me reach my full potential, and if so, do I get that support? 3. Could a day in my life be improved, and if so how? 4. Do my parents have additional or complex needs and how does this impact upon me? |  |  |