



# 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<br>/work based training | <input type="checkbox"/> |
| Paid work           | <input type="checkbox"/> | None of these                                     | <input type="checkbox"/> |

## 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"/> |  |                          |

## 7. 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

8. 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

9. 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 personal budget

10. Does your child have a personal budget?

If your answer is NO:  
please skip to question 18

Yes




No




11. Could you decide how the money in the personal budget spent?

Yes




Partially




No




12. When the support was planned, did you know the amount of money allocated to the personal budget?

Yes




No




13. Did you know how you could and couldn't use the personal budget?

Yes




No




14. What type of personal budget does your child have?  
Please tick all that apply

Education

Health

Social care



Transport

Other

**15. What is your child's personal budget used for?**

- |   |  |                          |
|---|--|--------------------------|
| Community based social activities: local sports leisure facilities, clubs and youth groups              | <input type="checkbox"/> After school clubs: including play schemes and holiday clubs                                    | <input type="checkbox"/> |
| Personal assistant - 1 to 1 support from a paid carer   | <input type="checkbox"/> Family time: spending time together as a family   | <input type="checkbox"/> |
| Break from caring: support that enables the family carer to have a rest or to do things other than care | <input type="checkbox"/> Specialist service: Groups, activities or services specifically for children with disabilities. | <input type="checkbox"/> |
| Equipment: Such as specialist sensory communication or clothing, aids and adaptations                   | <input type="checkbox"/> Transport:  | <input type="checkbox"/> |

**16. Do you know what goals your child is trying to achieve with the support they get?**

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



### 17. How is your child's personal budget held?

- |   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| You as the parent / family member/carer holds the money | <input type="checkbox"/> | The school/college 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 holds the money                     | <input type="checkbox"/> | Don't know                         | <input type="checkbox"/> |

### 18. 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.

In Control Partnerships  
Carillon House  
Chapel Lane  
Wythall  
Birmingham  
B47 6JX  
Tel: 01564 82 1650  
[www.in-control.org.uk](http://www.in-control.org.uk)  
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