

# SEND parents/carer questionnaire

## Section 1: General information

### 1. How old is your child?

- 0–4 years
- 5–11 years
- 12–16 years
- 17–19 years
- 20–25 years

### 2. Which school or college does your child attend?

### 3. Does your child have an EHC plan or a statement?

- EHC plan
- Statement

If your child currently has a statement, please go to section 4 on page 4

### 4. If your child has an EHC plan now, did he or she have a statement before?

- Yes
- No

### 5. When did you child transfer across from a statement to an EHC plan?

- 2014
- 2015
- 2016

## Section 2: What is your experience of producing and moving to the EHC plan?

### 6. During the period of developing the EHC plan for your child...

	Yes	Partly	No
a. Did someone explain the aims of the EHC plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the overall process of assessing, planning, drafting and finalising the EHC plan explained to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were you allocated a SEN Case Worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was the SEN Case Worker role in coordinating the EHC process explained and understood by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Was there good communication with the SEN Case Worker during the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were your views sufficiently taken into account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did you or your child get the opportunity to fill in section A of the plan (section A includes 'My profile')?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Were you informed that you could get impartial support from an Independent Support Worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Was it explained that you need to agree to the EHC plan before it is finalised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you attend a planning meeting or transfer review meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you attended, how do you rate the planning meetings or transfer review meeting that was held during the process?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

### 7. Do you have any suggestions to improve the process for producing the EHC plan?

## Section 3: What do you think of the EHC plan document itself?

- | 8. About your EHC plan document:  | Yes                      | Partly                   | No                       |
|---|--------------------------|--------------------------|--------------------------|
| a. Is it written in a way that is easy to understand?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does it provide enough information to explain your child's aspirations?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does it provide an accurate picture of your child's support needs?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does it sufficiently plan for the short, medium and long term goals of your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'no' to any of the above, do you have any comments or suggestions on how to improve them?

## Section 4: Tell us about the health and social care services your child receives?

### 9. Overall how would you rate the following?

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied	NA
Service your child receives at your GP practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services your child receives at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services (CYPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy (OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language therapy (SALT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The continence service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short breaks (respite care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council-provided social activities (Get Connected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have comments to make about any of the services, or about other services not mentioned above?

## Section 5: Your views on preparing for adulthood

### 10. What are your main concerns when your child leaves education or training?

Please tick one box on each row

- |  | Low concern              |                          |                          | High concern             |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Finding employment                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Living independently                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Being involved in the community       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Transferring to adult health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please share any other concerns you have

### 11. Do you feel that the EHC plan addresses the following?

Please tick one box on each row

- |  | Disagree                 |                          |                          | Agree                    |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Finding employment                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Living independently                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Being involved in the community       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Transferring to adult health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 12. What support would you most like your child to receive to help prepare for leaving education or training?

## Section 6: What is your overall experience of the EHC plan or statement?

13. Please use up to three **separate** words to describe your current experience of an EHC plan or statement

Word 1

Word 2

Word 3

14. Have all the support services outlined in your child's EHC plan or statement been provided?

Yes

No

If not, please state which services have not been provided

15. What has been the upside about having an EHC plan or statement?

16. What has been the downside about having an EHC plan or statement?

17. What has been the impact on your child having an EHC plan or statement?

Please tick one box on the scale

**Very negative**



0



1



2



3



4



5



6



7



8



9



10

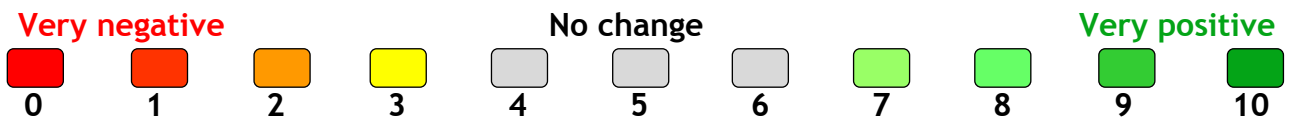
**No change**

**Very positive**

Please explain why

**18. Compared to having a statement, how do you rate having an EHC plan?**

Please tick one box on the scale



Please explain why

**19. What is your experience of the following?**

Please tick one box on each row

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied	NA
Professionals working in a well-coordinated way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication <b>about</b> the EHC plan process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication about the purpose of the Funding Panel and how decisions are made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication <b>during</b> the EHC plan process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance of professionals at the EHC plan meetings (multi-agency, planning or transfer review meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionals taking the aims and aspirations of the child and the parents/carer into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The plan has enough detail and planning for my child as they grow up and become an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough flexibility on a support package tailored to my child's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What improvements in services do you want to see made which will help your child?

21. Overall do you feel that your child is receiving the support they need in...

Please tick one box on each row

	Yes	Partly	No
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Is there anything else you would like to say that hasn't been covered in this questionnaire?

### Would you like to share more?

We can call you for a short phone conversation to hear more about the issues you face. If this is of interest please provide your contact details and what time of day is best for a call.

### Prize draw

If you would like to be entered into a prize draw to win a £50 Intu shopping voucher please provide your full name and email address or phone number. The winner will be announced shortly after 30 November 2016.

### Join our mailing list

If you would like to keep up-to-date with our work please provide your email or postal address.

**Thank you for completing this questionnaire**



# Healthwatch Newcastle monitoring form

We would appreciate it if you could spare a minute to share some information with us. All the information you provide is confidential and will be used to better target our activities.

You do not have to complete this form if you do not wish to do so.

<b>What is the first part of your postcode, for example, NE4</b>	
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<b>Gender</b>	✓
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>

<b>Age</b>	✓
Under 16	<input type="checkbox"/>
16 - 19	<input type="checkbox"/>
20 - 49	<input type="checkbox"/>
50 - 59	<input type="checkbox"/>
60 +	<input type="checkbox"/>

<b>Do you consider yourself to have a disability?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Are you a carer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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A carer is someone who provides unpaid care and support to a family member, friend, partner or neighbour who has a disability, an illness, is frail, has mental health difficulties or has alcohol or drug related problems and who could not manage without their help or support.

<b>Are you?</b>	✓
A student or in full-time education	<input type="checkbox"/>
Employed or self-employed	<input type="checkbox"/>
Not in paid employment	<input type="checkbox"/>
Retired	<input type="checkbox"/>

<b>Which of the following options best describes how you think of yourself?</b>	✓
Heterosexual - straight	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Gay woman - lesbian	<input type="checkbox"/>
Other	<input type="checkbox"/>

<b>What is your ethnicity?</b>					
<b>White</b>		✓	<b>Asian or Asian British</b>		✓
British	<input type="checkbox"/>		Indian	<input type="checkbox"/>	
Irish	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>	
Gypsy or Irish Traveller	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>	
Any other White background	<input type="checkbox"/>		Chinese	<input type="checkbox"/>	
			Any other Asian background	<input type="checkbox"/>	
<b>Mixed</b>		✓	<b>Black or Black British</b>		✓
White and Black Caribbean	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>	
White and Black African	<input type="checkbox"/>		African	<input type="checkbox"/>	
White and Asian	<input type="checkbox"/>		Any other Black background	<input type="checkbox"/>	
Any other mixed background	<input type="checkbox"/>				

<b>Other ethnic groups</b>		✓
Arab	<input type="checkbox"/>	Any other ethnic group (please say)

## How we will use your information

Your individual data is confidential and will not be shared. The collated data will be used for trend analysis only.

Healthwatch Newcastle is supported by Newcastle CVS and Involve North East.

The information you have given on this form will be held on a database managed by Newcastle CVS and Involve North East and will be used by Healthwatch Newcastle for contact, volunteer recruitment and administrative purposes related to the work of Healthwatch Newcastle.