



Survey for parents of children and young people who have additional support

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 additional support and may 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'](#)

Why do you want to know?

We want to know how the process of getting support 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 people get support 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.

Questions about your child and the support they get

1. Name of your Local Authority:

2. Your child's age:

3. Are they:

Male Female Prefer not to say

4. What is the main reason your child needs support? Please tick all that apply to you

Speech, language and communication needs Social, emotional and mental health difficulties

Cognitive or learning disability Sensory (hearing, sight) or physical disability

Autism (including Asperger's syndrome) Don't know

Other

5. Place of education, work or training that your child attends

- | | | | |
|---------------------|--------------------------|---|--|
| Pre-school | <input type="checkbox"/> | Special school | <input type="checkbox"/> |
| Mainstream school | <input type="checkbox"/> | Home schooled | <input type="checkbox"/> |
| College: mainstream | <input type="checkbox"/> | College: special needs | <input type="checkbox"/> |
| University | <input type="checkbox"/> | Apprenticeship/internship
/work based training | <input type="checkbox"/> |
| Paid work | <input type="checkbox"/> | Pupil referral unit | <input type="checkbox"/> |
| None of these | <input type="checkbox"/> | Other | <input style="width: 200px; height: 25px;" type="text"/> |

6. What additional paid support does your child get:

Please tick all that apply to you

- | | | | |
|--------------------------------------|--------------------------|---|--|
| Education health care
plan (EHCP) | <input type="checkbox"/> | Special Education Need
support (SEN support) | <input type="checkbox"/> |
| Personal Budget | <input type="checkbox"/> | Transport | <input type="checkbox"/> |
| Social care | <input type="checkbox"/> | None of these | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | Other | <input style="width: 200px; height: 25px;" type="text"/> |

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

8. How long has your child's support been in place for:

	Less than 6 months	Between 6 and 12 months	Between 1 and 3 years	More than 3 years	N/A
Their Special Educational Needs (SEN):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their Education, Health and Care Plan (EHCP):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their Personal Budget;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your experience of the help and support your child receives

9. Over the past year, what do you think about these areas of the help and support that your child gets:

	Poor	OK	Good	Don't know
Having choice and control about their support: I can change the support my child gets if I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the right help and support to meet their needs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners who help and support them work well together:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of their support: my child is supported as an individual with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility of help and support as my child's needs change:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Questions about the impact that the help and support your child gets has had

10. Over the past year, how well has the support your child gets helped them:




	Poor	OK	Good	Don't know
Take part in school, learning, work or training: They do the best they can at school, college or work...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel happy with their quality of life: They are happy and enjoy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop independence and the skills to be ready for the next steps of their future:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be as fit and healthy as they can be:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be part of the local community: They do things they enjoy in their local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy relationships with family and friends: They enjoy time with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your child's support planning

11. Were your child's views included when their support was planned?

Yes	Partially	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Were your views and / or those of close family members included when their support was planned?

Yes	Partially	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




13. Who was involved in your child's planning?
Please 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"/> |
| Family member (including you) | <input type="checkbox"/> | Planning co-ordinator | <input type="checkbox"/> |
| Voluntary organisation | <input type="checkbox"/> | Support worker | <input type="checkbox"/> |

Other

14. Does the plan reflect your child's needs?



Yes Mostly No

Questions about your child's outcomes




15. Do you know what the outcomes are in the support plan?

Yes Some No




16. Do the outcomes in the support plan reflect their views?

Yes Mostly No





 
 

17. Are you satisfied with the progress towards their outcomes?




Yes Mostly No




18. Do the people who support your child know what the goals / outcomes are in your child's support plan?

Yes	Some	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you know how your child will reach their outcomes?

Yes	Mostly	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Has your child achieved their goals with the support that they get?

Yes	Making progress	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about outcomes for you

21. Over the past year, has the support your child received made a difference to these areas of your life?

	Made things a lot worse	Made things worse	Stayed the same	Made things better	Made 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"/>

22. Would you like to say anything else about your experience of the support your child has received?

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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