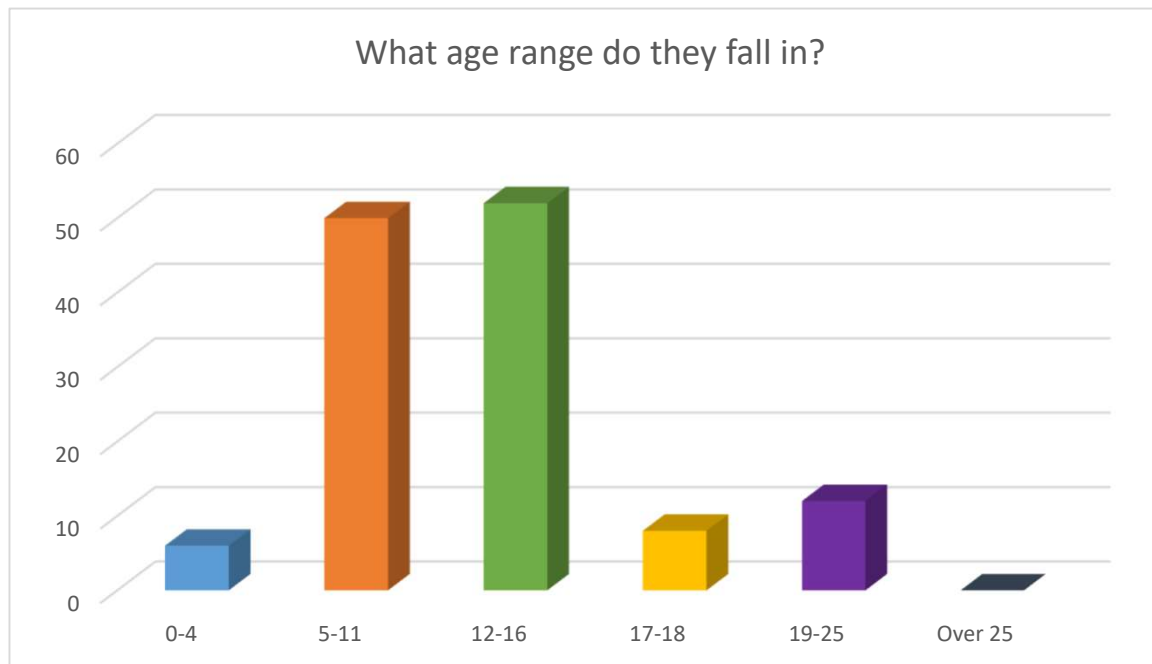


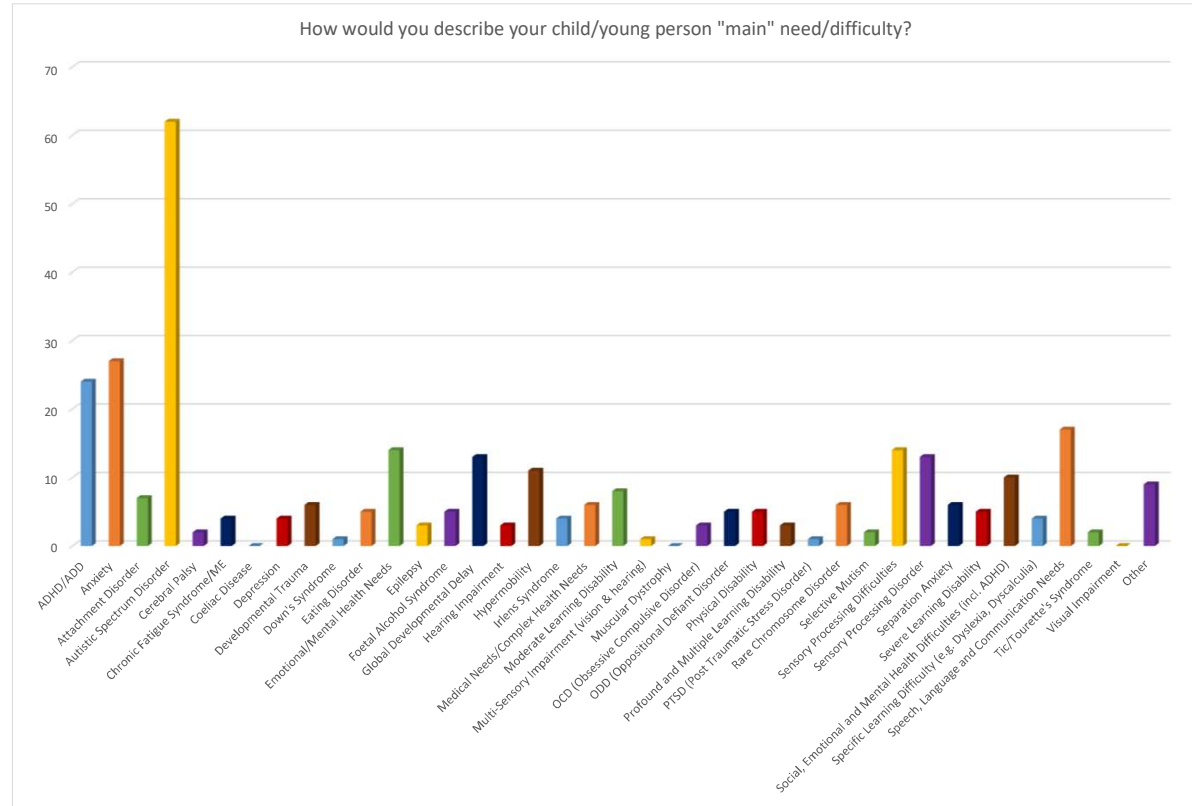
What age range do they fall in?

Response	Answers	%
0-4	6	5
5-11	50	39
12-16	52	41
17-18	8	6
19-25	12	9
Over 25	0	0
Total	128	100



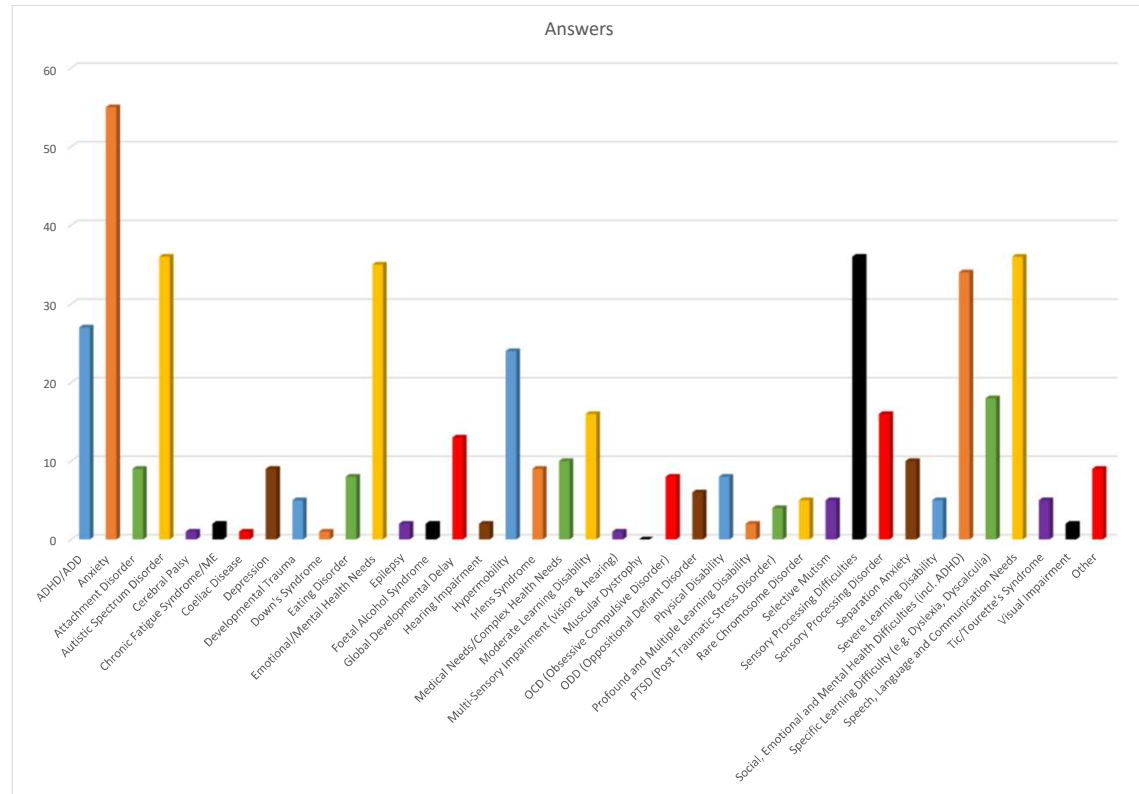
How would you describe your child/young person "main" need/difficulty?

Repsponses	Answers	%
ADHD/ADD	24	8
Anxiety	27	9
Attachment Disorder	7	2
Autistic Spectrum Disorder	62	20
Cerebral Palsy	2	1
Chronic Fatigue Syndrome/ME	4	1
Coeliac Disease	0	0
Depression	4	1
Developmental Trauma	6	2
Down's Syndrome	1	0
Eating Disorder	5	2
Emotional/Mental Health Needs	14	4
Epilepsy	3	1
Foetal Alcohol Syndrome	5	2
Global Developmental Delay	13	4
Hearing Impairment	3	1
Hypermobility	11	3
Irlens Syndrome	4	1
Medical Needs/Complex Health Needs	6	2
Moderate Learning Disability	8	3
Multi-Sensory Impairment (vision & hearing)	1	0
Muscular Dystrophy	0	0
OCD (Obsessive Compulsive Disorder)	3	1
ODD (Oppositional Defiant Disorder)	5	2
Physical Disability	5	2
Profound and Multiple Learning Disability	3	1
PTSD (Post Traumatic Stress Disorder)	1	0
Rare Chromosome Disorder	6	2
Selective Mutism	2	1
Sensory Processing Difficulties	14	4
Sensory Processing Disorder	13	4
Separation Anxiety	6	2
Severe Learning Disability	5	2
Social, Emotional and Mental Health Difficultie	10	3
Specific Learning Difficulty (e.g. Dyslexia, Dysca	4	1
Speech, Language and Communication Needs	17	5
Tic/Tourette's Syndrome	2	1
Visual Impairment	0	0
Other	9	3
Totals	315	100



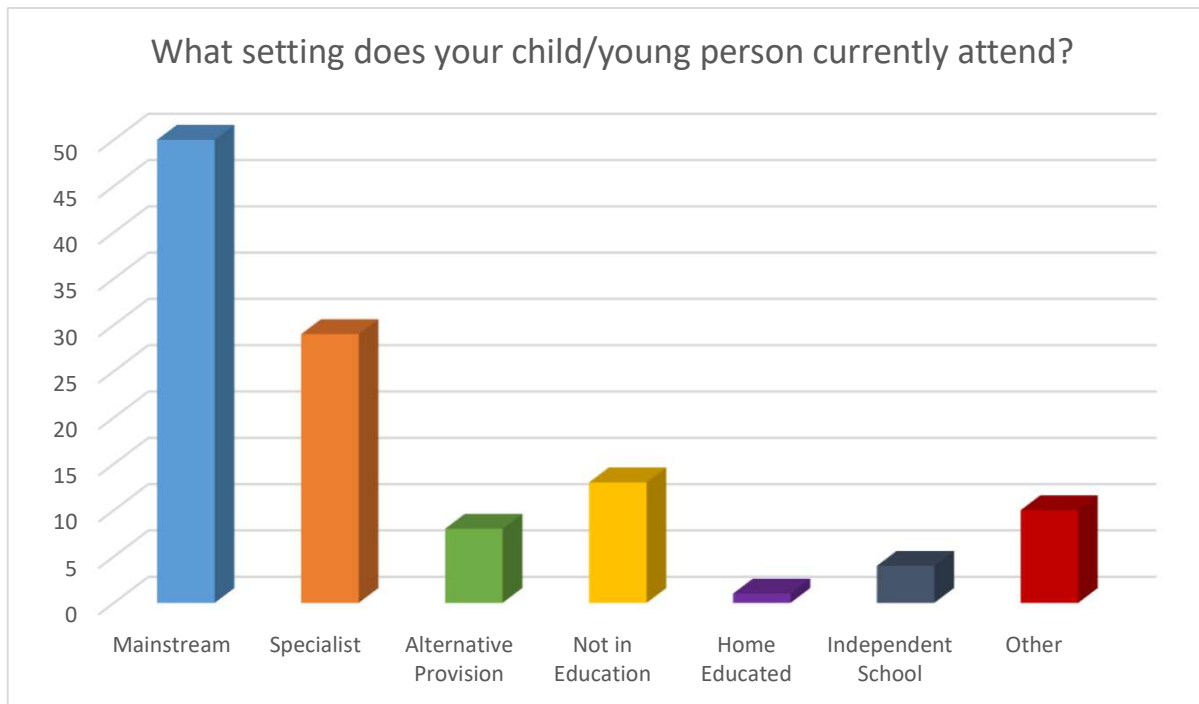
What are your child/young person's additional needs/disabilities?

Repsponses	Answers	%
ADHD/ADD	27	6
Anxiety	55	12
Attachment Disorder	9	2
Autistic Spectrum Disorder	36	8
Cerebral Palsy	1	0
Chronic Fatigue Syndrome/ME	2	0
Coeliac Disease	1	0
Depression	9	2
Developmental Trauma	5	1
Down's Syndrome	1	0
Eating Disorder	8	2
Emotional/Mental Health Needs	35	7
Epilepsy	2	0
Foetal Alcohol Syndrome	2	0
Global Developmental Delay	13	3
Hearing Impairment	2	0
Hypermobility	24	5
Irlens Syndrome	9	2
Medical Needs/Complex Health Needs	10	2
Moderate Learning Disability	16	3
Multi-Sensory Impairment (vision & hearing)	1	0
Muscular Dystrophy	0	0
OCD (Obsessive Compulsive Disorder)	8	2
ODD (Oppositional Defiant Disorder)	6	1
Physical Disability	8	2
Profound and Multiple Learning Disability	2	0
PTSD (Post Traumatic Stress Disorder)	4	1
Rare Chromosome Disorder	5	1
Selective Mutism	5	1
Sensory Processing Difficulties	36	8
Sensory Processing Disorder	16	3
Separation Anxiety	10	2
Severe Learning Disability	5	1
Social, Emotional and Mental Health Difficulties (in	34	7
Specific Learning Difficulty (e.g. Dyslexia, Dyscalcula	18	4
Speech, Language and Communication Needs	36	8
Tic/Tourette's Syndrome	5	1
Visual Impairment	2	0
Other	9	2
Not applicable	1	0
Totals	478	100



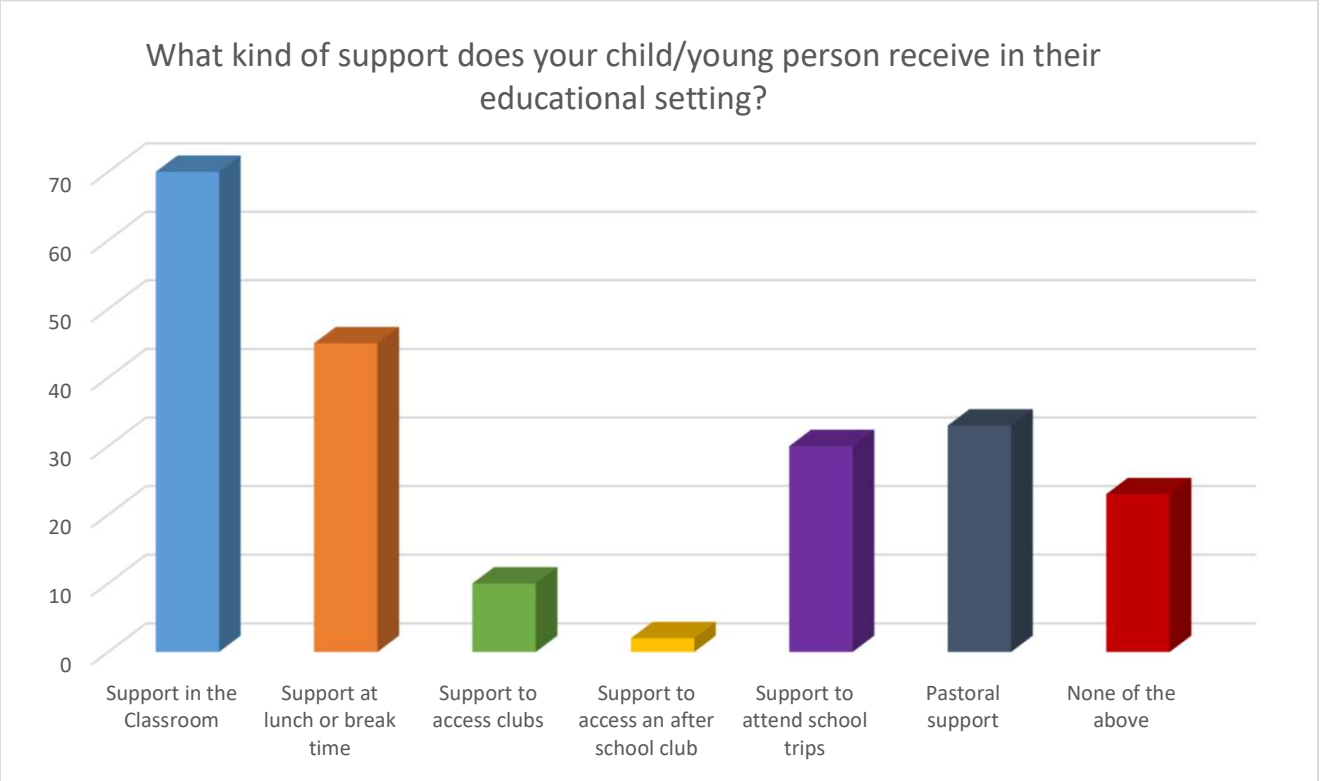
What setting does your child/young person currently attend?

Responses	Answers	%
Mainstream	50	43
Specialist	29	25
Alternative Provision	8	7
Not in Education	13	11
Home Educated	1	1
Independent School	4	3
Other	10	9
Total	115	100



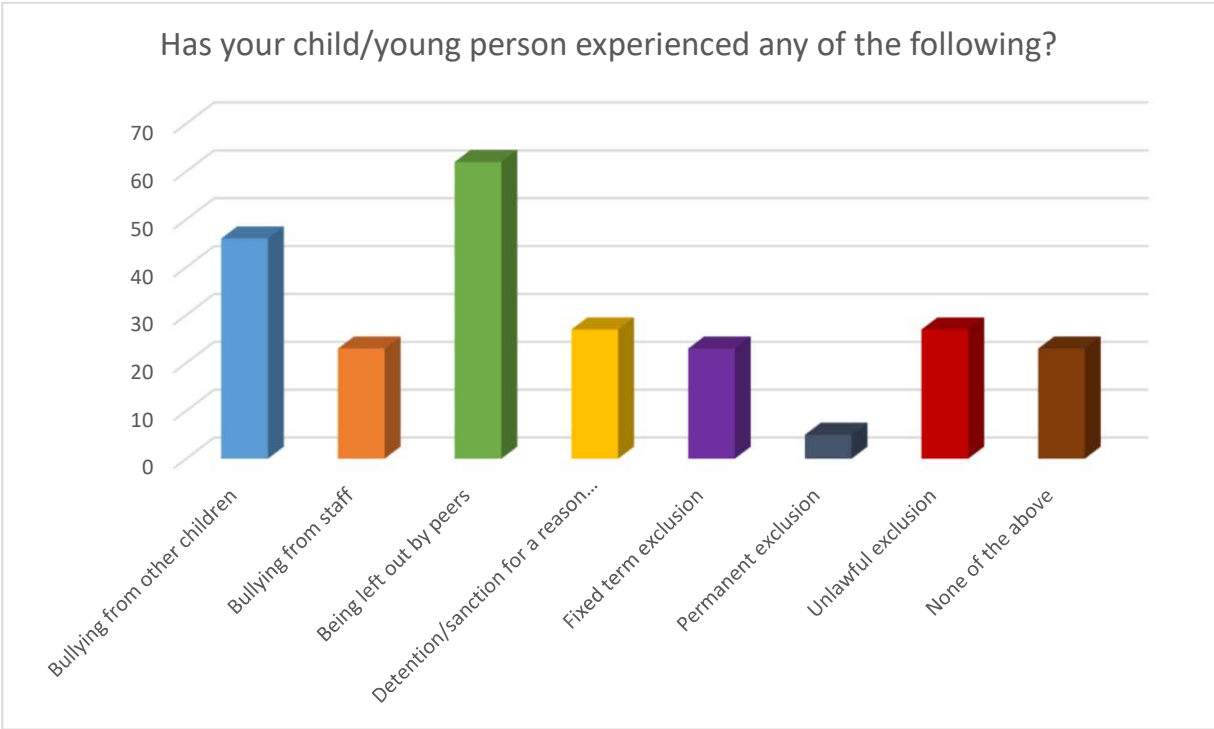
What kind of support does your child/young person receive in their educational setting?

Responses	Answers	%
Support in the Classroom	70	33
Support at lunch or break time	45	21
Support to access clubs	10	5
Support to access an after school club	2	1
Support to attend school trips	30	14
Pastoral support	33	15
None of the above	23	11
Total	213	100



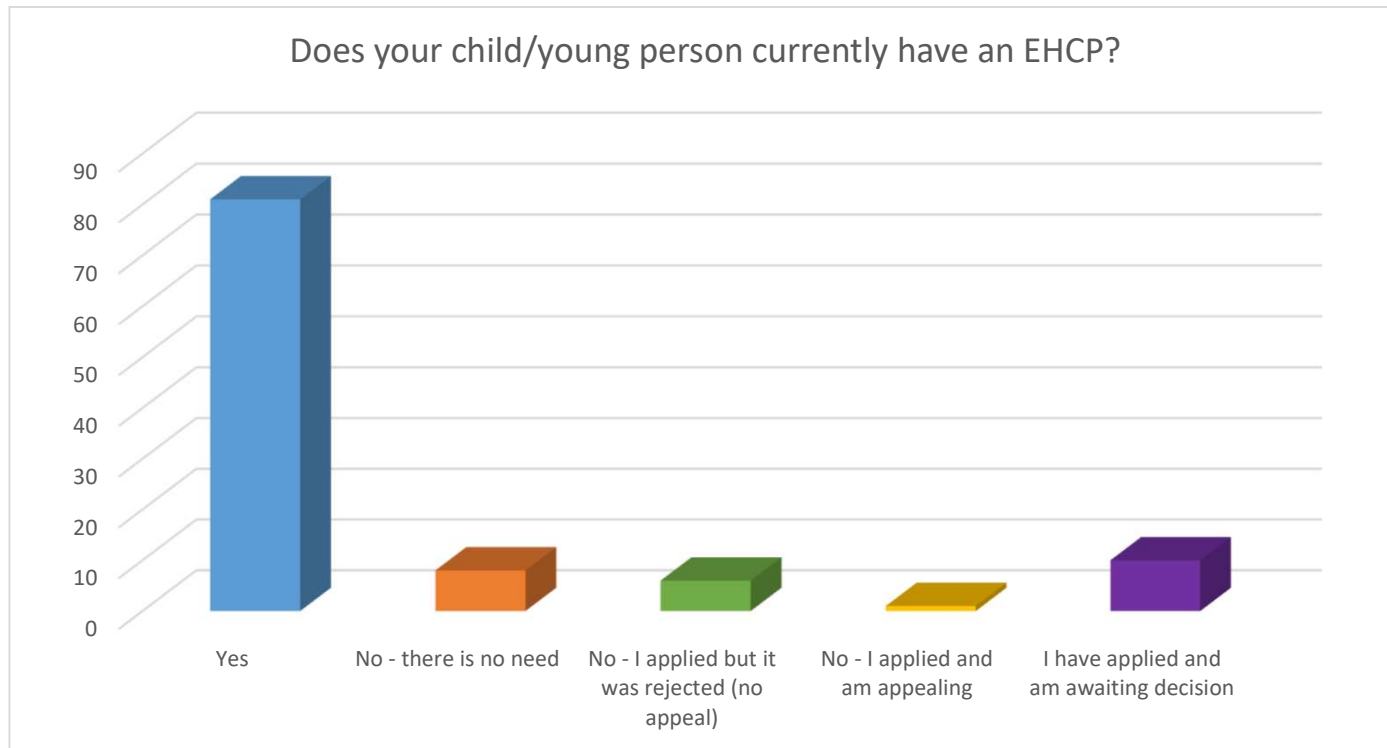
Has your child/young person experienced any of the following?

Responses	Answers	%
Bullying from other children	46	19
Bullying from staff	23	10
Being left out by peers	62	26
Detention/sanction for a reason assoc	27	11
Fixed term exclusion	23	10
Permanent exclusion	5	2
Unlawful exclusion	27	11
None of the above	23	10
Other	2	1
Total	238	100



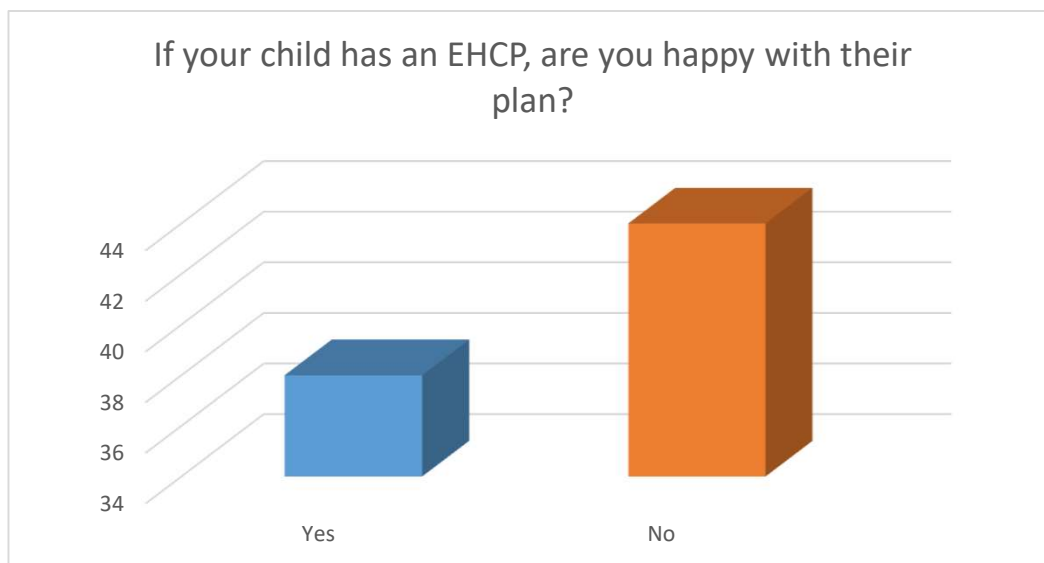
Does your child/young person currently have an EHCP?

Responses	Answers	%
Yes	81	76
No - there is no need	8	8
No - I applied but it was rejected (no appeal)	6	6
No - I applied and am appealing	1	1
I have applied and am awaiting decision	10	9
Total	106	100



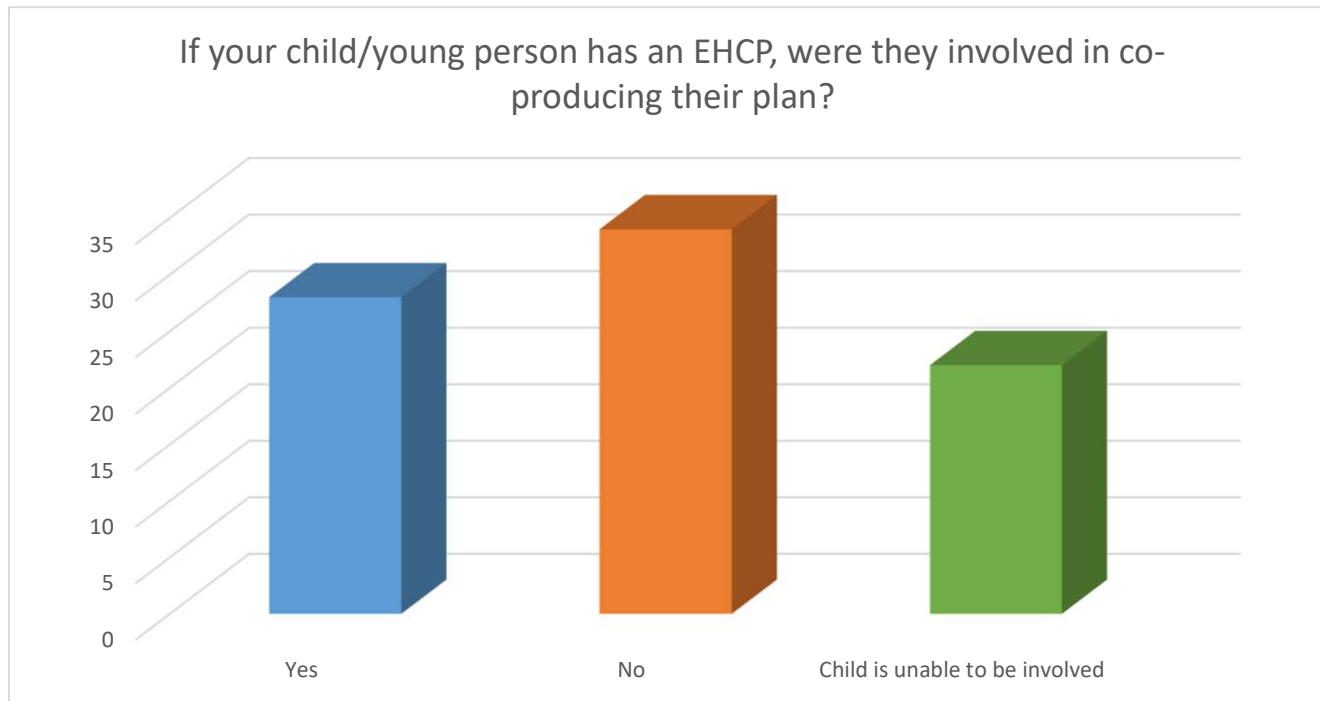
If your child has an EHCP, are you happy with their plan?

Response	Answers	%
Yes	38	46
No	44	54
Total	82	100



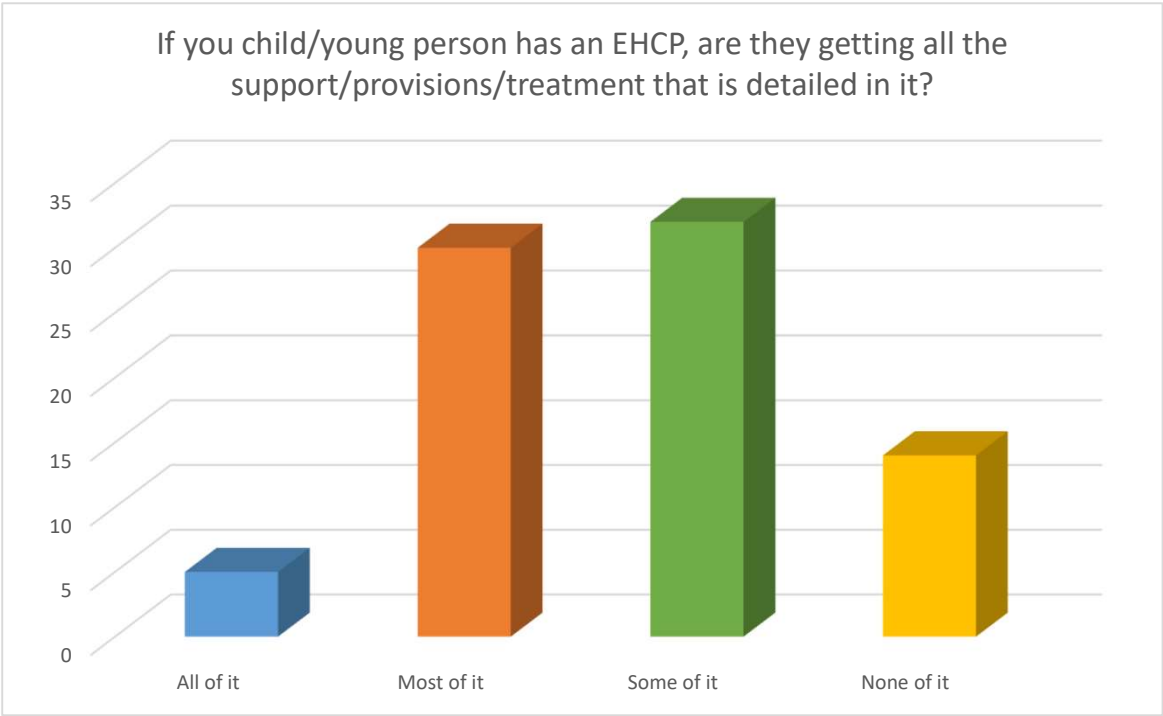
If your child/young person has an EHCP, were they involved in co-producing their plan?

Responses	Number	%
Yes	28	33
No	34	40
Child is unable to be involved	22	26
Total	84	100



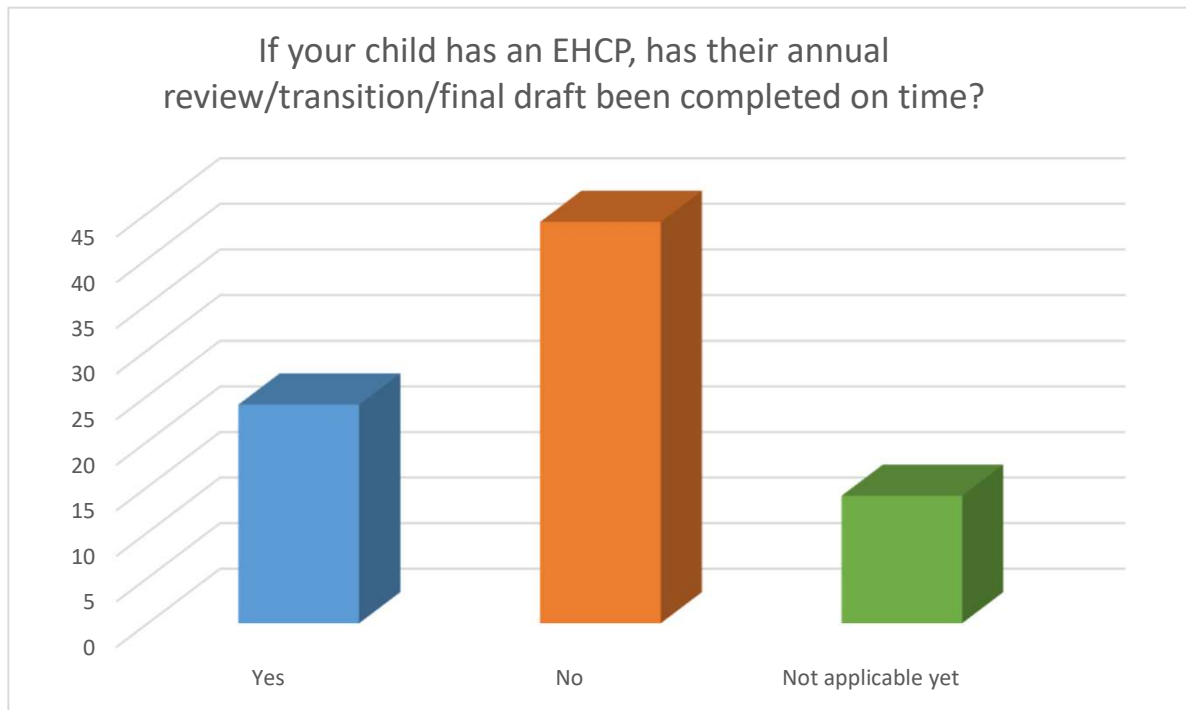
If you child/young person has an EHCP, are they getting all the support/provisions/treatment that is detailed in it?

Response	Answers	%
All of it	5	6
Most of it	30	37
Some of it	32	40
None of it	14	17
Total	81	100



If your child has an EHCP, has their annual review/transition/final draft been completed on time?

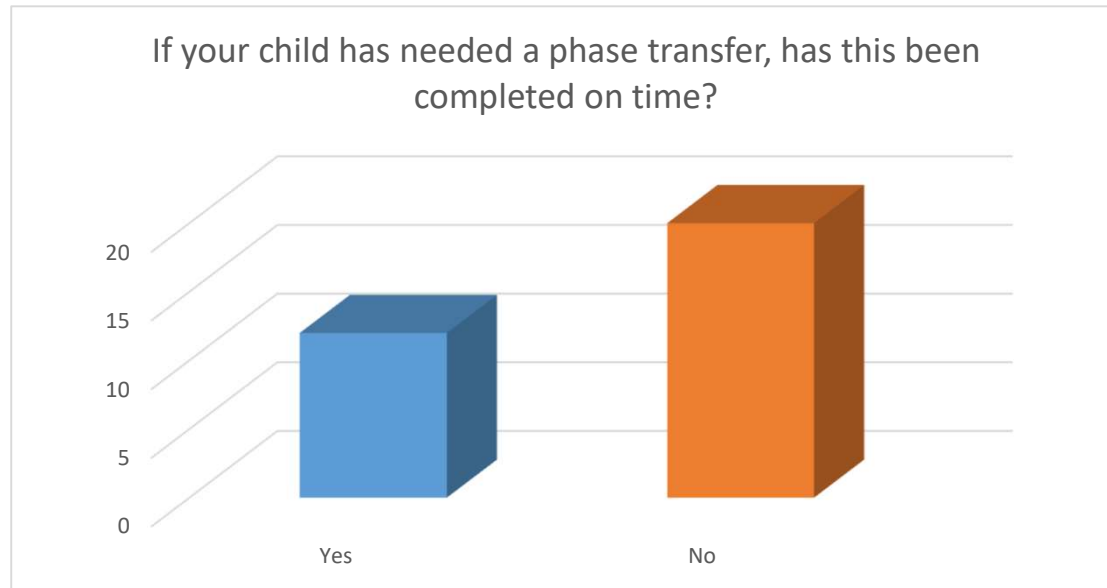
Response	Number	%
Yes	24	29
No	44	54
Not applicable yet	14	17
Total	82	100



If your child has needed a phase transfer, has this been completed on time?

Response	Number	%
Yes	12	38
No	20	63
Not applicable yet	50*	
Total	82	100

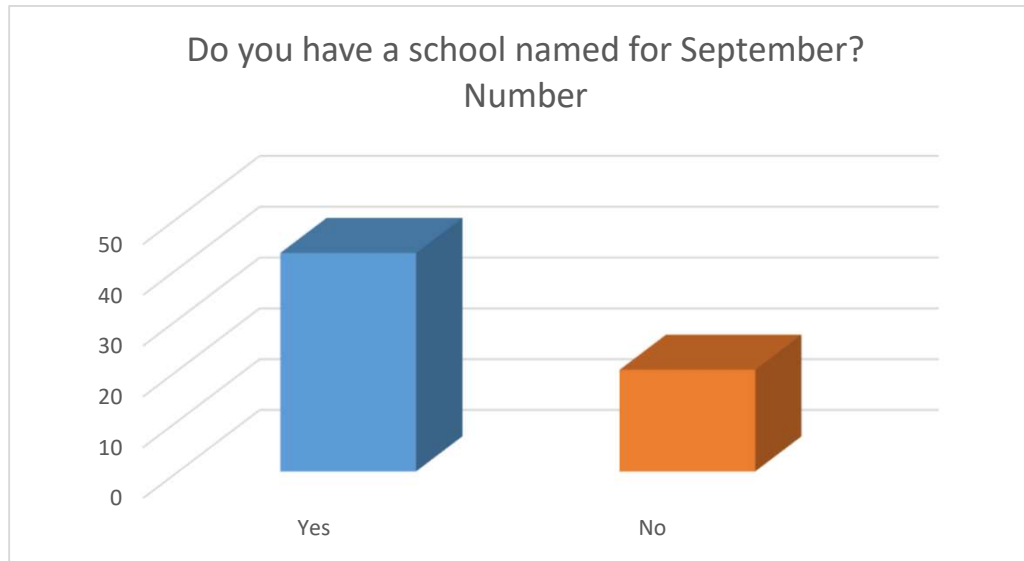
* Not applicable omitted from percentage



Do you have a school named for September?

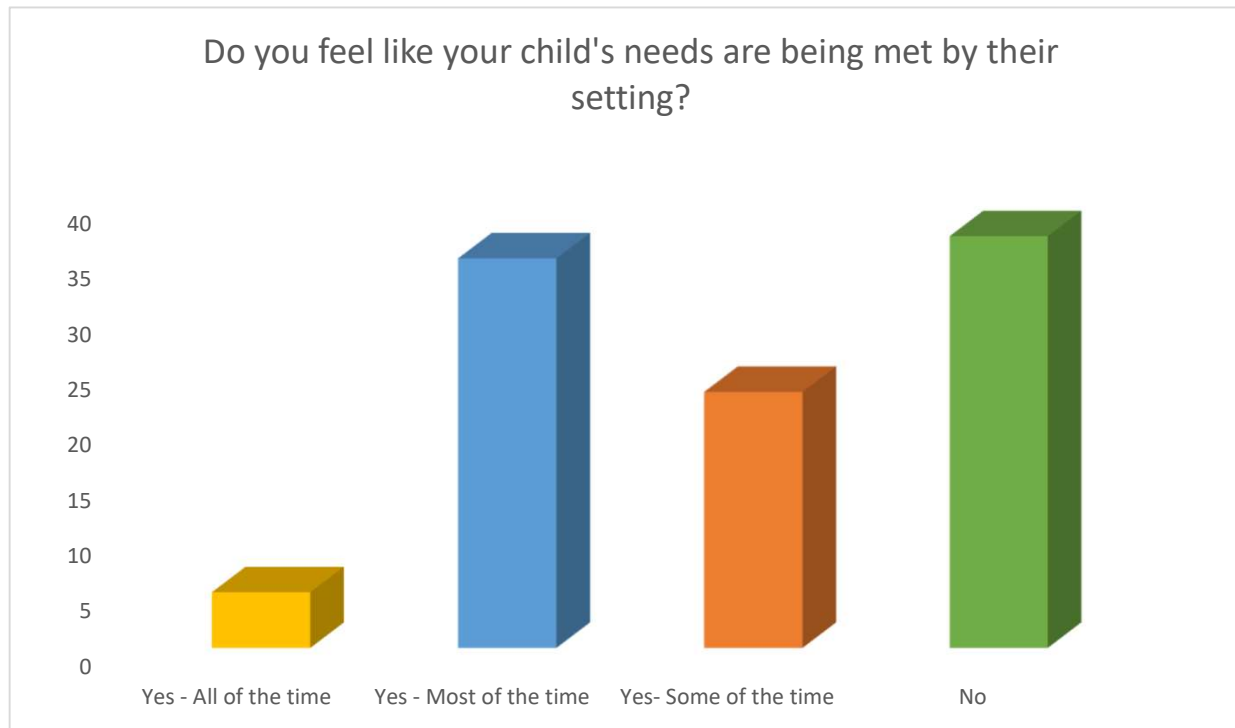
Response	Number	%
Yes	43	68
No	20	32
Not applicable yet	21 *	
Total	84	100

* Not applicable omitted from percentage



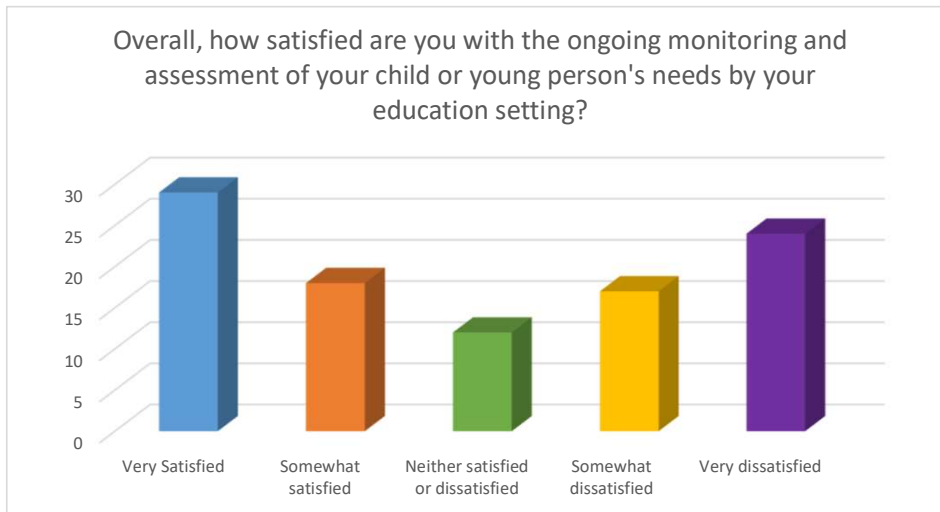
Do you feel like your child's needs are being met by their setting?

Responses	Answers	%
Yes - All of the time	5	5
Yes - Most of the time	35	35
Yes- Some of the time	23	23
No	37	37
Total	100	100



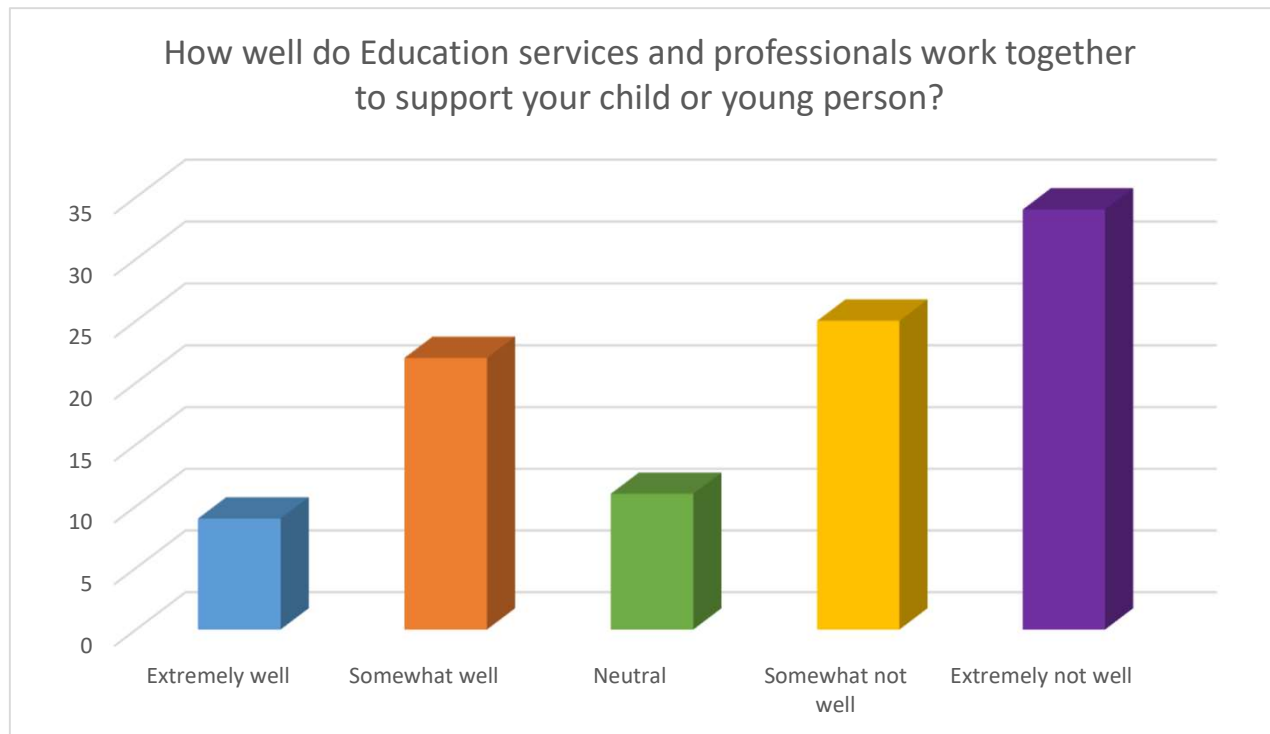
Overall, how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by your education setting?

Responses	Answers	%
Very Satisfied	29	29
Somewhat satisfied	18	18
Neither satisfied or dissatis	12	12
Somewhat dissatisfied	17	17
Very dissatisfied	24	24
Total	100	100



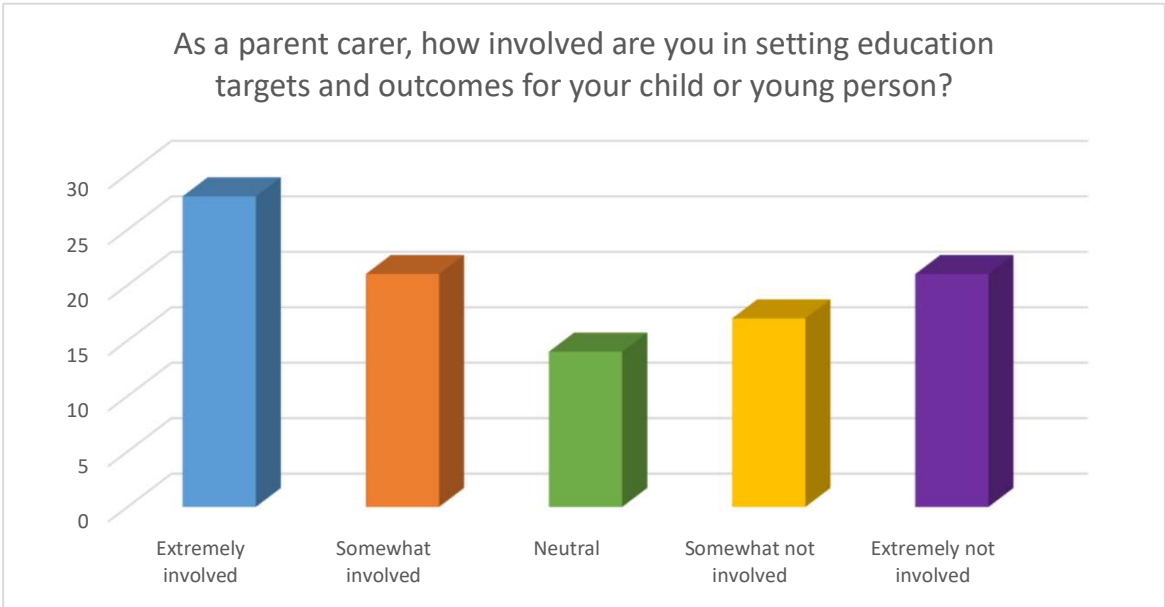
How well do Education services and professionals work together to support your child or young person?

Responses	Answer	%
Extremely well	9	9
Somewhat well	22	22
Neutral	11	11
Somewhat not well	25	25
Extremely not well	34	34
Total	101	100



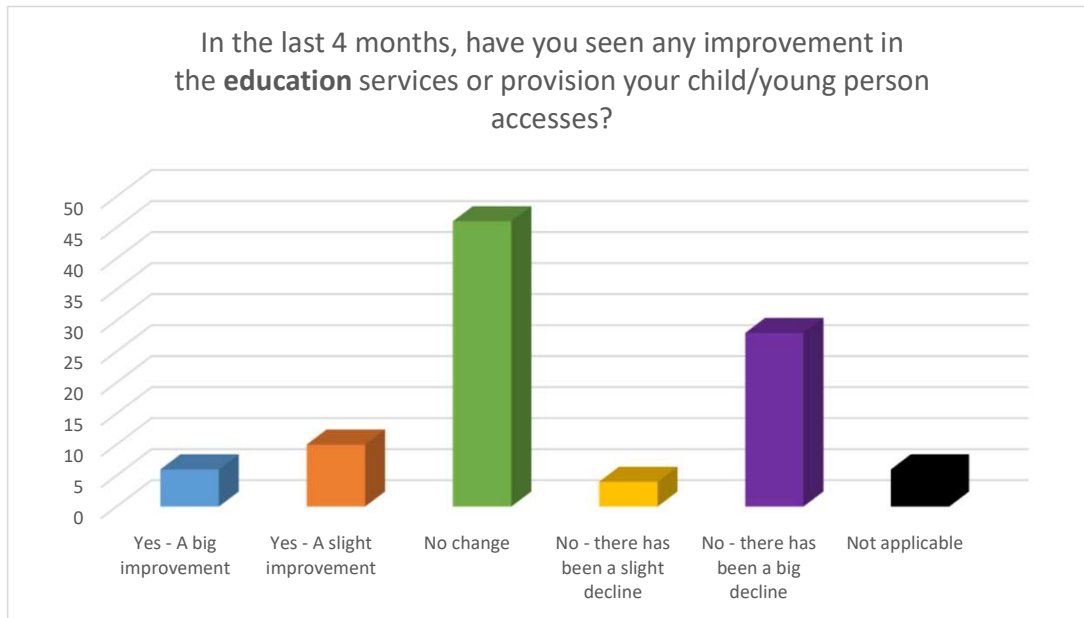
As a parent carer, how involved are you in setting education targets and outcomes for your child or young person?

Responses	Answers	%
Extremely involved	28	28
Somewhat involved	21	21
Neutral	14	14
Somewhat not involved	17	17
Extremely not involved	21	21
Total	101	100



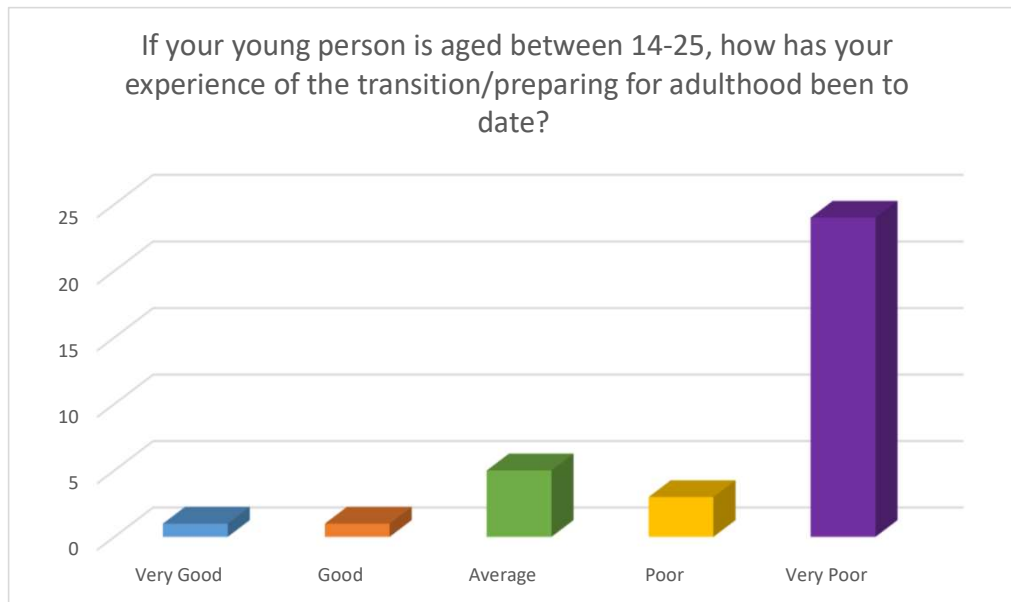
In the last 6 months, have you seen any improvement in the **education** services or provision your child/young person accesses?

Responses	Answers	%
Yes - A big improvement	6	6
Yes - A slight improvement	10	10
No change	46	46
No - there has been a slight decline	4	4
No - there has been a big decline	28	28
Not applicable	6	6
Total	100	100



If your young person is aged between 14-25, how has your experience of the transition/preparing for adulthood been to date?

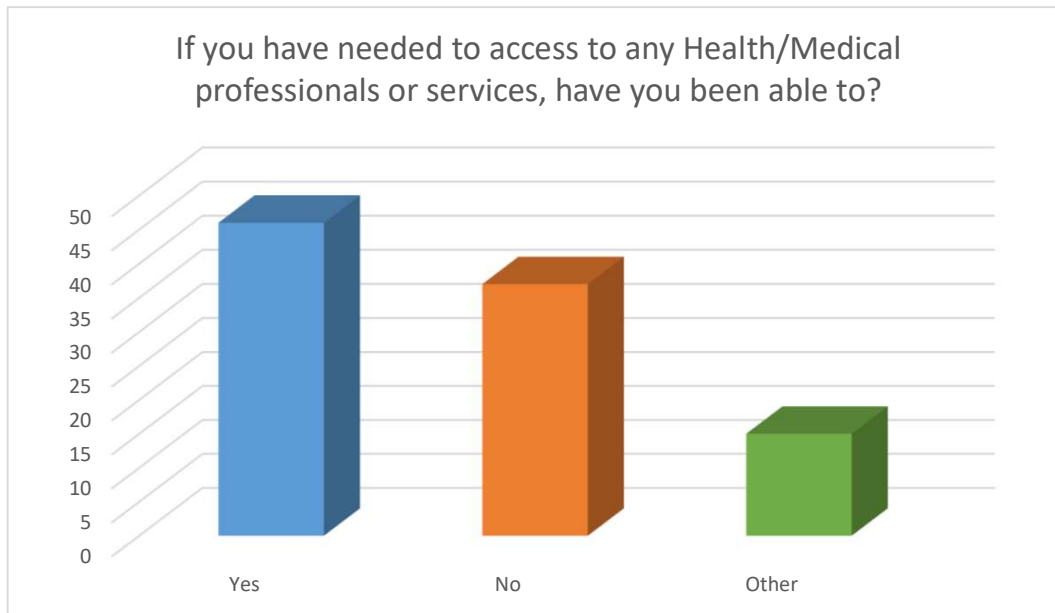
Responses	Answers	%
Very Good	1	3
Good	1	3
Average	5	15
Poor	3	9
Very Poor	24	71
Total	34	100



If you have needed to access to any Health/Medical professionals or services, have you been able to?

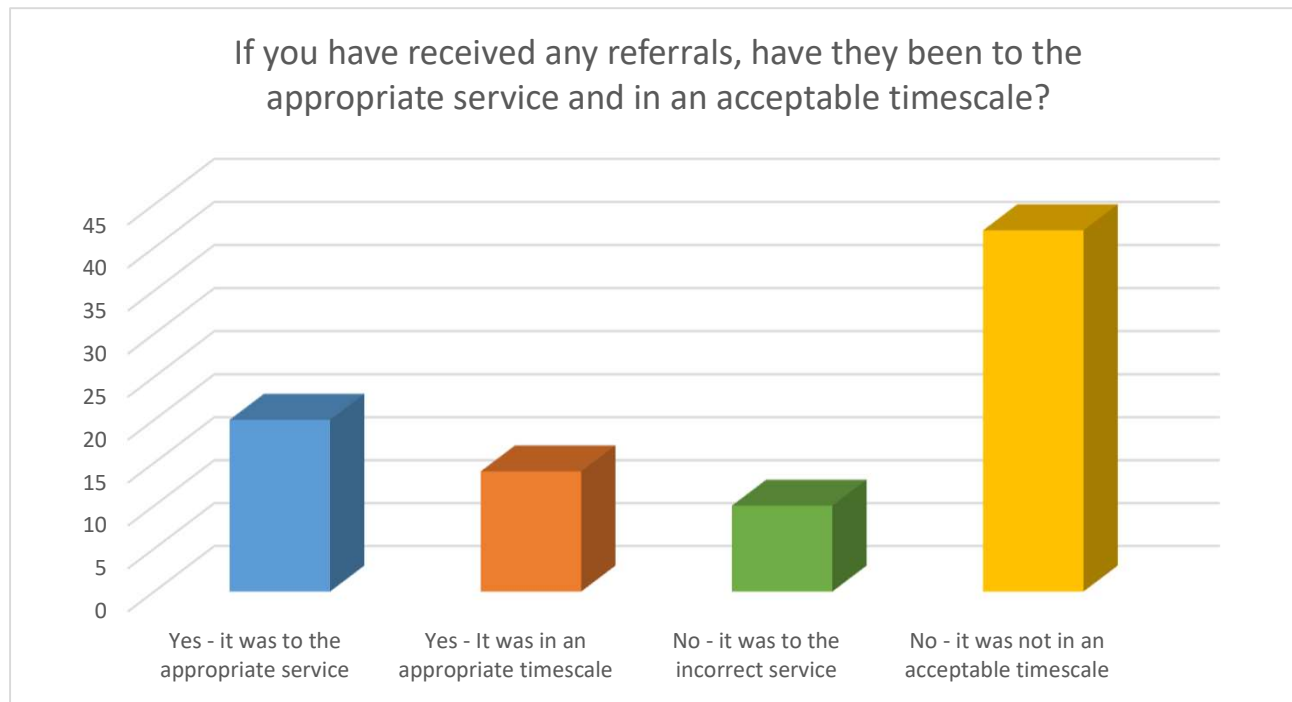
Responses	Answers	%
Yes	46	47
No	37	38
Other	15	15
Total	98	100

* Other included: Poor outcomes, long waiting times, adult services issues and not applicable



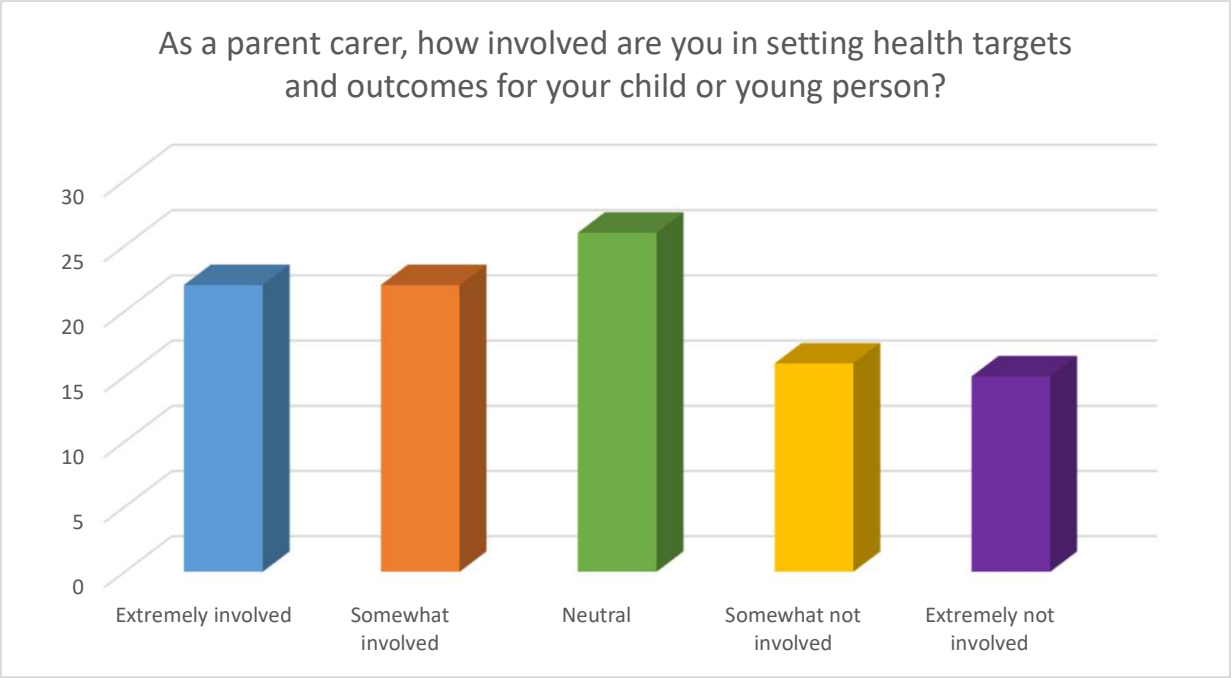
If you have received any referrals, have they been to the appropriate service and in an acceptable timescale?

Responses	Answers	%
Yes - it was to the appropriate service	20	23
Yes - It was in an appropriate timescale	14	16
No - it was to the incorrect service	10	12
No - it was not in an acceptable timescale	42	49
Total	86	100



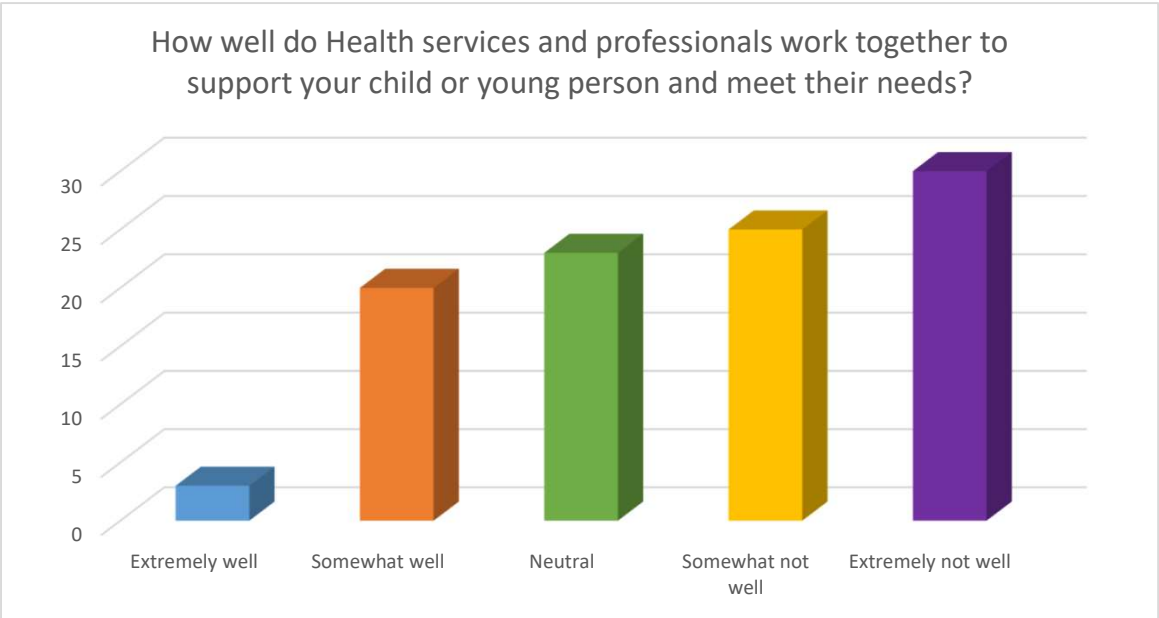
As a parent carer, how involved are you in setting health targets and outcomes for your child or young person?

Responses	Answer	%
Extremely involved	22	22
Somewhat involved	22	22
Neutral	26	26
Somewhat not involved	16	16
Extremely not involved	15	15
Total	101	100



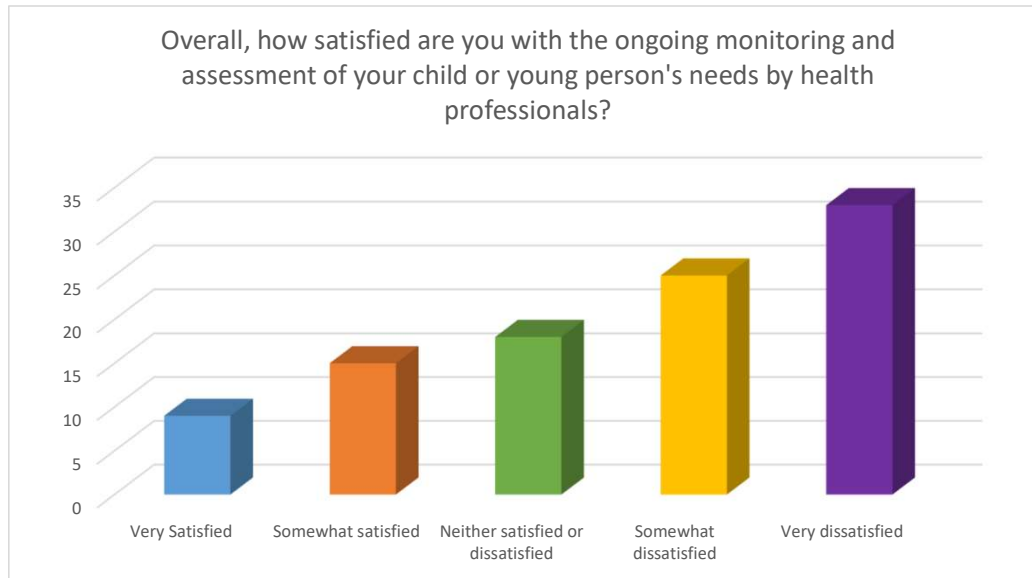
How well do Health services and professionals work together to support your child or young person and meet their needs?

Responses	Answer	%
Extremely well	3	3
Somewhat well	20	20
Neutral	23	23
Somewhat not well	25	25
Extremely not well	30	30
Total	101	100



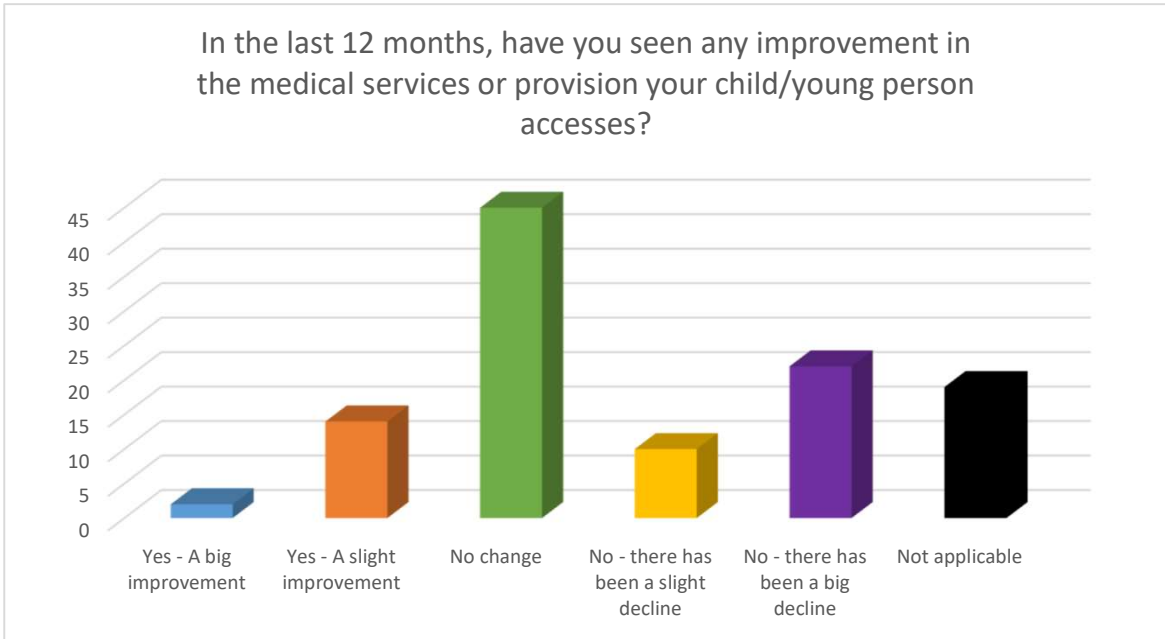
Overall, how satisfied are you with the ongoing monitoring and assessment of your child or young person's needs by health professionals?

Responses	Answers	%
Very Satisfied	9	9
Somewhat satisfied	15	15
Neither satisfied or dissatisfied	18	18
Somewhat dissatisfied	25	25
Very dissatisfied	33	33
Total	100	100



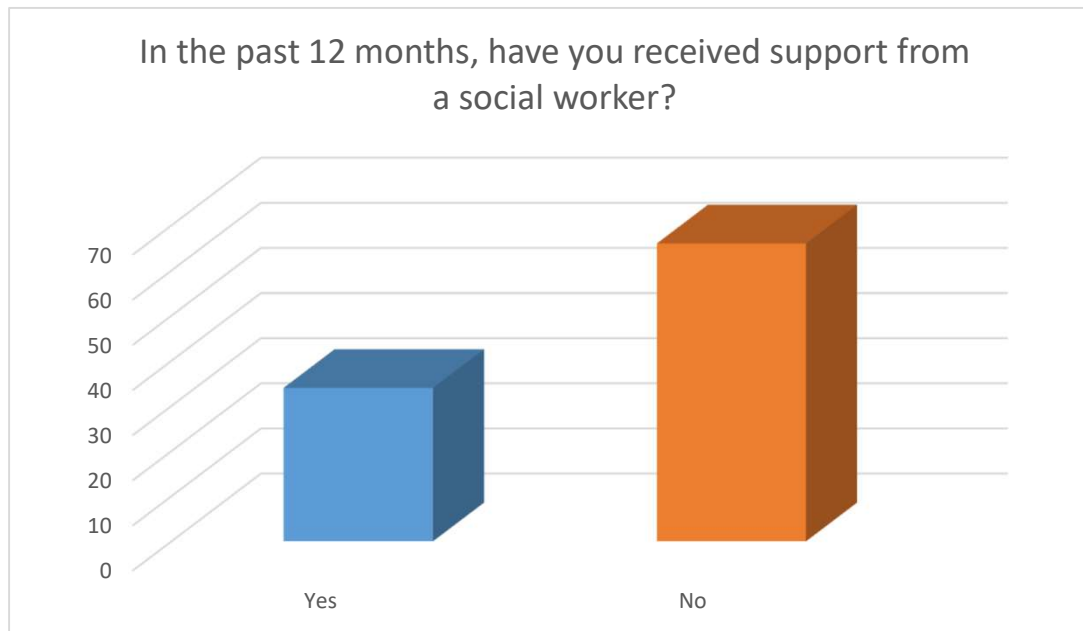
In the last 6 months, have you seen any improvement in the **medical** services or provision your child/young person accesses?

Responses	Answers	%
Yes - A big improvement	2	2
Yes - A slight improvement	14	13
No change	45	40
No - there has been a slight decline	10	9
No - there has been a big decline	22	20
Not applicable	19	17
Total	112	100



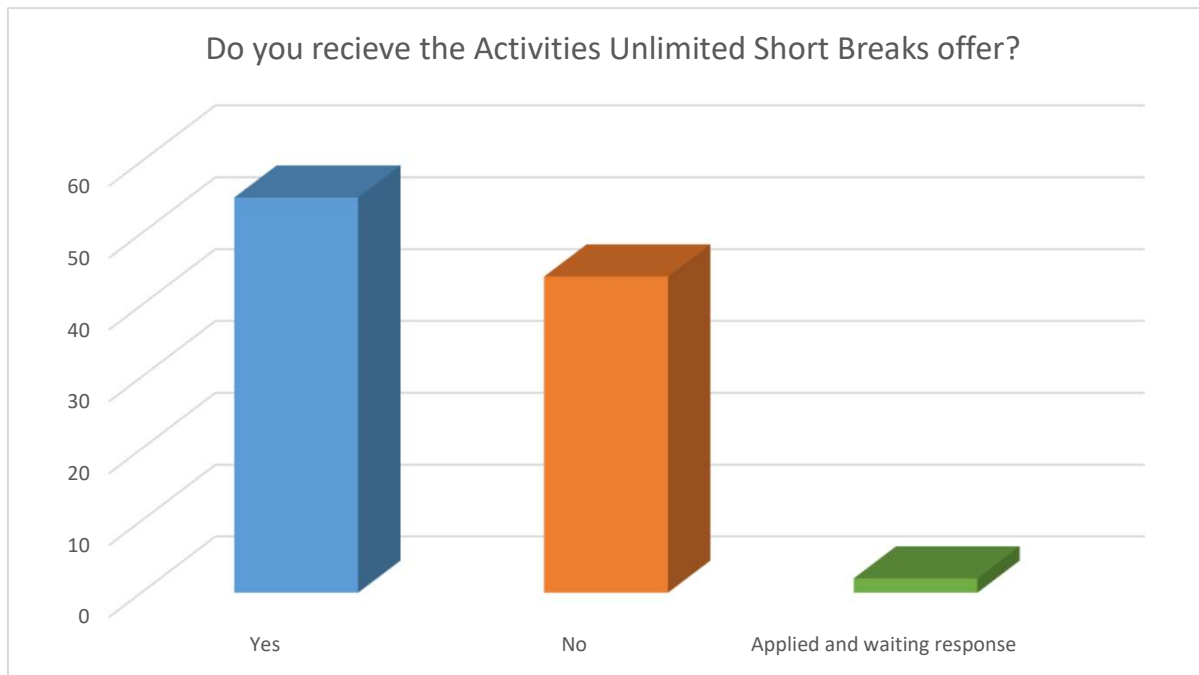
In the past 12 months, have you received support from a social worker?

Responses	Answers	%
Yes	34	34
No	66	66
Total	100	100



Do you receive the Activities Unlimited Short Breaks offer?

Responses	Answers	%
Yes	55	54
No	44	44
Applied and waiting response	2	2
Total	101	100



How easy is it to find out information about services?

Responses	Answers	%
Extremely easy	1	1
Somewhat easy	24	24
Neutral	20	20
Somewhat not easy	34	34
Extremely not easy	22	22
Total	101	100

