Scale for Assessment of Family Enjoyment within Routines (SAFER)

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This routines-based interview is an assessment tool designed for professionals working with families to develop functional intervention plans. By gathering information from the family about home and community routines, professionals can identify the independence, engagement, and social competence of the child, and the concerns and priorities of the family. The goals and outcomes generated from this assessment are (a) functional (i.e., identify immediately useful skills the child needs to get throughout the day), and (b) transdisciplinary (i.e., do not have to be addressed by a professional of a specific discipline). The general questions included in this instrument are intended to *guide* professionals through the assessment process. Professionals are encouraged to develop their own questions to follow up with each family's unique experiences. Questions for community care (e.g., child care center) are included for those families whose children participate in caregiving environments outside of their home.

Directions: Ask appropriate questions under each routine, making notes of the family's responses to the right. After all routines have been discussed, the interviewer reviews the concerns that were mentioned for each routine with the family. The interview asks the family to rate the routine on the following scale. Be sure to record a number for each routine.

1 2 3 4 5

Not at all satisfied Satisfied Very satisfied

The family chooses which concerns they would like to have addressed as outcomes or goals. Progress on outcomes or goals may be measured over time by asking the family to rate their satisfaction of routines addressed in interventions again.

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|---|--|------|---------------------|
| Waking up | | | |
| Could you describe what wake up time is like? Who usually wakes up first? Where does your child sleep? How does your child let you know she is awake? Does she wan to be picked up right away? If so, is Or is she content by herself for a few minutes? Wh What is the rest of the family doing at this time? Is this a good time of day? If not, what would you li Satisfied? | she happy when picked up? at does she do? | otes | |
| Dianaving/Drassing | | | |
| Diapering/Dressing Home | | | |
| What about dressing? How does that go? Who helps your child dress? Does he help with dressing? How? What can he does what is his mood like? What is communication like? Does your child wear diapers? Are there any problems with diapering? What does your child do while you are changing him Does your child use the toilet? How independently How does he let you know when he needs to use the How satisfied are you with this routine? Is there an different? Satisfied? Satisfied? | lo on his own? n? ? ne toilet? | otes | |
| ction Scale | | | |
| 1 2 Not at all satisfied | 3 Satisfied | 4 | 5 Very satisfied |

| Feeding/Meals | Notes | |
|--|--------------|---------------------|
| Home | | |
| What are feedings/mealtimes like? Does anyone help feed your child? Who? How often does she eat? How much can she do on her own? How involved is she with meals? Where does your child usually eat? What are other family members doing at this time? How does your child let you know what she wants or whether she is finished? Does she like mealtimes? How do you know? What would make mealtimes more enjoyable for you? | | |
| | | |
| Community Care | | |
| What are mealtimes like for your child when under the care of others? | | |
| Satisfied? | | |
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| | | |
| | | |
| Satisfaction Scale | | |
| 1 2 | 3 4 sfied | 5 Very satisfied |

| Getting | ready | to go | o/Trav | eling |
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|---------|-------|-------|--------|-------|

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- How do things go when you are getting ready to go somewhere with your child?
- Who usually helps your child get ready?
- How much can he do on his own?
- How involved is he in the whole process of getting ready to go?
- What is communication like at this time?
- Does your child like outings? How do you know?
- Is this a stressful activity? What would make this time easier for you?

Community Care

 What are drop off and pick up times like for your child? Do you or other caregivers have any concerns?

Hanging out/Watching TV

- What does your family do when relaxing at home?
- How is your child involved in this activity?
- How does your child interact with other family members?
- Does your family watch V? Will your child watch TV?
- What does he like to watch? How long will he watch TV?
- Do you have a favorite show?
- Is there anything you would like to do in the evening but can't?

| Satisfied? | |
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| Notes | | | |
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| Notes | | | |
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Satisfaction Scale Very satisfied Not at all satisfied Satisfied

| What is bath time like? Who usually helps your child bathe? How is she positioned in the bathtub? Does she like the water? How do you know? How involved is your child in bathing herself or playing in the water? Does she kick or splash in the water? What toys does she like to play with in the tub? How does she communicate with you? What do you talk about? Is bath time usually a good time? If not, what would make it better? | Notes | |
|---|------------------------------|--|
| Satisfied? | | |
| Nap/Bed time | Notes | |
| Home | | |
| How does bed time go? Who usually puts your child to bed? Do you read books or have some type of ritual at this time? How does he fall asleep? How does your child calm himself? Does he sleep through the night? What happens if he wakes up? Who gets up with him Is bedtime an easy or stressful time for your family? Satisfied? | nim? | |
| Community Care | | |
| Does he take naps for other caregivers? How does that go? Satisfied? | | |
| | 3 4 5 risfied Very satisfied | |

| Grocery Store | Notes |
|--|--------------------------------|
| How are trips to the grocery? Do you bring your child with you? Does she sit in a shopping cart? Does she like being at the store? How is she involved in shopping? Do you have to occupy her or is she pretty content to does she react to other people in the store? How does she involved in shopping? Do you have to occupy her or is she pretty content thou does she react to other people in the store? How does she communicate with you and others at this time? Is there anything that would make shopping with your child easier? | |
| Satisfied? | |
| Does your family spend much time outdoors? What do you do? What does your child do? Does your child like (the activity)? How does he get around? How does he interact with others? Are there any toys or games he engages with/in? How does your child let you know when he wants to do something different? What things does your child like or notice outside? Is this usually an enjoyable time? Would anything help make this time easier? | Notes |
| Community Care | |
| What kinds of outdoor activities doe she participate in? How much assistance doe need? How does he interact with his peers? Satisfied? Satisfied? | es he |
| Satisfaction Scale 1 2 Not at all satisfied | 3 4 5 Satisfied Very satisfied |