



**Survey for practitioners working with
children and young people who have an
Education Health and Care Plan.**

A survey about the children you work with
and the support they get.

Who is the survey for?

It's for all people working with children and young people who have an Education Health and Care Plan. (also known as an EHC plan).

What's an Education Health and Care Plan?

It's the plan that describes what is important to a child or young person, their needs and says what support they should get.

Who's asking?

The survey is being carried out by a charity called ['In Control'](#) and is in part funded by the Department for Education.

Why do you want to know?

We want to know how Education Health and Care plans are being introduced and how helpful they are.

Who will read my answers?

Your local authority, school or health service may get a copy of your answers but they will not know who wrote them. We will also read your answers. People who read your answers will not know who wrote them. We may also make the answers available through a public archive.

What are you going to do with my answers?

We will use them to help improve Education Health and Care plans where you work and across the country. The answers will also be used to write reports that will be made public.

Do I have to answer the questions?

No, if you do not want to take part then that is absolutely fine. You can also choose to answer some or all of the questions. If you do answer them we will only use them in the way we have described.

About you and your role

1. Name of the local authority where you work.

2. What type of school do you work in?
(tick all that apply)

Mainstream Special Education I do not work in a school setting

3. What age group do you work with: (tick all that apply)

Pre school	<input type="checkbox"/>	Secondary	<input type="checkbox"/>
Primary	<input type="checkbox"/>	Post 16	<input type="checkbox"/>

4. In which area do you mainly work? (please tick only one)

Education	<input type="checkbox"/>	Social Care	<input type="checkbox"/>
Health	<input type="checkbox"/>		

5. Are you mainly involved in: (tick all that apply)

Assessment and development of Education Health Care plans	<input type="checkbox"/>	Providing direct support	<input type="checkbox"/>
Management / Commissioning	<input type="checkbox"/>		

Your view of Education Health and Care plans

6. Over the past year have Education Health and Care plans, helped you to:						
	Never	Rarely	Some-times	Mostly	Always	N/A
Put children at the centre of your planning :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in partnership with your colleagues from other professions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in partnership with parents/carers :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a timely response to the needs of children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide individually tailored support to children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide clear information and advice to parents/carers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the needs of children in the context of their home, family and school:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Over the past year, have Education Health and Care plans, helped children/young people to:						
	Never	Rarely	Some-times	Mostly	Always	N/A
Be as fit and healthy as they can be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take part in school and learning :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be part of their local community :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy friendships :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy relationships with family :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy a good quality of life :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a positive transition :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about and prepare for the future :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to say anything else about your experience of Education Health and Care Plans?

Thank you for answering these questions. Unfortunately we are unable to respond to individual issues, if you would like to raise an issue that requires action please do so with the person or organisation who gave you this questionnaire

In Control Partnerships
Carillon House
Chapel Lane
Wythall
Birmingham
B47 6JX
Tel: 01564 82 1650
www.in-control.org.uk

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Equality Monitoring

The next questions are to help us see if Education Health and Care plans and personal budgets are working for different groups of people.

These questions are about you and not the children / young people that you work with.

You can skip any of the questions you do not want to answer.

1. Are you:	
Female <input type="checkbox"/>	Male <input type="checkbox"/>

2. How old are you?			
16 to 24 years old	<input type="checkbox"/>	25 to 34 years old	<input type="checkbox"/>
35 to 44 years old	<input type="checkbox"/>	45 to 54 years old	<input type="checkbox"/>
55 to 64 years old	<input type="checkbox"/>	Older than 65 years old	<input type="checkbox"/>

A disabled person is defined under the Equality Act 2010 as someone with a **'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day-to-day activities'**.

3. Do you consider <u>yourself</u> to be disabled under the Equality Act 2010?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Don't know <input type="checkbox"/>

4. Please tell us about any disabilities you have: If your disability is not in the list please choose 'other'.			
Physical Disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Sensory impairment (sight / hearing)	<input type="checkbox"/>	Long standing illness or health condition	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other (tell us if you want to)			
<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 100px;"></div>			

5. Which groups do you most identify with?

Please only tick one box in column A and one box in column B

These categories were used in the 2011 census and are listed alphabetically

Column A		Column B	
British or Mixed British	<input type="checkbox"/>	Asian	Bangladeshi <input type="checkbox"/>
English	<input type="checkbox"/>		Indian <input type="checkbox"/>
Irish	<input type="checkbox"/>		Pakistani <input type="checkbox"/>
Scottish	<input type="checkbox"/>		Any other Asian background <input type="checkbox"/>
Welsh	<input type="checkbox"/>		Black
Any Other? (please specify)	<input style="width: 200px; height: 40px;" type="text"/>	Caribbean <input type="checkbox"/>	
		Any other Black background <input type="checkbox"/>	
			Chinese
		Mixed ethnic background	Asian and White <input type="checkbox"/>
			Black African and White <input type="checkbox"/>
			Black Caribbean and White <input type="checkbox"/>
			Any other mixed ethnic background <input type="checkbox"/>
		White	Any White background <input type="checkbox"/>
		Any other ethnic background	Any other ethnic background <input type="checkbox"/>

6. What is your religion or belief?					
Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Bah'ai	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Christian- Catholic	<input type="checkbox"/>	Christian – Protestant	<input type="checkbox"/>
Christian – Other	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Humanism	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Pagan	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>
Scientologist	<input type="checkbox"/>	Shinto	<input type="checkbox"/>	Zoroastrian	<input type="checkbox"/>
No religion or belief	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Any other religion or belief	<input type="checkbox"/>

7. Sexual orientation?			
Bisexual	<input type="checkbox"/>	Gay/Lesbian	<input type="checkbox"/>
Heterosexual/Straight	<input type="checkbox"/>	Other	<input type="checkbox"/>
Do not want to say	<input type="checkbox"/>		

**Would you like to say anything about the questions in this survey?
(we are always looking to improve the POET, any comments you have will help us make sure that the survey works well)**

A link to our survey feedback form can be found [here](#)