



**Survey for parents of
children and young people
who have an
Education Health and Care Plan.**

A survey about you, your child,
and the support they get.

Who is the survey for?

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

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 with 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 the process of getting an Education Health and Care Plan worked for you and what difference it has made to your child, so we can help improve things for others who need support.

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 the way Education Health and Care Plans work where you live 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 on my own?

No; you can ask someone you trust to help you complete the survey.

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 your child

1. Name of your local authority:

2. Name of the school or college your child attends:

3. Type of school/college: Mainstream Special Education

4. Child's Age :

5. What is the main reason your child needs additional support?

Communication and interaction	<input type="checkbox"/>	Learning disability (cognition and learning)	<input type="checkbox"/>
Social, emotional and mental health (including challenging behavior)	<input type="checkbox"/>	Sensory and/or physical needs	<input type="checkbox"/>

6. Does your child have? (Tick all that apply)	Yes	No	Don't know
An Education Health and Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid support at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid support at school/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid support to go out and about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A personal budget (money allocated by the local authority that you can use for support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How long has your child had an Education Health and Care Plan?

Less than a year <input type="checkbox"/>	Between a year and 3 years <input type="checkbox"/>	N/A <input type="checkbox"/>
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8. Did your child have a statement (or learning disability assessment) that was converted to an Education Health and Care Plan?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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About your child's Education Health and Care Plan.

9. Who was involved in developing the Education Health and Care Plan? (Include people who contributed, provided reports or assessment information.)

(Tick all that apply)

Class teacher	<input type="checkbox"/>	Classroom assistant	<input type="checkbox"/>
SENCO	<input type="checkbox"/>	Education specialist (educational psychologist)	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	Health specialist (nurse, occupational or speech and language therapist)	<input type="checkbox"/>
Key worker	<input type="checkbox"/>	Planning co-ordinator	<input type="checkbox"/>
Voluntary organisation	<input type="checkbox"/>	Support worker	<input type="checkbox"/>
Family member (including you)	<input type="checkbox"/>	Other <input type="text"/>	

10. Were your views included in your child's Education Health and Care Plan?

Yes, fully <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
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11. Were the views of your child included in their Education Health and Care Plan?

Yes, fully <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>	Not appropriate <input type="checkbox"/>
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About your child's personal budget

[A Personal Budget](#) is an amount of money identified by the local authority to deliver provision set out in the EHCP where the parent or young person is involved in securing that provision. If you **do not** have a personal budget **go to question 16**.

12. How is the personal budget held?	
You hold the money	<input type="checkbox"/>
A friend or family member holds the money	<input type="checkbox"/>
A local family / parent led organisation holds the money	<input type="checkbox"/>
A service provider holds the money	<input type="checkbox"/>
The local authority / school holds the money	<input type="checkbox"/>
I do not know	<input type="checkbox"/>

13. Do you know the amount of money allocated to the personal budget?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Annual payment <input type="checkbox"/>	One off payment <input type="checkbox"/>	Both <input type="checkbox"/>
Amount per year: _____		

14. Could you decide how the money in your personal budget was spent?		
Yes, fully <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>

15. How have you used the personal budget? (Tick all that apply)			
Community based social activities: Local sports leisure facilities, clubs and youth groups.	<input type="checkbox"/>	After school clubs: Including play schemes and holiday club.	<input type="checkbox"/>
Break from caring: Support that enables the family carer to have a rest or do other things than care.	<input type="checkbox"/>	Personal assistant: 1-1 support from a paid carer.	<input type="checkbox"/>
Family time: Spending time together as a family.	<input type="checkbox"/>	Specialist service: Groups, activities, therapies or services specifically for children who are disabled.	<input type="checkbox"/>
Equipment: Such as specialist sensory communication or clothing, aids and adaptations.	<input type="checkbox"/>	Transport:	<input type="checkbox"/>
Other:	<input style="width: 100%; height: 20px;" type="text"/>		

About the support described in your child's EHCP

16. Over the past year, what do you think about these areas of your child's support?						
	Very poor	Poor	Fair	Good	Very good	N/A
Choice about support : I could change the support my child gets if I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of support: My child has the right amount of support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality My child is supported as an individual with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes for your child

17. Over the past year, how well has the support your child gets helped them with the following areas of their life?						
	Very poor	Poor	Fair	Good	Very good	N/A
Being 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"/>
Taking part in school and learning :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being part of their local community :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying friendships :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying relationships with family :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of life : Being relaxed and happy taking part in activities they like:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for the future :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes for you

18. Over the past year, has the support described in your child's EHCP made a difference to these areas of your life?						
	Makes things a lot worse	Makes things worse	No difference	Makes things better	Makes things a lot better	Don't know
Your quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship you have with people who are paid to be involved in the support of your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship you enjoy with your child	<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.

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Equalities 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.
You can skip any of the questions you do not want to answer.
These questions are **about you** and not about your child

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: 80px;"></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) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		Caribbean <input type="checkbox"/>	
		Any other Black background <input type="checkbox"/>	
		Chinese Any Chinese background <input type="checkbox"/>	
		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](#)