A survey for children and young people who have Education Health and Care Plans

Please tell us what you think.
Who is this survey for?

These questions are for 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 you, what you need and what support you should get.

Who’s asking?

The survey is being done by a charity called 'In Control' and is partly paid for by your local council.

Why do you want to know?

We want to know how helpful your support is to you, so we can help make things better for other children and young people that 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 that you wrote them.

We will also read your answers. People who read your answers will not know who wrote them.
What are you going to do with my answers?

We will use your answers to help improve the way Education Health and Care Plans work where you live and across the country.

We will also use them 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 said we will.

Are you under the age of 16?

If you are under the age of 16 you must have agreement from your parent or guardian to answer these questions.
These are questions about your support

**Question 1.**
Do you have?

<table>
<thead>
<tr>
<th>Support</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Education Health and Care Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A personal budget (money that you or your parent can use for your support)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid support at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid support at school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid support to go out and about</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 2.
Were you involved in writing your Education Health and Care Plan?

Yes ☑   No ✗   Don’t know ☐

Question 3.
Thinking about the past year, what do you think about these areas of your support?

You were listened to and your views included when your plan was made:
(Please tick one)

Poor ☑   Good ☐

Ok ☑   Don’t know ☐
**You get the right amount of support:**
(Please tick one)

<table>
<thead>
<tr>
<th>Poor</th>
<th>☹️</th>
<th>☐</th>
<th>Good</th>
<th>☑️</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ok</td>
<td>☑️</td>
<td>☐</td>
<td>Don’t know</td>
<td>☹️</td>
<td>☐</td>
</tr>
</tbody>
</table>

**You can choose your support and change it if you need to:**
(Please tick one)

<table>
<thead>
<tr>
<th>Poor</th>
<th>☹️</th>
<th>☐</th>
<th>Good</th>
<th>☑️</th>
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<tbody>
<tr>
<td>Ok</td>
<td>☑️</td>
<td>☐</td>
<td>Don’t know</td>
<td>☹️</td>
<td>☐</td>
</tr>
</tbody>
</table>

**You have enough information to help you decide on the support you need:**
(Please tick one)

<table>
<thead>
<tr>
<th>Poor</th>
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<th>☐</th>
<th>Good</th>
<th>☑️</th>
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<tbody>
<tr>
<td>Ok</td>
<td>☑️</td>
<td>☐</td>
<td>Don’t know</td>
<td>☹️</td>
<td>☐</td>
</tr>
</tbody>
</table>
You are supported with dignity by people who respect you and treat you well:
(Please tick one)

Poor ☐ ☐ Good ☐ ☐
Ok ☐ ☐ Don’t know ☐ ☐

You get support that helps you prepare for life when you are older:
(Please tick one)

Poor ☐ ☐ Good ☐ ☐
Ok ☐ ☐ Don’t know ☐ ☐
Questions about your life

Question 4.

Thinking about the past year, how well has your support helped you with the following areas of your life?

Your health:
I am as fit and healthy as I can be.
(Please tick one)

- Poor
- Good
- Ok
- Don’t know
Your learning:
I do the best I can at school, college or work.
(Please tick one)

Poor ☹ ☐ Good ☺ ☐
Ok ☻ ☐ Don’t know ☹ ☐

Your friendships:
I enjoy time with friends.
(Please tick one)

Poor ☹ ☐ Good ☺ ☐
Ok ☻ ☐ Don’t know ☹ ☐

Your home:
I enjoy my home and family.
(Please tick one)

Poor ☹ ☐ Good ☺ ☐
Ok ☻ ☐ Don’t know ☹ ☐
### Feeling safe:
I feel safe at home and out and about.
(Please tick one)

<table>
<thead>
<tr>
<th>Poor</th>
<th></th>
<th>□</th>
<th>Good</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ok</td>
<td></td>
<td>□</td>
<td>Don’t know</td>
<td></td>
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### Having fun:
I have fun and take part in activities I like.
(Please tick one)

<table>
<thead>
<tr>
<th>Poor</th>
<th></th>
<th>□</th>
<th>Good</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Ok</td>
<td></td>
<td>□</td>
<td>Don’t know</td>
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</table>

### Your community and local area:
I can do things in my local area where I live.
(Please tick one)

<table>
<thead>
<tr>
<th>Poor</th>
<th></th>
<th>□</th>
<th>Good</th>
<th></th>
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<tbody>
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<td>□</td>
<td>Don’t know</td>
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</table>
Your quality of life:
I can enjoy being relaxed and happy.
(Please tick one)

Poor ☐ ☐ Good ☐ ☐

Ok ☐ ☐ Don’t know ☐ ☐

Question 5.
Did you have help to complete this questionnaire?

No, I answered it on my own. ☐

Yes, someone helped me answer. ☐

Yes, someone else answered for me. ☐
Questions about you

Question 6.
How old are you?

Question 7.
Are you male or female?

Male □  Female □
Question 8.

What is the main reason you need support? (Please choose one from the list)

Learning disability

Communication and interaction

Sensory (hearing, sight)

Physical disability

Social, mental and emotional health

Other

Don't know

Thank you for answering these questions.