



# Survey for practitioners working with children and young people who have additional support.

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 additional support and may 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'](#).

### **Why do you want to know?**

We want to know how the support available is being introduced and how helpful it 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 the support available 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.

## Questions about the children you support

Note: All of the questions in this survey are about your 'general experience' of all of the children that you work with and support.

1. Name of the Local Authority where you work:

2. Childrens age range: What is the age range of the children that you mainly work with?

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

3. What type of school do you work in?

- |            |                          |                   |                          |                                   |                          |
|------------|--------------------------|-------------------|--------------------------|-----------------------------------|--------------------------|
| Mainstream | <input type="checkbox"/> | Special education | <input type="checkbox"/> | I do not work in a school setting | <input type="checkbox"/> |
|------------|--------------------------|-------------------|--------------------------|-----------------------------------|--------------------------|

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

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

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

- Assessment and development of support / Education Health Care Plans
- Providing direct support
- Management / Commissioning

**6. What are the main reasons the children that you support need help? Please tick all that apply**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Speech, language and communication needs | <input type="checkbox"/> | Social, emotional and mental health difficulties | <input type="checkbox"/> |
| Cognitive or learning disability         | <input type="checkbox"/> | Sensory (hearing, sight) or physical disability  | <input type="checkbox"/> |
| Autism (including Asperger's syndrome)   | <input type="checkbox"/> | Don't know                                       | <input type="checkbox"/> |
| Other                                    | <input type="text"/>     |  |                          |

Questions about your experience of the help and support that children receive in your local authority area

7. Over the past year, what do you think about these areas of the help and support that children received:

|  | Poor                     | OK                       | Good                     | Don't know               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Having choice and control about their support: The children can change their support if they 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: children are supported as individuals with dignity and respect.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility of help and support as children's needs change.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Questions about the impact that the help and support that children have received has had

8. Over the past year, how well has the support the children received helped them:

|   | Poor                     | OK                       | Good                     | Don't know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Take part in school, learning, work or training:                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feel happy with their quality of 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:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy relationships with family and friends:  | <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"/> |

## Questions about children's support planning

9. Were children's views included when their support was planned?

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

10. Were parents, close family members or carers views included when support was planned?

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

11. Who was involved in children'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          | <input type="checkbox"/> | Planning co-ordinator  | <input type="checkbox"/> |
| Voluntary organisation | <input type="checkbox"/> | Support worker   | <input type="checkbox"/> |
| Other                  |                          |  |                          |

12. Does the plan reflect children's needs?

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

## Questions about children's outcomes

13. Do parents / carers know what the outcomes are in their children's support plan?

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

14. Do the outcomes in the support plan reflect the children's views?

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

15. Are you satisfied with the progress that the children have made towards their outcomes?

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

16. Do other practitioners who support the children know what the goals / outcomes are in the children's support plan?

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

17. Have children achieved their goals with the support that they get?

Yes  Making progress  No



## Your view of Education Health and Care plans

18. Over the past year, have Education Health and Care plans helped you to:

|  | Never                    | Rarely                   | Sometimes                | Mostly                   | Always                   | N/A                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Put children at the centre of your <b>planning</b> :                                     | <input type="checkbox"/> |
| Work in <b>partnership</b> with your colleagues from other professions:                  | <input type="checkbox"/> |
| Work in <b>partnership</b> with <b>parents/carers</b> :                                  | <input type="checkbox"/> |
| Provide a <b>timely response</b> to the needs of children:                               | <input type="checkbox"/> |
| Provide <b>individually tailored support</b> to children:                                | <input type="checkbox"/> |
| Provide clear <b>information and advice</b> to parents/carers:                           | <input type="checkbox"/> |
| Understand the <b>needs of children</b> in the context of their home, family and school: | <input type="checkbox"/> |

### S13 – Anything else you would like to say

19. Would you like to say anything else about your experience of support that children and young people receive or 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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