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.

Please tell us what you think.
Who is the survey for?
These questions are for parents and carers to answer. They are about the children and young people they look after 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. It is about what support they need and should get.

Who’s asking?
The survey is being done by a charity called 'In Control' and is partly paid for by the Department for Education.

Why do you want to know?
We want to know how easy or hard you have found it to get an Education Health and Care Plan for your child. This will help us to 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 who 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 them 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 just some of the questions, or all of them.

If you do answer them we will only use them in the way we have said.
Questions about your child

Question 1.
What is the name of the local authority where you live?

Question 2.
What is the name of the school or college your child attends?

Question 3.
What type of school or college does your child attend?

☐ Mainstream
☐ Special Education
Question 4.
How old is your child?

Question 5.
What is the main reason your child needs additional support?
Please tick only one box

For help with communication and interaction

For help with learning disabilities (understanding, awareness and learning)

For help with social and emotional care (challenging behaviour)

For help with sensory disabilities (hearing/sight) or with a physical disability
Question 6.

<table>
<thead>
<tr>
<th>Does your child have?</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>Paid support at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid support at school / college</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Paid support to go out and about</td>
<td></td>
<td></td>
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<tr>
<td>A personal budget (money from the local authority</td>
<td></td>
<td></td>
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<tr>
<td>that you can use for support)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Question 7.

<table>
<thead>
<tr>
<th>How long has your child had an Education Health and Care Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a year</td>
</tr>
</tbody>
</table>

Question 8.

<table>
<thead>
<tr>
<th>Did your child have a statement (or learning disability assessment) that was changed to an Education Health and Care Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Questions about your child’s Education Health and Care Plan**

**Question 9.**

Who helped to make the Education Health and Care Plan?
(Tick all that apply)

<table>
<thead>
<tr>
<th>Role</th>
<th>Ticked</th>
<th>Role</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>A class teacher</td>
<td></td>
<td>A classroom assistant</td>
<td></td>
</tr>
<tr>
<td>A SENCO</td>
<td></td>
<td>An education specialist</td>
<td></td>
</tr>
<tr>
<td>A health specialist</td>
<td></td>
<td>(educational psychologist)</td>
<td></td>
</tr>
<tr>
<td>A social worker</td>
<td></td>
<td>(nurse, occupational or speech and language therapist)</td>
<td></td>
</tr>
<tr>
<td>A key worker</td>
<td></td>
<td>A planning co-ordinator</td>
<td></td>
</tr>
<tr>
<td>A voluntary organisation</td>
<td></td>
<td>A support worker</td>
<td></td>
</tr>
<tr>
<td>A family member (including you)</td>
<td></td>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

[Image of two people]
### Question 10.
**Were your views included in your child’s Education Health and Care Plan?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes, fully</th>
<th>No</th>
<th>Partly</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Question 11.
**Were the views of your child included in their Education Health and Care Plan?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes, fully</th>
<th>No</th>
<th>Partly</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Questions about your child’s personal budget

A personal budget is the amount of money which may be given to your child by the local authority to help with the Education Health and Care Plan.

If your child does not have a personal budget please GO STRAIGHT TO QUESTION 16.

Question 12.
How is the personal budget held? (Tick all that apply)

- You hold the money
- A friend or family member holds the money
- A local family / parent led organisation holds the money
- A service provider holds the money
- The local authority / school holds the money
- I do not know
Question 13.

Do you know the amount of money in the personal budget?

Yes □ No □

If you answered ‘yes’…

Did you have an annual / yearly payment? □

Or
A ‘one off’ payment? □

Or
Both? □

Amount per year (if you know): £ ________________

Question 14.

Could you decide how the money in the personal budget was spent?

Yes, fully □ Partly □ No □
Question 15.

How have you used the personal budget?
(Tick all that apply)

On community based social activities:
Local sports leisure facilities, clubs and youth groups.

On after school clubs:
Including play schemes and holiday club.

For a break from caring:
Support that enables the family carer to have a rest or do things other than care.

On a personal assistant:
1-1 support from a paid carer.

As family time:
Spending time together as a family.

On a specialist service:
Groups, activities, therapies or services specifically for children who are disabled.

On equipment:
Such as specialist sensory communication or clothing, aids and adaptations.

On transport:

Any other:
Questions about your child’s support

Question 16.

Thinking about the past year, what do you think about these areas of your child’s support?

**Choice about support:**
I could change the support my child gets if I need to.

- I am [Very Poor] [Good]
- I am [Poor] [Very Good]
- I am [Ok] [Not applicable]

**Amount of support:**
My child has the right amount of support.

- I am [Very Poor] [Good]
- I am [Poor] [Very Good]
- I am [Ok] [Not applicable]
Quality
My child is supported as an individual with dignity by people who respect and treat them well.
Questions about how the support has helped your child

Question 17.

Thinking about the past year, how well has the support your child gets helped them with the following areas of their life?

To be as **fit and healthy** as they can be:

- Very Poor □
- Good □
- Poor □
- Very Good □
- Ok □
- Not applicable □

To take part in **school and learning**:

- Very Poor □
- Good □
- Poor □
- Very Good □
- Ok □
- Not applicable □
To be part of their local **community**: 

- Very Poor [ ]
- Good [ ]
- Poor [ ]
- Very Good [ ]
- Ok [ ]
- Not applicable [ ]

To enjoy **friendships**:

- Very Poor [ ]
- Good [ ]
- Poor [ ]
- Very Good [ ]
- Ok [ ]
- Not applicable [ ]

To enjoy relationships with **family**:

- Very Poor [ ]
- Good [ ]
- Poor [ ]
- Very Good [ ]
- Ok [ ]
- Not applicable [ ]
Quality of life: To be relaxed and happy taking part in activities they like:

- Very Poor
- Poor
- Ok
- Good
- Very Good
- Not applicable

To get ready for the future:

- Very Poor
- Poor
- Ok
- Good
- Very Good
- Not applicable
Questions about how your child’s support has helped you

Question 18.
Thinking about the past year, has the support your child gets made a difference to these areas of your life?

**Your quality of life:**

- Makes things a lot worse [ ]
- Makes things better [ ]
- Makes things worse [ ]
- Makes things a lot better [ ]
- Makes no difference [ ]
- Do not know [ ]

**The relationship you have with people who are paid to be involved in the support of your child:**

- Makes things a lot worse [ ]
- Makes things better [ ]
- Makes things worse [ ]
- Makes things a lot better [ ]
- Makes no difference [ ]
- Do not know [ ]
The relationship you enjoy with your child:

- ☒ Makes things a lot worse
- ☐ Makes things better
- ☐ Makes things worse
- ☐ makes things a lot better
- ☐ Makes no difference
- ☐ Do not know

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

Thank you for answering these questions.

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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, not your child.

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

Question 1. Are you:

A man □ A woman □

Question 2. How old are you?

16 to 24 years old □ 25 to 34 years old □
35 to 44 years old □ 45 to 54 years old □
55 to 64 years old □ Older than 65 years old □
A law called the ‘Equality Act’ says that you are disabled if:

- It is very hard for you to do normal everyday things.
- You have found these things hard for at least 1 year.

**Question 3. Do you have a disability that affects you like this?**

Yes □ No □ Prefer not to say □ Don’t know □

**Question 4. Please tell us about any disabilities you have:**
If your disability is not in the list, please choose ‘other’.

- Physical disability □
- Sensory impairment (sight / hearing) □
- Mental health condition □
- Learning disability □
- Long standing illness or health condition □
- Other □
- Other (tell us if you want to)
Question 5. Are you?

(Please tick one option from Part A, and one option from Part B.)

Part A

British or Mixed British □

English □

Irish □

Scottish □

Welsh □

Any other? Please specify □
<table>
<thead>
<tr>
<th>Part B</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asian</strong></td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>□</td>
</tr>
<tr>
<td>Indian</td>
<td>□</td>
</tr>
<tr>
<td>Pakistani</td>
<td>□</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>□</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>□</td>
</tr>
<tr>
<td>Caribbean</td>
<td>□</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>□</td>
</tr>
<tr>
<td><strong>Chinese</strong></td>
<td></td>
</tr>
<tr>
<td>Any Chinese background</td>
<td>□</td>
</tr>
<tr>
<td><strong>Mixed ethnic background</strong></td>
<td></td>
</tr>
<tr>
<td>Asian and white</td>
<td>□</td>
</tr>
</tbody>
</table>
Black African and white

Black Caribbean and white

Any other mixed ethnic background

**White**

Any other white background

**Any other ethnic background**

Any other ethnic background
<table>
<thead>
<tr>
<th>Question 6. What is your religion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnostic □</td>
</tr>
<tr>
<td>Bah’ai □</td>
</tr>
<tr>
<td>Christian - Catholic □</td>
</tr>
<tr>
<td>Christian - Other □</td>
</tr>
<tr>
<td>Humanism □</td>
</tr>
<tr>
<td>Jewish □</td>
</tr>
<tr>
<td>Pagan □</td>
</tr>
<tr>
<td>Rastafarian □</td>
</tr>
<tr>
<td>Shinto □</td>
</tr>
<tr>
<td>No religion or belief □</td>
</tr>
<tr>
<td>Any other religion or belief □</td>
</tr>
</tbody>
</table>

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7. Are you?

<table>
<thead>
<tr>
<th></th>
<th>Bisexual</th>
<th>Gay / Lesbian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual / /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>straight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not want to say</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>