

Funded by



Department
for Education



**Report on the use of
the Personal Outcomes
Evaluation Tool (POET)
for Children with
Education Health and
Care Plans**

Spring 2016

in  Control

**Lancaster
University** 

The Children's POET Survey 2015 – 2016



Contents

Summary 7

- The participation of children and young people and their parents/carers in decision making 7
- Collaboration between practitioners 7
- Removing barriers to learning 8
- Looking ahead 8
- Identifying and meeting the needs 8
- Choice and control over support 8

Introduction 9

- How responses to the survey were collected 10

Parent/Carers 15

- Why did children and young people need additional support? 16
- What type of school did children and young people attend? 17
- Who was involved in developing Education Health and Care Plans? 18
- How did parents/carers experience the Education Health and Care Plan process? 19
- What do parents/carers feel about the support their child has received? 20
- Outcomes parents/carers reported for children and young people 21
- What outcomes did parents/carers report for themselves? 22
- Free text responses (parents/carers) 23
- Thinking about your experience of Education Health and Care Plans or personal budgets, what worked well? 24
- What factors are associated with support, processes and outcomes for children and young people according to parents/carers? 26

Practitioners 29

- Who responded to the POET survey? 30
- How many have an EHCP? 31
- What do practitioners feel about the Education Health and Care planning process? 32
- How helpful do practitioners think Education Health and Care Plans are to the children and young people they work with? 34
- Where did practitioners work? 36
- Free text responses from practitioners 37
- Thinking about your experience of Education Health and Care Plans or personal budgets, what worked well? 38
- What factors are associated with support, processes and outcomes for children and young people according to practitioners? 40

Children and young people 43

- Why did children and young people need support? 44
- Where did children and young people receive support? 45
- What do children and young people with Education Health and Care Plans feel about the support they receive? 46
- Outcomes for children and young people 47
- What factors are associated with support, processes and outcomes for children and young people according to children and young people? 48

Appendices 49

- What factors are associated with support, processes and outcomes for children and young people according to parents/carers? 51
- What factors are associated with support, processes and outcomes for children and young people according to practitioners? 63
- What factors are associated with support, processes and outcomes for children and young people? 73

Summary

This report presents the findings from our third and largest survey using the POET for children, parents and practitioners with experience of Education Health and Care Plans. 70 different local authority children's services took part from all regions of England, providing between them 2,989 responses from practitioners working to implement Education Health and Care Plans (EHCPs), 1,879 responses from parents/carers and 906 from children and young people who have experience of EHCPs. The survey reached a range of professional groups across health, social care and education, with the highest proportion of responses coming from education practitioners.

The survey provides some sense of how these groups are experiencing the introduction of EHCPs and the extent to which some of the principles behind the

[Department for Education 2014 Special Educational Needs and Disability Code of Practice](#) are being realised.

The participation of children and young people and their parents/carers in decision-making

The survey suggests the EHCP process is helping to ensure the participation of children and young people and their parents/carers in decision-making. According to nearly all parents/carers who responded (97%), their views were included when the EHCP was developed and more than two thirds reported that the views of their

children and young people had been included (71%). Just under two thirds of children and young people also said their views were included in their plan (64%). For practitioners, just over three quarters (80%) said that EHCPs had always or mostly helped them work in partnership with parents/carers.

Collaboration between practitioners

Looking at collaboration between education, health and social care practitioners, slightly less than two thirds of

practitioners said that EHCPs had helped them to always or mostly work in partnership with colleagues (65%).

Removing barriers to learning

Focussing on inclusive practice and removing barriers to learning, two thirds of parents/carers said that the support their child had received over the last year had been good or very good in helping their child with their school and learning. Just over three quarters of practitioners said that EHCPs helped children and young people mostly or

always with taking part in school and learning (78%), and nearly three quarters of children and young people said the support they had received was good or very good in helping them do the best they can at school, college or work (74%).

Looking ahead

Just over two thirds of practitioners said that EHCPs helped children and young people mostly or always think about and prepare for the future (69%). Two thirds of children and young people said the support they get

helps them grow and be ready for life when they are older (65%). However, well under half of parents/carers said the support their child received had helped prepare their children and young people for the future (43%).

Identifying and meeting the needs

In terms of identifying and meeting the needs of children and young people, most practitioners were positive. Just over three quarters said that EHCPs had always or mostly helped them understand the needs of children and young people (77%), provide individually tailored support

(73%) and put children and young people at the centre of planning (75%). Parents/carers were more undecided, with more than half saying the amount of support available to their child was good or very good (57%).

Choice and control over support

Responses were less positive in relation to choice and control for children and young people and parents/carers over support. Just under half of parents/carers (47%) said the degree of choice and control over support was good

or very good and just over half (51%) of children and young people said choice about their support was good or very good.

Introduction

This report presents the findings from the first wide scale use of the Personal Outcomes Evaluation Tool (POET) for children and young people who have Education Health and Care Plans.

The Children's POET comprises three separate questionnaires for different groups all with experience of EHCPs.

[Practitioners involved in the delivery of EHCPs.](#)

[Parents/carers of children and young people with EHCPs.](#)

[Children and young people with EHCPs.](#)

The tool asked respondents about their experiences of and their view on the impact of EHCPs. Many children and young people who have an EHCP are also in receipt of a personal budget for their support, so the parent questionnaire and the children and young people questionnaire asked about these as well.

The tool was developed over the past two years by In Control, with the support of Lancaster University and 21 local authorities and involved working closely with practitioners, parents/carers and young people who helped design the tool. The work was overseen by a steering group (see Appendix 4) that included a wide range of stakeholders and the development was funded by the Department for Education through the National Prospectus Grants Programme 2013-15.

Two previous reports were published in [Summer 2014](#) and [Spring 2015](#) describing the tool's development and early findings. The DfE subsequently funded a further year's work to support the ongoing development and further use of the POET across an increased number of local authorities.

The POET is intended to provide local authorities with a single set of questions used nationally to measure the experience and impact of EHCPs and personal budgets for young people with special educational needs, their families and those who work with them.

This report describes the main findings of our third survey using the POET in children's services and presents data gathered since the publication of our last report. The data was collected at a time when most local authorities were just introducing EHCPs and many children and young people were transferring from statements of special educational need. So the findings provide an early and emerging picture.

How responses to the survey were collected

Participation in the survey was not compulsory and all local authorities and individuals who took part did so voluntarily. All English local authorities with responsibility for implementing EHCPs were invited to take part; 70 chose to do so.

Participating authorities were provided with [detailed guidance](#) on the approach they should take to the survey, and asked to identify children and young people with EHCPs, their parents/carers and practitioners working with them and then invite them to complete the questionnaires. Local authorities aimed to secure

returns from 50 parents/carers, 50 practitioners and 25 children and young people. As such the results are from a self-selecting sample and [response levels](#) varied from place to place.

The questionnaires were made available online and on paper. The mode of response was not recorded and no mode response difference was tested for. To ensure informed participation, respondents were made aware of the target group of the survey, who was conducting the survey, the reason for conducting the survey, and who would have

access to the answers. They were also told what would happen with the data collected and given an explanation of what is meant by a personal budget. The questionnaire also made sure that respondents knew that completion was optional. The children and young people questionnaire is also clear that it can be completed by a child on their own or with support.

The survey was conducted between September 2015 and January 2016, and participating authorities were encouraged to provide at least 50 responses from each group.

The Education, Health and Care Plan POET Survey 2015

Main findings

This first section presents the responses to the parent/carer survey. It looks at people's experiences of processes and outcomes as described by parents/carers who took part in the survey, including an analysis of their free text responses.

The second part of this section presents the views and experiences of practitioners, including an analysis of their free text responses.

The third part of this section reports the responses of children and young people themselves. Finally the report goes on to look at the association between people's experiences of the EHCP process and the outcomes they describe.

Cambridgeshire County Council's POET Experience

In Cambridgeshire we have been involved with POET since the very start so participated, along with some families and carers, in the design and testing of the questions and the process. For the first 2 years we piloted it with families where the children and young people had a social care personal budget and last year with all those with an Education Health and Care Plan.

We have well established good participation with parents and carers but wanted to do more to find out what children and young people think about what we are doing. We are interested in people's views and POET is a way of getting robust evidence of what works and what doesn't work which we felt complimented and added to things we were doing already.

Having been involved in POET for 3 years we have learnt along the way that making it easy for people to do and using a variety of approaches that are planned and coordinated is the best way to reach people and get as many as possible participating. We worked with parent groups in developing the communication about POET had lots of support from them in promoting it and encouraging people to engage with it.

Some of the things we did to reach people were:

- Sending personal letters with prepaid return envelopes to families and young people
- Using every communication network we could think of (newsletters, round robins, parent networks, social media, ours and other people's websites) to promote and provide links to the electronic POET questionnaires
- Attending parent and other events to promote and give out questionnaires
- Developing a large and ever growing circulation list of practitioners and reminded them a lot!
- Produced easy read info about POET and different accessible versions for young people and asked clubs, schools and others to support young people to fill it in if they wanted to
- We put POET on lots of internal and external meeting agendas to raise the profile and keep it in people's minds

In Cambridgeshire we have found huge benefits from engaging with POET, and those benefits have increased year on year as POET has become more embedded.

The process itself helps to improve participation and we have used the feedback in various ways. Some of the things we have done are:

- We have been able to look at the feedback with families and carers and others to help identify key areas to focus on and where we need to focus our action and energy
- The feedback has informed some of our strategies such as changes to our preparing for adulthood process
- The large numbers involved have given the feedback real significance and robustness
- POET has often given us feedback that is similar to or reinforces things we know from other feedback loops and processes so has contributed to an overall picture of how things are
- We have published the feedback each year and shared it widely.
- The national benchmarking and independent nature of POET gives it added robustness
- We think that the sort of questions you ask says something about what you think is important. That the questions were developed with families adds even more strength to this.

For the future we are looking forward to the increased benchmarking from POET, the ability to manage our feedback locally at times that suit us, embedding it further in to our day to day work and continuing to increase its reach.

POET for us has now become part of what we do to find out what people think and how we report back and plan with families, carers and young people.

Parent/carers



Parent/Carers

The POET includes a questionnaire designed to capture the views and experiences of parents/carers of children and young people with special educational needs who have an EHCP. The questions themselves and the areas of questions were strongly influenced by parents/carers of children and young people with special educational needs.

The questionnaire asked parents/carers a set of simple questions about their children and young people, the support and education their children and young people receive, and their

experience of going through the process of developing an EHCP. The questionnaire then asked parents/carers to rate three key aspects of their child's support: quality, amount

and choice. Parents/carers could then say how helpful that support has been to them in their own lives and to their children and young people in different aspects of their life.

Who responded to the POET survey for parents/carers?

1,879 parents/carers completed the survey from 70 local authority areas. The age of children and young people was evenly spread: the average age was 11 and ranged from 2 to 23. Not

all respondents answered all of the questions and some of the questions allowed for more than one answer, so the total number of responses will not necessarily add up to these numbers.

Where provided, percentages are of those people who responded to that question.

Why did children and young people need additional support?

The [Department for Education 2014 Special Educational Needs and Disability Code of Practice](#) uses four categories to describe the needs of children and young people with SEND.

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

The POET uses these same categories of need but distinguishes between Sensory and Physical Disability. As figure 1 shows, parents/carers reported their children and young people as having a wide range of needs against these categories, with most parents/carers reporting that the needs of their child were in more than one category.

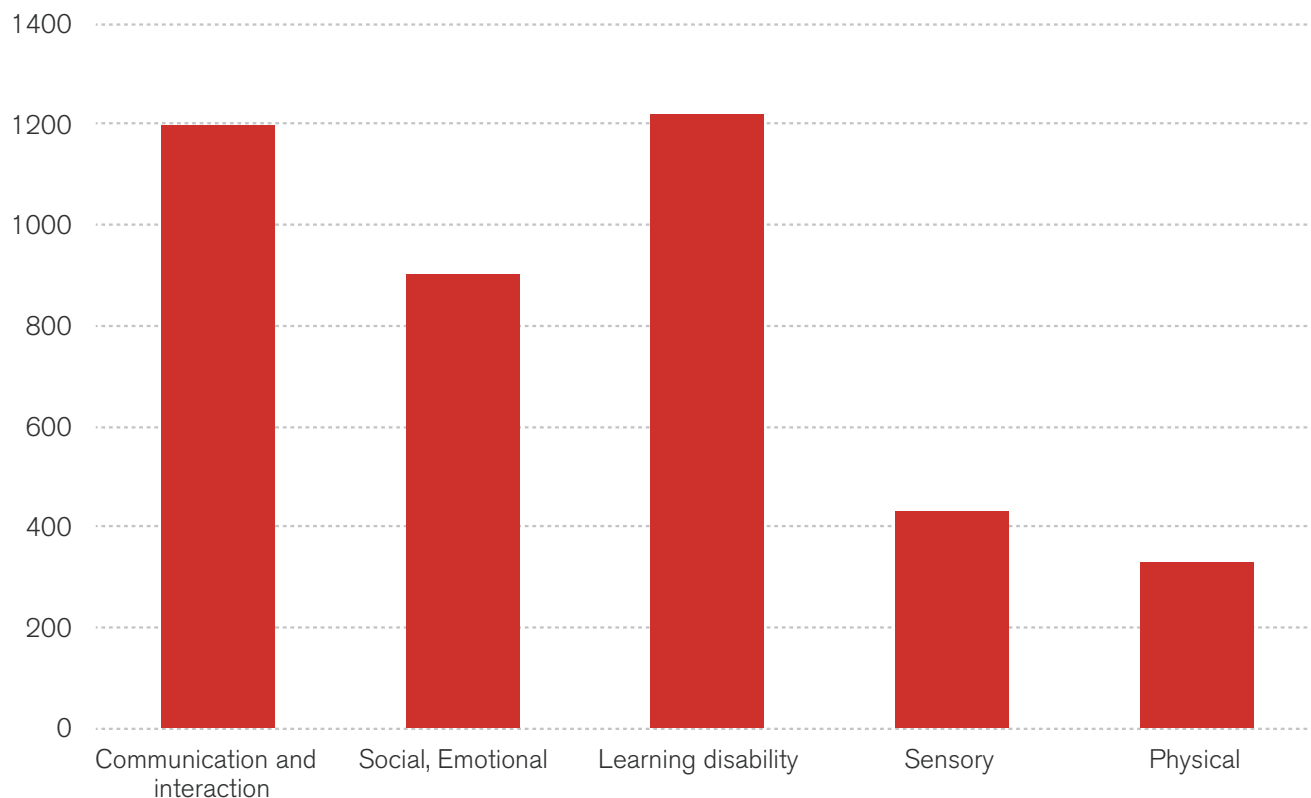


Figure 1. Why parents/carers said their children and young people with EHCPs needed support.

What type of school did children and young people attend?

There was an even split between specialist and mainstream schooling reported by parents/carers, with just over half saying their child attended a mainstream school (54%), and less than a half a special education school (46%).

Did children and young people have a statement of educational need before their EHCP and what other type of support did children and young people have?

The POET asked parents/carers whether their children and young people had a 'statement' (or learning disability assessment) that was converted to an EHCP. Well over a

half of parents/carers (63%) said their children and young people did have a statement before the EHCP. Nearly all parents/carers (93%) said their child did have an EHCP in place, although well over two thirds of this group said this had been in place for less than a year (72%).

The POET also asked parents/carers what other types of support their children and young people received. Figure 2 shows well over a third (38%) said their child had paid support at school, whilst smaller proportions said their children and young people had support outside of school; 12% at home, 17% support to go out and about, and 15% of parents/carers said their child had a personal budget.

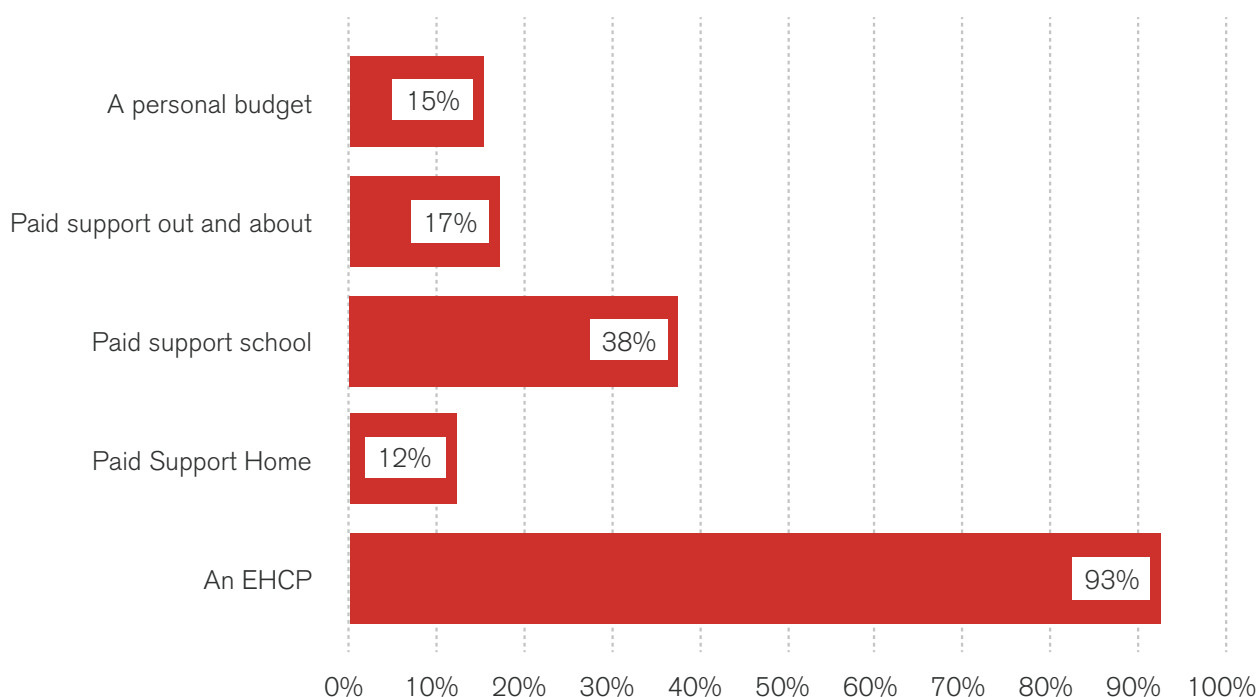


Figure 2. What type of additional individual support do children and young people have?

Who was involved in developing Education Health and Care Plans?

The POET asked parents/carers who, from a range of practitioners, were involved in the development of their child's EHCP. As figure 3 shows, parents/carers reported a wide range of practitioners being involved in the development of the EHCPs. Most common were education practitioners, with well over a half of parents/carers saying a SENCO (62%) had been involved, just over half reporting that a teacher (55%) had been involved

and just under a half saying an educational specialist (47%) had been involved. Slightly less than a quarter of parents/carers reported that a classroom assistant (24%) had contributed to the plan. Health specialists (43%) were also commonly reported to be involved with the development of EHCPs as were family members (53%). Other groups were less commonly reported, including social workers (15%).

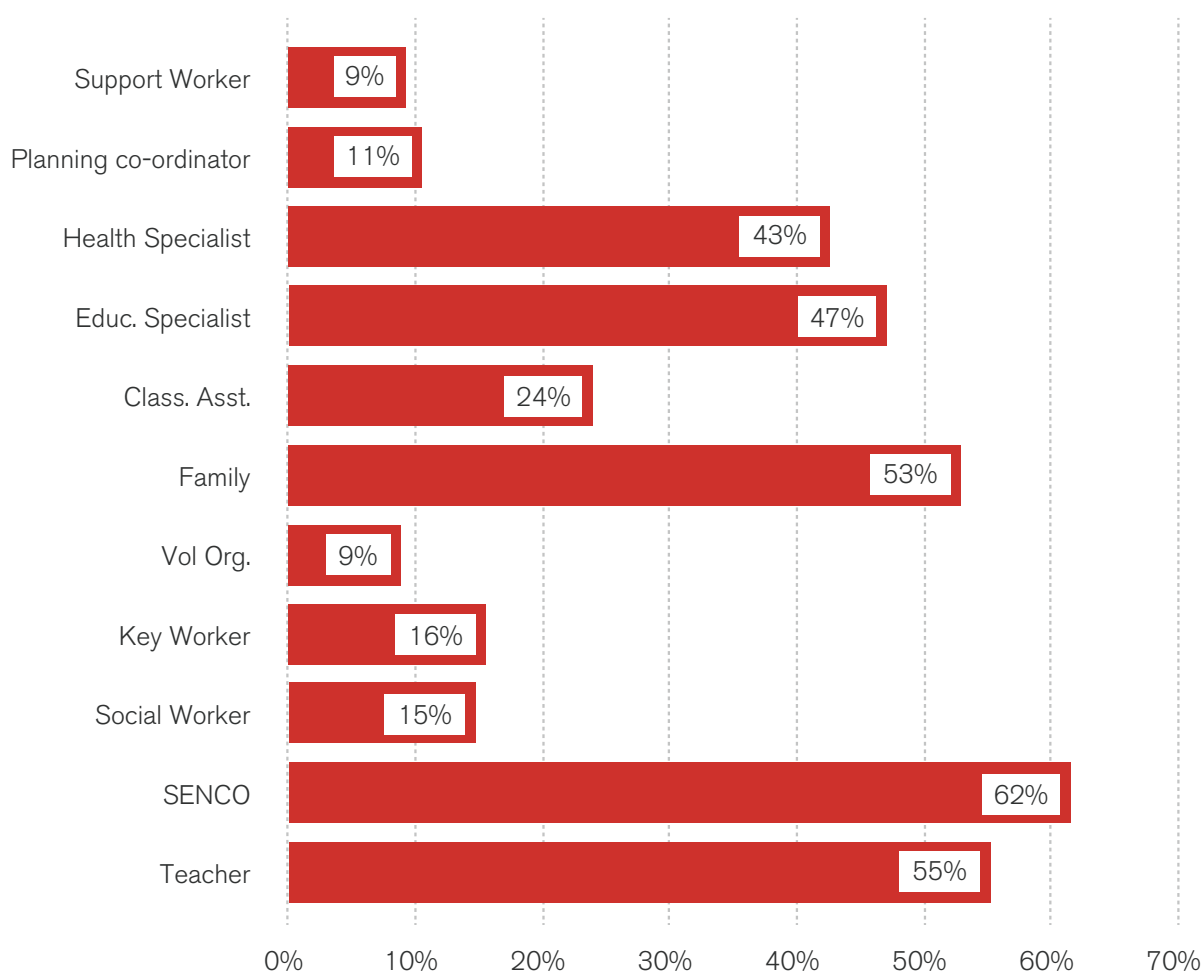


Figure 3. Who was involved in developing Education Health and Care Plans?

How did parents/carers experience the Education Health and Care Plan process?

The POET also asked parents/carers whether or not they felt their views and the views of their child had been included in the development of the EHCP. Nearly all parents/carers (94%) reported that their views had fully or

partially been included when the EHCP was developed. More than two thirds reported that the views of their children and young people had been included (70%).

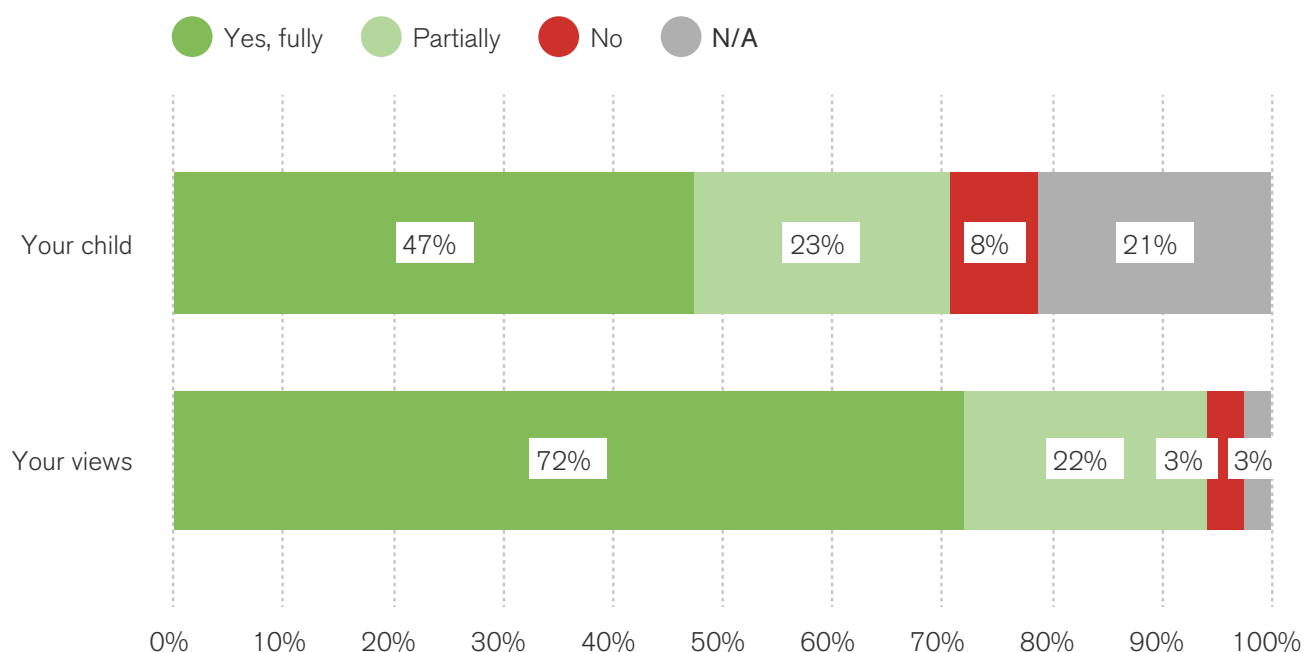


Figure 4. Did parents/carers feel their views and the views of their children and young people had been included when the Education Health and Care Plan had been developed?

What do parents/carers feel about the support their child or young person has received?

The POET survey asked parents/carers to say what they thought about three different aspects of the support their child had received over the past 12 months:

- **Choice about support:** I could change the support my child gets if I need to.
- **Amount of support:** My child has the right amount of support.
- **Quality:** My child is supported as an individual with dignity and respect.

As figure 5 shows, well over two thirds of parents/carers (72%) said the quality of support provided to their child over the last year was good or very good. The amount of support available to their child was reported as good or very good by more than a half of parents/carers (57%) who responded, and less than a half of parents/carers (45%) said the degree of choice and control over support was good or very good.

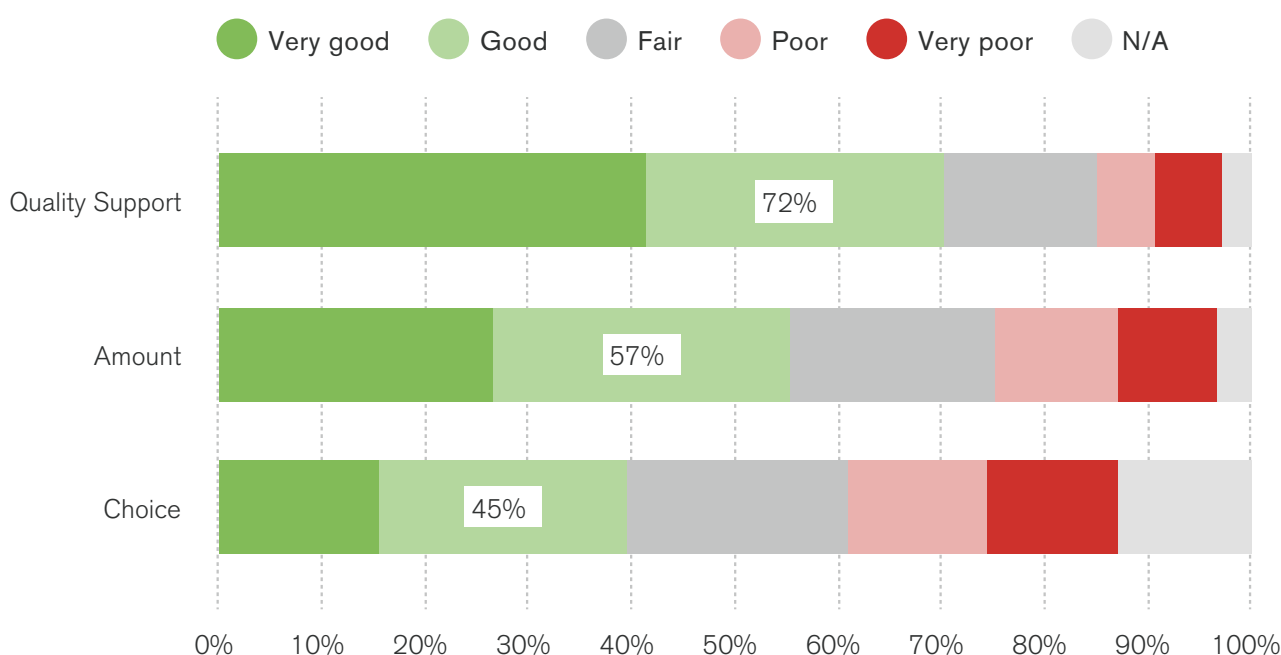


Figure 5. What do parents/carers feel about the support their child has received?

Outcomes parents/carers reported for children and young people

The POET survey asked parents/carers to say how well the support their child or young person gets had helped them with seven different areas of their life:

- Being as fit and healthy as they can be
- Taking part in school and learning
- Being part of their local community
- Enjoying friendships
- Enjoying relationships with family
- Quality of life, being relaxed and happy taking part in activities they like
- Preparing for the future

As figure 6 shows, around two thirds of parents/carers who responded said that the support their child had received over the last year had been good or very good in helping their child with two of the seven areas we asked about: school and learning (68%) and relationships with family (65%). Around a half said the support their child had received over the last 12 months had been good or very good in helping with three of the seven areas we asked about: quality of life (56%), being fit & healthy (53%), and enjoying friendships (44%). Around a third of parents/carers said the support their child received had helped with the two remaining areas we asked about: preparing for the future (43%) and being part of their local community (34%).

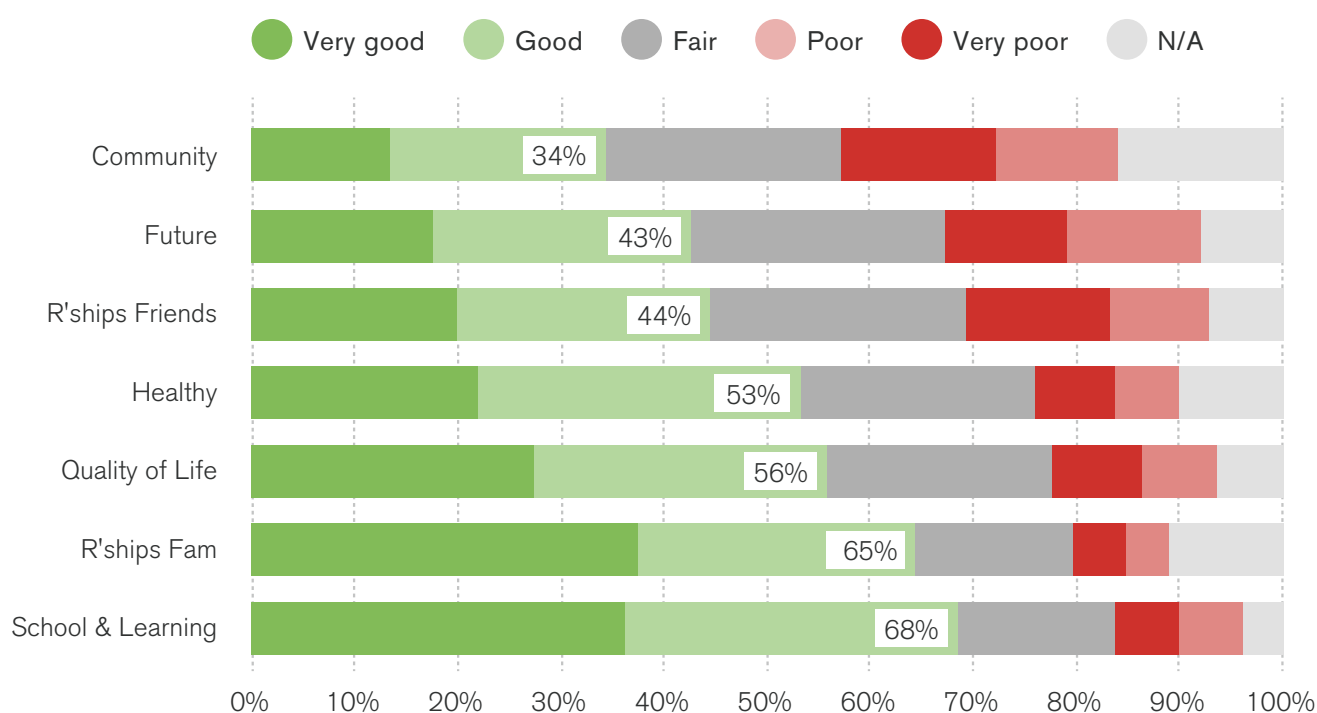


Figure 6. Do parents/carers think the support their child gets has helped them with these different areas of their child's life?

What outcomes did parents/carers report for themselves?

Finally the POET survey asked parents/carers whether and to what extent the support their child or young person had received over the past year had made a difference to three aspects of their own life. As figure 7 shows, around a half of parents/carers said the support their child received had made things better or a lot better in all three of the areas of life we asked about:

- Your quality of life (58% better/a lot better).
- Relationship you have with people who are paid to be involved in the support of your child (59% better/a lot better).
- The relationship you enjoy with your child (55% better/a lot better).

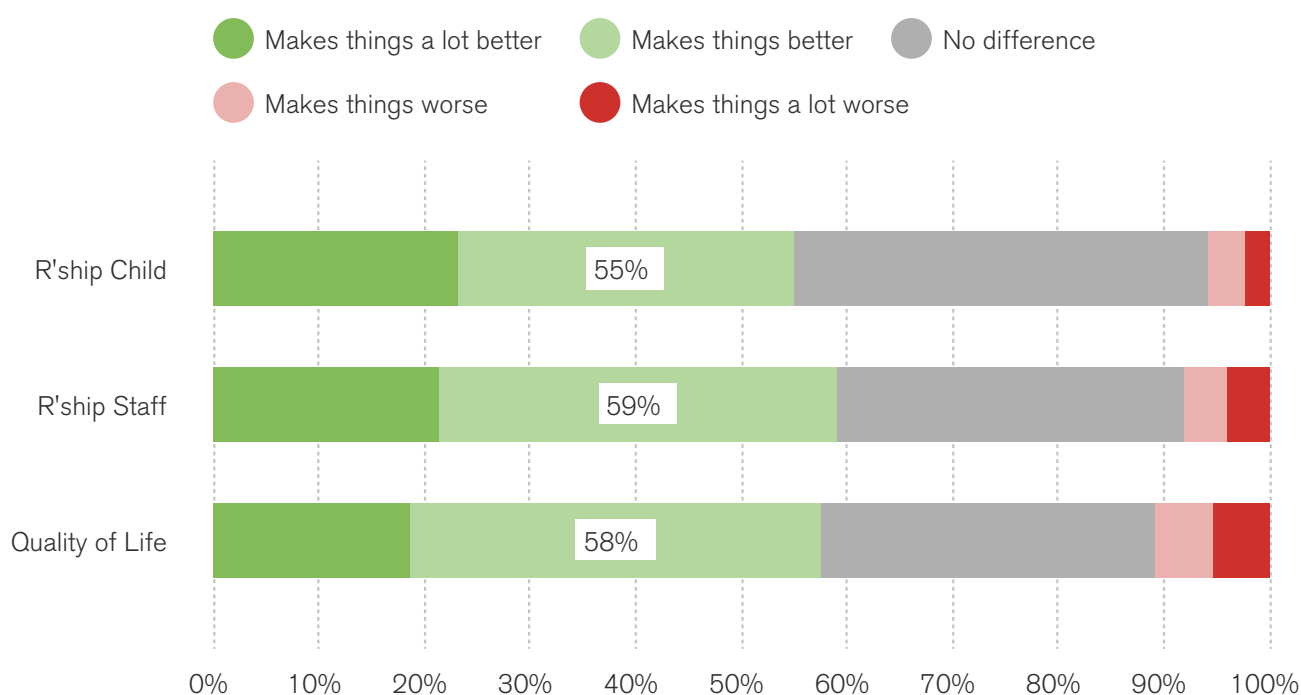


Figure 7. Do parents/carers feel their child's support had been helpful to their own life?

Free text responses

Free text responses from parents/carers

Respondents were asked if they wished to make any further comment about their experience of the EHCPs. In order to ensure the views expressed provided a broad account, and to provide useful feedback on areas for improvement to participating local authorities, people were asked three focused questions:

1. Thinking about your experience of EHCPs, what worked well?
2. Thinking about your experience of EHCPs, what did not work well?
3. Would you make any specific changes to the way EHCPs work in your area?

These open questions offered parents/carers an opportunity to raise issues that were not covered

elsewhere in the questionnaire and to make specific recommendations for change. The length of responses varied, with most being just a few sentences. The answers were reviewed by members of the project steering team using themes that had emerged from previous POET surveys. Each comment was then categorised in turn and attributed to a relevant theme. The number of responses in each theme counted. Some themes that had featured in previous use of the POET did not feature significantly this time and some new ones emerged.

Themes were not mutually exclusive and some comments were counted in more than one theme. Some of the themes were talked about in response to both the negative and positive question and identified as areas for change.

Thinking about your experience of Education Health and Care Plans or personal budgets, what worked well?

| | |
|-----------------------------------|---|
| Assessment & Planning | Understanding needs, circumstances, abilities and aspirations of the child and organising support that reflects these. |
| Support (Care) | Having additional help and assistance in place that reflected the individual needs, circumstances and preferences of the child and their family. |
| Professional & Peer Support | The support, help and guidance that was, or was not, available from a range of practitioners through the EHCP process. Also the role of parent partnerships in providing peer support. |
| Partnership (Parent Child Voice) | Listening to parents/carers and children and young people. In particular parents/carers feeling their views had been valued or not. |
| Partnership between practitioners | All those involved in the process working together towards a shared outcome. In particular between schools and different agencies. |
| Education | Being able to benefit from and access appropriate education provision. |
| Simplicity (Process) | A clear transparent smooth process that is straightforward and uncomplicated that parents/carers could understand and follow. In particular the transfer from statement to EHCP. |
| Communication | Communication from practitioners working with children and young people and their parents/carers, in particular information and advice about how the EHCP process works. Being able to communicate via email. |
| Time | The speed with which the process moves forwards. In particular delays in accessing assessments, receiving reports following assessments or meetings and responses to communication. |
| Paperwork | The complexity and amount of paperwork involved, in particular 'all about me' type one page profiles that document skills as well as needs. |

In response to the question; **Thinking about your experience of EHCPs, what worked well?** Most comments were on five themes; assessment & planning, support, professional & peer support, partnership (parent child voice), and partnership between practitioners. Of these five areas, two were seen as areas that needed

to change; professional & peer support and partnership between practitioners. All five also featured strongly in response to what was not working well. Communication and time had few positive comments and were commonly reported as not working and needing to change.

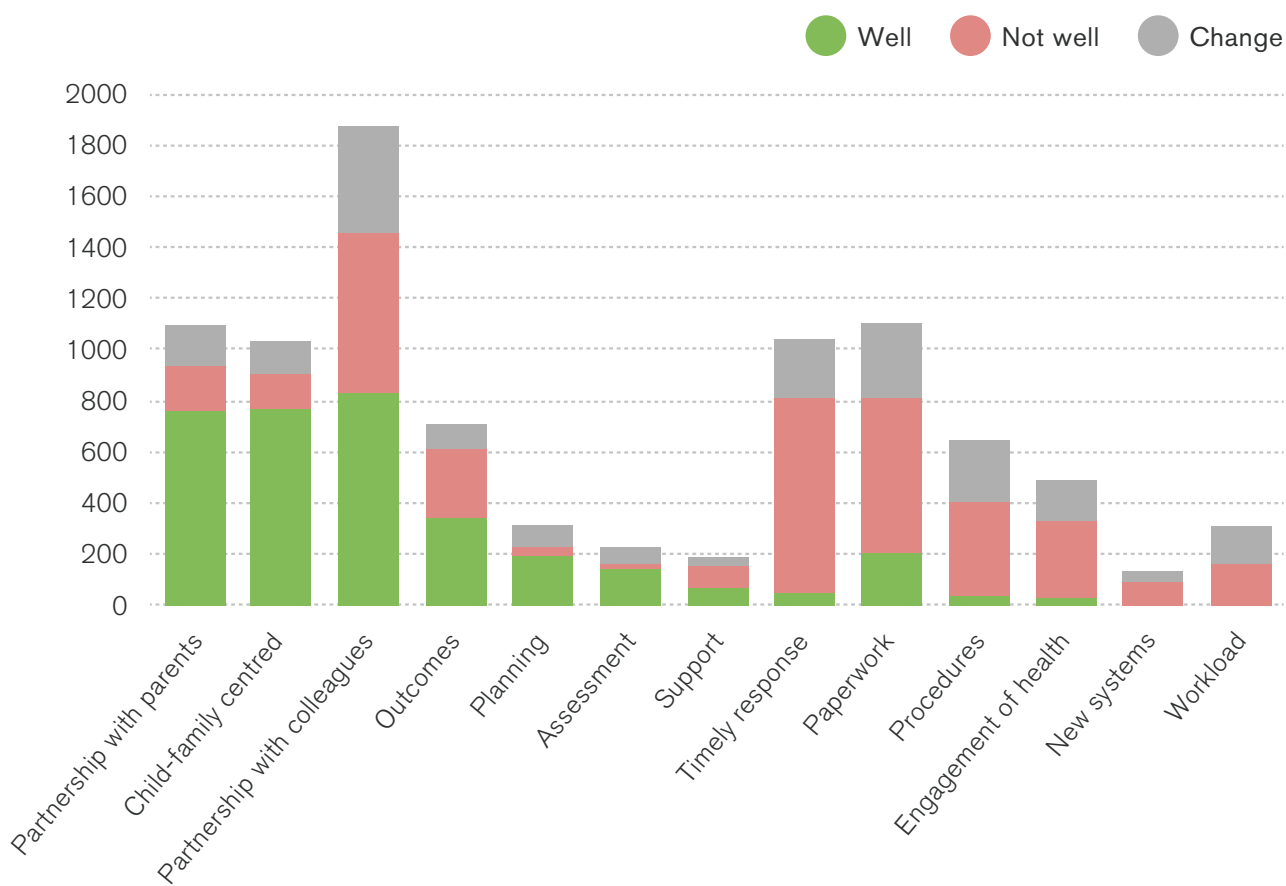


Figure 8. Free text responses (parents/carers).

What factors are associated with support, processes and outcomes for children and young people according to parents/carers?

Appendix 1 shows the associations we found when we compared the responses from different groups of parents/carers. It is important to say that we can only report associations and if there is an association we cannot assume cause.

- Parents/carers of pre-school and primary school age children generally reported a better experience (impact of support on their child and impact of support on them as parents/carers) than parents/carers of secondary school age children and young people.
- Parents/carers where an SEN statement has been converted to an EHCP were less likely to report a positive impact of support on them as parents/carers.
- Parents/carers said that any and all forms of support for their children and young people were also helpful for them as parents/carers.
- Parents/carers reported that the involvement of education professionals (particularly teachers and classroom assistants, but also SENCOs and education specialists) and health specialists were generally helpful to their children and young people and to them.
- Parents/carers said that having their views, and the views of their child or young person, fully included in the EHCP, is really important in terms of outcomes for their children and young people, and for them as parents/carers.

Practitioners



Practitioners

The POET includes a questionnaire designed to capture the views and experiences of people paid to support children and young people with EHCPs. The questions themselves and the areas of questioning were strongly influenced by practitioners working with children and young people who have special educational needs.

The questionnaire asked practitioners a set of questions about their working role and their experience of helping children and young people through the process of developing an EHCP. The questionnaire then asked

practitioners to say whether and how helpful EHCPs have been to them in their working lives and to children and young people in different aspects of their own life.

Who responded to the POET survey?

2,989 practitioners completed the survey from 70 local authority areas. Responses came from a wide range of practitioners across education, social care and health; a smaller number of learning/care assistants also completed the survey. More than two thirds of the practitioners who responded to the survey were involved mainly in the assessment and development of plans (70%). Others were either involved mainly in providing direct support to children and young people (63%) or management (25%).

Common roles included Team Manager, Teacher, Support Worker, Social Worker, SENCO, Planning Co-ordinator, Occupational Therapist, Head Teacher and Educational Psychologist.

As can be seen from figure 9, responses were more likely to come from education (light red) than health or social care (dark red), and the largest single group responding to the survey were SENCOs.

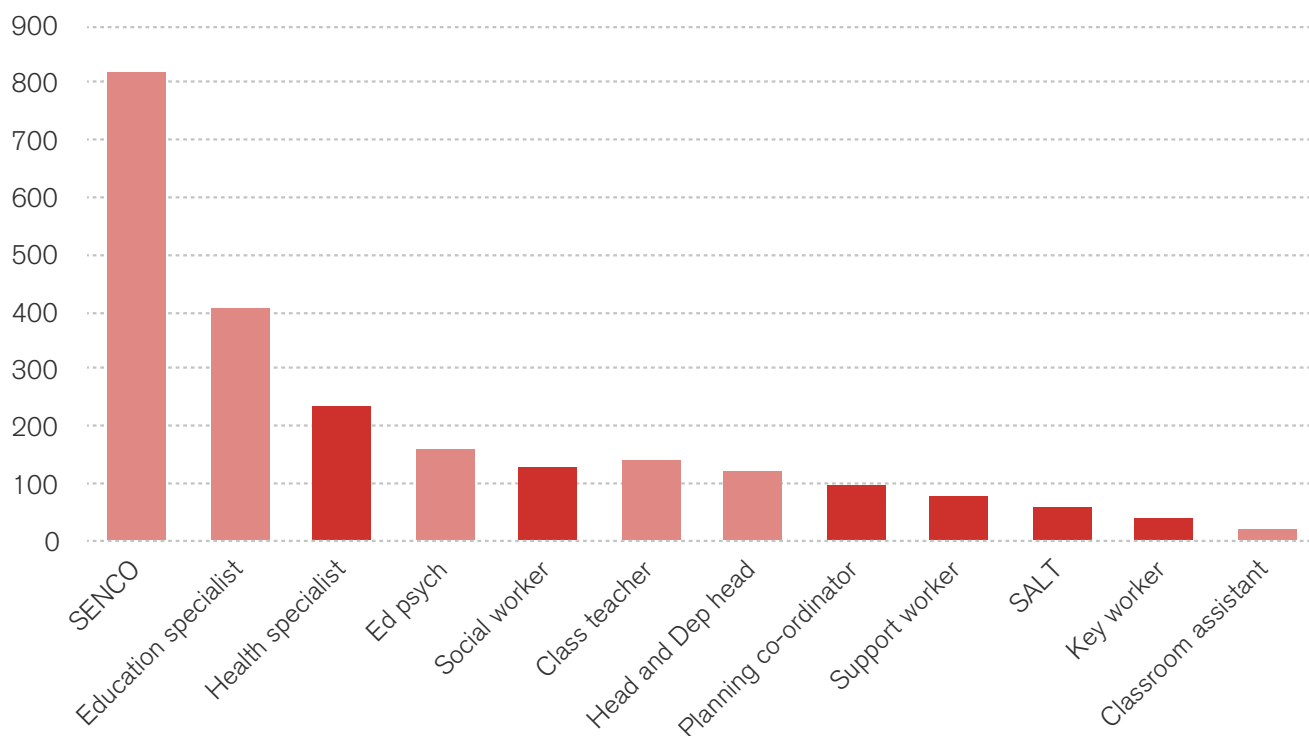


Figure 9. What roles did practitioners hold?

How many have an EHCP?

The POET survey asked practitioners a number of further questions about their working role and the children and young people they work with, including the type of school they work in, the reason children and young people who they work with need additional support, the age group they work with and the main focus of their work.

Practitioners were asked how many children and young people they had supported to get an EHCP. Slightly more than a quarter (26%) of respondents said that nearly all the children and young people they worked with had an EHCP, and just over half of practitioners responding (51%) said less than half of the children and young people they worked with had an EHCP. A small number (2%) said that none of the children and young people yet had an EHCP.

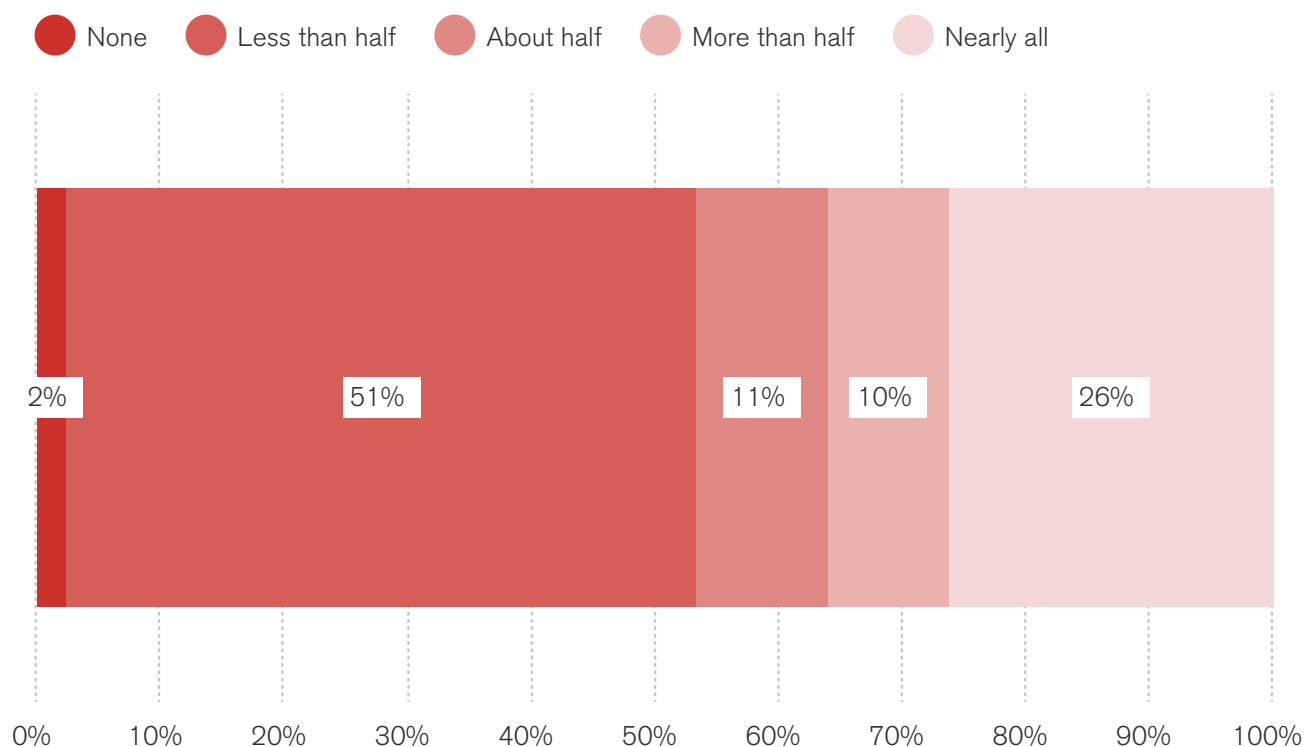


Figure 10. How many children and young people that practitioners worked with have an EHCP?

What do practitioners feel about the Education Health and Care planning process?

The POET survey asked practitioners to say how EHCPs had influenced seven different aspects of their working roles over the past year.

- Put children and young people at the centre of your planning
- Work in partnership with your colleagues from other professions
- Work in partnership with parents/carers
- Provide timely response to the needs of children and young people
- Provide individually tailored support to children and young people
- Provide clear information and advice to parents/carers
- Understand the needs of children and young people in the context of their home, family and school

As figure 11 shows, just over three quarters of practitioners (80%) who responded to the survey said that EHCPs had always or mostly helped them work in

partnership with parents/carers. Around three quarters said that EHCPs had always or mostly helped them in three other areas we asked about: understanding the needs of children and young people (77%), providing individually tailored support (73%), and putting children and young people at the centre of planning (75%). Roughly two thirds of practitioners said that EHCPs had helped always or mostly in two other areas we asked about: partnership with colleagues (65%) and providing clear information and advice to parents/carers (70%). More than a half of practitioners said that EHCPs had helped them always or mostly to provide timely response to the needs of children and young people (58%).

A significant minority (10% or more) of practitioners said that EHCPs had never or rarely helped them in two of the seven areas of work we asked about: providing a timely response to the needs of children and young people (17%) and working in partnership with your colleagues from other professions (10%).

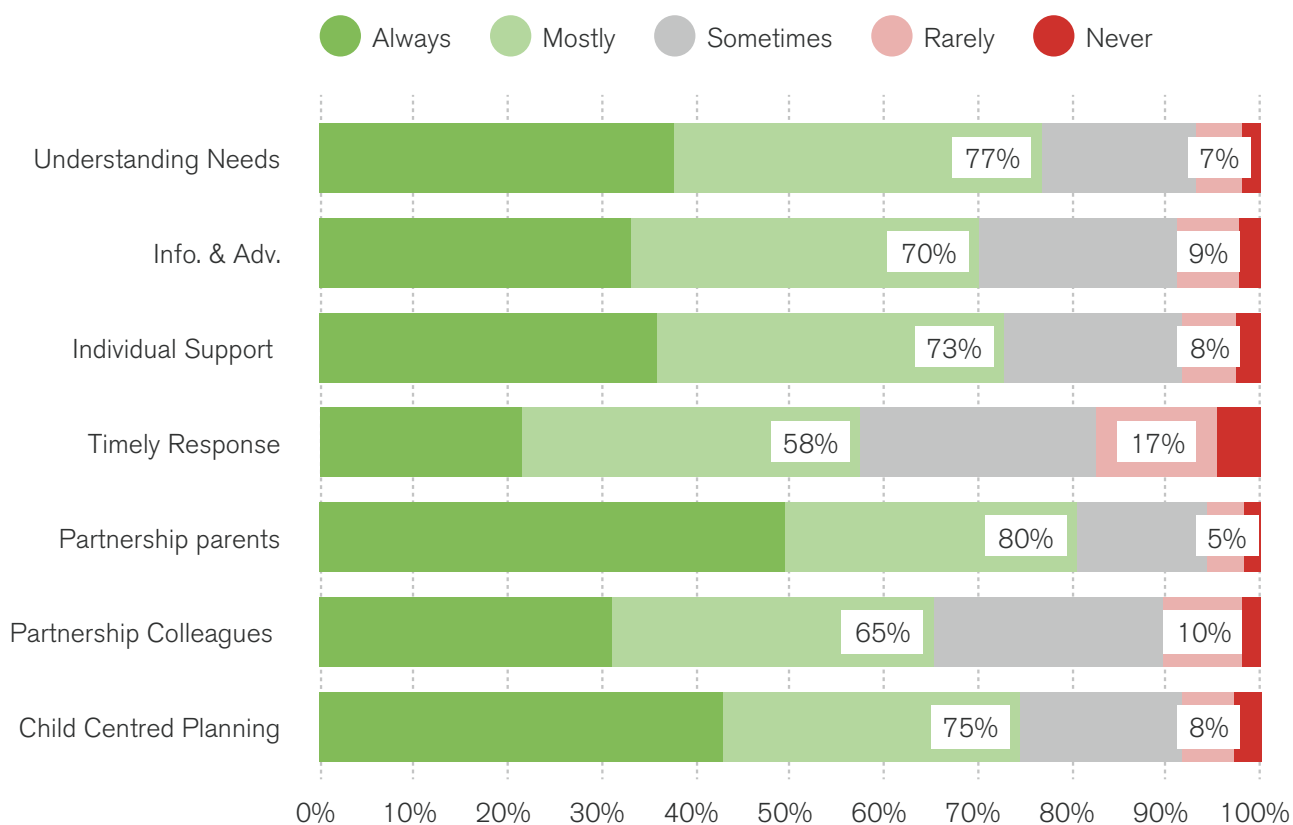


Figure 11. Experience of process (Practitioners).

How helpful do practitioners think Education Health and Care Plans are to the children and young people they work with?

Practitioners were asked how often over the past year EHCPs had helped children and young people in eight areas of their lives.

- Be as fit and healthy as they can be
- Take part in school and learning
- Be part of their local community
- Enjoy friendships
- Enjoy relationships with family
- Enjoy a good quality of life
- Have a positive transition
- Think about and prepare for the future

As figure 12 shows, just over three quarters of practitioners said that EHCPs helped children and young people mostly

or always with taking part in school and learning (78%). Just over two thirds of practitioners said that EHCPs helped children and young people mostly or always think about and prepare for the future (69%) and slightly more than two thirds said EHCPs had helped children and young people have a positive transition (67%).

A significant minority of practitioners said that EHCPs rarely or never helped children and young people be as fit and healthy as they can be (21%). Slightly less than a quarter of practitioners who responded (24%) said that EHCPs rarely or never helped children and young people be part of their local community.

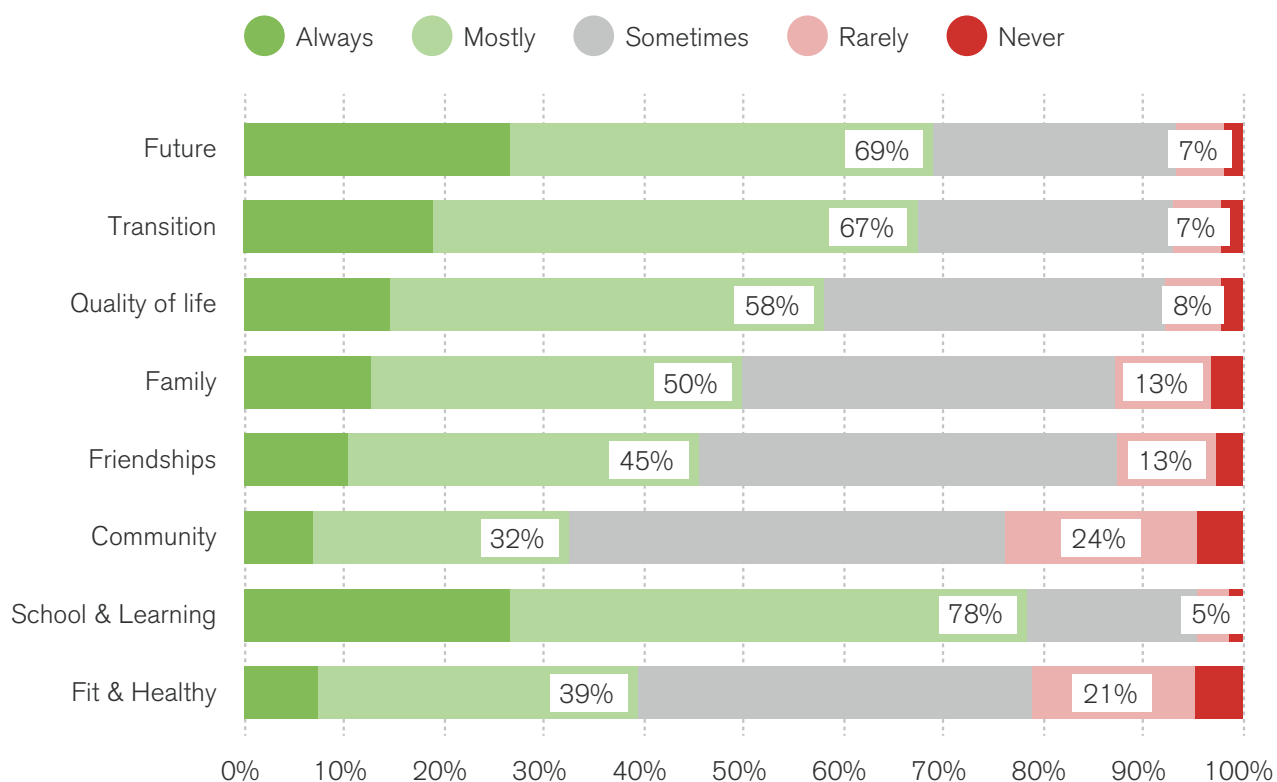


Figure 12. Outcomes for children and young people reported by practitioners.

Where did practitioners work?

Practitioners were asked if they worked in schools and if so, what type of school they worked in. Practitioners reported that they worked with a range of age groups and in a variety of settings. Well over two thirds of respondents said they worked in schools (70%).

Slightly under half of those responding said they worked with pre-school children and young people (49%), well under half with post 16 (44%) and more than two thirds with primary (71%). Responses came from practitioners working in both mainstream (66%) and special education settings (37%).

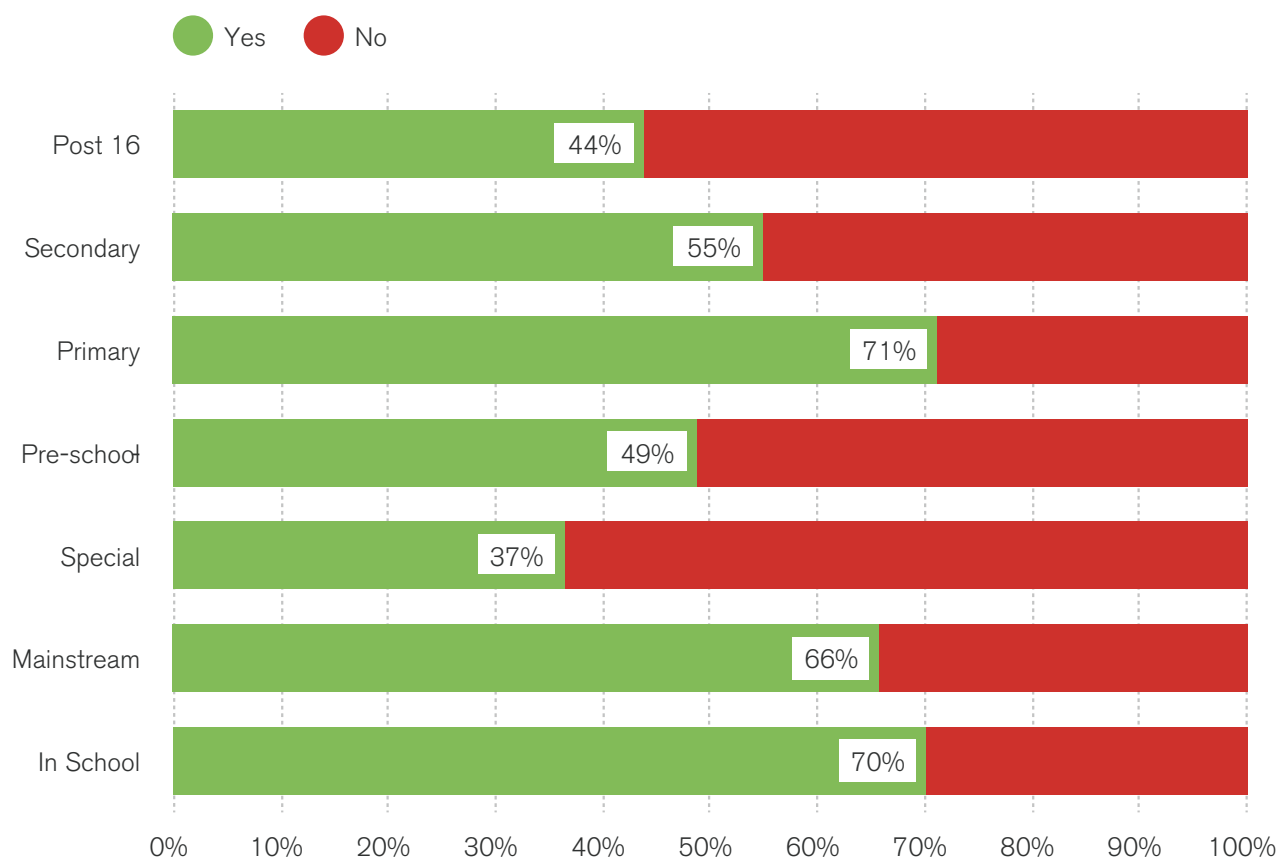


Figure 13. Where did practitioners work?

Free text responses

Free text responses from practitioners

Respondents were asked if they wished to make any further comments about their experience of EHCPs and personal budgets.

As with parents/carers, in order to ensure the views expressed provided a broad account, and to provide useful feedback on areas for improvement to participating local authorities, practitioners were asked three focused questions:

1. Thinking about your experience of EHCPs, what worked well?
2. Thinking about your experience of EHCPs, what did not work well?
3. Would you make any specific changes to the way EHCPs work in your area?

These open questions offered practitioners an opportunity to raise issues that were not covered elsewhere in the questionnaire and to make specific recommendations for change. The length of responses varied, with most being just a few sentences.

The answers were reviewed by members of the project steering team using themes that had emerged from previous POET surveys. Each comment was then categorised in turn and attributed a to relevant theme. The number of responses in each theme counted. Some themes that had featured in previous use of the POET did not feature significantly this time and some new ones emerged.

Thinking about your experience of Education Health and Care Plans or personal budgets, what worked well?

| | |
|---------------------------------|---|
| Partnership with parents/carers | Working relationships with parents/carers. Involvement of and voice for parents/carers. Transparency with parents/carers around key decisions. The value of increased direct contact with and involvement of parents/carers. |
| Child-family centred | Seeing the needs of the child in the context of their family, recognising the needs and strengths of the child and the family. Seeing assets as well as needs. Listening to views of children and young people. Placing the child at the heart of the process. |
| Partnership with colleagues | Partnership with colleagues, multi-agency working, communication and joint decision-making across a range of professions. In particular the value of one joint planning. |
| Outcomes | Increased focus on outcomes. Explicit targets with time frames. Focus on long and short-term goals that are shared with the family and across different practitioners involved. |
| Planning | Working with colleagues and parents/carers to design and put in place appropriate support arrangements to meet needs and wishes of the child and their family. A focus on both long and short-term goals. |
| Assessment | Better understanding of and responding to the unique needs of each individual child. Having views from a range of people of the child in different settings. Taking a more holistic approach. |
| Support | Direct individual support arrangements for the child or young person or appropriate education provision. |
| Timely response | Providing a timely response to families or securing a response from colleagues. Significance of having clearly defined time scales that must be adhered to. |
| Paperwork | The complexity and amount of paperwork involved, unnecessary duplication. Unified documentation, simple clear language. Person centred documentation. Use of positive accessible language and images, in particular 'all about me' type one page profiles that document skills as well as needs. Parental contribution to assessment. |
| Procedures | Confusion or clarity around process and professional responsibilities. Parents/carers and colleagues understanding of how aspects of the process should work. Training and guidance in new procedures. |
| Engagement of health | Availability and responsiveness of health practitioners. |
| New systems | Difficulty caused by the introduction of a new way of working, communicating and securing commitment to new process from colleagues not directly leading the EHCP process. |
| Workload | The time needed to work with any one child or family, both in relation to the intensity of work and the overall work from start to finish. |

In response to the question; Thinking about your experience of EHCPs, what worked well? Most comments were on three themes: partnership with parents/carers, child-family centred, and partnership with colleagues. Partnership with colleagues also featured strongly in what did not work and was by far the most

commonly reported theme in response to what needs to change. Practitioners wrote about paperwork and a timely response as not working well. New systems and workload were the least frequently reported significant (more than 100 in total) theme.

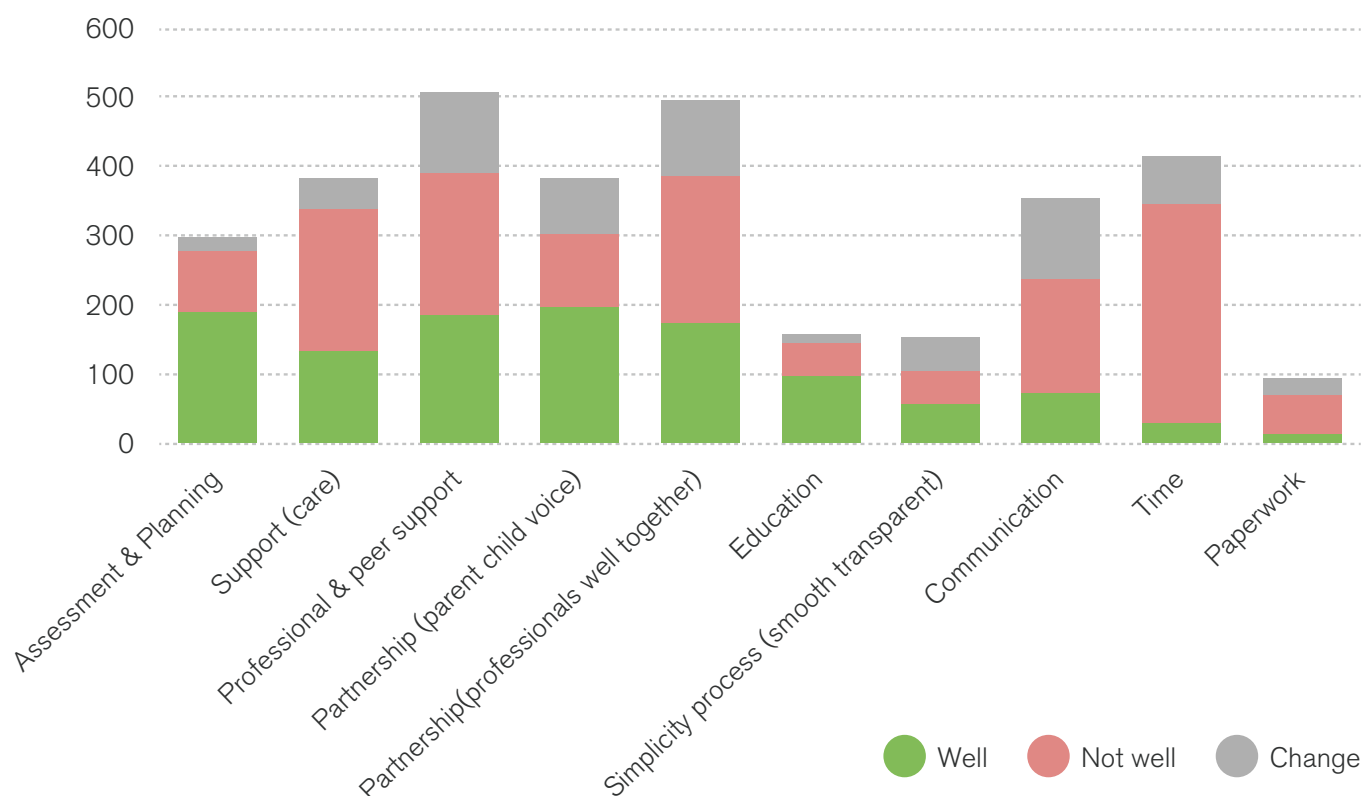


Figure 14. Free text responses (practitioners).

What factors are associated with support, processes and outcomes for children and young people according to practitioners?

Appendix 2 shows the associations we found when we compared the responses from different groups of practitioners. It is important to say that we can only report associations, and if there is an association we cannot assume cause.

- Importantly, better EHCP processes were strongly associated with better outcomes for children and young people according to practitioners.
- Practitioners working in mainstream education were generally more positive about the process of EHCPs.
- Practitioners in schools generally and special education in particular were less positive about the impact of EHCPs on their relationships with other professionals.
- Practitioners involved in the assessment/development of EHCPs were generally more positive than direct support workers, who were generally less positive about EHCP processes and the impact of EHCPs on children and young people.
- Education specialists were more positive about EHCP processes, but were not more positive about the impact of EHCPs on children and young people.
- Keyworkers and co-ordinators were generally more positive about both EHCP processes and outcomes for children and young people.
- Health specialists, social workers and senior teachers/managers were less positive about both the process of EHCPs and the impact of EHCPs on children and young people.
- Practitioners working with primary school children were more likely to report positive EHCP processes (but not outcomes for children).
- Practitioners working with secondary school and post-16 children and young people were less positive about both EHCP processes and the impact of EHCPs on children and young people's lives.
- Practitioners working with children and young people with communication and interaction as the main reason for needing support were more positive about both EHCP processes and some outcomes for children and young people.

Children and young people



Children and Young People

The POET includes a questionnaire designed to capture the views and experiences of children and young people with EHCPs. The questionnaire was designed and tested with the involvement of children and young people, the aim being to ensure it is simple and accessible so that as many children and young people as possible can take part in the survey.

Respondents were invited to complete the questions with support if needed. The questionnaire itself and the approaches used to collect responses will continue to evolve as the POET is used in the future.

The questionnaire asked children and young people why they need support, the type of support they receive, what they feel about different aspects of their support and whether their support had helped them with different aspects of their lives.

Who took part in the survey?

In total 896 children and young people with EHCPs completed the survey from 61 local authority areas. Responses came from a wide age range of children and young people who had EHCPs for a variety of reasons. Partially completed responses were removed from the data set if no answer was provided to any of the questions relating to experience of support or the impact of support.

Why did children and young people need support?

The POET for children and young people uses the same categories of need as the POET for parents/carers, based on the [Department for Education 2014 Special Educational Needs and Disability Code of Practice](#)

but distinguishing between Sensory and Physical disability. As figures 15 shows, the main reason children and young people needed support was Learning Disability.

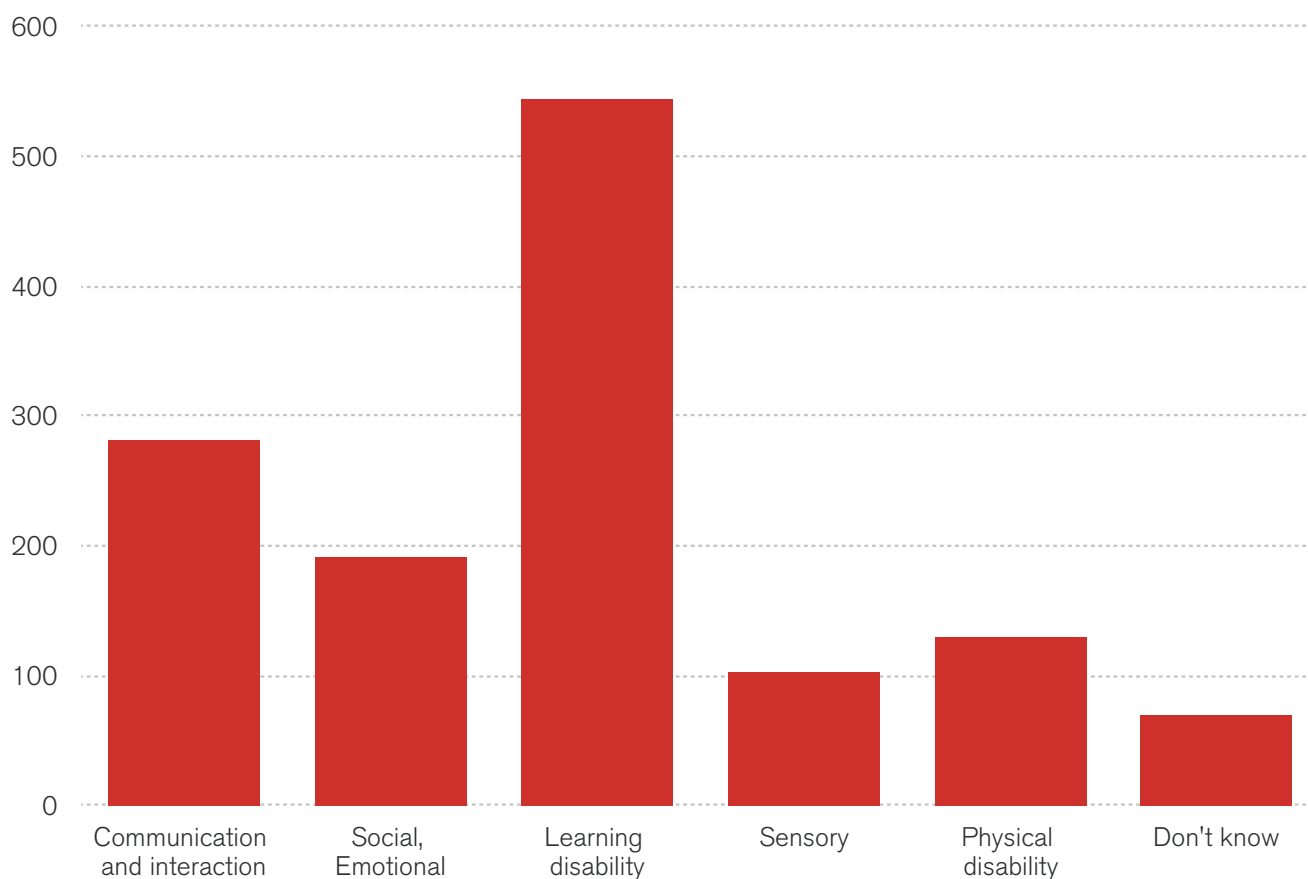


Figure 15. Why do children and young people need support?

Where did children and young people receive support?

The POET survey asked children and young people to say where they received paid support, whether they had an EHCP and whether or not they had a Personal Budget. Well under a half the children and young people said they had paid support at school (43%). Slightly less than a

quarter of the children and young people responding to the POET survey also had Personal Budgets (24%). Well over three quarters (84%) said they had an EHCP in place. A small proportion had paid support at home (15%) and one fifth had paid support to go out and about (20%).

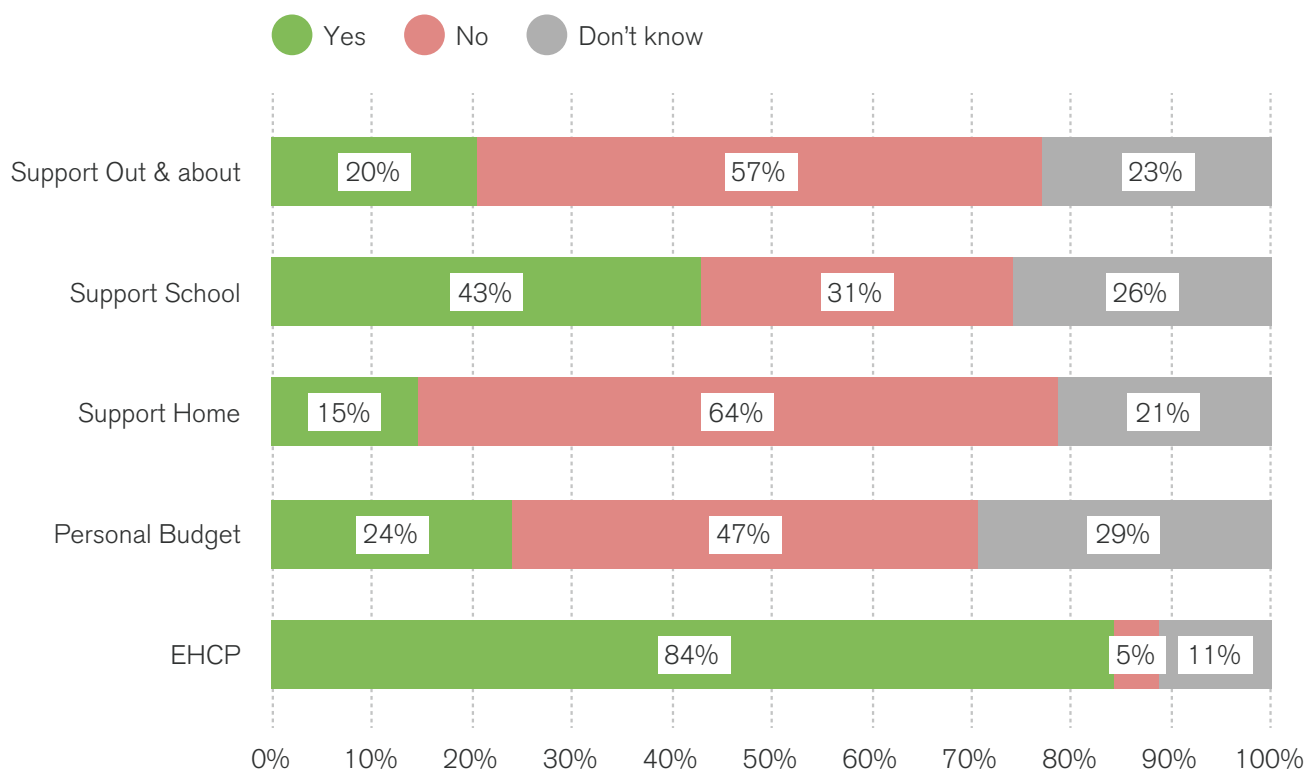


Figure 16. What type of support do children and young people receive?

What do children and young people with Education Health and Care Plans feel about the support they receive?

The POET survey asked children and young people to say what they thought about six different aspects of the support they had received over the past 12 months:

- Being heard: My views are included in my plan.
- Level of support: I get the right amount of support.
- Choice about your support: I can change my support if I need to.
- Information: I have information to make decisions about my support.
- Dignity: I am supported with dignity and respect.
- Looking forward to the future: The support I get helps me grow and be ready for life when I'm older.

As figure 17 shows, just under three quarters of children and young people said their support was good or very good in one of the six areas we asked about: dignity (74%). Around two thirds of children and young people said their support was good or very good in three areas we asked about: the level of support (66%), looking forward (65%) and being heard (64%). Around a fifth of children and young people said the support they received was poor or very poor in the other two areas we asked about: information (21%) and choice about support (21%).

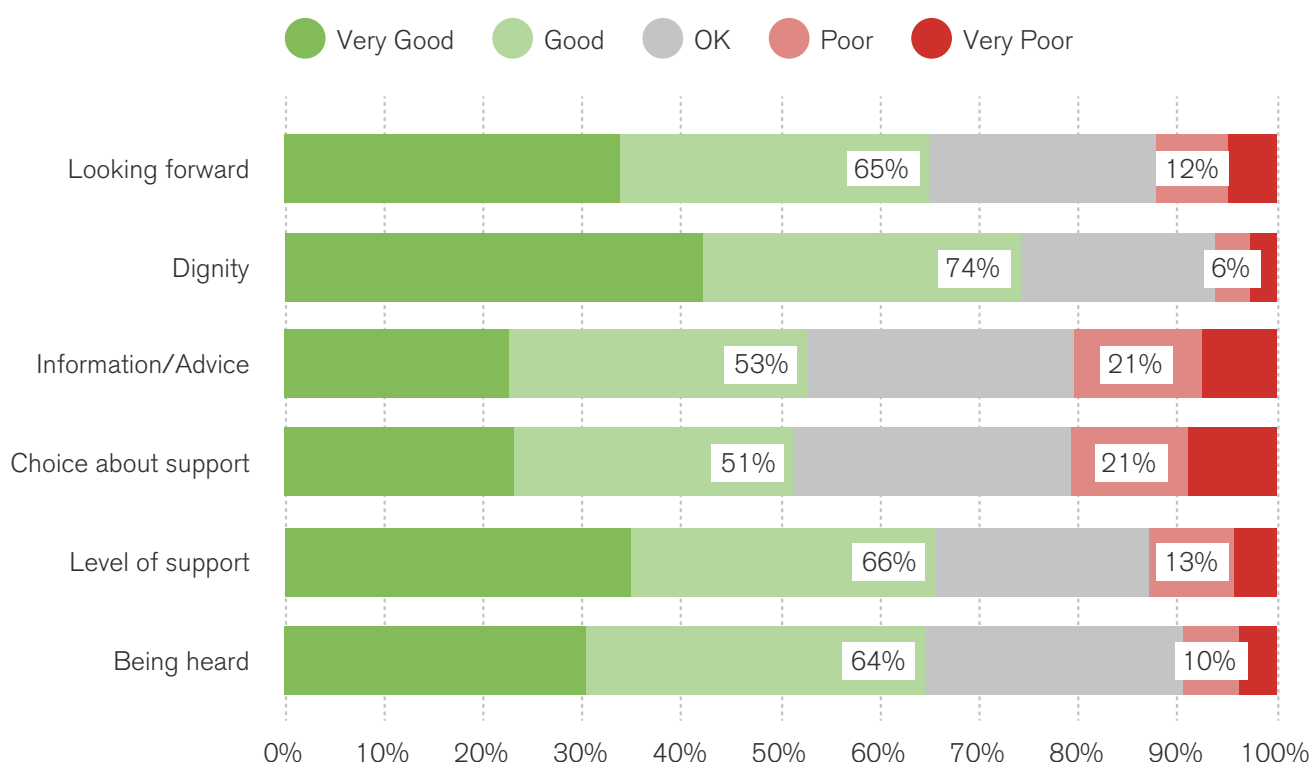


Figure 17. How do children and young people feel about the support they receive?

Outcomes for Children and Young People

The POET survey asked children and young people to say how well the support they get had helped them with eight different areas of their life:

- Your Health: I am as healthy as I can be.
- Learning: I do the best I can at school, college or work.
- Friendships: I enjoy time with friends.
- Your Home: I enjoy my home and family.
- Feeling safe: I feel safe at home and out and about.
- Recreation: I take part in activities I like.
- Community: I can do things in my local area.
- Your quality of life: I can enjoy being relaxed and happy.

As figure 18 shows, around three quarters of children and young people said the support they had received was good or very good in helping them with four of the eight areas we asked about: learning (74%), home (86%), feeling safe (80%) and quality of life (75%). Just over two thirds said that the support they received was good or very good helping them with two other areas: health (69%) and friendships (69%). A quarter of children and young people said the support they received was poor or very poor at helping access their community (25%).

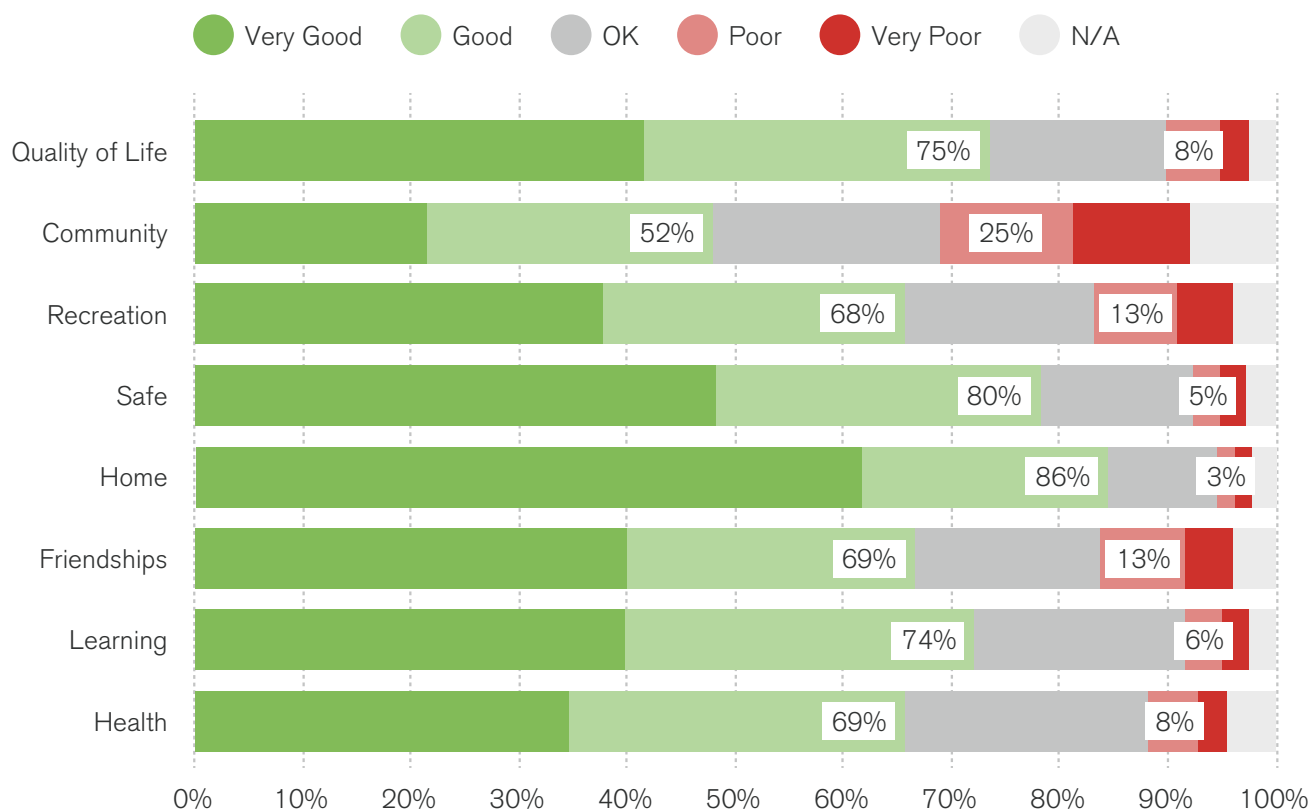


Figure 18. Do children and young people think the support they get has helped them with these different areas of their life?

What factors are associated with support, processes and outcomes for children and young people according to children and young people?

Appendix 3 shows the associations we found when we compared the responses from different groups of children and young people. It is important to say that we can only report associations, and if there is an association we cannot assume cause.

- Older children and young people were generally more likely to report getting support.
- There were few differences according to gender; children and young people who completed the questions by themselves generally reported better processes and outcomes.
- Children and young people with physical disabilities generally report getting better support and were more positive about its impact.
- Children and young people with communication and interaction as their main reason for requiring support, and particularly children and young people with social, emotional and mental health as their main reason for requiring support, were generally less positive.
- All forms of support were generally associated with a more helpful EHCP process and with better outcomes – most notably for those with paid support outside home/school.
- As with other groups, more helpful support arrangements were strongly associated with better outcomes.

Appendices



Appendix 1 | **Parents carers**

What factors are associated with support, processes and outcomes for children and young people according to parents/carers?

In this section of the report, for parents/carers of children and young people we examine associations between characteristics of children and young people, the education and support they were getting, who was involved in EHCP planning (and aspects of personal budgets for those families who held them), parents'/carers' views of the helpfulness of EHCPs, and whether parents/carers thought that the support used by children and young people via an EHCP had made any difference to their and their children and young people's lives.

To make interpretation easier, we express any associations found as odds ratios (for example, if parents/carers report themselves as being fully involved in EHCP planning, what the odds are then of them reporting a positive impact of EHCPs on children and young people's quality of life compared to parents/carers who weren't fully involved). An odds ratio of 1 would mean that a positive impact was no more or less likely if the parent/carer was fully involved in EHCP planning or not. An

odds ratio significantly less than 1 would mean that a positive impact was less likely if the parent/carer was fully involved. An odds ratio significantly more than 1 would mean that a positive impact was more likely if the parent/carer was fully involved. Odds ratios are a helpful way of showing how big an effect is, as well as whether it is statistically significant or not.

However, it is important to say that we can only report associations, and if there is an association we cannot assume cause. It is important to bear this in mind when interpreting the results we report below.

The tables below report the odds ratios for each association. Odds ratios significantly greater than 1 are shaded green; odds ratios significantly less than 1 are shaded red. All of these significant associations (where 95% confidence intervals do not pass through 1) are reported in the text.

Parents: Table A

Table A shows associations between characteristics of the parents'/ carers' children and young people (child age, and the child/young person's main reason for needing support) and parental perceptions of: the support their child/young person is using (very good/good vs fair/poor/very poor) in three areas; whether support helps their child/young person (been very good/good vs fair/poor/very poor) in seven areas of their child's/young person's life; and whether their child's/young person's support has an impact (makes things much better/better vs makes no difference/makes things worse/a lot worse) on their own lives as parents/carers in three areas.

Overall, 48 out of a possible 117 associations were statistically significant, although the effect size of these associations was generally relatively modest.

In terms of parental perceptions of support, parents/carers of pre-school children were more likely to report support being good/very good at helping with having choice over the child's support, the child having the right amount of support, and the child being supported with dignity and respect. Parents/carers of secondary school aged children and young people were less likely to report support being good/very good at supporting their child/young person with dignity and respect.

There were generally few associations with parental perceptions of support according to the main reason the child/young person needed support. The exception was parents/carers of children and young people with social, mental, emotional health needs, who were less likely to report support being good/very good at helping with having choice over the child's support, the child having the right amount of support, and the child being supported with dignity and respect.

In terms of support being helpful to their children/young people, again parents/carers of pre-school children were more likely to report that

support had been good/very good at helping their child in all 7 areas of their lives that we asked about. Parents/carers of primary school age children were also more likely to report support being good/very good at helping their child in 3 areas of their lives (being as fit and healthy as they can, enjoying friendships, and enjoying relationships with family). In contrast, parents/carers of secondary school age children and young people were less likely to report support being good/very good at helping their child/young person across all 7 areas of their lives that we asked about.

There were a range of associations with parental perceptions of the helpfulness of support for the child/young person according to the main reason the child/young person needed support. Parents/carers of children and young people with communication and interaction needs were less likely to report support being helpful for their child/young person in 4 areas of their lives (being part of their local community, enjoying friendships, enjoying relationships with family, preparing for the future). Parents/carers of children and young people with social, mental, emotional health needs were also less likely to report support being helpful for their child/young person in all 7 areas of their lives that we asked about.

In contrast, parents/carers of children and young people with learning disabilities were more likely to report support helping their child/young person take part in school and learn. Parents/carers of children and young people with physical disabilities were more likely to report support being helpful to their child/young person in 4 areas of their child/young person's life (taking part in school and learning, enjoying friendships, enjoying relationships with family, preparing for the future).

In terms of the child/young person's support making a positive difference to parents/carers, again parents/carers of pre-school were more likely to report that their child/young person's support was making a positive difference to them as parents/carers in terms of their quality of life, their relationships with practitioners, and the parent-child relationship. Again, consistently with other findings, parents/carers of secondary school age children and young people reported the opposite.

Parents/carers of children and young people with physical disabilities were more likely to report their child/young person's support making a positive difference to them in their relationships with practitioners. In contrast, parents/carers of children and young people with learning disabilities were less likely to report their child/young person's support making a positive difference to their quality of life as parents/carers. Parents/carers of children and young people with social, mental, emotional health needs were also less likely to report their child/young person's support making a positive difference to them in terms of their quality of life as parents/carers and their relationships with practitioners.

| | Factors potentially associated with parental perceptions of support and its impact on children and young people and parents/carers: characteristics of children and young people | | | | | | | | |
|--|--|------------------------------------|---------------------------------------|----------------------------|---------------------------------|---------------------|---------------------|---------------------|----------------------------------|
| | Child age | | | | Main reason for needing support | | | | |
| | Pre-school (age 2-4 years) | Primary school (age 5-11 years) | Secondary school (age 12-16 years) | Post-16 (age 17+ years) | Communication & interaction | Learning disability | Physical disability | Hearing &/or vision | Social, mental, emotional health |

Over past year, what do you think of the support your child/young person has used...

| | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|
| Choice over child's support | 1.49 | 0.96 | 0.85 | 1.06 | 0.91 | 1.15 | 1.00 | 0.90 | 0.78 |
| Child having right amount of support | 1.95 | 0.96 | 0.87 | 0.87 | 0.97 | 0.96 | 1.01 | 0.94 | 0.70 |
| Child being supported with dignity & respect | 3.46 | 0.96 | 0.77 | 0.83 | 0.97 | 0.99 | 1.22 | 0.88 | 0.71 |

Over past year, has the support your child/young person has received helped with...

| | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|
| Your child being as fit and healthy as they can | 2.18 | 1.28 | 0.57 | 0.94 | 0.87 | 1.06 | 1.17 | 1.01 | 0.76 |
| Your child taking part in school and learning | 2.06 | 0.94 | 0.75 | 1.18 | 0.95 | 1.26 | 1.53 | 0.95 | 0.56 |
| Your child being part of their local community | 1.41 | 1.16 | 0.79 | 0.87 | 0.71 | 1.18 | 1.09 | 0.87 | 0.78 |
| Your child enjoying friendships | 1.49 | 1.24 | 0.71 | 0.87 | 0.67 | 1.04 | 1.40 | 0.82 | 0.51 |
| Your child enjoying relationships with family | 1.39 | 1.35 | 0.62 | 1.00 | 0.92 | 1.09 | 1.48 | 0.88 | 0.56 |
| Your child enjoying a good quality of life | 2.64 | 1.03 | 0.68 | 0.98 | 0.81 | 0.99 | 1.27 | 0.97 | 0.53 |
| Your child thinking about and preparing for the future | 2.23 | 1.08 | 0.73 | 0.86 | 0.69 | 0.94 | 1.31 | 0.82 | 0.61 |

Over the past year, has your child/young person's support made a difference to...

| | | | | | | | | | |
|---------------------------------------|------|------|------|------|------|------|------|------|------|
| Your quality of life | 2.30 | 1.07 | 0.74 | 0.81 | 1.01 | 0.80 | 1.14 | 0.96 | 0.76 |
| Your relationships with professionals | 2.18 | 1.21 | 0.64 | 0.84 | 1.02 | 0.95 | 1.38 | 0.95 | 0.78 |
| Your relationship with your child | 1.67 | 1.17 | 0.78 | 0.77 | 1.12 | 0.85 | 0.95 | 1.00 | 0.87 |

Table A: Characteristics of children and young people: Associations with parental perceptions of helpfulness of support and the impact of support on children and young people and parents/carers

Parents: **Table B**

Table B shows associations between aspects of the support received and (as in Table A) parental perceptions of the support their child/young person is using, whether support helps their child/young person, and whether their child/young person’s support has an impact on their own lives as parents/carers. Overall, 42 out of a possible 91 associations were statistically significant. The effect size of these associations was generally relatively modest, with the exceptions of associations concerned with having an EHCP where the effect sizes were larger.

In terms of parental perceptions of support, only having an EHCP and the child/young person getting paid support at school were associated with parents/carers being more likely to report all 3 areas of support being good/very good. Where the child/young person had held an EHCP for more than a year parent/carers were also more likely to report that their support was good/very good in terms of them having choice over their child/young person’s support.

In terms of support being helpful to their children/young people, again parents/carers where their child/young person had an EHCP and the child/young person was getting paid support at school were more likely to report their child/young

person’s support being good/very good across all the 7 areas of their child/young person’s life that we asked about. Where the child/young person had held an EHCP for more than a year, parents/carers were also more likely to report support being good/very good for their child/young person being part of the their local community, enjoying friendships and enjoying relationships with family. Where their child/young person’s SEN statement had been converted to an EHCP, parents/carers were more likely to report support being good/very good for their child/young person to take part in school and learning. Parents/carers whose child/young person had paid support outside home/school were more likely to report support being good/very

good for their child/young person being part of their local community.

In contrast, parents/carers of children and young people in special education settings were less likely to report their child/young person’s support being good/very good in terms of being part of their local community or enjoying friendships.

In terms of the child/young person’s support making a positive difference to parents/carers, parents/carers of children/young people with an EHCP, and parents/carers with paid support at home, school, or outside home/school, were more likely to report that their child/young person’s support was making a positive difference to them as parents/carers in their own quality of life, their relationships with practitioners, and their relationships with their children and young people. In contrast, where SEN statements had been converted to an EHCP, parents/carers were less likely to report their child/young person’s support making a positive contribution to their own quality of life as parents/carers or to their relationships with practitioners.

| | Factors potentially associated with parental perceptions of support and its impact on children and young people and parents/carers: support received | | | | | | |
|--|--|---------------------------------------|---------------------------|---------------|----------------------|------------------------|------------------------------------|
| | Child in special education | Child SEN statement converted to EHCP | EHCP for more than 1 year | Support: EHCP | Paid support at home | Paid support at school | Paid support outside home & school |

Over past year, what do you think of the support you child/young person has used...

| | | | | | | | |
|--|------|------|------|------|------|------|------|
| Choice over child's support | 1.15 | 1.15 | 1.46 | 2.88 | 1.10 | 1.35 | 1.17 |
| Child having right amount of support | 1.11 | 0.99 | 1.11 | 3.40 | 0.93 | 1.53 | 1.00 |
| Child being supported with dignity & respect | 1.06 | 0.97 | 0.99 | 3.98 | 1.03 | 1.61 | 1.33 |

Over past year, has the support your child/young person has received helped with...

| | | | | | | | |
|--|------|------|------|------|------|------|------|
| Your child being as fit and healthy as they can | 0.90 | 0.89 | 1.04 | 2.39 | 0.94 | 1.36 | 0.88 |
| Your child taking part in school and learning | 1.23 | 1.28 | 1.14 | 2.96 | 1.27 | 1.76 | 1.05 |
| Your child being part of their local community | 0.78 | 0.97 | 1.50 | 1.62 | 1.00 | 1.33 | 1.34 |
| Your child enjoying friendships | 0.80 | 0.96 | 1.28 | 2.44 | 1.01 | 1.24 | 1.08 |
| Your child enjoying relationships with family | 1.08 | 1.22 | 1.40 | 1.83 | 1.41 | 1.28 | 1.27 |
| Your child enjoying a good quality of life | 1.05 | 1.10 | 1.25 | 2.36 | 1.17 | 1.53 | 1.27 |
| Your child thinking about and preparing for the future | 0.86 | 0.91 | 1.18 | 2.30 | 0.80 | 1.46 | 0.87 |

Over the past year, has your child/young person's support made a difference to...

| | | | | | | | |
|---------------------------------------|------|------|------|------|------|------|------|
| Your quality of life | 1.08 | 0.73 | 0.93 | 2.49 | 1.50 | 1.50 | 1.67 |
| Your relationships with professionals | 1.00 | 0.72 | 1.01 | 2.25 | 1.65 | 1.56 | 1.78 |
| Your relationship with your child | 1.00 | 0.89 | 1.02 | 1.73 | 1.46 | 1.56 | 1.55 |

Table B: Support received: Associations with parent/carer perceptions of helpfulness of support and the impact of support on children and young people and parents/carer

Parents: Tables C(1) and C(2)

Tables C(1) and C(2) show associations between who was involved in EHCP planning, whether parents/carers and children and young people's views were fully included in the EHCP, and (as in Tables A and B) parent/carer perceptions of the support their child/young person is using, whether support helps their child/young person, and whether their child/young person's support has an impact on their own lives as parents/carers. Overall, 83 out of a possible 169 associations were statistically significant. For people involved in EHCP planning, the effect size of these associations was generally relatively modest. Effect sizes were generally larger for associations concerning parents/carers and children and young people's views being fully included in the EHCP.

When education staff (teacher, classroom assistant, SENCO, education specialist) had been involved in the EHCP planning, parents/carers were more likely to report all 3 areas of their child/young person's support as being good/very good. When a keyworker had been involved, parents/carers were more likely to report support being good/very good in terms of their child/young person being supported with dignity and respect. When a health specialist had been involved, parents/carers were more likely to report support being good/very good in terms of amount and their child/young person being supported with dignity and respect.

When parents'/carers' views and children and young people's views were fully included in the EHCP, parents/carers were much more likely to report support being good/very good across all the 3 areas we asked about.

In terms of parent/carer perceptions of support having been helpful for their child/young person, Tables C(1) and C(2) show that parents/carers were more likely to report support being good/very good for their child/young person across

all 7 areas of their lives that we asked about when teachers and classroom assistants were involved in EHCP planning. Parents/carers were more likely to report support being good/very good for their child/young person in terms of being as fit and healthy as possible, and preparing for the future, when other education professionals (SENCO and education specialists), keyworkers and personal assistants had been involved in EHCP planning.

When a health specialist had been involved in EHCP planning, parents/carers were more likely to report support being good/very good for their child/young person in 4 of the 7 areas of life we asked about (being as fit and healthy as possible, taking part in school and learning, enjoying relationships with family, and preparing for the future). When a social worker was involved in EHCP planning, parents/carers were more likely to report support being good/very good for their child/young person's being as fit and healthy as possible.

In contrast, when a voluntary organisation was involved in EHCP planning, parents/carers were less likely to report support being good/very good for their child/young person in terms of taking part in school and

learning, and in terms of enjoying good relationships with family.

Again, parents/carers were much more likely to report support being good/very good across all 7 areas of their child/young person's lives if their views and the views of their child/young person were fully included in the EHCP.

Finally, in terms of whether support had made a positive difference to parents/carers, parents/carers were more likely to report that their child/young person's support had made a positive difference to them as parent/carers in all 3 areas we asked about if a classroom assistant, education specialist or health specialist had been involved in the EHCP planning.

If a teacher had been involved, parents/carers were more likely to report their child/young person's support making a positive difference to parents'/carers' relationships with practitioners and relationships with their child/young person. If a keyworker had been involved, parents/carers were more likely to report their child/young person's support making a positive difference to their quality of life as parents/carers. If a social worker had been involved, parents/carers were more likely to report their child/young person's support making a positive difference to their relationships with their child/young person.

Again, parents/carers were much more likely to report their child/young person's support making a positive difference to their own lives in all the 3 areas we asked about if both their views and the views of their child/young person were fully included in the EHCP.

| | Factors potentially associated with parental perceptions of support and its impact on children and young people and parents/carers: involvement in planning | | | | | | |
|--|---|---------------------|-------|----------------------|----------------------|-----------|--------------------|
| | Teacher | Classroom assistant | SENCO | Education specialist | Planning coordinator | Keyworker | Personal assistant |

Over past year, what do you think of the support your child/young person has used...

| | | | | | | | |
|--|------|------|------|------|------|------|------|
| Choice over child's support | 1.44 | 1.55 | 1.36 | 1.29 | 1.18 | 1.15 | 1.12 |
| Child having right amount of support | 1.26 | 1.63 | 1.39 | 1.34 | 1.26 | 1.27 | 1.16 |
| Child being supported with dignity & respect | 1.59 | 1.89 | 1.39 | 1.48 | 1.07 | 1.45 | 1.20 |

Over past year, has the support your child/young person has received helped with...

| | | | | | | | |
|--|------|------|------|------|------|------|------|
| Your child being as fit and healthy as they can | 1.54 | 1.34 | 1.33 | 1.36 | 0.84 | 1.10 | 1.49 |
| Your child taking part in school and learning | 1.79 | 1.98 | 1.21 | 1.08 | 1.14 | 1.14 | 1.33 |
| Your child being part of their local community | 1.58 | 1.54 | 1.10 | 1.13 | 1.03 | 1.25 | 1.38 |
| Your child enjoying friendships | 1.38 | 1.63 | 1.08 | 1.13 | 1.21 | 1.05 | 1.11 |
| Your child enjoying relationships with family | 1.56 | 1.36 | 1.18 | 1.19 | 1.14 | 1.00 | 1.22 |
| Your child enjoying a good quality of life | 1.45 | 1.50 | 0.99 | 1.13 | 0.92 | 1.28 | 1.26 |
| Your child thinking about and preparing for the future | 1.35 | 1.70 | 1.37 | 1.31 | 1.19 | 1.47 | 1.54 |

Over the past year, has your child/young person's support made a difference to...

| | | | | | | | |
|---------------------------------------|------|------|------|------|------|------|------|
| Your quality of life | 1.14 | 1.44 | 1.18 | 1.47 | 1.36 | 1.41 | 1.33 |
| Your relationships with professionals | 1.26 | 1.61 | 1.21 | 1.46 | 1.20 | 1.27 | 1.17 |
| Your relationship with your child | 1.30 | 1.34 | 1.04 | 1.29 | 1.26 | 1.10 | 1.38 |

Table C (1): Involvement in EHCP planning: Associations with parent/carers perceptions of helpfulness of support and the impact of support on children and young people and parents/carers

| | Factors potentially associated with parental perceptions of support and its impact on children and young people and parents/carers: involvement in planning | | | | | |
|--|---|---------------|------------------------|--------|---|---|
| | Health specialist | Social worker | Voluntary organisation | Family | Parent's/carers' views fully included in EHCP | Child/ young person's view fully included in EHCP |

Over past year, what do you think of the support you child/young person has used...

| | | | | | | |
|--|------|------|------|------|------|------|
| Choice over child's support | 1.18 | 1.14 | 0.74 | 0.86 | 4.90 | 3.91 |
| Child having right amount of support | 1.36 | 0.81 | 0.81 | 1.02 | 4.02 | 2.54 |
| Child being supported with dignity & respect | 1.53 | 0.93 | 0.88 | 1.15 | 4.37 | 2.85 |

Over past year, has the support your child/young person has received helped with...

| | | | | | | |
|--|------|------|------|------|------|------|
| Your child being as fit and healthy as they can | 1.49 | 1.40 | 0.99 | 0.92 | 3.27 | 2.60 |
| Your child taking part in school and learning | 1.30 | 1.07 | 0.63 | 1.11 | 4.07 | 3.21 |
| Your child being part of their local community | 1.19 | 1.06 | 0.83 | 0.92 | 3.22 | 2.86 |
| Your child enjoying friendships | 1.20 | 1.01 | 0.72 | 0.99 | 2.88 | 2.90 |
| Your child enjoying relationships with family | 1.58 | 1.14 | 0.69 | 1.06 | 2.82 | 2.50 |
| Your child enjoying a good quality of life | 1.19 | 1.02 | 0.74 | 1.09 | 3.18 | 2.68 |
| Your child thinking about and preparing for the future | 1.26 | 1.09 | 0.74 | 0.97 | 4.18 | 3.32 |

Over the past year, has your child/young person's support made a difference to...

| | | | | | | |
|---------------------------------------|------|------|------|------|------|------|
| Your quality of life | 1.55 | 1.01 | 1.04 | 1.04 | 3.01 | 2.44 |
| Your relationships with professionals | 1.64 | 1.14 | 1.04 | 0.86 | 3.00 | 2.60 |
| Your relationship with your child | 1.38 | 1.33 | 0.96 | 0.87 | 2.34 | 2.17 |

Table C (2): Involvement in EHCP planning: Associations with parental perceptions of helpfulness of support and the impact of support on children and young people and parents/carers

Parents: Tables D and E

Tables D and E show associations between various questions relating to the use of personal budgets, and (as in previous tables) parent/carer perceptions of the support their child/young person is using, whether support helps their child/young person, and whether their child/young person's support has an impact on their own lives as parents/carers. For Table D, 14 out of a possible 65 associations were statistically significant. For Table E, 21 out of a possible 104 associations were statistically significant. For all analyses relating to personal budgets, it is important to note that these analyses are conducted on a much smaller sample than the rest of the analyses reported here – interpretations of any associations found must be regarded as somewhat tentative.

In terms of parent/carer perceptions of their child/young person's support, Table D shows that where the child/young person had a personal budget parents/carers were more likely to report their child/young person's support as being good/very good with respect to the choices they could make about their child/young person's support and their child/young person being supported with dignity and respect. Where the local authority held the personal budget, parents/carers were more likely to report their child/young person being supported with dignity and respect, but the opposite was the case for parents/carers who held their child/young person's personal budget themselves. Parents/carers who knew the amount of their child/young person's personal budget were less likely to report their child/young person's support being good/very good in terms of the choices they could make about that support.

Table E shows that there no associations between what personal budgets were spent on and parent/carer perceptions of how good their child/young person's support was.

In terms of parent/carer perceptions of whether their child/young person's support was good/very good, Table D shows that where there was a personal budget parents/carers were more likely to report that support was good/very

good for their child/young person with respect to: taking part in school and learning, being part of their local community, enjoying relationships with family, and their quality of life. There were few other associations. Where the local authority held the personal budget parents/carers were more likely to report support being good/very good at helping their child/young person be as fit and healthy as possible. Parents/carers who knew the amount of the personal budget were less likely to report support being good/very good at helping their child/young person enjoy good relationships with their family.

Table E shows a number of associations between how personal budgets were spent and positive parent/carer perceptions of the impact of support on their child/young person. Where personal budgets were spent on community activities, parents/carers were more likely to report support being good/very good for their child/young person in terms of being part of their local community and enjoying friendships. Where personal budgets were spent on a personal assistant, parents/carers were more likely to report support being good/very good for their child/young person in terms of: being as fit and healthy as possible, being part of their local community, enjoying friendships, and enjoying relationships

with family. Where personal budgets were spent on after school clubs, parents/carers were more likely to report support being good/very good for their child/young person in terms of being as fit and healthy as possible, and their quality of life. Where personal budgets were spent on family time, parents/carers were more likely to report support being good/very good for their child/young person in terms of: being as fit and healthy as possible, taking part in school and learning, and being part of their local community. Where personal budgets were spent on a specialist service, parents/carers were more likely to report support being good/very good for their child/young person in 5 of the 7 areas we asked about. Finally, where personal budgets were spent on transport, parents/carers were more likely to report support being good/very good for their child/young person in terms of being part of their local community and enjoying friendships.

In terms of the child/young person's support making a positive difference to parents/carers, there were relatively few associations. Table D shows that having a personal budget was associated with parents/carers rating a positive impact of their child's support on them as parents/carers in all 3 areas we asked about. Table E shows that where personal budgets were spent on community activities, parents/carers were more likely to report their child/young person's support making a positive difference to their relationship with their child/young person. Where personal budgets were spent on a specialist service, parents/carers were more likely to report their child/young person's support making a positive difference to their quality of life as parents/carers, and their relationship with practitioners.

| | Factors potentially associated with parental perceptions of support and its impact on children and young people and parents/carers: personal budgets | | | | |
|--|--|---------------------------|----------------------|--------------------------------|--|
| | Have a personal budget | Parent/carer holds budget | Council holds budget | Know amount of personal budget | Fully decide how personal budget spent |

Over past year, what do you think of the support you child/young person has used...

| | | | | | |
|--|------|------|------|------|------|
| Choice over child's support | 1.44 | 0.71 | 1.28 | 0.59 | 1.22 |
| Child having right amount of support | 1.15 | 0.76 | 1.49 | 0.76 | 1.40 |
| Child being supported with dignity & respect | 1.48 | 0.60 | 1.83 | 0.72 | 0.78 |

Over past year, has the support your child/young person has received helped with...

| | | | | | |
|--|------|------|------|------|------|
| Your child being as fit and healthy as they can | 1.16 | 0.77 | 1.65 | 0.77 | 1.12 |
| Your child taking part in school and learning | 1.47 | 0.84 | 1.35 | 0.92 | 0.79 |
| Your child being part of their local community | 1.42 | 0.82 | 1.21 | 1.00 | 1.58 |
| Your child enjoying friendships | 1.36 | 0.79 | 1.19 | 0.76 | 1.47 |
| Your child enjoying relationships with family | 1.50 | 0.86 | 1.31 | 0.55 | 1.38 |
| Your child enjoying a good quality of life | 1.56 | 1.10 | 1.15 | 1.20 | 1.19 |
| Your child thinking about and preparing for the future | 1.27 | 0.81 | 1.39 | 0.77 | 0.94 |

Over the past year, has your child/young person's support made a difference to...

| | | | | | |
|---------------------------------------|------|------|------|------|------|
| Your quality of life | 1.71 | 1.44 | 0.81 | 1.49 | 1.36 |
| Your relationships with professionals | 1.51 | 0.95 | 0.77 | 0.76 | 1.08 |
| Your relationship with your child | 1.57 | 0.80 | 1.01 | 1.07 | 1.37 |

Table D: Personal budgets: Associations with parental perceptions of helpfulness of support and the impact of support on children and young people and parents/carers

| | Factors potentially associated with parental perceptions of support and its impact on children and young people and parents/carers: how personal budgets are spent | | | | | | | |
|--|--|--------------------|--------------------------|-----------|-------------------|-------------|--------------------|-----------|
| | Community | Personal assistant | Break for parents/carers | Equipment | After school club | Family time | Specialist Service | Transport |

Over past year, what do you think of the support your child/young person has used...

| | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| Choice over child's support | 1.44 | 0.94 | 0.95 | 1.09 | 1.63 | 0.99 | 1.58 | 1.06 |
| Child having right amount of support | 1.08 | 1.10 | 0.80 | 1.01 | 1.11 | 1.28 | 1.29 | 1.52 |
| Child being supported with dignity & respect | 0.64 | 0.78 | 0.65 | 0.65 | 1.08 | 0.77 | 0.86 | 0.76 |

Over past year, has the support your child/young person has received helped with...

| | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| Your child being as fit and healthy as they can | 1.63 | 2.67 | 1.87 | 1.44 | 2.57 | 2.36 | 2.76 | 2.16 |
| Your child taking part in school and learning | 1.55 | 1.26 | 1.32 | 1.62 | 2.27 | 2.86 | 1.73 | 1.14 |
| Your child being part of their local community | 2.66 | 2.31 | 1.53 | 2.66 | 2.07 | 2.28 | 2.96 | 2.66 |
| Your child enjoying friendships | 2.37 | 1.97 | 1.57 | 2.75 | 2.09 | 1.36 | 2.42 | 2.42 |
| Your child enjoying relationships with family | 1.80 | 1.42 | 1.91 | 0.99 | 2.40 | 2.53 | 2.85 | 1.04 |
| Your child enjoying a good quality of life | 1.95 | 2.61 | 2.00 | 1.69 | 3.75 | 1.89 | 3.94 | 1.50 |
| Your child thinking about and preparing for the future | 0.83 | 1.88 | 0.77 | 2.00 | 1.20 | 1.20 | 2.60 | 1.94 |

Over the past year, has your child/young person's support made a difference to...

| | | | | | | | | |
|---------------------------------------|------|------|------|------|------|------|------|------|
| Your quality of life | 1.81 | 1.48 | 1.17 | 0.43 | 1.55 | 0.76 | 3.70 | 1.37 |
| Your relationships with professionals | 1.70 | 1.54 | 1.00 | 1.17 | 2.06 | 1.50 | 2.31 | 1.80 |
| Your relationship with your child | 2.02 | 1.06 | 0.97 | 0.90 | 2.01 | 1.63 | 1.98 | 1.26 |

Table E: How personal budgets are spent: Associations with parent/carer perceptions of helpfulness of support and the impact of support on children and young people and parents/carers

Parents: Table F

Finally, Table F shows associations between parent/carer perceptions of the support their child/young person is getting (the first 3 rows in previous Tables) and parent/carer perceptions of the impact of the child or young person's support on the lives of the child or young person and on their lives as parents/carers. As Table F shows, all forms of support perceived as good/very good by parents/carers were very strongly associated with their perceptions of positive impacts of support on all those aspects of the children and young people's and parents'/carers' lives that we asked about. The very large odds ratios indicate very large effect sizes.

| | Factors potentially associated with parental perceptions of the impact of support on children and young people and parents/carers: parental perceptions of support | | |
|--|--|--------------------------------------|--|
| | Choice over child's support | Child having right amount of support | Child being supported with dignity & respect |

Over past year, has the support your child/young person has received helped with...

| | | | |
|--|------|-------|-------|
| Your child being as fit and healthy as they can | 7.65 | 8.67 | 10.28 |
| Your child taking part in school and learning | 9.17 | 13.67 | 16.87 |
| Your child being part of their local community | 6.53 | 6.89 | 8.88 |
| Your child enjoying friendships | 5.25 | 6.88 | 8.71 |
| Your child enjoying relationships with family | 5.25 | 4.83 | 4.49 |
| Your child enjoying a good quality of life | 6.71 | 8.49 | 9.13 |
| Your child thinking about and preparing for the future | 7.14 | 9.28 | 11.73 |

Over the past year, has your child/young person's support made a difference to...

| | | | |
|---------------------------------------|------|------|------|
| Your quality of life | 4.91 | 6.47 | 9.24 |
| Your relationships with professionals | 4.49 | 4.68 | 8.26 |
| Your relationship with your child | 3.96 | 4.12 | 6.34 |

Table F: Parent/carer perceptions of support: Associations with parent/carer perceptions of the impact of support on children and young people and parents/carers.

Appendix 2 | Practitioners

What factors are associated with support, processes and outcomes for children and young people according to practitioners?

In this section of the report for practitioners we will examine associations between aspects of the practitioners' roles and where and who they were mainly working with, practitioners' views of the helpfulness of EHCPs, and whether they thought that the support used by children and young people via an EHCP had made any difference to their lives.

To make interpretation easier, we will express any associations found as odds ratios (for example, if a practitioner is a SENCO, what the odds are of them reporting a positive impact of EHCPs on children and young people's health compared to other practitioners). An odds ratio of 1 would mean that a positive impact was no more or less likely if the practitioner was a SENCO or not. An odds ratio significantly less than 1 would mean that a positive impact was less likely if the practitioner was a SENCO. An odds ratio significantly more than 1 would mean that a positive impact was more likely if the practitioner was a SENCO. Odds ratios are a helpful way

of showing how big an effect is, as well as whether it is statistically significant or not.

However, it is important to say that we can only report associations, and if there is an association we cannot assume cause. It is important to bear this in mind when interpreting the results we report below.

The tables below report the odds ratios for each association. Odds ratios significantly greater than 1 are shaded green; odds ratios significantly less than 1 are shaded red. All of these significant associations (where 95% confidence intervals do not pass through 1) are reported in the text.

Tables A, B and C below show associations between practitioners' perceptions of the helpfulness of EHCPs and where, with whom, and in what roles practitioners were working.

Practitioners: Table A

Table A shows associations between practitioner perceptions of EHCP helpfulness, whether practitioners were working in schools/colleges, and what their main involvement was relating to EHCPs. Overall, 17 out of a possible 42 associations were statistically significant, although generally the effect size of significant associations was relatively modest.

Practitioners working in schools/colleges were more likely to report EHCPs helping them to work in partnership with parents/carers, but were less likely to report EHCPs helping them to work in partnership with other professionals. Practitioners working in mainstream education settings were more likely to report EHCPs helping them to work in

partnership with parents/carers, offer individualised support for the child/young person, and provide clear information to parents/carers. Practitioners working in special education settings were less likely to report EHCPs helping them to work in partnership with other professionals.

In terms of practitioners' main involvement in EHCPs, practitioners

mainly involved in the assessment and/or development of EHCPs were more likely to report that EHCPs helped them in all the 7 aspects of their work that we asked about. In contrast, practitioners mainly involved in direct support for children, young people and families were less likely to report EHCPs helping them to work in partnership with other professionals, work in partnership with parents/carers, provide clear information to parents/carers and to understand the child's needs.

| Over past year, have EHCPs helped you to... | Factors potentially associated with perceptions of EHCPs: practitioner involvement | | | | | |
|---|--|------------------------------|---------------------------|--|---|-----------------------------------|
| | Work in schools/colleges | Work in mainstream education | Work in special education | Mainly involved in assessment/development of EHCPs | Mainly involved in management/commissioning | Mainly involved in direct support |
| Be child-centred | 0.97 | 1.12 | 0.88 | 1.32 | 1.00 | 0.90 |
| Work in partnership with other practitioners | 0.77 | 1.07 | 0.79 | 1.19 | 1.01 | 0.80 |
| Work in partnership with parents/carers | 1.33 | 1.47 | 0.92 | 1.64 | 1.01 | 0.75 |
| Provide timely response to child needs | 0.98 | 1.15 | 0.94 | 1.25 | 1.07 | 0.90 |
| Provide individualised support to children and young people | 1.18 | 1.29 | 0.91 | 1.28 | 1.00 | 0.94 |
| Provide clear information to parents/carers | 1.05 | 1.24 | 1.06 | 1.46 | 1.01 | 0.75 |
| Understand the child's needs | 1.14 | 1.18 | 1.10 | 1.39 | 0.94 | 0.80 |

Table A: Practitioner workplace and main involvement in EHCPs: Associations with perceptions of EHCPs

Practitioners: Table B

Table B shows associations between practitioner perceptions of EHCP helpfulness, and their job role. Overall, 32 out of a possible 56 associations were statistically significant, although generally the effect size of significant associations was relatively modest.

This table shows that practitioners in different roles had different views of the helpfulness of EHCPs. Education specialists were more likely than other practitioners to report that EHCPs were helpful to them, in 6 out of the 7 areas we asked about (the only exception being working in partnership with other professionals). Other groups that were more likely to report EHCPs being helpful were co-ordinators

(being child-centred, working in partnership with other professionals, providing clear information to parents/carers, understanding the child/young person's needs), keyworkers (working in partnership with other professionals, responding in a timely way) and SENCOs (working in partnership with parents/carers).

In contrast, other professional groups were less likely to report EHCPs being helpful to them. Social

workers and health specialists were less likely to report EHCPs being helpful to them across virtually all of the 7 areas we asked about. Teachers were less likely to report EHCPs being helpful to them in terms of being child-centred, working in partnership with other professionals, and working in partnership with parents/carers. Senior teachers/managers were less likely to report EHCPs being helpful to them in terms of working in partnership with other professionals, providing clear information to parents/carers, and understanding the child/young person's needs.

| Over past year, have EHCPs helped you to... | Factors potentially associated with perceptions of EHCPs: practitioner involvement | | | | | | | |
|---|--|----------------------|-------------------|-----------|--------------|-------|---------------|------------------------|
| | Teacher | Education specialist | Health specialist | Keyworker | Co-ordinator | SENCO | Social worker | Senior teacher/manager |
| Be child-centred | 0.58 | 1.29 | 0.56 | 1.39 | 1.99 | 1.12 | 0.45 | 0.74 |
| Work in partnership with other practitioners | 0.49 | 1.18 | 0.83 | 1.86 | 2.03 | 0.90 | 0.61 | 0.70 |
| Work in partnership with parents/carers | 0.53 | 1.41 | 0.39 | 1.29 | 1.56 | 1.85 | 0.37 | 0.75 |
| Provide timely response to child needs | 0.99 | 1.27 | 0.67 | 1.47 | 1.25 | 0.99 | 0.40 | 0.82 |
| Provide individualised support to children and young people | 1.19 | 1.44 | 0.61 | 0.99 | 1.21 | 1.14 | 0.33 | 0.75 |
| Provide clear information to parents/carers | 0.77 | 1.57 | 0.72 | 1.25 | 1.86 | 0.96 | 0.31 | 0.64 |
| Understand the child's needs | 0.84 | 1.76 | 0.63 | 1.32 | 1.78 | 0.99 | 0.35 | 0.66 |

Table B: Associations between practitioners perceptions of EHCP helpfulness and their job role

Practitioners: **Table C**

Table C shows associations between practitioner perceptions of EHCP helpfulness, and characteristics of the children and young people they were working with (age, and main reason for needing support). Overall, 32 out of a possible 63 associations were statistically significant, although generally the effect size of significant associations was relatively modest.

In terms of child age, practitioners working with primary school age children and young people were more likely to report EHCPs being helpful to them in terms of working in partnership with parents/carers, providing individualised support to the child, providing clear information to parents/carers, and understanding the child’s needs. In contrast, practitioners working with secondary school age children and young people were less likely to report EHCPs being helpful to them in terms of working in partnership with other professionals, working in partnership with parents/carers, and providing individualised support to the children

and young people. Practitioners working with young people post-16 were less likely to report EHCPs being helpful to them in terms of being child-centred, working in partnership with other professionals, working in partnership with parents/carers, responding in a timely way, and providing individualised support to the young person.

Practitioners working with children and young people with communication and interaction needs were more likely to report EHCPs being helpful to them across all the 7 areas we asked about. Practitioners working with children and young people with hearing and/or vision

needs were more likely to report EHCPs being helpful in terms of working in partnership with other professionals, and practitioners working with children and young people with social, mental, emotional health needs were more likely to report EHCPs being helpful in understanding the needs of the child.

In contrast, practitioners working with children and young people with learning disabilities were less likely to report EHCPs being helpful to them in terms of being child-centred, working in partnership with other professionals, responding in a timely way, and understanding the needs of the child/young person. Practitioners working with children and young people with physical disabilities were less likely to report EHCPs being helpful to them in any of the 7 areas we asked about.

| Over past year, have EHCPs helped you to... | Factors potentially associated with perceptions of EHCPs: children and young people who practitioners are working with | | | | | | | | |
|---|--|----------------|------------------|---------|---------------------------------|---------------------|---------------------|---------------------|----------------------------------|
| | Child age | | | | Main reason for needing support | | | | |
| | Pre-school | Primary school | Secondary school | Post-16 | Communication & interaction | Learning disability | Physical disability | Hearing &/or vision | Social, mental, emotional health |
| Be child-centred | 1.04 | 0.99 | 0.87 | 0.80 | 1.37 | 0.78 | 0.68 | 1.25 | 1.06 |
| Work in partnership with other practitioners | 1.09 | 1.12 | 0.73 | 0.81 | 1.31 | 0.77 | 0.70 | 2.15 | 1.03 |
| Work in partnership with parents/carers | 1.17 | 1.24 | 0.77 | 0.67 | 1.33 | 0.88 | 0.49 | 1.39 | 1.08 |
| Provide timely response to child needs | 0.98 | 1.07 | 0.87 | 0.81 | 1.23 | 0.81 | 0.69 | 1.53 | 1.10 |
| Provide individualised support to children and young people | 0.98 | 1.29 | 0.80 | 0.78 | 1.29 | 0.89 | 0.56 | 1.30 | 1.02 |
| Provide clear information to parents/carers | 1.15 | 1.23 | 1.02 | 0.91 | 1.28 | 0.82 | 0.63 | 1.20 | 1.15 |
| Understand the child's needs | 1.03 | 1.36 | 1.03 | 0.92 | 1.26 | 0.77 | 0.52 | 1.33 | 1.43 |

Table C: Characteristics of children and young people practitioners are working with: Associations with perceptions of EHCPs

Practitioners: Table D

Tables D, E and F below show associations between practitioners' perceptions of the impact of EHCPs on children and young people and where, with whom, and in what roles practitioners were working.

Table D shows associations between practitioner perceptions of the impact of EHCPs on the children and young people they worked with, whether they were working in schools/colleges, and what their main involvement was relating to EHCPs. Overall, 16 out of a possible 48 associations were statistically significant, although generally the effect size of significant associations was relatively modest.

Practitioners working in schools generally, and in mainstream education in particular, were more likely to report that EHCPs mostly/always had a positive impact on children and young people having a positive transition (and for practitioners working in mainstream schools, enjoying friendships too);

however they were less likely to report EHCPs mostly/always having a positive impact on children and young people being as fit and healthy as they could or being part of their local community.

Practitioners involved in EHCP assessment and development were more likely to report EHCPs mostly/

always having a positive impact on children and young people taking part in school and learning, enjoying friendships, and thinking about/ planning for the future. In contrast, practitioners involved in management or commissioning were less likely to report EHCPs mostly/always having a positive impact on children and young people thinking about/planning for the future. Practitioners involved in direct support of children and young people were less likely to report EHCPs mostly/always having a positive impact on children and young people taking part in school and learning, being part of their local community, enjoying friendships, and thinking about/planning for the future.

| Over past year, have EHCPs helped children and young people to... | Factors potentially associated with perceived impact of EHCPs: practitioner involvement | | | | | |
|---|---|------------------------------|---------------------------|---|--|-----------------------------------|
| | Work in schools/ colleges | Work in mainstream education | Work in special education | Mainly involved in assessment/ development of EHCPs | Mainly involved in management/ commissioning | Mainly involved in direct support |
| Be as fit and healthy as they can | 0.83 | 0.80 | 0.99 | 0.99 | 0.87 | 0.95 |
| Take part in school and learning | 1.01 | 1.07 | 0.99 | 1.42 | 0.94 | 0.80 |
| Be part of their local community | 0.78 | 0.83 | 0.86 | 1.04 | 1.09 | 0.80 |
| Enjoy friendships | 1.02 | 1.19 | 0.86 | 1.34 | 1.12 | 0.82 |
| Enjoy relationships with family | 0.96 | 1.01 | 0.93 | 1.06 | 1.08 | 0.93 |
| Enjoy a good quality of life | 1.06 | 1.15 | 0.86 | 1.13 | 0.91 | 0.99 |
| Have a positive transition | 1.27 | 1.28 | 0.89 | 1.27 | 0.92 | 0.88 |
| Think about and prepare for the future | 1.06 | 1.01 | 1.09 | 1.21 | 0.82 | 0.84 |

Table D: Practitioner workplace and main involvement in EHCPs: Associations with perceived impact of EHCPs on children and young people

Practitioners: Table E

Second, Table E shows associations between practitioner perceptions of the impact of EHCPs on children and young people, and their job role. Overall, 26 out of a possible 64 associations were statistically significant, although generally the effect size of significant associations was relatively modest.

Some groups were more likely to report EHCPs mostly/always having a positive impact on the lives of children and young people: keyworkers (being as fit and healthy as possible; being part of the community; enjoying friendships); co-ordinators (taking part in school and learning; enjoying friendships); and SENCOs (being

as fit and healthy as possible; enjoying friendships; having a positive transition). Education specialists were more likely to report that EHCPs mostly/always had a positive impact on children and young people thinking about/planning for the future, but were less likely to report EHCPs mostly/always having a positive

impact on children and young people being part of their local community, enjoying friendships, and enjoying relationships with family.

Practitioner groups less likely to report EHCPs mostly/always having a positive impact on children and young people's lives were health specialists (5 of the 8 areas we asked about), social workers (5 areas) and senior teachers/managers (3 areas); having a positive transition and thinking about/planning for the future were common areas to all three of these practitioner groups.

| Over past year, have EHCPs helped children and young people to... | Factors potentially associated with perceived impact of EHCPs: practitioner involvement | | | | | | | |
|---|---|----------------------|-------------------|-----------|--------------|-------|---------------|------------------------|
| | Teacher | Education specialist | Health specialist | Keyworker | Co-ordinator | SENCO | Social worker | Senior teacher/manager |
| Be as fit and healthy as they can | 1.23 | 0.89 | 1.25 | 1.53 | 1.14 | 0.81 | 1.09 | 0.89 |
| Take part in school and learning | 0.77 | 1.10 | 1.02 | 1.35 | 2.50 | 0.92 | 0.61 | 0.70 |
| Be part of their local community | 1.07 | 0.80 | 0.71 | 2.50 | 1.49 | 0.90 | 1.12 | 0.96 |
| Enjoy friendships | 0.84 | 0.79 | 0.74 | 1.42 | 1.54 | 1.37 | 0.64 | 0.97 |
| Enjoy relationships with family | 1.01 | 0.81 | 0.71 | 1.77 | 1.07 | 1.12 | 0.71 | 1.34 |
| Enjoy a good quality of life | 0.99 | 0.84 | 1.01 | 1.33 | 1.13 | 1.15 | 0.55 | 0.95 |
| Have a positive transition | 0.89 | 1.05 | 0.71 | 1.37 | 1.49 | 1.46 | 0.34 | 0.70 |
| Think about and prepare for the future | 0.90 | 1.35 | 0.71 | 1.32 | 1.38 | 1.06 | 0.46 | 0.66 |

Table E: Practitioner role: Associations with perceived impact of EHCPs on children and young people

Practitioners: Table F

Third, Table F shows associations between practitioner perceptions of the impact of EHCPs on children and young people, and characteristics of the children and young people they were working with (age, and main reason for needing support). Overall, 18 out of a possible 72 associations were statistically significant, although generally the effect size of significant associations was relatively modest.

In terms of child age, there were very few associations for practitioners working with pre-school children (more likely to report a positive impact on children being as fit and healthy as possible) or primary school age children (more likely to report a positive impact on children taking part in school and learning). In contrast, practitioners working with secondary school age children and young

people (4 areas) or post-16 young people (5 areas) were less likely to report EHCPs mostly/always having a positive impact on a wide range of areas of children and young people's lives.

There were relatively few associations between the main reason children and young people needed support and practitioner perceptions of positive impact.

Practitioners working with children and young people with communication and interaction needs were more likely to report EHCPs mostly/always having a positive impact on the children and young people enjoying friendships, enjoying relationships with family, enjoying a good quality of life, and having a positive transition. Practitioners working with children and young people with social, mental, emotional health needs were less likely to report EHCPs mostly/always having a positive impact on children and young people taking part in school and learning, and enjoying a good quality of life.

| Over past year, have EHCPs helped children and young people to... | Factors potentially associated with perceived impact of EHCPs: children and young people who practitioners are working with | | | | | | | | |
|---|---|----------------|------------------|---------|---------------------------------|---------------------|---------------------|---------------------|----------------------------------|
| | Child age | | | | Main reason for needing support | | | | |
| | Pre-school | Primary school | Secondary school | Post-16 | Communication & interaction | Learning disability | Physical disability | Hearing &/or vision | Social, mental, emotional health |
| Be as fit and healthy as they can | 1.19 | 1.09 | 0.85 | 0.85 | 1.14 | 0.87 | 1.33 | 1.43 | 0.85 |
| Take part in school and learning | 1.17 | 1.50 | 1.02 | 1.06 | 1.19 | 1.05 | 0.90 | 1.14 | 0.73 |
| Be part of their local community | 0.97 | 0.92 | 0.83 | 0.93 | 1.17 | 0.96 | 0.90 | 0.82 | 0.91 |
| Enjoy friendships | 0.92 | 1.28 | 0.86 | 0.85 | 1.19 | 0.91 | 0.83 | 0.96 | 0.97 |
| Enjoy relationships with family | 1.07 | 1.17 | 0.79 | 0.80 | 1.22 | 0.94 | 0.94 | 1.18 | 0.82 |
| Enjoy a good quality of life | 1.03 | 1.15 | 0.81 | 0.80 | 1.24 | 0.87 | 1.35 | 1.15 | 0.79 |
| Have a positive transition | 0.90 | 1.09 | 0.73 | 0.70 | 1.27 | 0.87 | 0.75 | 1.27 | 0.94 |
| Think about and prepare for the future | 0.99 | 0.91 | 1.09 | 1.02 | 1.08 | 0.98 | 0.80 | 0.93 | 1.03 |

Table F: Characteristics of children and young people practitioners are working with: Associations with perceived impact of EHCPs on children and young people.

Practitioners: Table G

Finally, Table G below shows associations between practitioner perceptions of the helpfulness of EHCPs to them (see Tables A, B and C) and practitioner perceptions of the impact of EHCPs on the lives of children and young people (see Tables D, E and F).

more likely to report that EHCPs were mostly/always having a positive impact on all aspects of the lives of children and young people. The effect sizes in Table G are much greater than those reported in Tables A through to F.

As Table G shows, if practitioners reported that an aspect of the

EHCP process was mostly/always helpful to them, they were much

| Over past year, have EHCPs helped children and young people to... | Factors potentially associated with perceived impact of EHCPs: perceived helpfulness of EHCPs | | | | | | |
|---|---|--------------------------------------|---------------------------------|-------------------------|--|--|------------------------------|
| | Child centred | Partnership with other practitioners | Partnership with parents/carers | Respond in a timely way | Provide individualised support for child | Provide clear information for parents/carers | Understand the child's needs |
| Be as fit and healthy as they can | 5.81 | 4.73 | 5.45 | 4.30 | 7.06 | 5.12 | 6.99 |
| Take part in school and learning | 7.98 | 5.14 | 7.07 | 7.31 | 10.09 | 6.48 | 8.75 |
| Be part of their local community | 5.62 | 4.40 | 6.71 | 3.65 | 5.48 | 4.60 | 5.35 |
| Enjoy friendships | 6.01 | 3.69 | 6.44 | 4.03 | 6.01 | 4.33 | 5.70 |
| Enjoy relationships with family | 5.87 | 4.05 | 8.70 | 4.35 | 6.44 | 5.36 | 7.23 |
| Enjoy a good quality of life | 5.87 | 4.29 | 6.40 | 5.48 | 7.97 | 5.69 | 6.22 |
| Have a positive transition | 6.38 | 5.06 | 6.77 | 5.98 | 8.04 | 6.48 | 7.01 |
| Think about and prepare for the future | 4.72 | 3.77 | 5.46 | 4.04 | 5.64 | 5.20 | 6.46 |

Table G: Perceived helpfulness of EHCPs: Associations with perceived impact of EHCPs on children and young people

Appendix 3 | Children & young people

What factors are associated with support, processes and outcomes for children and young people?

In this section of the report for children and young people, we will examine associations between:

- personal factors (age, gender, main reason for support, and whether they completed the survey themselves or had help)
- and the support that children and young people received, and their views on support including whether they thought that their support had helped them in their lives.

To make interpretation easier, we will express any associations found as odds ratios (for example, if a child/young person had a personal budget, what are the odds of them reporting a positive impact of their support on their health compared to if they had not had a personal budget). An odds ratio of 1 would mean that a positive impact was no more or less likely if a child/young person had a personal budget or not. An odds ratio significantly

less than 1 would mean that a positive impact was less likely if a child/young person had a personal budget. An odds ratio significantly more than 1 would mean that a positive impact was more likely if a child/young person had a personal budget. Odds ratios are a helpful way of showing how big an effect is, as well as whether it is statistically significant or not.

It is important to bear in mind that we can only report associations, and if there is an association we cannot assume cause. This needs to be taken in to account when interpreting the results reported below.

The tables below report the odds ratios for each association. Odds ratios significantly greater than 1 are shaded green; odds ratios significantly less than 1 are shaded red. All of the significant associations (where 95% confidence intervals do not pass through 1) are reported in the text.

Children and young people: **Table A**

Table A shows whether a range of personal factors were associated with the type of support people were getting. The personal factors in Table A are age (12-21 years vs 4-11 years old), gender (female vs male), how the survey was completed (by the child/young person on their own vs completed with help/completed by someone else on the child/young person's behalf), and the child/young person's main reason for support (learning disability; communication & interaction; hearing and/or vision; physical disability; social, mental, emotional health). In terms of the type of support children and young people were getting, these are an Education Health & Care Plan (EHCP); a personal budget; paid support at home; paid support at school; and paid support outside home/school.

Overall, there were relatively few associations between personal factors and the type of support children and young people were getting (7 out of a possible 40 associations). Table A firstly shows

that older children and young people were more likely than younger children to report having a personal budget, getting paid support at home, and getting paid support outside home/school. There were no

differences between girls and boys in the types of paid support they were getting. Children and young people who completed the survey on their own were more likely to report having a personal budget than other children and young people.

There were relatively few associations between the child/young person's main reason for support and the type of support they got: children and young people with learning disabilities were more likely to get paid support outside home/school; and children and young people with physical disabilities were more likely to have a personal budget and to get paid support at school.

| Support used | Factors potentially associated with support used: Personal factors | | | | | | | |
|-----------------------------------|--|---------------|--|--|--|---|--|---|
| | Age 12-21 yrs (vs 4-11 yrs) | Female gender | Completed on own (vs with help/ by someone else) | Main reason for support: learning disability | Main reason for support: communication & interaction | Main reason for support: hearing &/ or vision | Main reason for support: physical disability | Main reason for support: social, mental, emotional health |
| EHCP | 1.34 | 1.12 | 0.75 | 1.28 | 1.60 | 0.77 | 2.32 | 0.64 |
| Personal budget | 3.37 | 1.25 | 1.79 | 1.13 | 0.72 | 0.67 | 2.03 | 0.66 |
| Paid support at home | 1.96 | 1.21 | 1.38 | 1.51 | 0.93 | 1.29 | 1.56 | 0.90 |
| Paid support at school | 0.76 | 0.82 | 1.15 | 0.78 | 0.96 | 1.07 | 2.18 | 0.73 |
| Paid support outside home/ school | 2.58 | 0.99 | 1.14 | 1.96 | 1.04 | 1.36 | 1.57 | 0.74 |

Table A: Personal factors: Associations with support used for children and young people

Children and young people: Table B

Table B shows associations between the same set of personal factors reported in Table A and the children and young people's perceptions of the support they had been getting over the past year (very good/good vs OK/poor/very poor). This includes: how the child/young person felt their views were included in their Education Health and Care Plan; the amount of support they were getting; making changes to their support; information; whether they were supported in a way that maintained their dignity; and the extent to which they could look forward.

Overall there were relatively few associations between personal factors and children and young people's perceptions of how good the support was that they had been getting over the past year (9 out of 48 possible associations). Older children and young people were more likely to report getting better information, and children and young

people who completed the survey on their own were more likely to report getting better information and being better supported to look forward. Children and young people whose main reason for support was communication and interaction were less likely to report getting a good amount of support. Children and young people whose main

reason for support was physical disabilities were more likely to report that services were good at including their views in the EHCP, and that they were well supported to make changes in their support. Children and young people whose main reason for support was social, mental, emotional health needs were less likely to report getting a good amount of support, being supported in a way that maintained their dignity, and being supported to look forward. There were no associations with perceptions of how good their support was according to the child/young person's gender, or if their main reason for support was learning disabilities or hearing/vision needs.

| Perceptions of support over the past year | Factors potentially associated with perceptions of support: Personal factors | | | | | | | |
|---|--|---------------|--|--|--|--|--|---|
| | Age 12-21 yrs (vs 4-11 yrs) | Female gender | Completed on own (vs with help/ by someone else) | Main reason for support: learning disability | Main reason for support: communication & interaction | Main reason for support: hearing &/or vision | Main reason for support: physical disability | Main reason for support: social, mental, emotional health |
| Your views in EHCP | 1.01 | 0.85 | 1.35 | 0.99 | 0.85 | 1.33 | 1.93 | 0.74 |
| Amount of support | 1.25 | 0.93 | 1.34 | 1.13 | 0.74 | 0.99 | 1.26 | 0.56 |
| Making changes to support | 1.21 | 1.07 | 1.34 | 1.03 | 0.89 | 1.39 | 1.69 | 0.75 |
| Information | 1.51 | 0.98 | 1.87 | 1.20 | 0.89 | 1.31 | 1.24 | 0.72 |
| Supporting your dignity | 1.04 | 0.84 | 1.11 | 1.31 | 0.84 | 1.03 | 1.50 | 0.63 |
| Looking forward | 0.91 | 1.01 | 1.45 | 1.22 | 0.77 | 0.83 | 1.14 | 0.47 |

Table B: Personal factors: Associations with perceptions of support for children and young people

Children and young people: Table C

Table C shows associations between the same set of personal factors reported in Table A and the children and young people's perceptions of the extent to which the support they had been getting over the past year has helped them (very good/good vs OK/poor/very poor). These include whether their support had helped them in: their health; their learning at school; their friendships; their life at home; feeling safe; recreation; their community life; and their quality of life.

Overall, there were more associations reported between the children and young people's personal factors and the reported impact of their support (19 out of a possible 48 associations). As with Table B, there were no associations with the reported impact of their support according to the child/young person's gender, or if their main reason for

support was learning disabilities or hearing/vision needs.

Older children and young people were more likely to report their support helping with their learning at school, their friendships, and their recreation. Children and young people who completed the survey on their own were more likely to report their support helping with their health,

their friendships, recreation, and their community life. Children and young people whose main reason for support was physical disability were more likely to report their support helping with their life at home and their quality of life. In contrast, children and young people whose main reason for support was communication and interaction were less likely to report their support helping with their friendships, recreation and their community life. Children and young people whose main reason for support was social, mental, emotional health were less likely to report their support helping with 7 out of the 8 areas of life we asked about.

| Over past year, has support helped you in... | Factors potentially associated with impact of support: Personal factors | | | | | | | |
|--|---|---------------|--|--|--|--|--|---|
| | Age 12-21 yrs (vs 4-11 yrs) | Female gender | Completed on own (vs with help/ by someone else) | Main reason for support: learning disability | Main reason for support: communication & interaction | Main reason for support: hearing &/or vision | Main reason for support: physical disability | Main reason for support: social, mental, emotional health |
| Health | 1.11 | 0.97 | 1.65 | 1.29 | 0.87 | 0.85 | 0.93 | 0.61 |
| Learning at school | 1.40 | 1.15 | 1.36 | 1.09 | 0.84 | 1.32 | 1.30 | 0.61 |
| Friendships | 1.45 | 0.91 | 1.67 | 0.89 | 0.54 | 1.06 | 1.16 | 0.43 |
| Life at home | 0.66 | 1.25 | 0.73 | 1.06 | 1.04 | 1.49 | 2.57 | 0.70 |
| Feeling safe | 0.81 | 1.16 | 0.91 | 1.22 | 0.98 | 1.18 | 1.64 | 0.64 |
| Recreation | 1.41 | 0.88 | 1.52 | 1.08 | 0.66 | 0.93 | 1.08 | 0.64 |
| Community life | 1.25 | 1.05 | 1.91 | 0.94 | 0.58 | 0.83 | 0.98 | 0.54 |
| Quality of life | 0.89 | 0.77 | 1.16 | 1.32 | 0.92 | 1.02 | 1.74 | 0.47 |

Table C: Personal factors: Associations with impact of support for children and young people

Associations: Table D

Moving on from personal factors, Table D below displays associations between the types of support children and young people were getting (see Table A) and their perceptions of the support they had been getting over the past year (see Table B). There were 19 out of a possible 30 associations.

Children and young people with an EHCP in place (which was the vast majority of children and young people in the survey sample) were more likely to rate all aspects of support as very good or good. Children and young people with a personal budget were more likely to report

that services included their views in their EHCP, that they got better information, and that they were supported in a way that maintained their dignity.

Children and young people with paid support at home were more likely to report that services included

their views in their EHCP, that they were supported in a way that maintained their dignity, and that they were well supported to look forward. Children and young people with paid support at school were more likely to report that services included their views in their EHCP and that they were well supported to look forward. Finally, children and young people with paid support outside home and school were more likely to report positive service support in 5 of the 6 areas we asked about.

| Perceptions of support | Factors potentially associated with perceptions of support: Support used | | | | |
|---------------------------|--|-----------------|----------------------|------------------------|----------------------------------|
| | EHCP | Personal budget | Paid support at home | Paid support at school | Paid support outside home/school |
| Your views in EHCP | 2.41 | 1.76 | 2.14 | 1.63 | 1.74 |
| Amount of support | 2.66 | 1.15 | 1.18 | 1.22 | 1.44 |
| Making changes to support | 3.28 | 1.25 | 1.25 | 1.41 | 1.99 |
| Information | 2.44 | 1.51 | 1.29 | 1.14 | 1.64 |
| Supporting your dignity | 2.45 | 1.69 | 1.72 | 1.34 | 2.23 |
| Looking forward | 2.66 | 1.45 | 1.66 | 1.77 | 1.83 |

Table D: Support used: Associations with perceptions of support for children and young people

Associations: Table E

Table E below displays associations between the types of support children and young people were getting (as in the previous Table D) and their perceptions of the extent to which the support they had been getting over the past year has helped them (see Table C). There were 16 out of a possible 40 associations.

Children and young people with an EHCP were more likely to report a positive impact of their support on their learning at school, their friendships, recreation, and their quality of life. Children and young people with a personal budget were more likely

to report a positive impact of their support on their recreation, community life, and quality of life.

Children and young people with paid support at home were more likely to report a positive impact of their support on their health and their

friendships. Children and young people with paid support at school were more likely to report a positive impact of their support on their community life and their quality of life, but less likely to report a positive impact of their support on their life at home.

Finally, children and young people with paid support outside home or school were more likely to report a positive impact of their support on their friendships, recreation, their community life, and their quality of life.

| Over past year, has support helped you in... | Factors potentially associated with impact of support: Support used | | | | |
|--|---|-----------------|----------------------|------------------------|----------------------------------|
| | EHCP | Personal budget | Paid support at home | Paid support at school | Paid support outside home/school |
| Health | 1.44 | 1.28 | 1.61 | 1.40 | 1.39 |
| Learning at school | 2.09 | 1.20 | 1.13 | 1.40 | 1.51 |
| Friendships | 2.37 | 1.32 | 1.65 | 1.22 | 1.55 |
| Life at home | 0.54 | 0.69 | 1.01 | 0.55 | 0.99 |
| Feeling safe | 0.95 | 0.88 | 1.19 | 0.78 | 0.90 |
| Recreation | 2.50 | 1.58 | 1.34 | 1.15 | 1.56 |
| Community life | 1.45 | 1.76 | 1.51 | 1.67 | 1.62 |
| Quality of life | 2.24 | 1.85 | 1.29 | 1.54 | 1.67 |

Table E: Support used: Associations with impact of support for children and young people

Associations: Table F

Finally, Table F shows associations between children and young people’s perceptions of how good their support had been over the past year (as in Tables B and D) and whether they thought their support had helped them in their life over the past year (as in Tables C and E).

As can be seen in Table F, perceptions of better support are comprehensively associated with perceptions of a positive impact

across all aspects of their lives of children and young people. Furthermore, the odds ratios are generally higher in Table F compared to previous tables, indicating particularly strong associations.

| Over past year, has support helped you in... | Factors potentially associated with impact of support: Perceptions of support | | | | | |
|--|---|-------------------|---------------------------|-------------|-------------------------|-----------------|
| | Your views in EHCP plan | Amount of support | Making changes to support | Information | Supporting your dignity | Looking forward |
| Health | 3.92 | 3.48 | 4.28 | 4.09 | 4.27 | 2.89 |
| Learning at school | 3.25 | 5.40 | 3.93 | 4.12 | 5.15 | 4.03 |
| Friendships | 3.45 | 4.69 | 3.65 | 3.55 | 4.80 | 3.87 |
| Life at home | 2.78 | 2.62 | 3.17 | 2.08 | 3.10 | 2.40 |
| Feeling safe | 3.19 | 3.48 | 2.71 | 3.86 | 4.06 | 3.26 |
| Recreation | 3.57 | 3.56 | 3.36 | 3.54 | 4.18 | 3.92 |
| Community life | 2.93 | 3.12 | 3.33 | 3.25 | 2.94 | 4.04 |
| Quality of life | 3.76 | 5.64 | 5.15 | 3.97 | 6.33 | 4.42 |

Table F: Perceptions of support: Associations with impact of support for children and young people

