



This survey is your opportunity to share your views on how Halton meet the needs of Children and Young

People with special

educational needs and disabilities (SEND) and their families. (from birth to 25 years old)

It is your chance to make a difference.

We would really appreciate your time in completing the survey as your input is invaluable, the survey is anonymous.

If you have more than one child it would be really helpful if you could complete a survey for each child with SEND.

The survey closes on 31st March 2022.

If you require any help to complete this survey please

email:info.haltoncarersforum@gmail.com

or

Telephone: 07784240160 / 07784240161

Thank You



About your Child/Young Person



Halton Send Carers Forum Special Educational Needs and or Disability (SEND) 2022/2023 Survey

, modern Journal Tourng Forces	
* 1. Please enter your Postcode	
* 2. What gender does your child/young person ide  Male  Female	ntify as?
Other	
* 3. What age range is your child/young person?	
0-4	17-19
5-11	20-25
12-16	

* 4. Which type of educational setting does your child/young person attend? Tick as many as apply.	
Nursery/pre-school	
Mainstream Primary	
Mainstream upper/high school	
Resource Unit within mainstream school	
Halton Special school	
Out of Halton area Special School	
Out of Halton mainstream School	
Independent/private mainstream school	
Independent special school	
Mainstream Further Education College/Post 16 Institution	
Special College/Post 16 institution	
Home educated EOTAS (Education other than at school)	
Out of school/not receiving an education Not in Education,	
Not in Employment, Education or Training (NEET)	
Finished Education	
Other	

	What type of needs has your child been assessed as having? Tick as many as apply.
	ASC (Autistic Spectrum Condition)
	ADHD/ADD
	Specific Learning Difficulty ie. Dyslexia, Dyspraxia, Dyscalculia
	Emotional/Mental Health Needs
	Developmental Trauma / Attachment Needs
	Global Development Delay
	Hearing Impairment
	Visual Impairment
	Medical Needs/Complex Health Needs
	Physical Disability Moderate
	Learning Disability
	Severe Learning Disabilities
	Sensory Processing Disorder
	Speech and Language Impairment
	PMLD - Profound & Multiple Learning Disability
	On the assessment pathway
	Hasn't been assessed
	Other
* 6.	Which of the following apply to your child/young person?
	Has an Education, Health and Care Plan (EHCP)
	Is at SEN Support (the stage prior to an EHCP)
	Currently going through the assessment process
	Receives Top up Funding
	Unsure







* 7 My child's poods	-					
* 7. My child's needs	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Not Applicable
Education e.g. school, college	Strongly Agree	Agree	Claudice	Disagree	Distigree	Not Applicable
Health e.g GP, Hospital specialist, wheelchair services, SALT, OT, Continence services, CAMHS	0	$\bigcirc$		$\circ$	0	0
Social Care e.g. Early Help, Family support worker, Social worker, residential and supported living	0	0		0	0	
Other			$\bigcirc$			
Feedback or additional inf	formation you wish to	share.				

Education  Health  Social Care  Geedback or additional information  9. Health, Education and Strong Education  Health  Social Care		nderstand my o	child/young	g person's nea	e Unsure	Not Applicable
Education Health Social Care Feedback or additional information  9. Health, Education and Strong Education Health Social Care	tion you wish to sha	nderstand my o	child/young	g person's nea	eds?	
9. Health, Education and Stromage Education Health Social Care		nderstand my (	er agree or			
9. Health, Education and Strong Education Health Social Care		nderstand my (	er agree or			
9. Health, Education and Strong Education Health Social Care		nderstand my (	er agree or			
Education Health	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education  Health  Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Stro Education Health Social Care	d Social Care ur	Neithe	er agree or			
Education  Health  Social Care					Stronaly	
Education  Health  Social Care						
Health Social Care	ongly Agree A	Agree dis	sagree	Disagree	disagree	Not applicabl
Social Care		$\bigcirc$				
	$\bigcirc$					
eedback or additional informa						
	tion you wish to sha	ıre.				
						1



10. My child's nee	eds are regularly m	nonitored a	nd assessed by			
	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
Education						
Health						
Social Care						
eedback or additional i	information you wish to	o share.				
11. My child's nee	eds are met by the	following s	service areas			
11. My child's nee	eds are met by the	following s	service areas Neither agree or		Strongly	
11. My child's nee	eds are met by the Strongly agree	following s		Disagree	Strongly disagree	Not applicable
11. My child's nee			Neither agree or	Disagree		Not applicable
			Neither agree or	Disagree		Not applicable
Education			Neither agree or	Disagree		Not applicable
Education Health	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable
Education Health Social Care	Strongly agree	Agree	Neither agree or	Disagree		Not applicable



12. Health: My child	's needs are be	ing met by				
	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
Speech and Language Therapy						
Occupational Therapy						
Physiotherapy						
CAMHS						
Community Paediatrician	0	$\circ$				
Complex Care Team						
Continence Team						
ASC Pathway						
ADHD Pathway						
Tertiary Paediatric Hospitals i.e Alder Hey Children's Hospital, etc	0	0	0	0	0	0
eedback or additional info	ormation you wish t	o share.				



* 13. I am involved in	setting targets a	and outcome	es for my child/y	oung person		
			Neither agree or		Strongly	
	Strongly agree	Agree	disagree	Disagree	disagree	Not applicable
Education						
Health						
Social Care						
Feedback or additional inf	formation you wish to	share.				







## **Communication**

It is important for us to get your views of what effective communication looks like. In which format it is delivered and how frequently.

^ 14.	. I find it easy to get the relevant information about services
	Strongly Agree
	Agree
	Neither agree or disagree
	Disagree
	Strongly Disagree
Feedl	back or additional information you wish to share.

Education Setting O O O O O O O O O O O O O O O O O O O	* 15. I would go to	the following for si	• •		,	
Social Care  Local Authority inc. Local Offer  Information, Advice and Support Service IASS  Charities  Other parents inc. HSCF  Family members  Feedback or additional information you wish to share.  L6. I am satisfied with Communication about my Child/Young Person from.  Neither agree or disagree Disagree Strongly disagreducation Setting  Agree Agree Goocial Care eg. Disability Team, Transitions Team etc  SEN Team Other	Education					
Local Authority inc. Local Offer Information, Advice and Support Service IASS Charities Other parents inc. HSCF Family members Feedback or additional information you wish to share.  16. I am satisfied with Communication about my Child/Young Person from.  Neither agree or disagree Disagree Strongly disagreducation Setting Strongly agree Agree Oscial Care eg. Disability Team, Transitions Team etc	Health Service					
Information, Advice and Support Service IASS Charities Other parents inc. HSCF Family members Feedback or additional information you wish to share.  C.6. I am satisfied with Communication about my Child/Young Person from.  Neither agree or disagree Disagree Strongly disagred Disagree Strongly disagred Disagree Strongly disagred Disagree Strongly disagred Disagree Disagree Strongly disagred Disagree Disagr	Social Care					
Charities Cother parents inc. HSCF Family members Feedback or additional information you wish to share.  6. I am satisfied with Communication about my Child/Young Person from.  Strongly agree Agree disagree Disagree Strongly disagreelalth Cocial Care eg. Sisability Team, Caransitions Team etc  EN Team Cother parents inc. HSCF  Family members  Red Agree Disagree Strongly disagreelalth Cocial Care eg. Cocherch Team Coche	Local Authority in	nc. Local Offer				
Other parents inc. HSCF Family members Feedback or additional information you wish to share.  6. I am satisfied with Communication about my Child/Young Person from.  Strongly agree Agree disagree Disagree Strongly disagreelatth Ocial Care eg. disability Team, Caransitions Team etc  EN Team Caransitions Team etc	Information, Adv	ice and Support Servi	ce IASS			
Family members  Feedback or additional information you wish to share.  6. I am satisfied with Communication about my Child/Young Person from.  Strongly agree Agree disagree Disagree Strongly disagree Disagree Strongly disagree alealth  ocial Care eg. sisability Team, aransitions Team etc  EN Team	Charities					
Feedback or additional information you wish to share.  6. I am satisfied with Communication about my Child/Young Person from.  Strongly agree Agree Neither agree or disagree Disagree Strongly disagred Disagree Strongly disagree lealth Ocial Care eg. isability Team, Transitions Team etc  EN Team Ocial Care eg. Isability Team, Transitions Team etc	Other parents in	c. HSCF				
6. I am satisfied with Communication about my Child/Young Person from.    Strongly agree   Agree   Disagree   Strongly disagree   Disagree   Strongly disagree   Disa	Family members	3				
Strongly agree Agree disagree Disagree Strongly disagree disagree Disagree Strongly disagree disagree Disagree Strongly disagree disagree disagree Disagree Strongly disagree disagree disagree Disagree Strongly disagree disagree disagree disagree Disagree Strongly disagree	Feedback or add	ditional information you	u wish to share.			
Strongly agree Agree disagree Disagree Strongly disagree disagree Disagree Strongly disagree ducation Setting O O O O O O O O O O O O O O O O O O O						
Strongly agree Agree disagree Disagree Strongly disagree ducation Setting One of the alth One						
Strongly agree Agree disagree Disagree Strongly disagree disagree Disagree Strongly disagree ducation Setting O O O O O O O O O O O O O O O O O O O						
Strongly agree Agree disagree Disagree Strongly disagree disagree Disagree Strongly disagree disagree Disagree Strongly disagree disagree disagree Disagree Strongly disagree disagree disagree Disagree Strongly disagree disagree disagree disagree Disagree Strongly disagree						
Strongly agree Agree disagree Disagree Strongly disagree ducation Setting One of the alth One						
Health O O O O O O O O O O O O O O O O O O O	6. I am satisfied wit	h Communication	about my Child		om.	
cocial Care eg. coisability Team, cransitions Team etc  SEN Team  Other  Other	6. I am satisfied wit			Neither agree or		Strongly disagree
Disability Team, Cransitions Team etc  SEN Team  Other  Other				Neither agree or		Strongly disagree
Other O	ducation Setting			Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team,			Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc			Neither agree or		Strongly disagree
edback or additional information you wish to share.	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc			Neither agree or		Strongly disagree
	Jucation Setting realth ucial Care eg. sability Team, ansitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree
Halton SEND	ducation Setting ealth ocial Care eg. isability Team, ransitions Team etc EN Team	Strongly agree	Agree	Neither agree or		Strongly disagree

* 17.	If you have used Halton Borough Council Local Offer, how well did you find what you were looking for?
$\bigcirc$	Very easily and quickly
	After a bit of a search, I found what I needed
	It took a long time, but I eventually found what I needed
	Couldn't find what I needed
	Not heard of it
* 10	How do you want general information communicated to you?
" 10.	How do you want general information communicated to you?
	Email
	Social Media
	Post
	Webpage







	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagre
Education					
Health		$\bigcirc$	$\bigcirc$		
Social Care					
SEND Team					
eedback on specific ga	os of services:				
eedback on specific ga	os of services:				







## **EHCP Process**

* 21. My experience of the EHCP: Needs assessment was positive
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly Disagree
One applicable
Feedback or additional information you wish to share.

* 22. My experience of the EHCP: Annual review process was positive
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly Disagree
Not applicable
Feedback or additional information you wish to share.
* 23. Do you know what the EHCP Hub is?
Yes
○ No
24. If you have used the EHCP hub in another borough, please rate how satisfied you are with it? 1 – 5 (1 very dissatisfied to 5 very satisfied)
Feedback or additional information you wish to share.







General Feedback				
25. Can you please tel	us of any positive e	xperiences you have	had with any SEND	Services?
26. Can you please tel	l us of any negative e	experiences you have	e had with any SEN	D Services?
* 27. Have you hea Yes No	rd of the Halton Send	Parent Carer Forum?		
28. How satisfied are y carers of children and 1-5 ( 1 very dissatisfied	young people with SI		rum represents the	views of parents and
Feedback or additional infor	mation you wish to share.			

	Yould you be happy to be contacted by Halton Send Carers Forum to explore your ers further?  If yes please leave your Email address	
  31. \	Vhat is the ethnic background of your child/young person (optional question)	
	<u> </u>	







## A massive

"Thank you"

.. for taking part in this survey.

Our collective views are vital in helping shape and influence the services that we all use as families of children with SEND.

Together we can achieve better decisions and outcomes for children and young people in Halton. The results of this survey will be available End May 2022 on our website and emailed to all members.

