



Annual Parent Carer Survey for September 2021 – July 2022



East Riding of Yorkshire Council and its partners would welcome the views of parents and carers who have accessed Special Educational Needs and Disabilities (SEND) services for their children and young people aged 0-25 who have an East Riding address. Please complete a separate survey for each child or young person you have with SEND. Your answers should reflect experiences you have had over the last 12 months only.

The survey focuses on services for education, health, social care and the voluntary sector and has been developed in partnership with colleagues from these services, including the East Yorkshire Parent Carer Forum (EYPCF).

To ensure we continue to take into consideration the views of parents and carers, this survey will be carried out every year.

For a chance of winning either a 1x£50 Amazon voucher or one of 5x£20 amazon vouchers please complete the survey by the 30 September 2022 and you will be entered into our prize draw!

A winner will be picked at random and contacted by email or telephone before the 31 October 2022 to confirm their prize. To enter, you will need to provide either an email address or telephone number so that we can contact you about the prize if you are successful. All personal details will be destroyed after the prize winners have been contacted.

The survey should take about 10-15 minutes to complete, depending on the number of services you have accessed. You can skip any of the questions, should you wish
Further Information

This survey can be made available in other languages or formats if required. To request another format, please contact us at:

Adele Simpson -
SEND Communication and Partnerships Manager: adele.simpson@eastriding.gov.uk
Telephone: 01482 394000

If you require support in completing this survey please
contact adele.simpson@eastriding.gov.uk or admin@EYPC.co.uk

Data Protection

The information you provide in this consultation will be anonymous and kept confidential by East Riding of Yorkshire Council in accordance with the [Data Protection Act 2018](#).

To see the privacy notice related to consultation please see the [consultation privacy notice](#).

The Council uses SmartSurvey's software to create and administer the majority of its surveys. All survey responses are managed through SmartSurvey sub-processors, where data is stored securely by robust security features. Data held on the SmartSurvey platform will be retained for up to 6 weeks following the end of the consultation.

Details of SmartSurvey's own privacy policy can be found on their website: <https://www.smartsurvey.co.uk/privacy-policy>

2. Education

What type of education does your child/young person receive?

- Mainstream
- Specialist
- EHE
- EOTAS
- Flexi Schooling
- Enhanced Resource Provision
- Not at statutory school age/pre nursery

Please select which stage of setting they attend.

- Nursery
- Primary
- Secondary
- Post 16
- Post 19

Is your child/young person on a:

- Supported internship
- Apprenticeship
- None of the above

Other (please specify):

Would your young person be described as NEET (Not in Education Employment or Training)?

- Yes
- No

Please select which, if any, of the following support your child/young person receives:

- Under assessment for an **EHCP**
- EHCP**
- SEN** support
- None

If your child/young person is on SEN/School Support (or were previously on SEN /School Support), were you included in discussions about how support would be provided from the very start?

- Yes
- No
- N/A

Please rate how far you agree/disagree with the following statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have been consulted at every stage of the process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel that your child/young person's education meets their needs?

- Yes
- No

What could we do to improve this?

Has your child/young person ever received a fixed term or permanent exclusion?

- Yes
- No

Have you received a letter from the school following every exclusion?

- Yes
- No
- N/A

Have you ever been asked to collect your child from their setting during the school day?

- Yes
- No

Is your child/young person on a reintegration timetable?

- Yes
- No
- N/A

Please rate how far you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child/young person has been bullied by another child/young person as a result of their SEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child/young person has been bullied by a member of staff as a result of their SEND ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, has your child/young person been discriminated against in their educational setting?

- Yes
- No

Please describe how your child/young person has been discriminated against

Do you believe they were discriminated against because of their SEND or not?

- Yes
- No
- Unsure

If yes, please expand

Are you aware of the complaint route regarding your child/young person's educational setting?

- Yes
- No

Does your child/young person receive any of the following support?

- Before school
- At lunch time
- At break time
- At after school clubs
- In class
- On school trips
- None of the above

Do you know the name of your child/young person's SENCo?

- Yes
- No

Do you know who your child/young person's main/first point of contact is in the Local Authority?

- Yes
- No

If your child/young person has made a transition in the last year, how would you rate your experience of transition for your child/young person with regards to the following?

	Very Satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very Dissatisfied	N/A
Into nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery to primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary to secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary to post 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post 16 to post 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post 19 onwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could this transition have been improved?

Has your child/young person received any support regarding Preparation for Adulthood?

- Yes
 No

How would you rate your experience regarding the support your child has received in their Preparation for Adulthood?

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

How could this have been improved?

15. Experience of the EHCP process

Who made the referral request for the EHC needs assessment?

- Yourself/child/young person
 Educational setting
 Other professional

Do you understand what the graduated response is?

Yes

No

How satisfied, or not, were you with the successful implementation of the graduated response as part of the process before applying for an EHC needs assessment?

Very satisfied

Satisfied

Neither satisfied
nor dissatisfied

Dissatisfied

Very dissatisfied

Was your first request for an EHC needs assessment successful?

Yes

No

When was the EHCP agreed?

Following the first assessment

Following a subsequent assessment

How would you rate your experience of the EHCP process within the following service areas?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
School/setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENDART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENDIASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 – 25 SEND Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments?

If you received an EHCP for your child/young person, did you receive it within the statutory timeframe of 20 weeks?

Yes

No

Was your child/young person's Annual Review of the first EHCP held within 10 months (if this has occurred within the last year)?

Yes

No

Unsure

If applicable, was your child/young persons subsequent EHCP reviews held within 12 months?

Yes

No

Unsure

N/A

How did you rate the quality of communication regarding the annual review process?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Communication from local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication from Educational settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how we could improve the communication.

How do you rate your overall experience of the Annual Review process where relevant?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Experience of the annual review from local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience of the annual review from Educational settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how we could improve the experience of the annual review

How satisfied are you, or not, with the quality of your child/young persons EHCP?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any other comments?

Please tell us how we could improve the quality of the EHCP support.

Are you aware of the disagreement resolution service?

- Yes
 No

Have you ever used mediation services to help resolve a problem?

- Yes
 No

Did you find it beneficial, or not?

- Yes
 No

Have you needed to take any matters to tribunal?

- Yes
 No

Were you successful, or not?

Yes

No

Have you contacted SENDIASS for any reason concerning your child/young person EHCP or the process?

Yes

No

25. Health

Does your child/young person have a medical diagnosis?

Yes

No

Did you feel supported through the process of diagnosis?

Yes

No

Do you feel that the healthcare professionals understood the needs of your:

	Yes	No
Child/young person	<input type="checkbox"/>	<input type="checkbox"/>
Yourself	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the understanding of your child's needs

**Which health services are involved with your child/young person in addition to a GP?
(please tick all that apply)**

School nurse/health visitor

Adults Learning Disability Team

Children's Learning Disability Team

Paediatrician

SaLT

- Occupational Therapy
- Physio
- Audiology
- Opthamology
- Specialist consultant
- Specialist nurse
- Specialist dentist
- Sensory and physical disability team
- CAMHS/mental emotional wellbeing support
- Orthotics
- Other (please specify):

How satisfied, or not, are you with the service you receive in each of the following areas?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	N/A
Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMHS/mental emotional wellbeing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SaLT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse/health visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory and physical disability team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child/young person on a waiting list for any assessments?

- Yes

No

If yes, specify which waiting list.

Has your child/young person been assessed for a wheelchair or specialist equipment?

Yes

No

Please specify

How satisfied, or not, are you with the service you receive in each of the following areas?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you privately funded or accessed a grant for any specialist equipment or wheelchairs?

	Yes	No
Privately Funded	<input type="checkbox"/>	<input type="checkbox"/>
Grant	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify

During your wait times, did you feel supported, or not, by your Healthcare Professional?

- Extremely supported
- Very supported
- Somewhat supported
- Not so supported
- Not at all supported

29. Social Care

In the last year, have you contacted social care for support?

Yes

No

Did this result in assessment for support?

Yes

No

Do you feel the assessment identified your family's needs?

Yes

No

Did the assessment recommend support that would meet those needs?

Yes

No

Does your child/young person have a social worker?

Yes

No

How often do you receive communication from your social worker?

On a regular basis

When information needs to be shared with me

Never

Do you receive a social care package for your child/young person?

Yes

No

Do you feel the social care package is adequate, or not?

Yes

No

If no, why not?

Do you receive regular respite?

Yes

No

35. Home Life

**If available, would you like greater support managing your child/young person's needs at home, with any of the following?
(Please select all that apply)**

Your child/young person's behaviour

ASC/ASD

Health needs

Medical needs

Sleep routine

Mental health (e.g. anxiety, eating disorders, self harm)

Learning difficulties

Physical difficulties

Language difficulties

Sensory difficulties

Other (please specify):

How has having a child/young person with SEND impacted your home life?

	Very positively	Positively	Neutral	Negatively	Very negatively
Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very positively	Positively	Neutral	Negatively	Very negatively
Emotional well being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have other children, how does having a brother or sister with SEND affect them?
(Please tick all that apply)**

- They miss out on attention
- They are actively involved in caring
- They have been bullied
- They can't have friends over
- They miss out on clubs and activities (e.g. Scouts, sports clubs)
- They miss out on family activities
- Their sleep is disrupted
- It has negatively affected their mental health or emotional wellbeing
- It has positively affected their mental health or emotional wellbeing
- It has negatively affected their achievement at school
- It has positively affected their achievement at school
- It has made them more considerate/patient/understanding
- They feel resentful towards their disabled sibling
- They are warm and caring towards their disabled sibling
- Educated them in SEND
- Given them responsibilities
- Has had positive impact

They are supportive toward their disabled sibling

It hasn't really affected them

Other (please specify):

37. Support

Is there any training that would help you manage with the demands of caring for your child?

(Please tick anything you would be interested in)

Understanding disability benefits and form completion

Understanding Mental Capacity Act

Understanding your rights as a carer

Understanding the [SEN](#) system

Managing Direct Payments and employing & training Personal Assistants

Making a will and setting up trusts

Managing the transition to post-16 education / adult services

Assertiveness/communication training

Supporting your own emotional wellbeing / mental health

Looking after your relationships (e.g. with partner, other children)

Understanding your child's condition

Managing challenging behaviour

Lifting and handling

Supporting speech and language development

Supporting your child's emotional wellbeing / mental health

- Helping your child with sleep
- Helping your child with toilet training
- Helping your child with eating/feeding issues
- Helping your child with sensory issues
- Helping your child be safe in traffic
- Making your home safe for your child
- Support with cognition and learning needs
- Strategies to support a child with autism spectrum condition
- De-escalation strategies
- I don't need any additional support
- Other (please specify):

38. Communication

Do you know where to find information regarding support and services for child/young person with SEND and their families?

- Yes
- No

Where do you mostly gain information from regarding SEND information, advice and support?

- Local Authority Officers - [SENDART](#)
- Local Authority Officers - [0 - 25 SEND Team](#)
- Local Offer
- [SENDIASS](#)

EYPCF

Internet

Educational setting website

Other support groups

Other (please specify):

How often do you consult the Local Offer for information?

Never

As necessary

Daily

Weekly

How satisfied, or not, are you with the quality of the information for the following:

(If you would like to sign up to any of the below services, please consider sending us an email!)

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	N/A
Local Offer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look Ahead Bulletin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look Ahead Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look Ahead Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

39. Identified Needs

What is your child/young person's primary need?

Autistic Spectrum Condition

- Speech and language difficulties
- Specific Learning Difficulties (Dyslexia, Dyscalculia, Dyspraxia)
- Moderate Learning Difficulties
- Severe Learning Difficulties
- Profound and Multiple Learning Difficulties
- Visual Impairment
- Hearing Impairment
- Physical Needs
- Other (please specify):

Do they have any other identified need?

- Yes
- No
- Unsure
- Other (please specify):

**What, if any, other identified needs does your child/young person have?
(Please tick all that apply)**

- Autistic Spectrum Condition
- Speech and language difficulties
- Specific Learning Difficulties (Dyslexia, Dyscalculia, Dyspraxia)
- Moderate Learning Difficulties
- Severe Learning Difficulties
- Profound and Multiple Learning Difficulties
- Visual Impairment
- Hearing Impairment
- Physical Needs
- Other (please specify):

Have you sought any private assessments for your child young person (health, ASD, EP etc?)

Yes

No

If yes, please specify

42. Travel to school

How does your child/young person get to their setting?

School bus

LA transport (e.g. taxi)

Walk

Taken by family

Taken by family with a personal travel budget

Other (please specify):

How long is your child/young person's trip to their education setting?

0-15 mins

15-30mins

30-45mins

45-60mins

60-75 mins

75mins+

If appropriate, has your child/young person received travel training in the last year?

Yes

No

Would your child benefit from travel training to aid their independence?

- Yes
- No

43. Local Authority Services

How satisfied, or not, are you with the quality and effectiveness of the support you receive for each separate service.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	N/A
0 – 25 SEND Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EP services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAPTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENDART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENDIASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Offending Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your child/young person transitioned into Adult Services?

- Yes
- No

How supported have you felt with this transition into adult services?

Extremely supported	Very supported	Somewhat supported	Not so supported	Not at all supported
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Comments, compliments & complaints

Do you know how to make a comment, compliment or complaint regarding the services you receive?

Yes

No

Have you ever done so?

Yes

No

Which did you make?

Comment

Compliment

Complaint

48. Complaint

What level was your complaint?

Stage 1

Stage 2

Local Government Ombudsman

Do you have any other comments you would like us to know about regarding any of the questions or the survey in general?

50. Personal Details of Child

Please complete a separate questionnaire for each of your children with [SEND](#).

If your child/young person has any siblings, how many also have SEND?

- 1
- 2
- 3
- 4
- 5+
- N/A

How does your child/young person communicate?

- Verbal
- Non-verbal

What is your child/young persons first language?

- Arabic
- Bengali
- BSL
- Bulgarian
- Cantonese
- Dutch
- English
- Farsi
- French
- German
- Hungarian
- Kurdish
- Latvian
- Lithuanian
- Norwegian
- Polish
- Portuguese
- Romanian
- Russian
- Spanish
- Swedish

- Tigrinya
- Turkish
- Ukrainian
- Vietnamese
- Other (please specify):

What kind of non-verbal communication does your child/young person use?

- Makaton
- BSL
- PECS
- Sign supported English
- None
- Other (please specify):

55. Parenting Situation

Are you a:
(Please tick all that apply)

- Single parent carer
- Adoptive parent
- Foster carer
- A young carer
- A sibling
- A family member (extended)

Are you a member of the East Yorkshire Parent Carer Forum?

- Yes
- No

Are you a member of other support groups or charities such as: Hull and District Cerebral Palsy Society Unique Friends Special Stars Downright Special Castaway Theatre Group FIG (Families In Goole) Aim Higher Empowerment for Parents

Yes

No

If yes, please specify:

Are you a member of any national or local charities which provide support for you child/young person?

Yes

No

If yes, please specify:

If you could make 3 changes regarding any education, health or care services you would like to see improved or changed what would they be?

Chan

ge

1

Chan

ge

2

Chan

ge

3

Would you like to be contacted by a local authority officer or EYPCF member as a result of completing this survey?

Yes

No

Please input the first 5 digits of your postcode:

Who would you like to be contacted by?

Local authority officer

EYPCF member

Please provide the most suitable means of communication including days and times which are most convenient.
(If you don't wish to enter your contact details but wish to contact the Local Authority please email adele.simpson@eastriding.gov.uk)

Name:

Telephone:

E-mail:

Preferred days / times:

59. About You

It is important to us to know whether we are supporting or providing services fairly to all groups of people. These questions are intended to help us to find out about that.

The information you give us will be kept confidentially and stored securely and will only be used to monitor the fairness and effectiveness of our service delivery and employment practices. No personal information which can identify you, such as your name or address, will be used in producing equality reports.

You do not have to complete this form or some of the questions if you do not want to and it will not affect your access to services or how we treat you.

Thank you.

Are you:

- Male
- Female
- Non-binary
- Prefer not to say
- Other (please specify):

Do you:

- Consider myself to be trans
- Do not consider myself to be trans
- Prefer not to say

Please indicate your age group:

- Under 18 years

- 18 to 24 years
- 25 to 44 years
- 45 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85 years or over
- Prefer not to say

Which ethnic group do you consider you belong to?

- White (inc. Gypsy/Irish Traveller/Roma)
- Black/African/Caribbean/Black British
- Asian/Asian British
- Mixed/multiple ethnic groups
- Prefer not to say
- Other ethnic group (please specify):

Do you consider yourself to have a disability? If so, please indicate the type of disability or illness you have.

You may tick more than one:

- No disability
- Physical disability including mobility issues
- Sensory impairment (visual)
- Sensory impairment (hearing)
- Mental Health condition for example depression, anxiety disorders, bi-polar or schizophrenia
- Long-standing health condition for example cancer, diabetes chronic heart disease, epilepsy, ME, long-covid
- Neurological conditions for example dementia, Parkinson's disease, motor neurone disease
- Neurodiversity for example dyslexia, dyspraxia, ADHD or autism
- Genetic disorder for example Down's syndrome, Huntington's disease, cystic fibrosis, muscular dystrophy
- Prefer not to say
- Other (please specify):