COUNCIL
FOR DISABLED
CHILDREN

SEND Data Dashboard – Pilot Case Study

Introduction

Over the last six months, the Council for Disabled Children have worked on a project with five pilot areas across the East and West Midlands regions to develop a multi-agency approach to collecting outcomes-based SEND data. As part of this, we have developed a multiagency data dashboard which can be used to monitor and analyse outcomes-based SEND data at the local and system level and have agreed a set of strategic outcomes to monitor against.

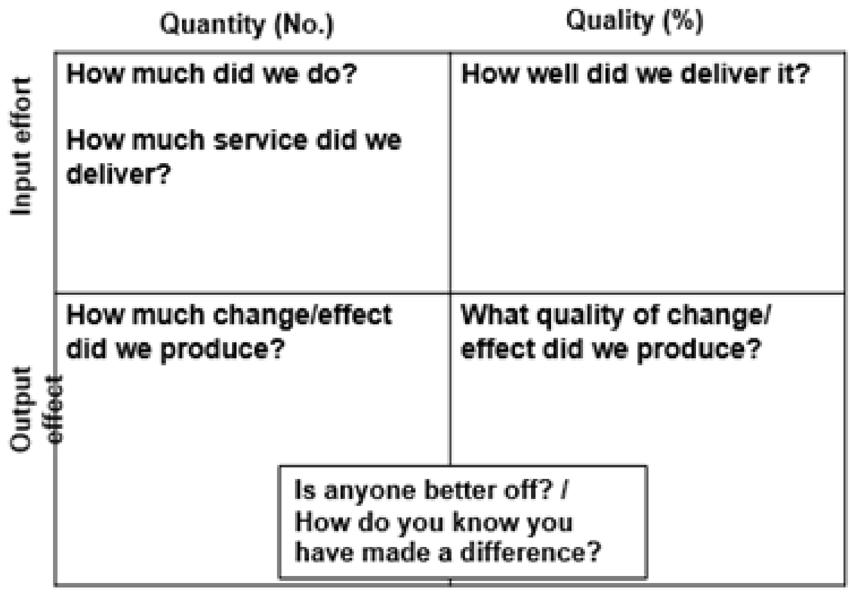
The project's aim was to help local areas to collect and use multiagency data that shows what life is like for children and young people with Special Educational Needs and Disabilities (SEND) and what difference is being made to their life outcomes over time. We know that more and more local systems want to capture outcomes data, and that evidencing impact is increasingly expected by SEND inspections and audits. But more importantly, it is crucial to measure children and young people's outcomes in order to understand whether and how children and young people's lives are improving over time, and how to target resources in order to have the biggest impact.

This support was funded by the Department for Education's Delivering Better Outcomes Together (DBOT) programme.

Outcomes-Based Accountability

The project was based on the Outcomes-Based Accountability™ (OBA) approach, which is an approach to shaping change that focuses on outcomes, rather than outputs. That means there is a focus on improving and monitoring outcomes, broadly defined as 'conditions of wellbeing' for a population, and identifying how certain actions can impact on those outcomes.

It is based on the work of Mark Friedman, and uses a data-driven, decision-making process to help communities improve. The OBA approach emphasises the importance of collecting data that addresses four key questions:



	Quantity (No.)	Quality (%)
Input effort	How much did we do? How much service did we deliver?	How well did we deliver it?
Output effect	How much change/effect did we produce?	What quality of change/ effect did we produce?

Is anyone better off? / How do you know you have made a difference?

Friedman, M (2009) *Trying hard is not good enough*, Fiscal Policies Institute

As is true nationally, most local areas were successfully capturing data about their SEND populations (e.g. the number of children with different primary needs) and *what* they deliver to that population (e.g. the number of paediatric clinics held across an area, the number of short break activities), much of which is recorded as part of statutory data returns. It is also evident that most areas are improving the data they collect about the *quality* of the SEND support and services they offer (e.g. what families think of the services and systems they receive, and other quality-based KPIs). However, there are larger gaps around data which tells us about the impact of all this activity and which ultimately can show us whether children and young people with SEND are better off or not. This is often called the 'so *what*'? question.

The project supported areas to develop an understanding of what they need to build into their local systems to capture data from all areas of the outcomes-based accountability model, particularly data which shows whether life outcomes for children and young people with SEND are improving over time and in what ways.

Methodology

5 pilot areas which cover 8 local authority areas from across the East and West Midlands regions volunteered to be part of the pilot project, although they were involved to different extents.

Due to the challenges of bringing together multi-agency data, we asked for three things from pilot sites:

- Senior buy-in from both health and local authority teams
- Involvement of at least one data colleague
- Commitment to project aims by signing the Memorandum of Understanding

The project was accomplished in three phases which are outlined below:

Phase one	Phase two	Phase three
• Develop and agree strategic outcomes statements and data indicators which evidence those outcomes • Develop initial data dashboard which could capture data on those strategic outcomes • Identify pilot local areas to test and consult on approach and hold kick off meetings in each area	• Pilot sites to undertake mapping exercise to identify existing data strengths and gaps • Agree data collection requirements across the regions • Develop data capture tools to address these gaps. In particular, to capture data on children and young people's perspectives. • Consult with children and young people on these data capture tools • Develop data dashboard in response to feedback	• Develop 'How to guides' and supporting resources • Pilot sites to input and analyse their data using the data dashboard • [Planning to support pilot sites and regional work to address existing data gaps after pilot ends]

Agreeing the strategic outcomes

The first step was to agree on the strategic outcomes to monitor against. Strategic outcomes are holistic, life outcomes which are meaningful for children and young people with SEND and their families. They are what, ideally, we want all children and young people with SEND in the Midlands to experience and what we are aiming for. Because they are holistic rather than service-specific, no one service can be responsible for delivering on or monitoring these outcomes alone: they require a truly multiagency approach, and partnership with children and families.

The strategic outcomes for this project were developed through national consultation and coproduction, and refined through discussions and surveys with around 80 multiagency professionals and parent carers across the East and West Midlands. The development of the outcomes started off with attendees discussing the ingredients for a child or young person to live a good life, for example, having fun, being free from pain, enjoying hobbies, doing something productive into adulthood. The results were then themed under key headings. Once the themes were determined, CDC sent out a survey to multiagency professionals and parent carers to ensure the wording of the outcomes statements reflects children and young people's lives in the Midlands.

The final outcomes statements are:

1. **My voice is heard**
2. **I am able to learn**
3. **I am healthy**
4. **I am happy**
5. **I feel supported**
6. **I am safe**
7. **I am in control of my life**

Agreeing data indicators

While these outcomes statements are necessarily holistic and broad enough to be relevant to children and young people with a range of needs and experiences, they need to be broken down into tangible details in order to reliably measure progress against them. The OBA approach is all about condensing ambitious goals into achievable and measurable outcomes and identifying the key pieces of data (also called 'data indicators') which evidence these outcomes.

Often, organisations look at what data they already have access to and build objectives around the data they have. OBA flips this on its head: it **makes the important measurable, rather than making the measurable important**. For this reason, we sent out a survey and held multi-agency meetings with parent carers and professionals across health, education and local authority teams to discuss what data should be captured in order to understand whether the strategic outcomes were being met. They discussed what different services would need to know in order to answer whether (more) children and young people with SEND in a particular local area were happy, or were safe etc. There was huge value in this being a SEND-specific exercise as everyone was focused on what these outcomes meant in practice for children with a range of disabilities and needs, for example on what 'being healthy' meant for children who live with pain, those with learning disabilities, or for children who receive palliative care.

This produced a long list of indicators for each of the 7 outcomes. For example, to know whether children and young people with SEND were safe, suggested indicators included the number of fixed term exclusions, the percentage of children who feel safe in their local community and in their education settings, bullying figures, the percentage of children exposed to child sexual exploitation (CSE) who are on SEN Support, the numbers of child protection plans for children with SEND, and many others. Professionals agreed on the importance of triangulating more subjective indicators around how children and young people *felt* against existing and more objective safeguarding figures.

When agreeing a final list of indicators, there is a balance between collecting data which gives a full picture of the lives of children and young people with SEND and having a feasible number of indicators which are possible for areas to regularly and consistently collect and analyse. Sites initially identified over 100 indicators, which would not have been feasible to collect. To narrow them down, indicators were prioritised based on three criteria:

- Can the data **speak to a range of audiences** (is it overly jargonistic or service specific? Does it only apply to a small cohort of children?)
- Would collecting this data be **feasible** (could you regularly collect accurate data on this?)
- Could it act as a **'proxy indicator'** which can tell us something more broadly about the system and about children's lives (for example, we know that school attendance correlates to childhood safety, mental health outcomes, the likelihood of offending and outcomes in adulthood.)

In the end, 5-7 indicators were agreed per outcome (the final list of indicators can be seen below in Appendix A). Because none of the outcomes should or can ever be 'owned' by one service, the indicators are a mixture of existing, statutory data held by health, local authority and education services, new types of data that would need to be collected, and information which relies on asking children, young people or their families about their views.

For example, for 'I am healthy', the indicators were:

- Number of school days missed by CYP with SEND missing school due to their health (ill health and health appointments)
- Percentage of CYP with SEND who report that they know how to stay healthy and have the support they need to do so
- Percentage of CYP with SEND attending A&E because of poor mental health
- Percentage of CYP with SEND who are a healthy weight
- Percentage of young people aged 14-25 on the LD register with an up to date health check

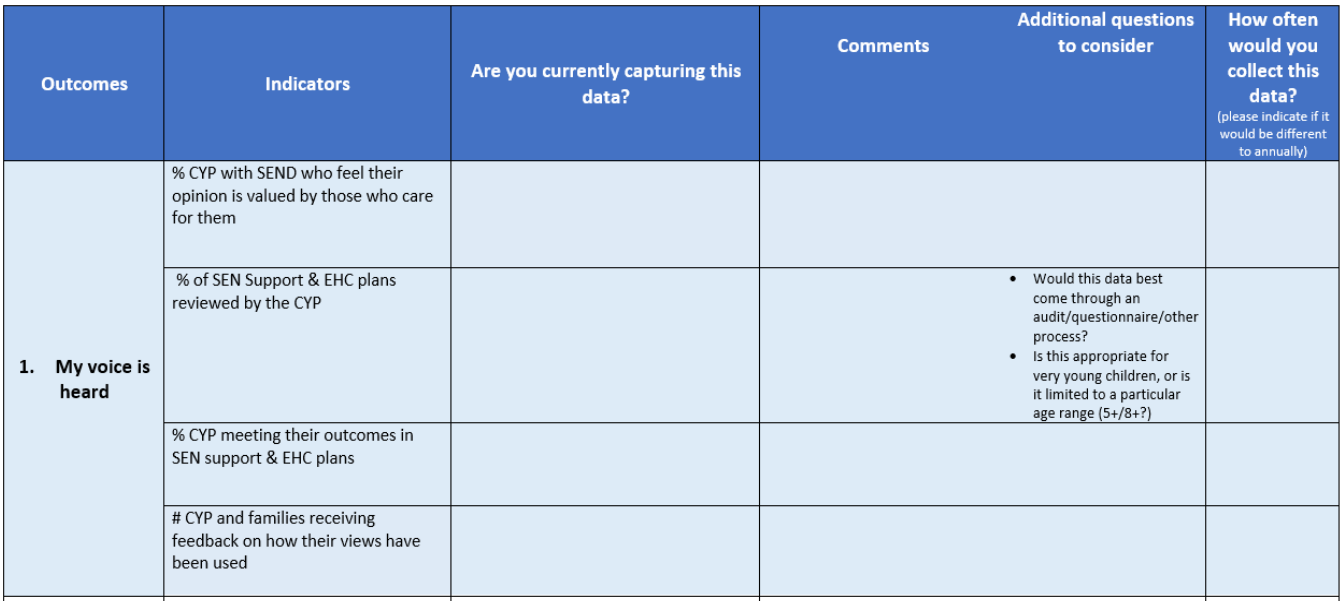
These may be different across the country based on the particular local and regional context, but the important thing was for multi-agency teams to agree what would be collected and shared. These indicators then formed the basis of the SEND dashboard development.

Indicator mapping

The next step was to determine what data was already being captured by local systems and where the gaps were. Against the agreed list of data indicators, we asked pilot sites to map:

- Is this data already being collected and where?
- If it is not already collected, who could collect it and how? Does it rely on asking children, young people of families directly?
- How frequently would it need to be collected? (Monthly, quarterly, annually)
- Which cohorts should be included? (For example, is it applicable only to children with an Education, Health and Care Plan (EHCP) or the wider population on SEN Support?)

We encouraged pilot sites to complete this exercise with professionals from different services, and with data colleagues. You can see part of the indicator mapping template below, and the full template is available on our website.



Outcomes	Indicators	Are you currently capturing this data?	Comments	Additional questions to consider	How often would you collect this data? (please indicate if it would be different to annually)
1. My voice is heard	% CYP with SEND who feel their opinion is valued by those who care for them				
	% of SEN Support & EHC plans reviewed by the CYP			• Would this data best come through an audit/questionnaire/other process? • Is this appropriate for very young children, or is it limited to a particular age range (5+/8+?)	
	% CYP meeting their outcomes in SEN support & EHC plans				
	# CYP and families receiving feedback on how their views have been used				

Whilst the situation was different in each area who completed the mapping, the exercise revealed some common themes. Across all sites, the main data gaps were for indicators which depend on gathering children and young people's views. Most sites had reliable data for indicators which reported how *much* is done but not enough data on how that has impacted children and young people and what they think and feel about their own lives. For example, areas usually had good safeguarding data such as the number of children with a Child Protection Plan, but did not collect data on whether children and young people *felt* safe and in which environments they felt safe. Likewise, most areas collected data on how many clicks their local offer got, but not on whether parent carers felt like the local offer was beneficial for their child and family.

Another common gap was around the visibility of education data, particularly in areas with a high number of academies where education data was not being centrally pooled. Even though individual education settings and trusts may be collecting high-quality data in their own systems, this was often not shared across the SEND system as a whole.

Likewise, areas were often surprised by how much SEND data was already being collected when they looked beyond their service boundaries, and the mapping revealed some duplication where multiple organisations were collecting similar data without knowing. This confirmed the need to bring existing and new multiagency together into one central place (the data dashboard) which could be accessed by the whole SEND system. Work was also undertaken at a regional level to develop stronger multi-agency Information Sharing Agreements in order to improve this.

Dashboard development

The dashboard was developed in partnership with North East London Commissioning Support Unit (NEL), a part of the NHS which provides expert support and advice to help NHS and other organisations to deliver improved health services and who codeveloped CDC's existing multiagency dashboard. The dashboard has been developed in both Excel and PowerBI, along with data capture tools and a technical 'How to Guide' which are available on our website.

The aim of the dashboard is to bring together multi-agency outcomes-based data into one place and simplify the input and analysis of that data. At a glance, areas should be able to understand how they are performing against the seven outcome areas and how that is changing over time.

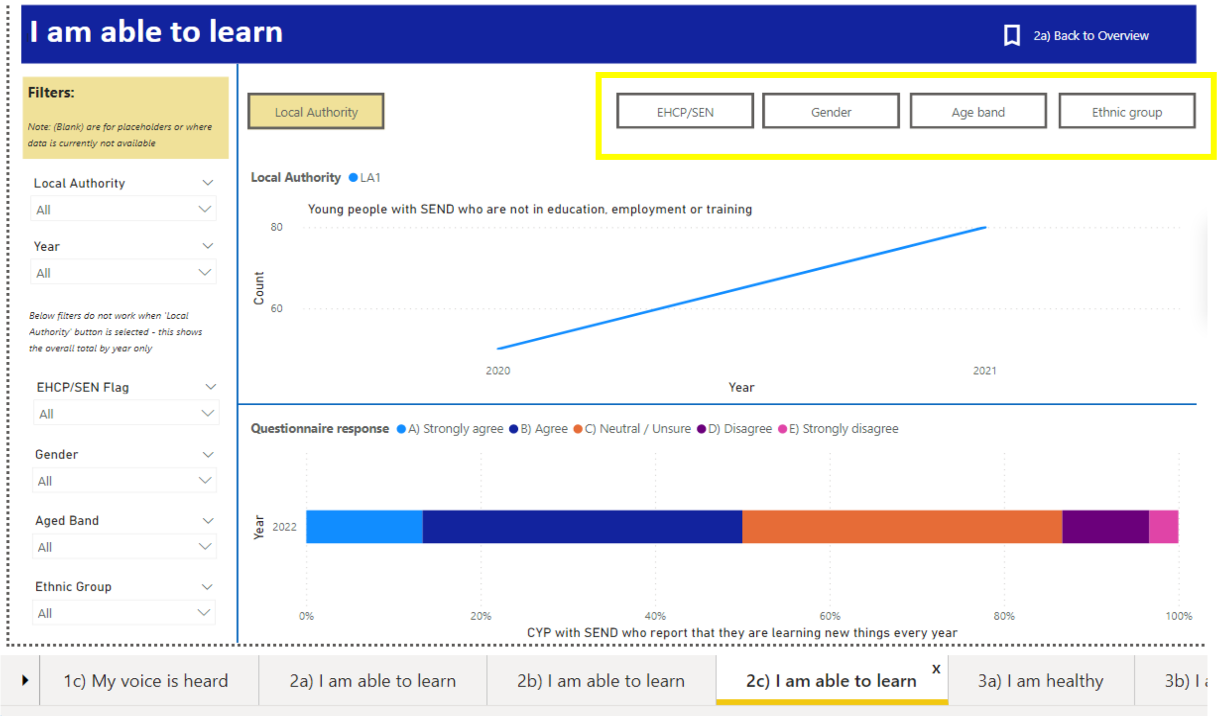
CDC held drop-in sessions for pilot sites in order to understand their requirements for inputting and visualising data. We wanted to make sure the dashboard easily accommodated existing data sets and that it would be a useful tool which could underpin planning, commissioning and communication into the future.

Pilot areas told us that it would be valuable to be able to break the outcomes-based data down into different demographics groups, to understand where there were particular challenges or areas of strength across the SEND population, and to support a better understanding of whether the impact of support is varied across demographics. For example, whether there is a significant difference between whether children of different genders, age groups or ethnic groups feel supported, and in what ways?

The demographic splits agreed on are:

- Whether the child or young person has an Education, Health or Care Plan (EHCP) or is on SEN Support
- Gender
- Age bands
- Ethnic groups

For each indicator, there are separate sections will allow areas to see the differences across these key demographic splits, provided they have the appropriate data. The dashboard can also be personalised to add new demographic splits, such as Ward, or to update particular bandings, and this is explained in the How to Guide.



Note: (Blank) are for placeholders or where data is currently not available

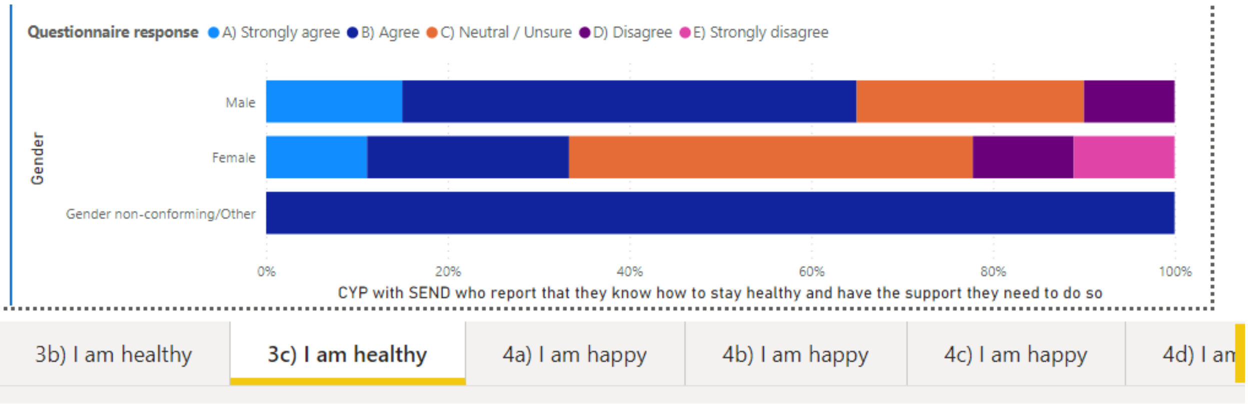
Below filters do not work when 'Local Authority' button is selected - this shows the overall total by year only

Power BI Dashboard Screenshot showing overall figures, with demographic filters on the right

Note: Demographic filters do not work for totals as this shows overall figures. There may be (Blanks) which are placeholders

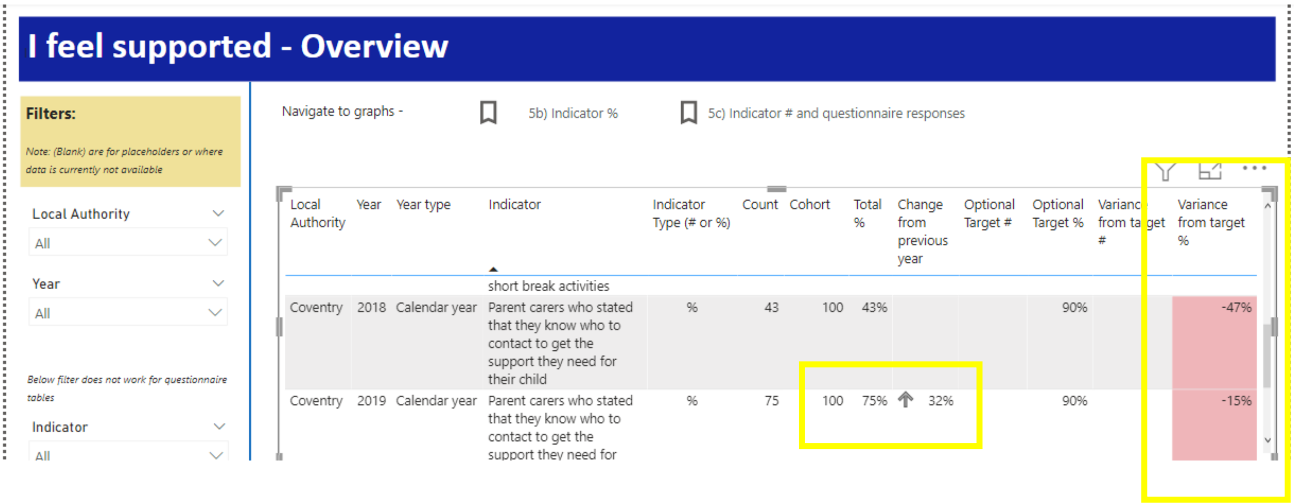
Below filters do not work for Total (excluding questionnaire responses)

Power BI Dashboard Screenshots showing ethnicity comparisons for three indicators



Power BI Dashboard Screenshot showing gender comparison for one indicator

As well as trends over time and demographic breakdowns, the dashboard also shows RAG-rated tables of all the indicators for each outcome, so areas can understand whether there have been positive or negative trends over time for each indicator, and whether they are meeting any targets they have chosen to set.



I feel supported - Overview

Filters:

Note: (Blank) are for placeholders or where data is currently not available

Local Authority: All

Year: All

Below filter does not work for questionnaire tables

Indicator: All

Navigate to graphs - 5b) Indicator % 5c) Indicator # and questionnaire responses

Local Authority	Year	Year type	Indicator	Indicator Type (# or %)	Count	Cohort	Total %	Change from previous year	Optional Target #	Optional Target %	Varianc from ta get #	Variance from target %
			short break activities									
Coventry	2018	Calendar year	Parent carers who stated that they know who to contact to get the support they need for their child	%	43	100	43%			90%		-47%
Coventry	2019	Calendar year	Parent carers who stated that they know who to contact to get the support they need for	%	75	100	75%	↑ 32%		90%		-15%

Finally, it was important to pilot areas that the dashboard is able to compare data across different local areas. In it's first iteration, the dashboard has been developed to be used by pilot areas which are made up of multiple local authority areas but one health system, which also future proofs the dashboard as we move towards statutory Integrated Care Systems. Areas will be able to see their data across their whole ICS footprint, filter out or in data from particular local authority areas, and see clear comparisons between these different local authority areas where the data allows.

Developing an approach to capturing children and young people's views

As mentioned before, collecting robust data on children and young people's views is particularly challenging and is a key gap in existing data. After agreeing which indicator areas relied on gathering children and young people's views, CDC developed an initial questionnaire to gather this data. We took this to consultations with disabled young people's groups at a national level and to the Rutland Disabled Youth Forum to gather young people's views.

We wanted to know:

- Are we asking the right questions? Do the suggested indicators actually tell us if children and young people with SEND are happy, healthy etc.?
- Are the questions meaningful and relevant for young people's lives?
- Is the language right? Is it clear, accessible and relatable?
- Is the format right in terms of layout, response options, number of questions etc.?
- How would it feel to fill in a questionnaire like this? How would young people like to fill it in?

The young people we spoke to were positive about the project as a whole and particularly liked that it put children and young people's views about their own lives at the centre. They emphasised that often the focus was on what their parents or carers thought they liked or what they thought they felt, but that it was important to ask children and young people directly.

The young people shared very valuable feedback and all drafted questions were changed as a result. The changes included:

- Changing the content of questions. For example, including a question on enjoying life: '*Most of the time, I enjoy my life*'
- Adding a 'Unsure' answer option
- Making the language clearer and simpler. For example, changing a question about 'my living situation reflects my choices and preferences' to 'I am living where I want to'
- Clarifying meaning and adding examples. For example, giving an explanation of what we mean by 'making your own choices' or giving examples of what public transport means. Certain phrases caused confusion, such as 'feeling comfortable in your community' which made the young people think of comfortable chairs. This was changed to 'I feel like I belong in my community (the area I live in)

The majority of young people told us they would want some support when filling in this questionnaire to help them understand the questions and think through their answers, and they suggested this support could come from a youth worker, SENCO, peer support, or from a parent.

Young people expressed low levels of trust in local SEND systems and many were sceptical that anything would be done with their responses or that anything would change. They told us how important it was to reporting findings back to children and young people and show them what the impact of the survey has been. The young people suggested this could happen through a yearly report or through Zoom feedback sessions. Pilot areas were strongly encouraged to regularly publish the results from any survey, as well as a 'You Said, We Did' resource.

We redeveloped a questionnaire in response to the young people's feedback, which can be found in Appendix B.

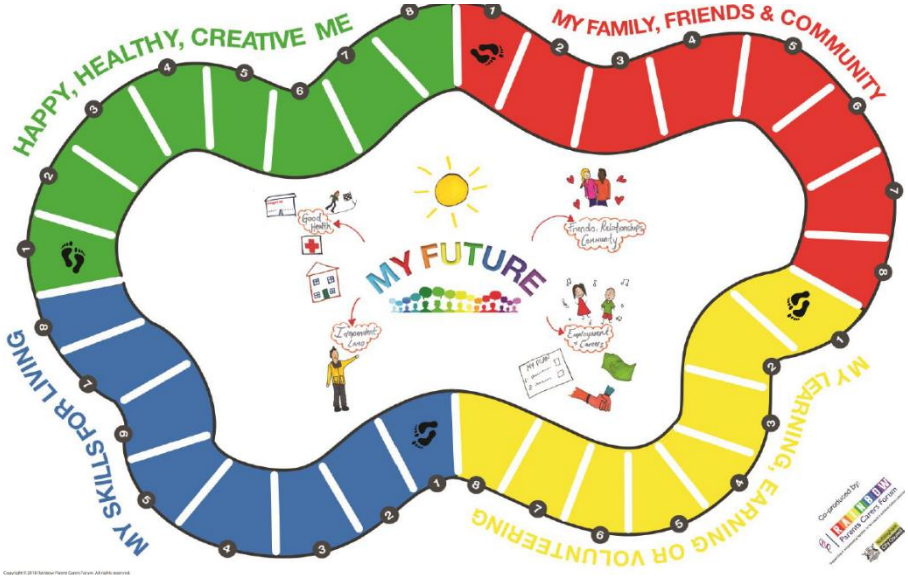
However, some young people told us they already received too many surveys from different places and that sometimes they were asked very similar questions in different ways. This echoed feedback from parent carers, and conversations among professionals from pilot sites about a growing sense of 'survey fatigue' and the need to map, coordinate and streamline existing surveys with this new outcomes-based approach. We also know that sending out questionnaires may not be the most reliable way of reaching underrepresented children and young people, particularly those who are electively home educated, who have significant communication challenges, and for very young children or young people aged 18-25.

Regional work is therefore being undertaken to consider how to collect data on these questions during existing contact points with children, young people and families, in order to capture this information in a more embedded way. There is commitment at local and regional levels to continue to engage with children and young people to develop this approach, and work is starting with young researchers in order to progress it.

Good practice from across the Midlands includes building a data capture process into EHCP annual reviews and SEN support meetings; a pilot which developed an outcomes-based game that could be played with younger children in education settings; and developing an audit-style approach where structured conversations are held with a randomly selected number of children and young people with SEND across an area to give more detailed information.

This might mean it takes longer before the gaps in data around children and young people's views are fully resolved, however it was vital to get this right and make sure we are asking the right questions, in the right way and at the right time.

A 'How To' Guide has been developed alongside the data dashboard which shows local systems how to amend and adapt the dashboard and data entry tools depending on the approach to gathering children and young people's views that has been adopted.



Regional good practice – 'My Future Game' pilot from Nottingham City

Key lessons

There were multiple lessons from this pilot project that we think may benefit other local systems who want to develop their approach to outcomes-based data:

- It is vital to get **buy-in from senior leaders across both health and local authority systems**. It would also have been valuable to involve education colleagues from the start in order to develop a truly multi-agency approach. It is important that the project felt truly multi-agency and holistic rather than health teams feeling they were being asked to share their data for a local authority project, or vice versa. Due to non-interoperability of existing data systems, most services cannot access and are not aware of each other's data about the SEND population. Bringing together key pieces of data from different parts of the SEND system into one, multi-agency dashboard is vital, and requires agreement and understanding from each part of the SEND system.
- It was also valuable to **involve data colleagues** throughout. Although this wasn't possible in all areas, data colleagues added valuable insight on the practicalities of collecting and evaluating outcomes-based data in a way that fit with existing information gathering and data systems and areas which had involvement from data colleagues were able to progress more quickly.
- **Make the important measurable rather than the measurable important** - start by working out what you need to know in order to reliably answer whether children in your area are meeting the strategic outcomes. This approach means areas are not limited by pre-existing data which is often insufficiently outcomes-focused and which often ignores children and young people's views on their own lives.
- Undertaking an **indicator mapping exercise** was helpful as it allowed sites to develop a shared overview of what data they were already capturing, where the key gaps were and what their priorities were for improving their data collection across the SEND system. Indicator mapping also shone light on existing

information that was not pulled through to a central place. This led to conversations around developing pan-area information sharing agreements to support the sharing of data.

- **Involve and listen to children and young people** – both in conversations about the data you want to collect and how to collect it. Without better understanding children's views and experiences, it would not be possible to design an approach that is relevant to their lives and which can be used to shape support in a meaningful way. Significant improvements were made to all pieces of work as a result of a conversations with children and young people.
- **It is worth spending time to get the indicators right** - It was crucial to consult widely and spend time agreeing which indicators to measure and how to capture them. In order for the data dashboard to show data trends over time in a meaningful way, areas need to consistently collect data on the same indicators each year, and this should remain stable for as long as possible. A good dashboard should analyse comparable data year-on-year to see time trend without disruptions every few years as indicators are changed. It is therefore important to get it right from the beginning.
- **Focus on progress not perfection** – Moving from a focus on output-based data to outcomes-based SEND data requires a cultural shift. There are significant challenges to address including improving Information Sharing Agreements, amending IT systems, and addressing restrictions of existing provider contracts and data reporting which take time to be changed. Each pilot site was also in a very different place in terms of how much data they were already collecting, and the maturity of their data systems. We therefore encouraged all areas to start where they were and focus on developing an outcomes-based approach to data, rather than expecting to collect data on every indicator immediately. As a first step, it is hugely valuable to bring existing multiagency data together into the data dashboard and for health, local authority and education colleagues to have access to this data. For the new data indicators, some areas have chosen to focus on particular outcomes first (for example, starting with the indicators for 'I am safe' and 'I am healthy') and other areas have chosen to focus on particular types of data first (such as data from health providers).
  Either way, it is all progress which helps local systems to measure, and ultimately then to improve, outcomes for children and young people with SEND.

Further resources

For more information, please look at the links below:

- CDC - data dashboard and data capture tools on CDC website
- CDC Data Bulletin on outcomes-based data
- CDC Data Bulletin collection
- Understanding strategic outcomes – Hertfordshire case study
- NCB Outcomes Based Accountability guidance
- Midlands ISA template and information sharing guidance
- Child Outcomes Research Consortium (CORC) – Practice guidance on outcome measures

Appendix A – Outcomes and Indicator List

1. My voice is heard
    - % CYP with SEND who report that that the people who look after them care about their opinion
    - % of SEN Support & EHC plans reviewed by the child and their parent carer or the young person
    - % CYP meeting their outcomes in SEN support & EHC plans
    - # CYP and families receiving feedback on how their views have been used
2. I am able to learn
    - # of young people with SEND who are not in education, employment (including apprenticeships and internships) or training
    - % CYP with SEND who report that they are learning new things every year
    - % CYP with SEND who have been excluded from school (fixed or permanent exclusions)
    - % CYP with SEND on a reduced timetable
    - % CYP with SEND who are progressing academically (KS1-4 and Progress 8 scores)
3. I am healthy
    - # School days missed by CYP with SEND missing school due to their health (ill health and health appointments)
    - % CYP with SEND who report that they know how to stay healthy and have the support they need to do so
    - # CYP with SEND attending A&E because of poor mental health, including self-harm presentations
    - % CYP with SEND who are a healthy weight
    - % YP aged 14-25 on the LD register with an up to date (annual) health check
    - % CYP with SEND meeting the PHE Physical Activity Level (physical activity for at least an hour a day, with vigorous physical activity three times a week)
4. I am happy
    - % CYP who report that they enjoy their life (most of the time)
    - % CYP with SEND who report that they have the support they need to cope when life feels hard
    - % CYP with SEND who are involved in a club, group or hobby they enjoy
    - % CYP with SEND reporting an improvement in their anxiety levels after accessing mental health support
    - # of CYP with SEND missing school because of anxiety
5. I feel supported
    - % of CYP with SEND who report that they have a friend/friends or trusted person who they can talk to
    - % of CYP who give a high rating to the support they have received
    - % of parent carers who stated that they know who to contact to get the support they need for their child

  - % CYP with SEND who report knowing where to go to access help and support for their physical or mental health or disabilities
  - # of CYP with SEND accessing short break activities

6. I am safe
   - % of CYP with SEND who report that there is someone at their school, college or education setting they can go to if they feel worried
   - % of CYP with SEND who feel safe and like they belong in their local community
   - % of CYP with SEND who feel safe and like they belong in their education setting
   - % of Parent Carers who agree that the professionals who care for their child safely meet their health needs
   - % of CYP with SEND who reported bullying to education staff who say the that the bullying has now stopped.
   - # of MASH referrals for CYP with SEND
   - # of CYP who are CiN/CP/CSE/CCE

7. I am in control of my life
   - %/# of young people with SEND (18-25) in employment
   - %/# of young people with SEND (16-25) undertaking a supported internship or apprenticeship
   - % CYP with SEND who report that they are able to safely and confidently access public transport
   - % of 18-25-year olds with SEND who report that they have been supported to explore a range of living environments
   - % of 18-25 year olds with SEND who report their living environment reflects their choices
   - % CYP with SEND who say they are supported to make their own decisions about their daily life when possible
   - % of children and young people (11+) who report that they have been supported to think about and prepare for their future

Appendix B - CYP questions for each outcome

1. The people who look after me care about my opinion

☐	☐	☐	☐	☐
😄	🙂	🙁	😠	😐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

2. I feel safe and like I belong in my community (the area I live in)

☐	☐	☐	☐	☐
😄	🙂	🙁	😠	😐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

3. I feel safe and like I belong in my school or college

☐	☐	☐	☐	☐
😄	🙂	🙁	😠	😐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

4. I learn new things every year

☐	☐	☐	☐	☐
😄	🙂	🙁	😠	😐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

5. I know how to stay healthy (and there are people who help me to do that)

☐	☐	☐	☐	☐
😄	🙂	🙁	😠	😐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

6. I have the support I need to cope when life feels hard

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

7. I am involved in a club, group or hobby I enjoy

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

8. Most of the time, I enjoy my life

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

9. I have a friend(/s) or someone I trust who I can talk to

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

10. I know where to go to get help and support about my physical or mental health needs or disabilities

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

11. There is someone at my school or college who I can go to if I feel worried

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

12. **In my daily life, I am supported and encouraged to make my own decisions -** ***For example, about what I wear and what I want to do in my free time***

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

<u>Questions for young people aged 11-25</u>

13. **I am supported to think about and prepare for my future**

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

14. **I feel safe and confident using public transport (using the bus or train)**

☐	☐	☐	☐	☐
Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree

<u>Questions for young people aged 18-25</u>

15. **People have helped to think about where I want to live –** ***For example whether I want to live independently, live in supported accommodation or live with family, and what support I would need***

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Neither agree or disagree

16. I am living where I want to

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree
☐ Neither agree or disagree

About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector with a membership of over 200 voluntary and community organisations and an active network of practitioners and policy-makers that spans education, health and social care. Their aim is to see a fully-inclusive society where disabled children and young people and those with special educational needs can lead full and happy childhoods and rewarding adult lives. They do this by working with the sector to find out what is and isn't working on the ground and use what they learn to influence policy and improve practice.

CDC hosts the following networks and projects:
Early Years SEND Partnership
IASS Network
Making Ourselves Heard
Special Educational Consortium
Transition Information Network

CDC is proud to be part of the National Children's Bureau (NCB), a leading children's charity working to build a better childhood for every child.

Get in touch:

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