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| **Parent/Carer Satisfaction with the EHC Plan Process** |

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| INTRODUCTIONIn September 2014 the Children and Families Act became law. This brought about changes to the way that children with complex special educational needs and disabilities (SEND) are assessed and supported. The purpose of the research is to better understand the views and experiences of parents, young people and children in your Local Authority. The survey should only take around 10 minutes to complete. Your responses will be treated in confidence. We will not identify any individuals in our report and your individual responses to the survey will not be shared with the LA. However, we DO intend to share the overall findings from the survey with your Local Authority area and we will be using parents’ comments anonymously on our website to inform professionals. **Thank you very much for taking the time to contribute to this important work. We value your feedback.** |

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| 1. **Unique Identifier (this can be found on the letter we sent you about this survey)**
2. **What Type of Provision/School Does Your Child Attend?**

*(please tick one box)* |

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| --- | --- | --- | --- |
| Mainstream  |   | Special  |  |
| Mainstream with provision / unit |  | Pupil referral unit (PRU) or Alternative provision (AP) |  |

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| 1. **Did your child have any additional individual support, e.g. a Statement, before having their education health and care plan (EHCP)?**

*(please tick one box)*  |

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| --- | --- | --- | --- |
| Yes |  |    No  |  |

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| 1. **Where in the EHC Planning process are you up to?**

*(please tick one box)* |

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| --- | --- | --- | --- |
| Identification / Referral to service (You have applied for an assessment or your child’s school placement, doctor or others have suggested you need one) |  | Sign Off/ Final Plan(You have received the final version with details of your child’s school placement and type of support needs) |  |
| Assessment(Your child is being assessed by professionals, you are explaining what you want for your child, reports are being written about your child’s needs) |  | Actioning the Plan (The support set out in the plan is supposed to be starting or already taking place in nursery/school/college) |  |
| Drafting the EHC Plan(You have seen a first version of the Plan, you can comment on it or suggest changes but it is not yet the final version) |  | I don’t know |  |

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| ***Section One: General Levels of Satisfaction****We want to understand how satisfied you are with the overall EHC process.* |

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| 1. **Overall, how satisfied have you been with the EHC planning process (from when you first heard about getting a Plan for your child to now)?**

*(please tick one box)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied | Fairly Satisfied | Neither Satisfied nor Dissatisfied | Fairly Dissatisfied | Very Dissatisfied |
|  |  |  |  |  |
| *OPEN:* **Why?** What has been good?What could have been better? |

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| ***Section Two: Level of satisfaction with the different stages of the EHC process****We want to understand how satisfied you are with the different stages of the EHC process* |

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| 1. **How satisfied have you been with each stage of the EHC Planning Process that you have been through?**

*(please tick one box on each line)* |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Fairly Satisfied | Neither Satisfied nor Dissatisfied | Fairly Dissatisfied | Very Dissatisfied | **Don’t Know** |
| 1. **Identification/Referral – when you first got in touch with the SEN team or someone talked to you about EHC Plans**
 |   |   |   |   |   |   |
| **Why?** What has been good?What could have been better? |
| 1. **Assessment – when people were speaking to you and your child, maybe carrying out tests, to find out their/your needs and see if a Plan would help you**
 |  |  |  |  |  |  |
| **Why?** What has been good?What could have been better? |
| 1. **Drafting the EHC Plan – when you saw what the Plan had in it and could comment on anything you wanted changed**
 |  |  |  |  |  |  |
| **Why?** What has been good?What could have been better? |
| 1. **Final EHC plan – when you got the final version of the plan for your child, which included details of your child, the support they need and how that would be provided**
 |  |  |  |  |  |  |
| **Why?** What has been good?What could have been better? |
| 1. **Putting the Plan into Action – what happened after you got the final plan and how you and your child have been supported**
 |  |  |  |  |  |  |
| **Why?** What has been good?What could have been better? |
| 1. **Any conflict Resolution, Mediation or Tribunal – if you raised a disagreement with the Plan or the support you were getting**
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| **Why?** What has been good?What could have been better? |

[Route for those who have final Plan]

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| ***Section Three: your level of satisfaction with the outcome of the EHC process****We want to understand how satisfied you are with the outcome of the EHC process* |

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| 1. **How Satisfied Are You With The Following Key Outcomes Of the Plan?**

*(please tick all that apply)* |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Fairly Satisfied | Neither Satisfied nor Dissatisfied | Fairly Dissatisfied | Very Dissatisfied | **Not Applicable** |
| 1. **Educational Provision Provided**
 |  |  |  |  |  |  |
| 1. **In-school Support Provided e.g. school support staff**
 |  |  |  |  |  |  |
| 1. **Health Provision/Support**
 |  |  |  |  |  |  |
| 1. **Social Care Provision/Support**
 |  |  |  |  |  |  |
| 1. **Other Local Offer Provision/Support**
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| **Section Four: The extent to which you feel informed about the EHC process**1. **We want to understand how much you feel/felt..**
 |
|  | Extremely | Very | Moderately | Slightly | Not at all | **Not Applicable** |
| 1. **Informed (about the process, decisions and provision)**
 |  |  |  |  |  |  |
| 1. **Involved in the process**
 |  |  |  |  |  |  |
| 1. **Your child’s opinions and wishes were listened to**
 |  |  |  |  |  |  |
| 1. **Your opinions were valued and acted upon**
 |  |  |  |  |  |  |
| 1. **Your child was at the centre of the process**
 |  |  |  |  |  |  |
| 1. **All the professionals worked together**
 |  |  |  |  |  |  |
| 1. **You had to be proactive, make arrangements or organise the professionals**
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| ***Section Five: the extent to which you are aware of the different elements of the new way of supporting CYPF with SEND.****We want to understand whether you are aware of the other elements of the government’s SEND reforms.* |

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| 1. **Please tell us which of the following you are aware of and which you have accessed?**

*(please tick all that apply)* |

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|  | **19 a) Heard of?** | **19 b) Used** |  |
|  | **YES** | **NO** | **YES** | **NO** | **N/A** |
| Parent/carer network forum |  |  |  |  |  |
| Independent Supporters |  |  |  |  |  |
| IAS Service (Information, Advice and Support, formerly Parent Partnership) |  |  |  |  |  |
| Local Offer |  |  |  |  |  |
| Personal Budgets |  |  |  |  |  |
| Dispute resolution (mediation) or tribunals |  |  |  |  |  |
| Key workers |  |  |  |  |  |
| Other…. Please State |  |  |  |  |  |

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| 1. **For each of the above which were used, please tell us how satisfied you were with the service provided?**

 (*please tick one box*)  |

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|  | Very Satisfied | Fairly Satisfied | Neither Satisfied nor Dissatisfied | Fairly Dissatisfied | Very Dissatisfied | **Not Applicable** |
| Parent/carer network forum |  |  |  |  |  |  |
| Independent supporters |  |  |  |  |  |  |
| IAS Service |  |  |  |  |  |  |
| Local Offer |  |  |  |  |  |  |
| Personal Budgets |  |  |  |  |  |  |
| Dispute resolution (mediation) or tribunals |  |  |  |  |  |  |
| Other, Please State |  |  |  |  |  |  |

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| ***Section Seven: Learning Lessons - What Works Well? What Needs to be Improved?****We want to understand in more detail what we are doing well and where we need to improve* |

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| 1. **Thinking about your experience of the EHC Planning process: What worked well for you as a parent?**

 (*Use Space provided to tell us*)  |

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| 1. **Thinking about your experience of the EHC Planning process: What did not work well for you as a parent?** (*Use Space provided to tell us*)
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| 1. **Would you make any specific changes to the way the EHC Planning process work in your area?** What would you suggest services do differently? (*Use Space provided to tell us*)
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1. **Is there anything else you would like to tell us about SEND support in your area or the EHC planning process?** (*Use Space provided to tell us*)

**Thank you very much for taking the time to complete this survey**