
FVP Annual Survey 2020 – 2021 Comparison Report

Results from 20-21
Survey with
comparison across
results 208 to 2021

Parent Representatives

2020 to 2021 Annual Survey and Data Comparison with 2018 to 2021 Results

Introduction

This report has two functions to provide details and a brief analysis of the results of the FVP Annual Survey for 2020 to 2021 and where feasible provide a comparison of data from previous surveys 18/19 and 19/20. As with a previous comparison report any results will be broken down in to several categories; Children and Young People (CYP) Needs and Education; Identification of Need; Understanding of Needs; Support and Review; Information; Social Care and Transitions; Carers Support.

The surveys compared are from the OFSTED/ CQC SEND Inspection Readiness and SEND & Parent Carer Support 18/19. In 19/20 a combination the questions in both the surveys were amalgamated and used to create the 19/20 End of Year Survey. Any comparison will be to identify basic trends and no conclusions will be drawn. A true comparison is not possible as all data sets are from anonymized surveys.

Some changes have been made over time to enable a base line to be developed of parent carer views across a range of areas (see categories above). Where possible the questions have been amended/ added to link in with themes that were listed as areas for concern in Peterborough's Local Area SEND CQC/ OFSTED Inspection report and the subsequent Written Statement of Action (WSOA)

It is hoped from the data gathered that it is possible to gauge annually what parent carers are feeling and experiencing in regards to SEND and hopefully as changes are made for an increase positive reporting to occur. The categories of questions fit with well Preparing for Adulthood, Early Help and Early Support, Joint Planning and Commissioning (individual inclusion as well as strategic involvement).

Children and Young People (CYP) Details (Needs/ Age/ Ethnicity/ Education)

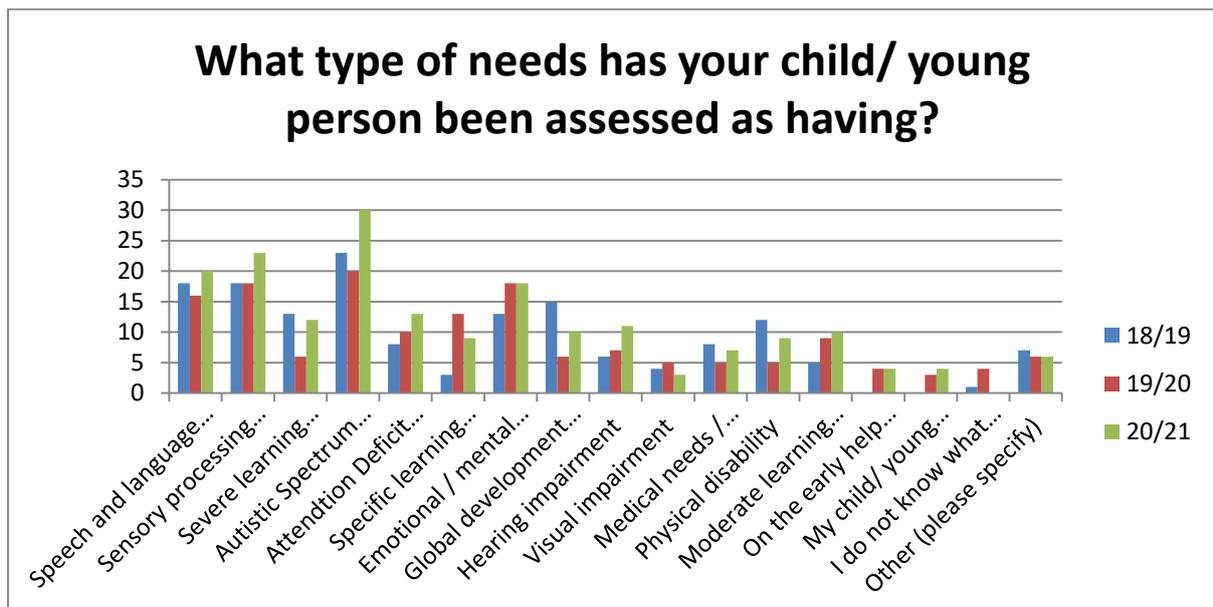


Fig 1. Areas of CYP need as identified by parent carers

Other areas self-reported over and above the categories provided for the parent carers (known from now as respondents) were:

1. Ehlers danlos syndrome
2. Hyper mobility
3. Chromosome disorder
4. Acquired brain injury
5. Cerebral palsy
6. Trauma disorder (PTSD)
7. down syndrome
8. Wiedemann-Steiner Syndrome
9. Possible selective mutism

Across all reporting periods the most frequently reported area of need was ASD. It is also important to note that for 20/21 there has been an increase in parent carers have children/ young people (CYP) with a much broader range of needs engaging especially sensory impairment, physical disabilities and complex health needs.

An area of need/ educational inclusion that was mentioned in the inspection report and WSoA related to the use of part-time timetables by various educational settings. This is an area that has been explored across all reporting periods as well.

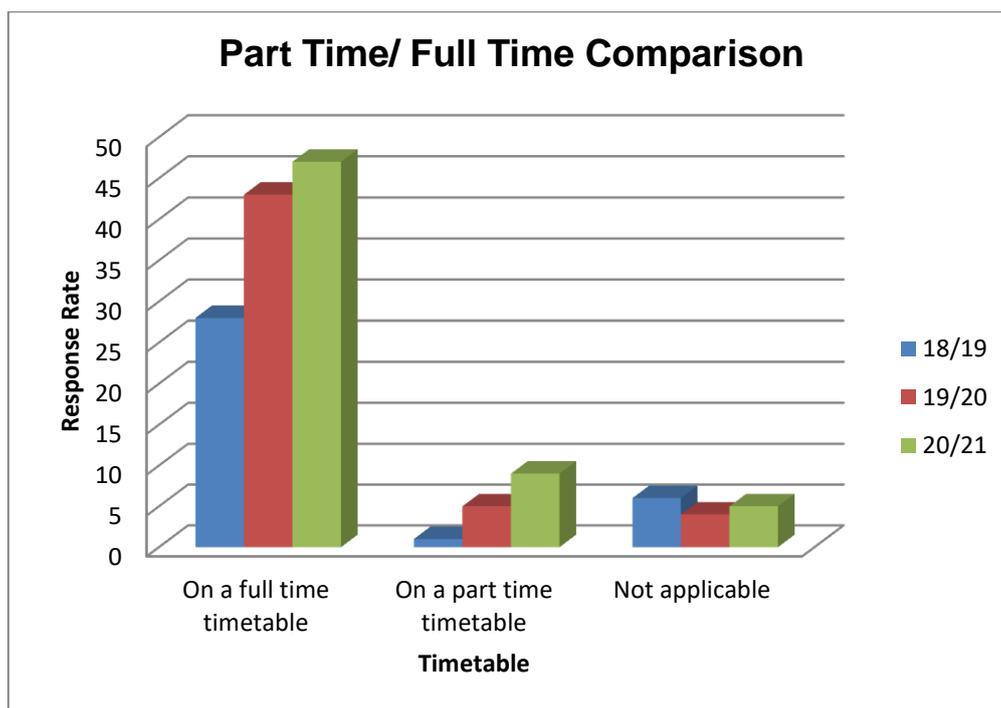


Fig. 2 Educational Inclusion

It would appear from fig.2 that in 20/21 there was a clear increase in part-time timetables being used. This may well link to the impact of the pandemic termed COVID-19 (C-19) and the closure of schools relating to national lock down restrictions. During periods of lock down many families who did have children remaining in school reported that this was on a part-time basis.

Previous surveys have been completed by parent carers whose CYP are now approaching adulthood and this years survey has respondents whose CYP are in younger age groups

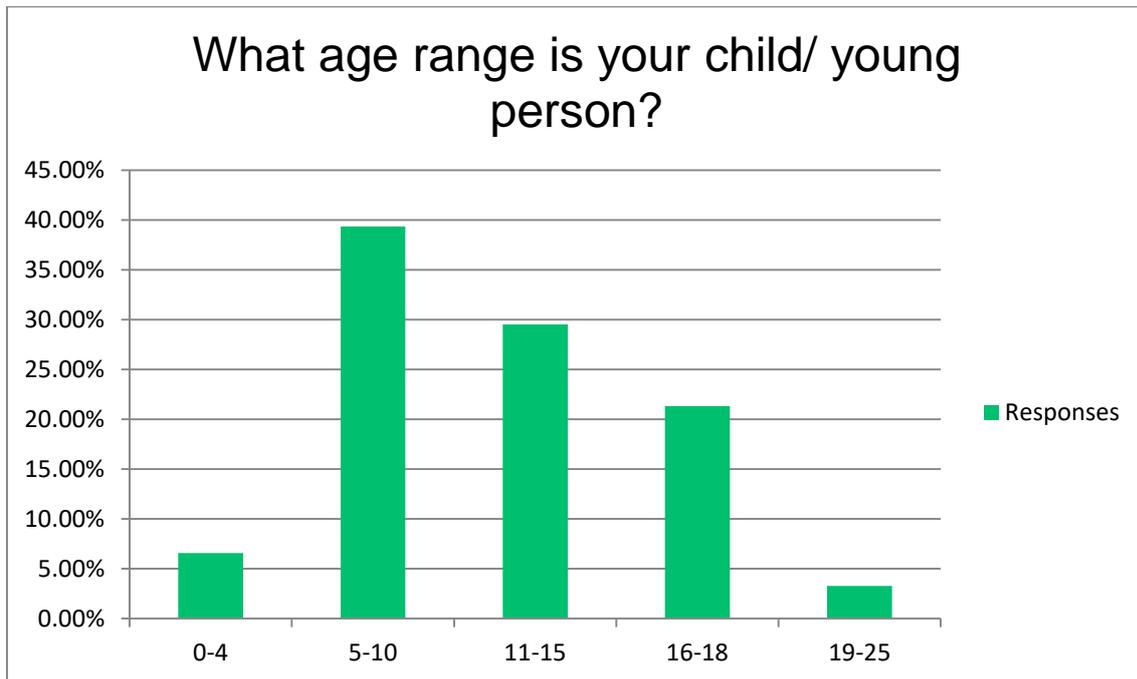


Fig. 3 CYP Age Ranges (20/21 Annual Survey)

Having parents whose CYP are young completing the survey may have affected the results as from comparisons to be discussed it is clear that in some areas there is a slight increase in positive reporting over time.

This year's survey also saw small increases in engagement from seldom heard parent carers; although the predominant respondent still self classifies as "White British"

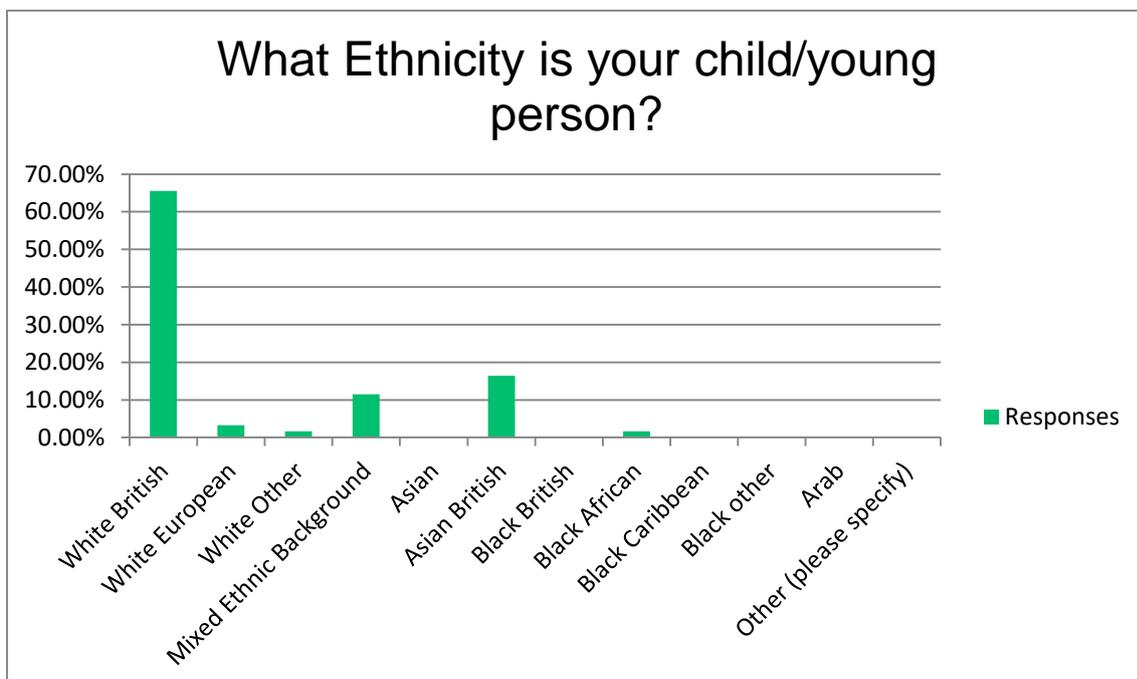


Fig. 4 CYP Ethnicity (20/21 Annual Survey)

Identification of Need

Identification of need for the purposes of this reporting falls under both Early Help and Early Support, Joint Planning and Commissioning (individual inclusion as well as strategic involvement). This is because some of the work informs commissioning and planning and some relates to how individuals feel their CYP's needs are identified. A particular that seems to either work or not from a parental perspective is the Early Help Pathway/ Assessment process for ASD/ ADHD. Parents in one question were asked to select from a series of statements that best describe their experience:

1. I do not know what the Early Help Pathway is
2. I have not heard of the Early Help Pathway
3. I have had an Early Help Assessment
4. I am in the process of having an Early Help Assessment
5. I have been asked to attend a positive parenting course as part of my Early Help Assessment
6. I attended a positive parenting course as part my Early Help Assessment
7. My Child/ young person was referred for an ASD/ ADHD after my Early Help Assessment
8. I was referred for an Early help Assessment even though my child/ young person already has a diagnosis of ASD/ ADHD
9. I have been asked to attend a positive parent course even though my child/ young person has a diagnosis of ASD/ ADHD
10. My Child/ Young Person has been referred to CAMHs and I been asked to take a positive parenting course before they will be seen.
11. I would like to attend a positive parenting course but do not know what I need to do
12. I followed the early Help Pathway and my child/ young person now has a diagnosis of ASD/ ADHD
13. I have already attended a positive parenting course but I have been asked to attend another one
14. I have had a referral to CAMHs for my child/ young person turned down even though they have a diagnosis of ASD/ ADHD
15. I attended a positive parenting course and found it helpful
16. I attended a positive parenting course and it has not helped
17. I have not attended a positive parenting course as this does not apply to me/ my family
18. I attended a positive parenting course yet my child was refused a referral for ASD/ADHD diagnosis
19. Not Applicable
20. Other (please specify)

From Fig. 5 below it can be seen that there was a decrease between 19/20 and 20/21 of respondents reporting not having heard of the pathway and an increase in reporting of being on the pathway or of having had an Early Help Assessment. There also seems to be a year on year increase in respondents choosing the option "I have been asked to attend a positive parent course even though my child/ young person has a diagnosis of ASD/ ADHD" and also "I have had a referral to CAMHs for my child/ young person turned down even though they have a diagnosis of ASD/ ADHD"

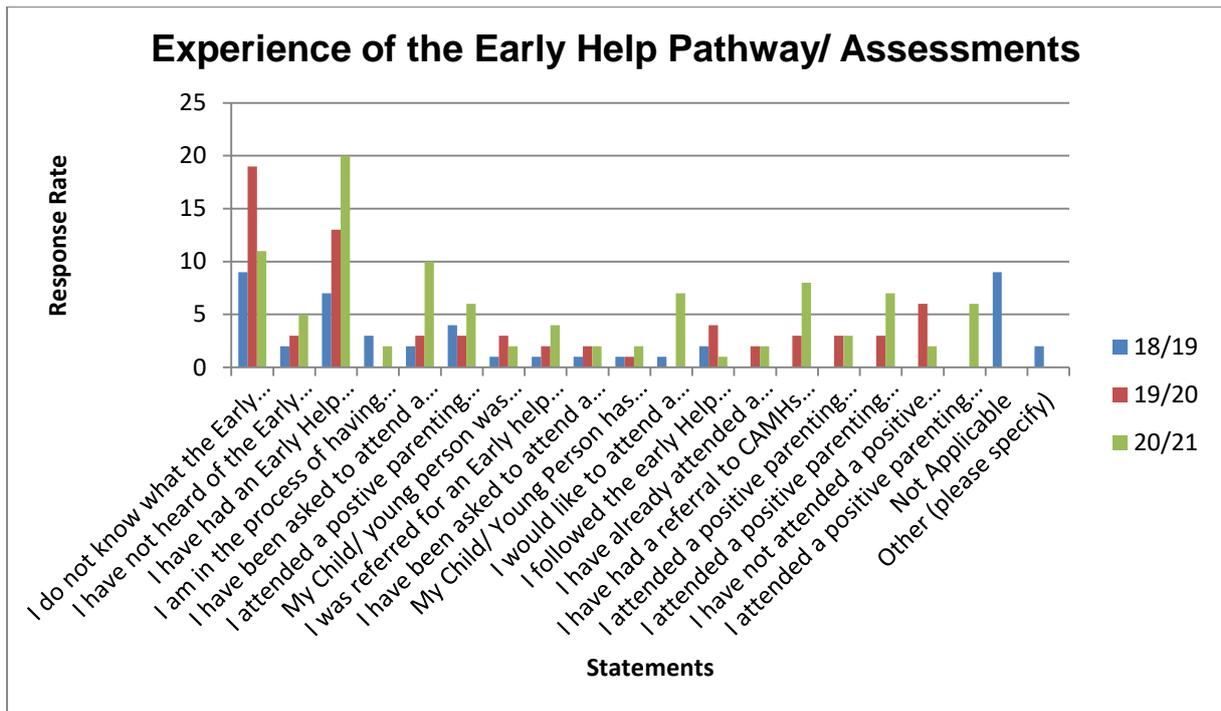


Fig.5 Early Help Pathway Understanding/ Experience

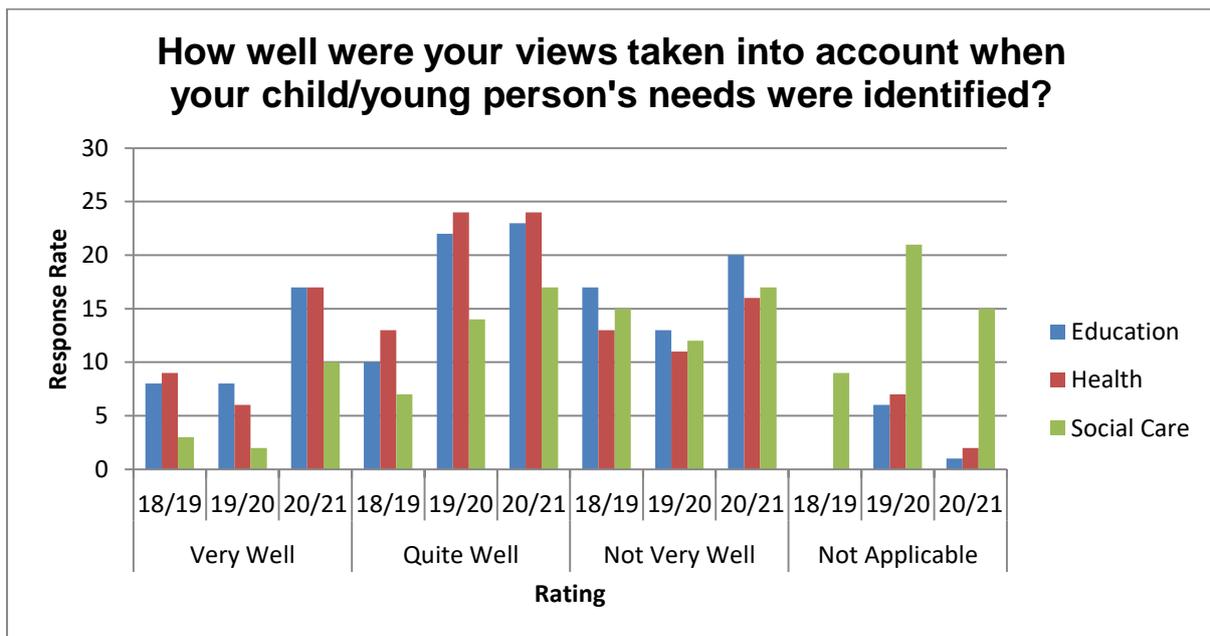


Fig. 6 Identification of Need by Education/ Health/ Social Care

Fig.6 above looks at how well respondents think their CYP needs have been identified by Education, Health and Social Care. It would appear from a cursory examination of the data that overall there was a slight improvement in how respondents feel their CYP needs were identified by all services across 18/19 to 20/21. When looking at 18/19 and 20/21 only across education a clear increase in positive views can be seen (fig. 7).

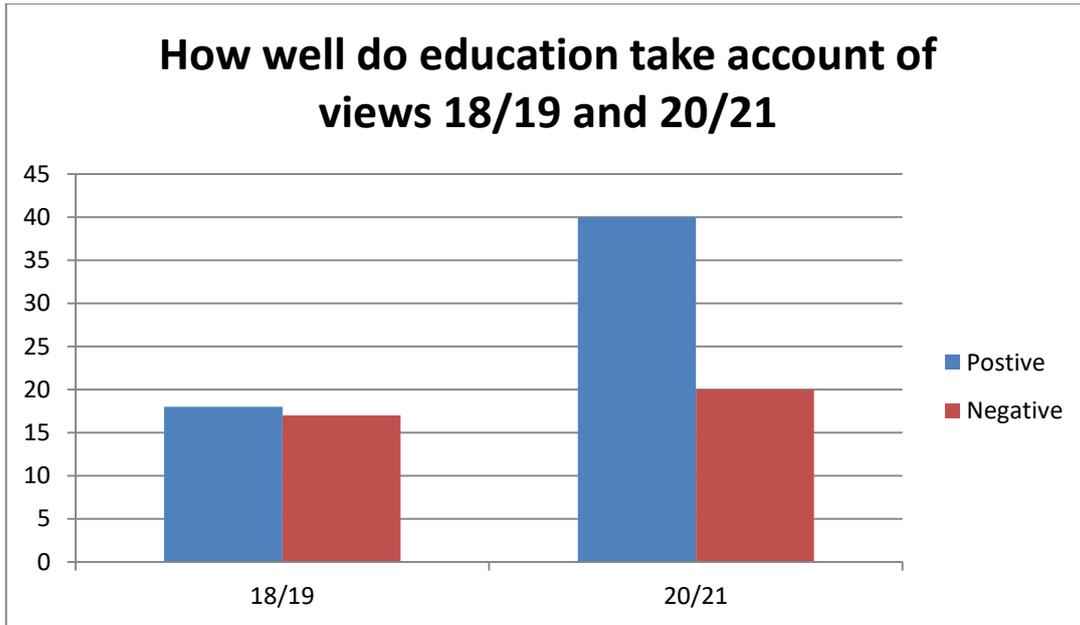


Fig. 7 Comparison 18/19 – 19/20 (parent carer views in education)

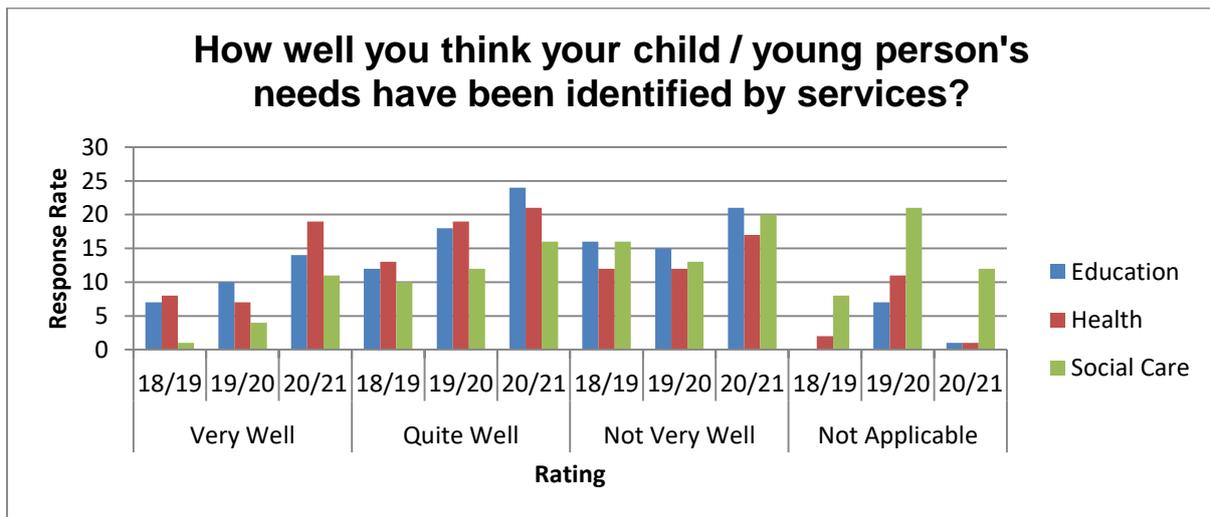


Fig. 8 Identification of CYP needs by services

From Fig. 8 it would appear again that there is a slight improvement across 18/19 to 20/21 with more respondents overall rating services across Education, Health and Social Care as identifying of their CYP needs.

Fig 9 and 10 below also demonstrate an increase in parent carers viewing this area more positively.

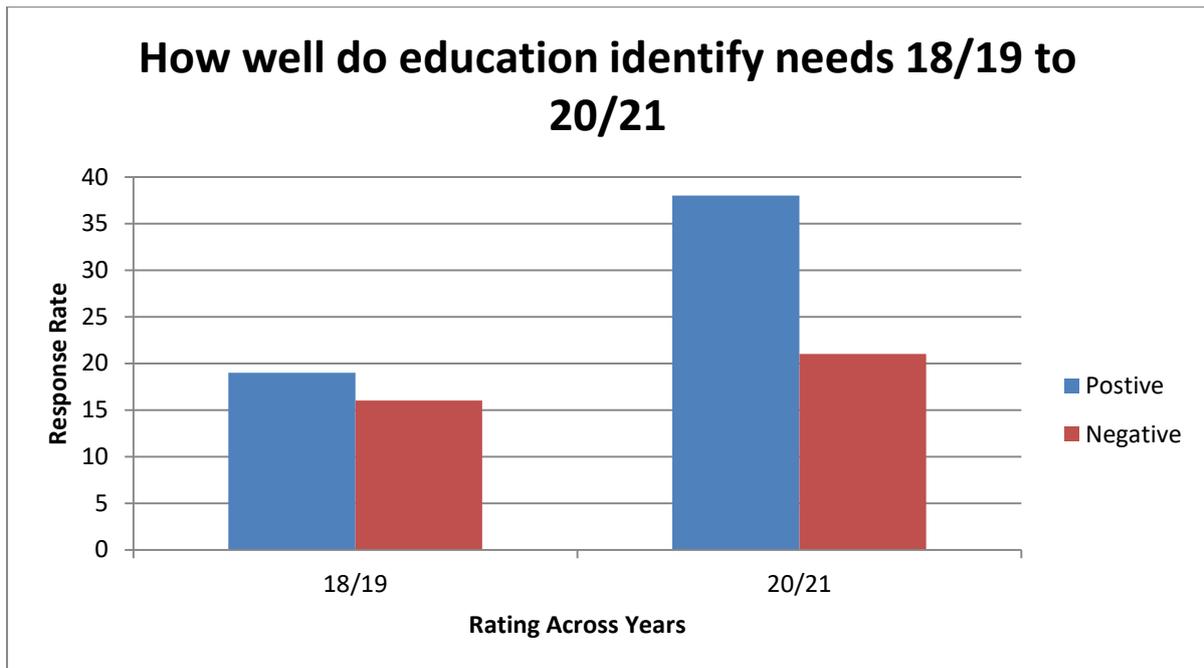


Fig. 9 Identifying needs by education 18/19 and 20/21

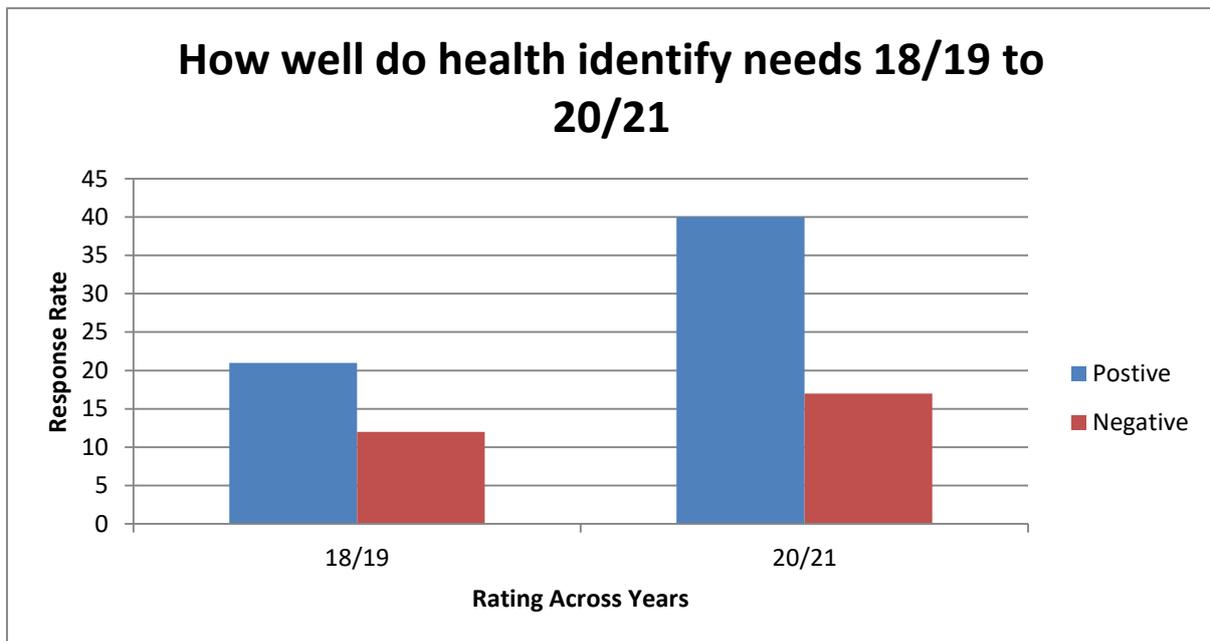


Fig. 10 Identifying needs by health 18/19 and 20/21

Overall across identification of needs social care is either rated poorly in the main listed as not applicable.

Understanding of Needs

Another area of focus is understanding of CYP needs by professionals and parents especially after identification. Again overall there is an increase in positivity in this area. From fig. 11 and 12 as follows demonstrate this.

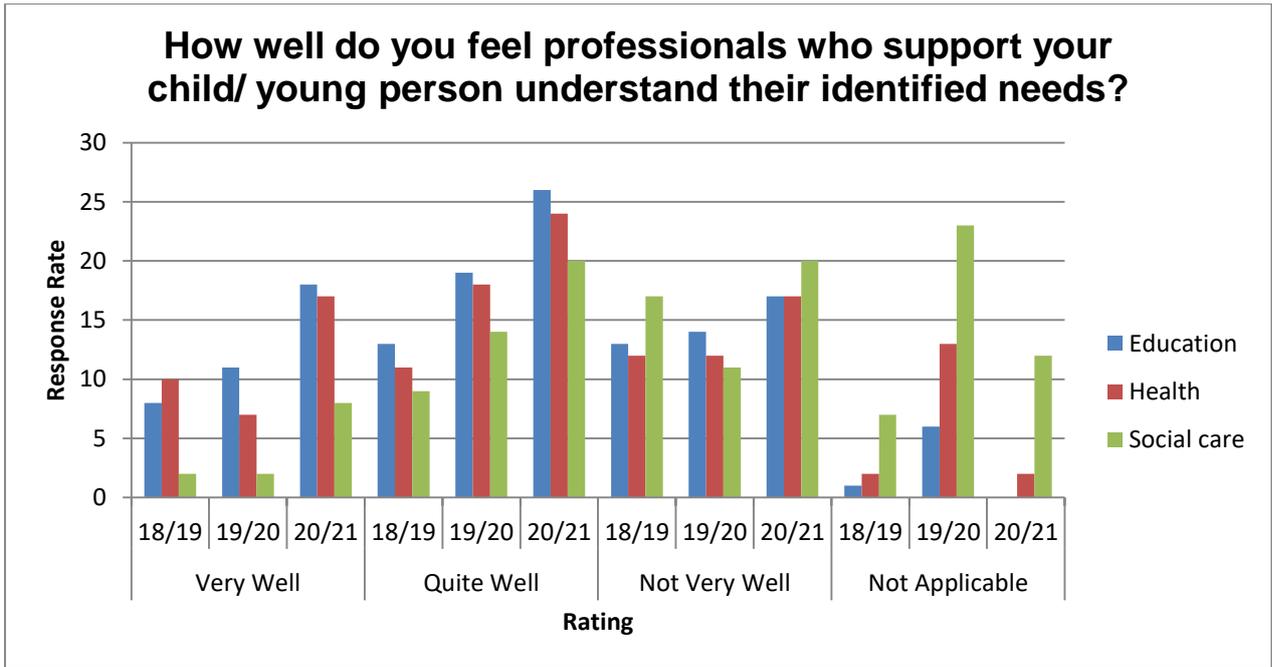


Fig.11 Professionals understanding of needs

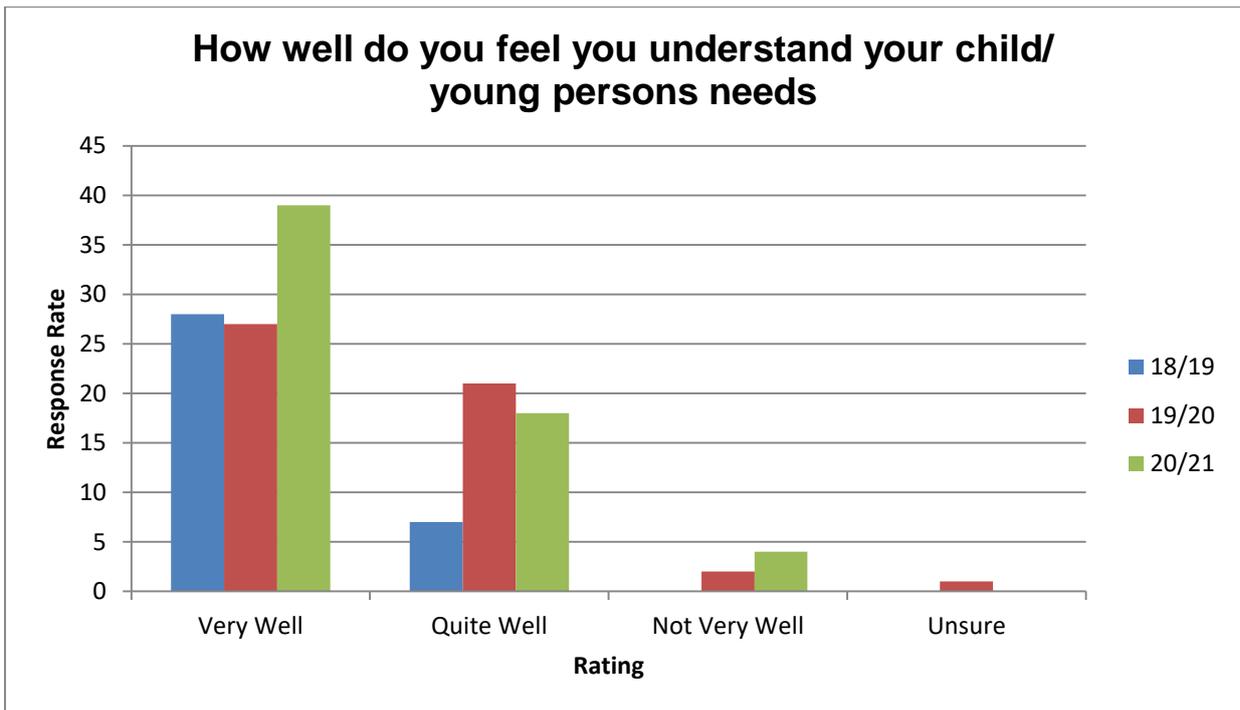


Fig.12 Respondents understanding of needs

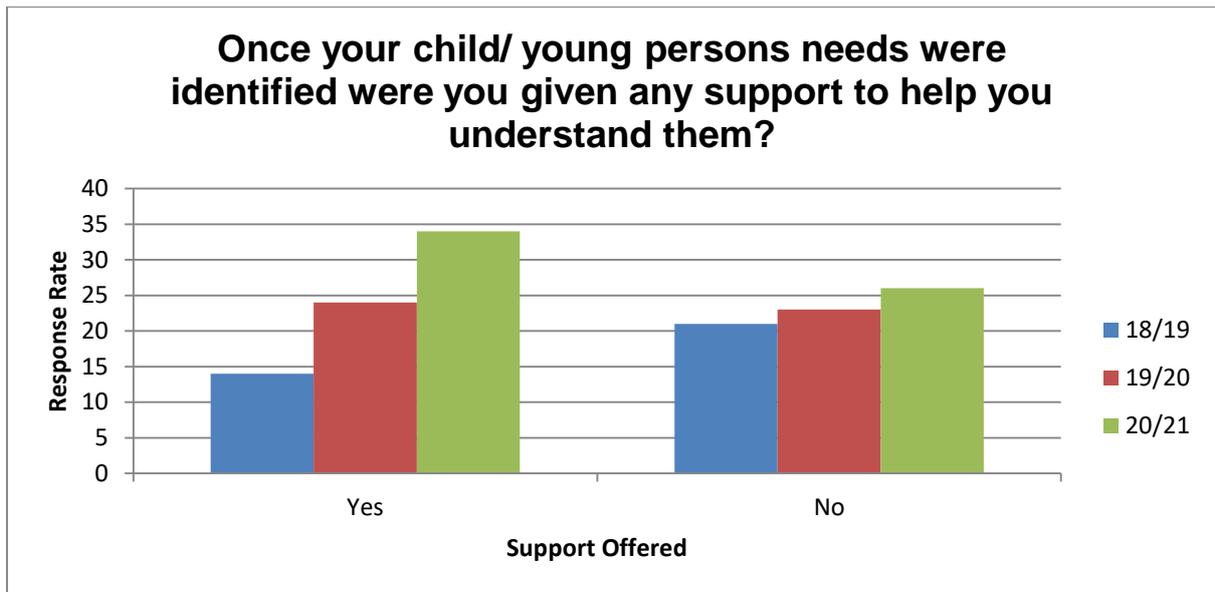


Fig. 13 Help to understand CYP needs

Although there has been a slight improvement the questions above particularly that shown in Fig. 13 some parents still feel much dissatisfaction with this area. The biggest improvement was for 20/21.

Support and Review

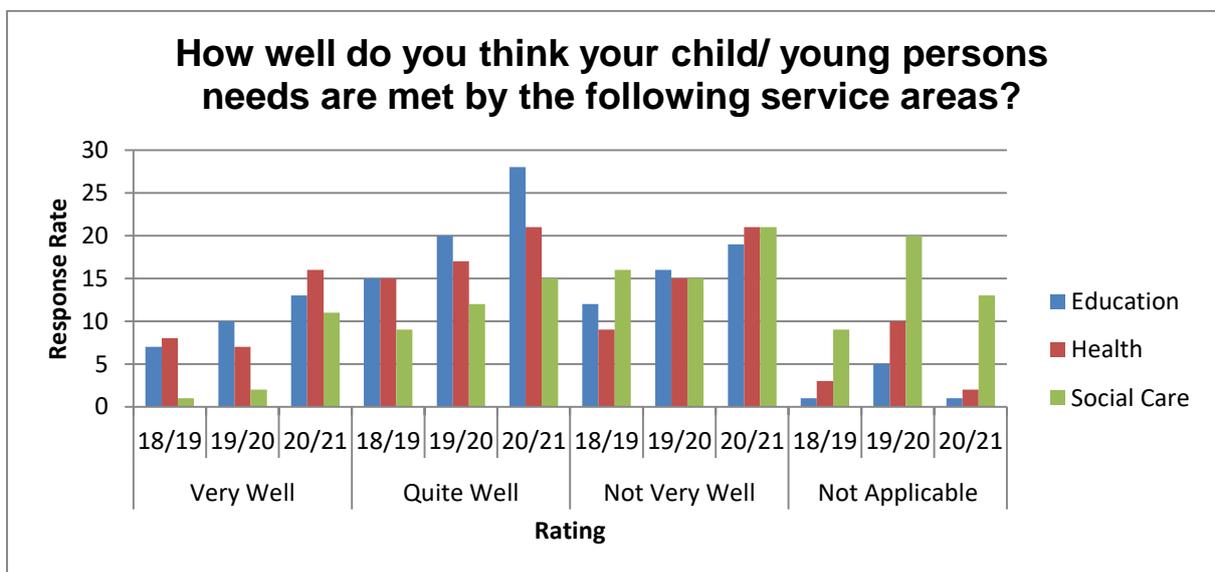


Fig. 14 How well services meet needs

Fig. 14 shows again like other areas already reported improvements in how respondents feel about an area. In this case how well CYP needs are being met. This is easier to demonstrate when looking at Education and Health separately across 18/19 and 20/21 as shown in Fig 15 and 16.

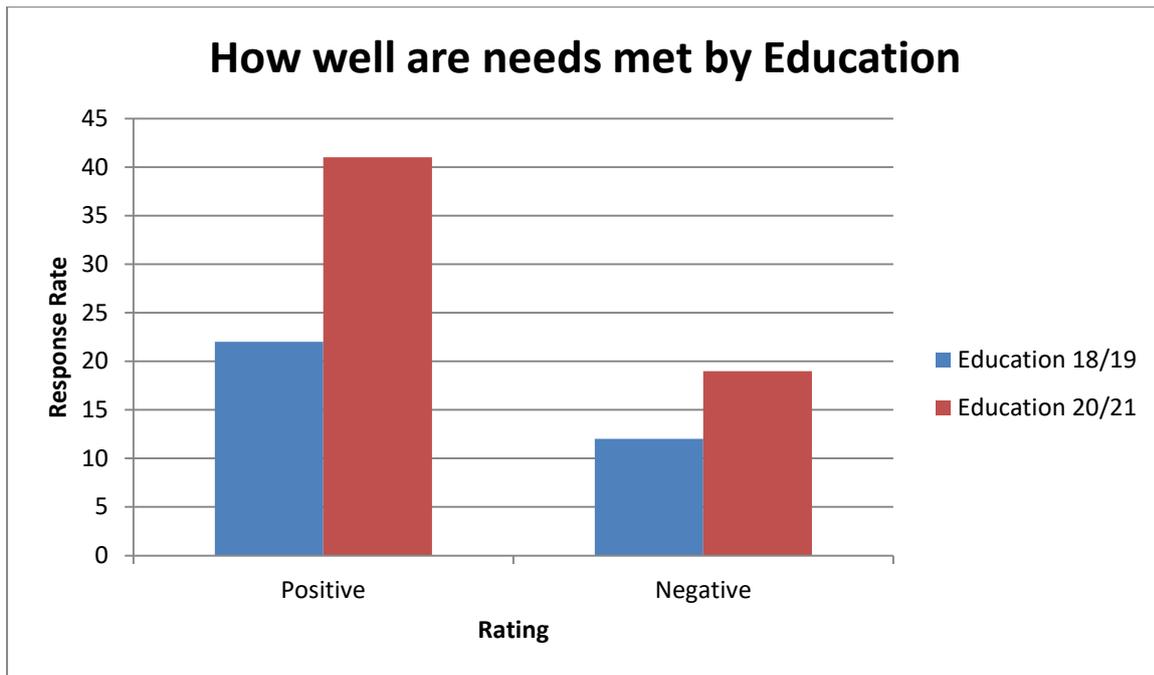


Fig.15 How well education meet CYP needs across years

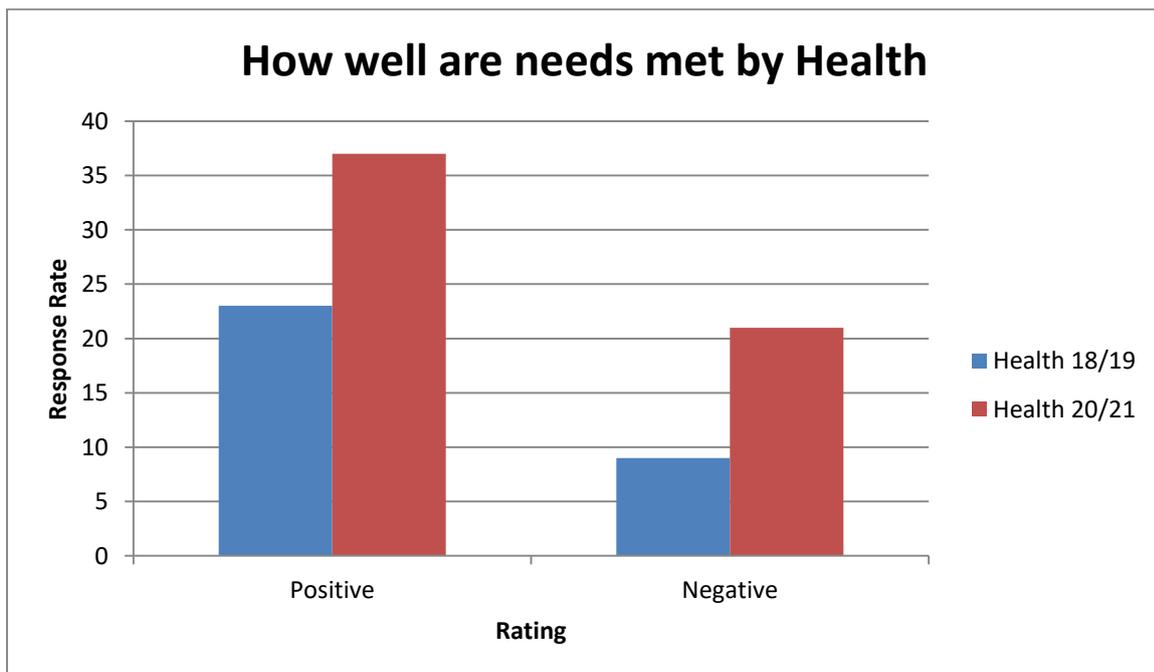


Fig.16 How well health meet CYP needs across years

It is important to note here that respondents are still also reporting that they feel their CYP needs are not being met well especially by Health which may be linked to the survey coinciding with C-19 periods of lock down.

As a result of identifying your child/ young persons needs are they receiving any of the following support with their education?

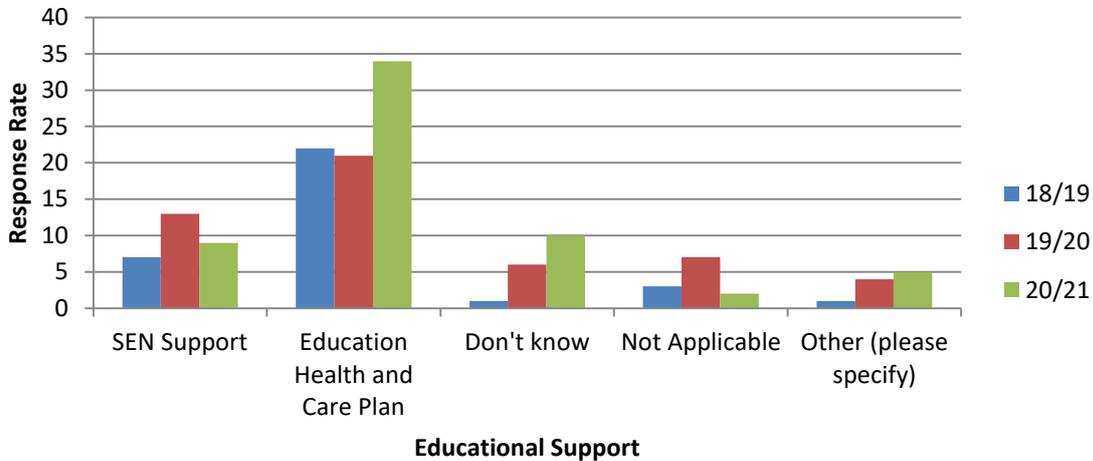


Fig. 17 Type of educational support

- Does not have a plan
- no senco at the school or she would be
- None the sendco is also no help at all
- On paper she receives SEN support. In reality no adjustments are made, there is little understanding and knowledge of SPLD and Auditory processing dyslexia let alone how to actually support her to learn.
- Support for attending hospital appointments and 1:1 time with teachers.

From fig. 17 it can also be seen that more respondents report having their CYP receiving support via an EHCp which matches local EHCp data. It is worrying to also note the increase in respondents feeling they do not know what support their CYP is receiving.

If your child/ young person has an EHC plan, was this plan issued after

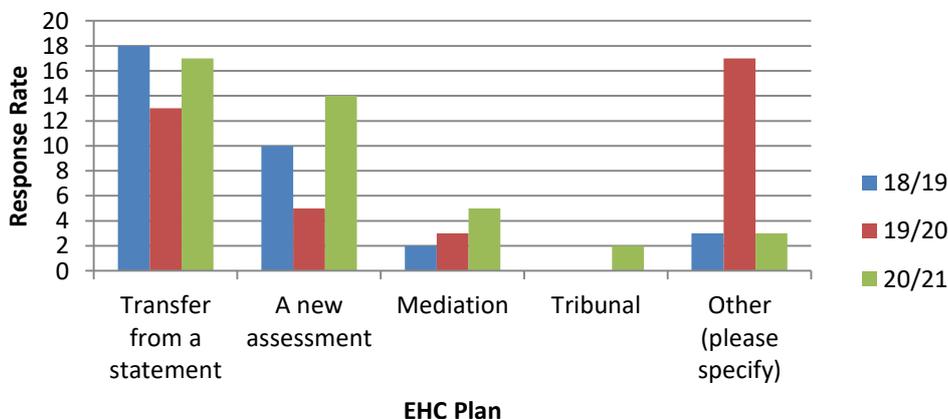


Fig.18 When was EHCp Issued

There has for the past 3 years also been a yearly increase in respondents stating an plan has been issued after mediation.

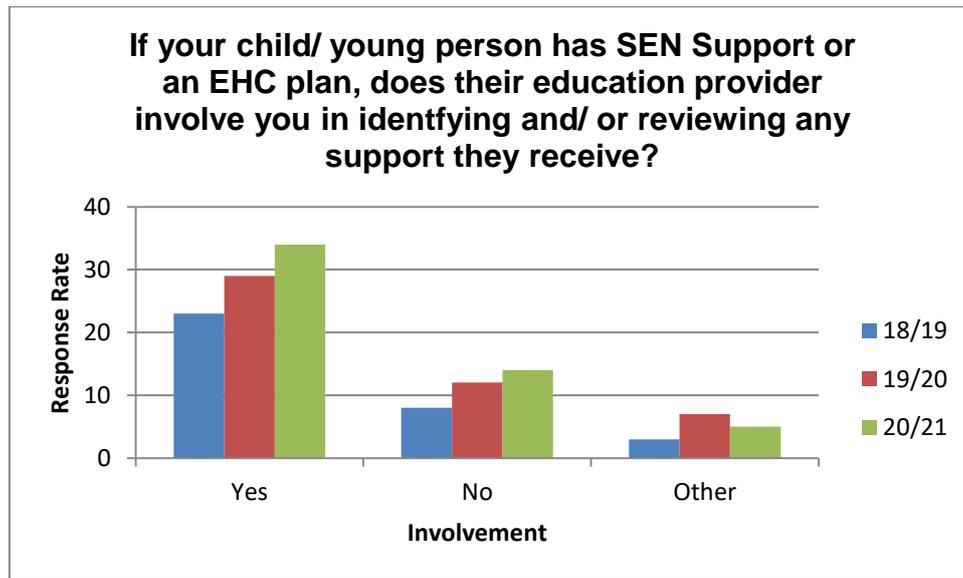


Fig. 19 Involvement in identifying and reviewing support

Views in 2018

- Only been at school for 5 weeks
- I have to be in contact with them for it to happen. It is not a two way process. The school feels threatened and does not welcome my opinion or views as a parent
- Schools couldn't cope, although they said they could, thus my child was traumatised by the education process. I had no option but to home educate

Views in 2019

- Only met in December, no further contact made, several emails and messages left by myself, no response
- Periodically, would like more often
- They are supposed to, but have refused to give specific feedback on how outcomes are being supported and reviewed.

Views in 2020

- Involved but my views aren't acted on
- At the beginning of the course yes, since then there has been no correspondence about ' how' she is learning.
- Very limited
- The support person from the SEND team is good but I have requested information from the actual course tutor consistently since September and have received nothing.

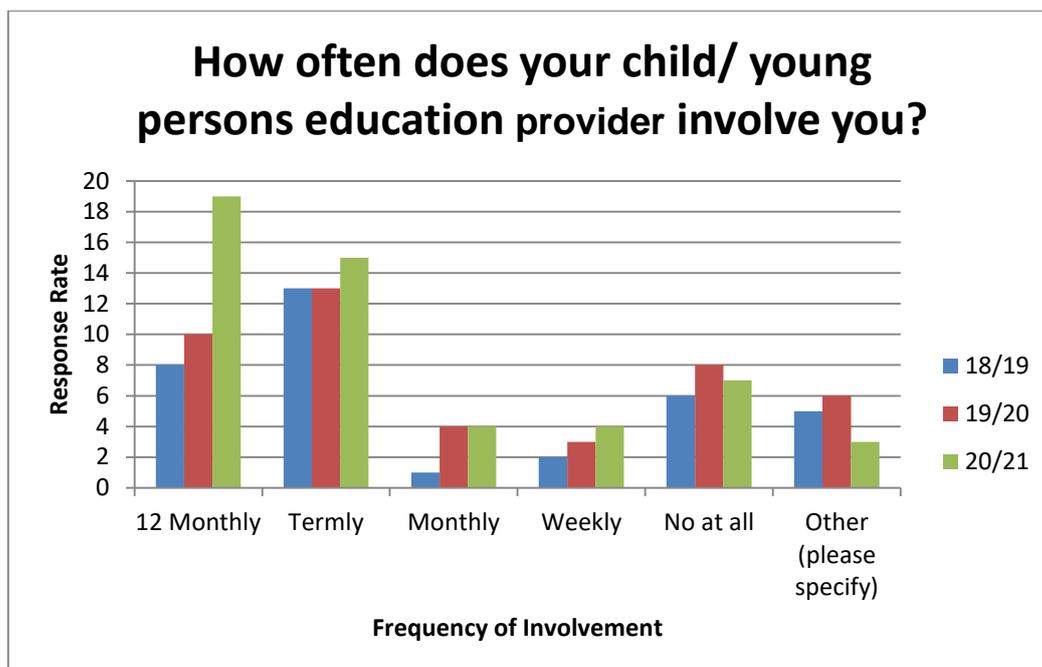


Fig. 20 When parent carers are involved

Views in 2018

- I am regularly contacted via email by my daughter's duties if they have any concerns. And also termly reviews are held.
- Only been at school for 5 weeks
- When ever necessary
- It varies depending on the issues that arise. It is very inconsistent and communication can be abrupt and intimidating
- No involvement from LEA anymore, since I was forced to take my child out of school, it's like they don't want to know.

Views in 2019

- As required via phone or email
- annually while at school till July 2019 - not sure now at College
- At least half termly but more if necessary.

Views in 2020

- Direct contact as necessary, monthly I think not covid
- No
- Maybe every 2 years when we have a annual review

Fig 18 to 20 show a slightly more mixed respondent view of support received around educational needs of CYP. There has been an overall increase in going to mediation to seek a plan and a slight drop in contact with educational providers when reviewing needs and support.

Fig.21 and 22 focus more on health care support and generally there seems to be a decrease in support being received between 18/19 and 20/21 as well as an increase in reports of not being involved in reviewing any support with one respondent linking this to C-19.

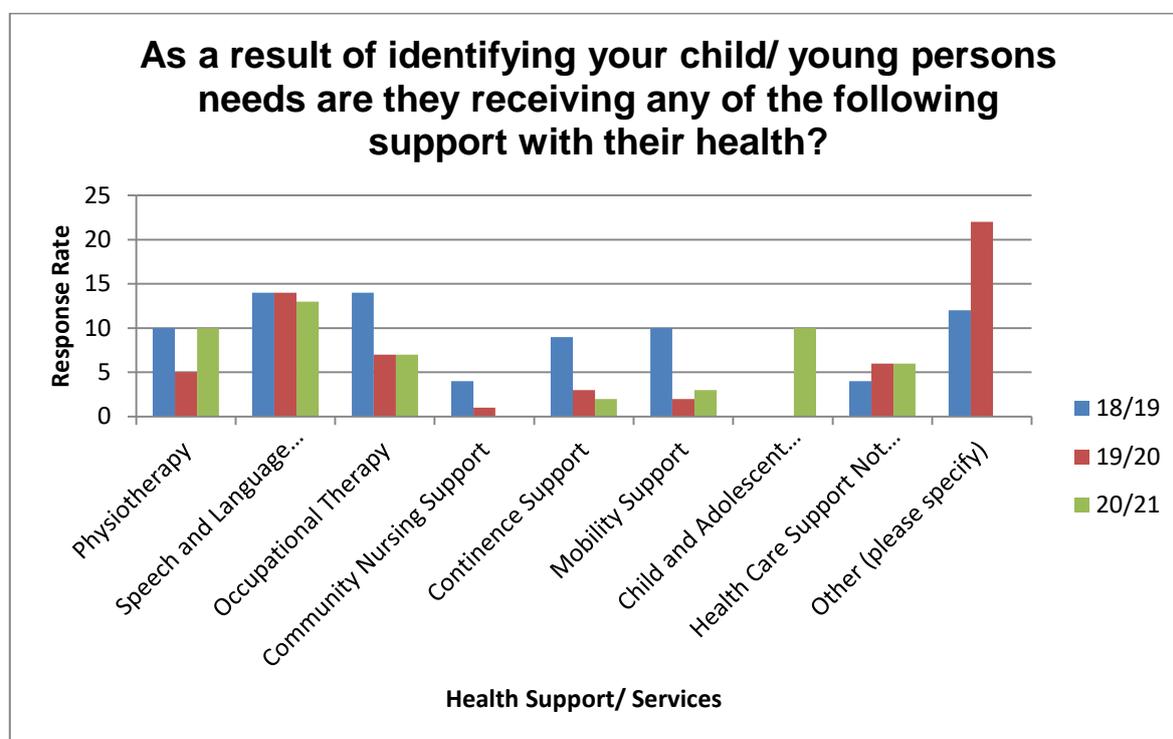


Fig. 21 Health service support

Views in 2018

- Physio to be arranged. Annual hearing reviews and regular in put to her syndrome.
- Not Applicable
- Pay for private SALT nothing through NHS
- None offered
- CBT therapy
- No
- CAMHS referrals have been made to OT but waiting. Received help from AAT
- All been stopped after moving school for some reason
- These are provided by school- not Nhs or local services
- Ptsd treatment but have waited a whole year after diagnosis
- He doesn't need any of the above services
- Keep Referring but keep getting a letter back saying no continually fighting for the services your child needs

Views in 2019

- Counselling through CHUMS
- My son receives no help
- NHS salt woeful provision. Follow local policy not meeting child needs.
- Has had help with speech and ot in the past

- Visual impairment support. Dexterity support
- SLT due to start again soon after break of c8 years
- Only physio provided
- my child attends the ent department only
- We fought for PIP and they get the higher rate in both components
- Dietician, pediatrician
- Not yet diagnosed
- No help at all, not even an education
- Support with maths English

Views in 2020

- Ok
- No support
- No support
- Applied to cambhs but they too busy with covid victims
- VI support link with College.
- "Hearing impairment
- Orthotics
- Private Salt and OT"
- none applicable
- No help
- None
- Has been identified as requiring SLT but this has stopped due to Covid 19
- Mental health and adhd / asperges team
- Cancelling at college every week
- Referred to paediatrics and given support for eyes.

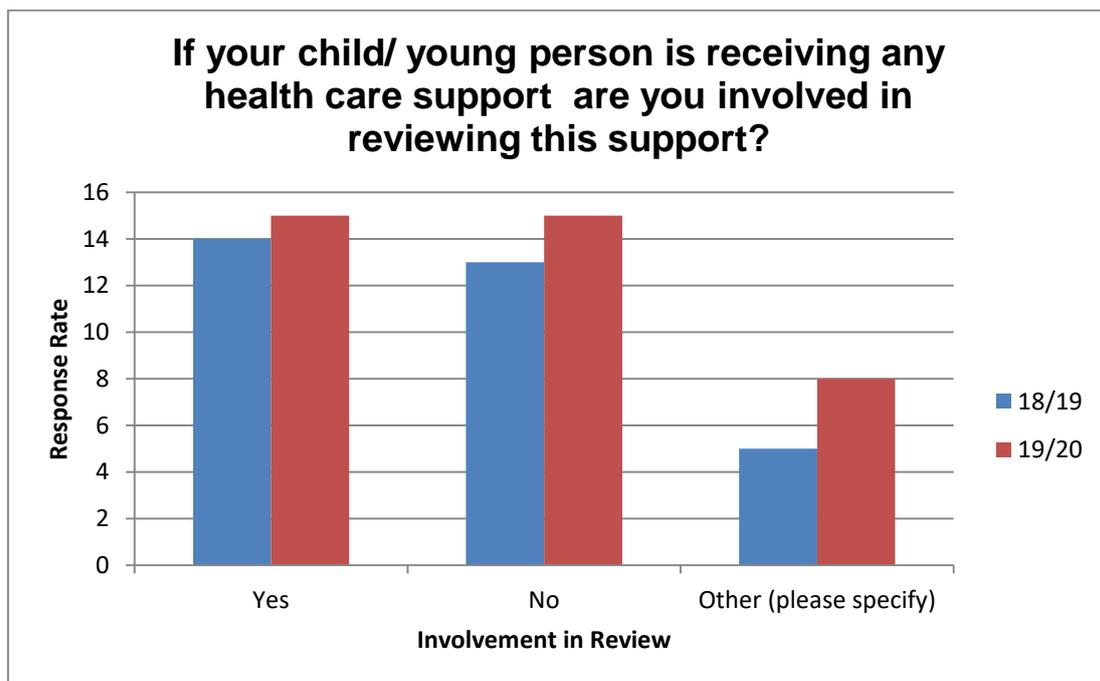


Fig. 22 Involvement in reviewing health support

Fig 23 and 24 which look at the review and monitoring of needs showing the most improvement in Education and very little change across social care. There is also still across education and health an increase in dissatisfaction but the numbers are much smaller. Figs. 25 and 26 demonstrate this further.

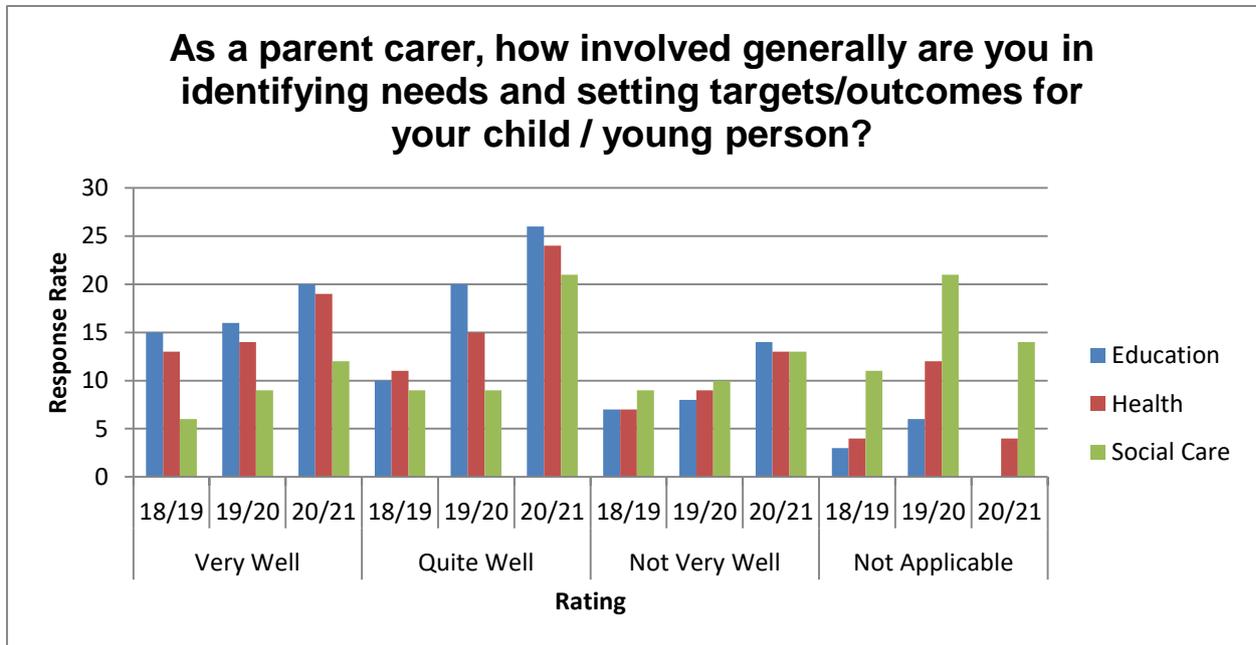


Fig. 23 Involvement in setting targets/ outcomes

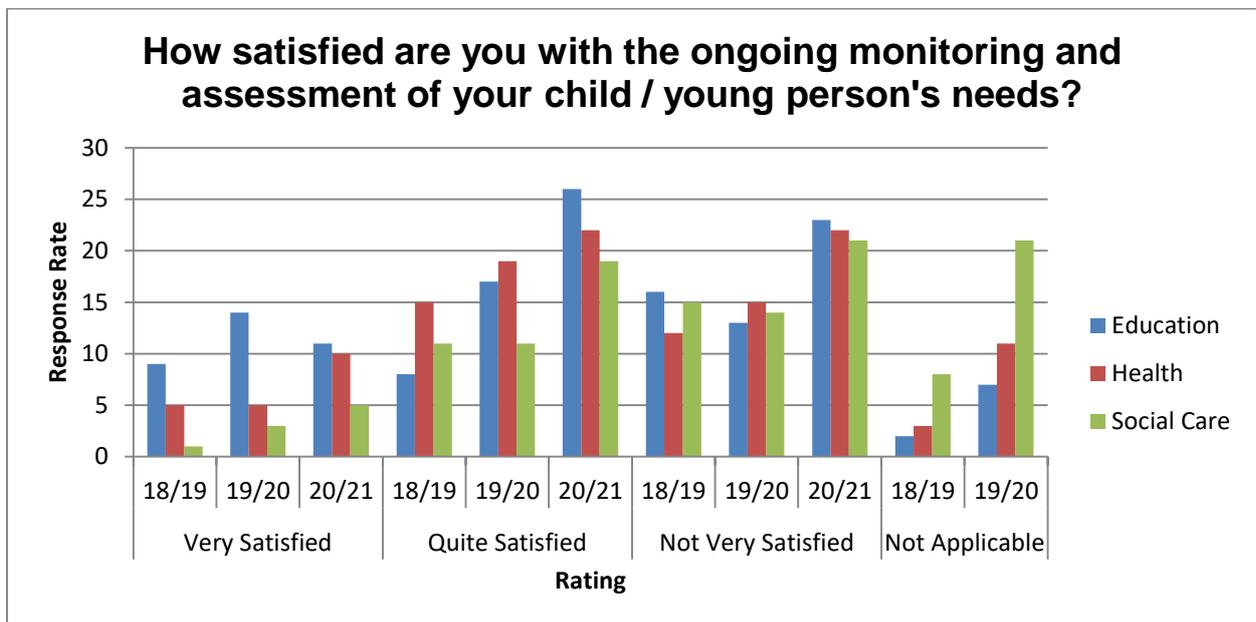


Fig. 24 Satisfaction levels around monitoring and assessment

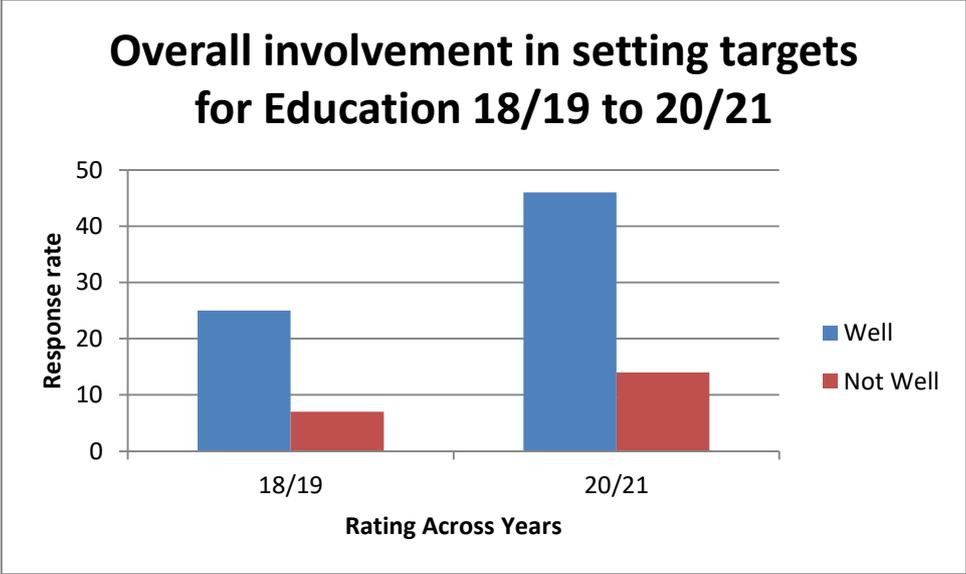


Fig. 25 Involvement in setting targets/ outcomes in Education

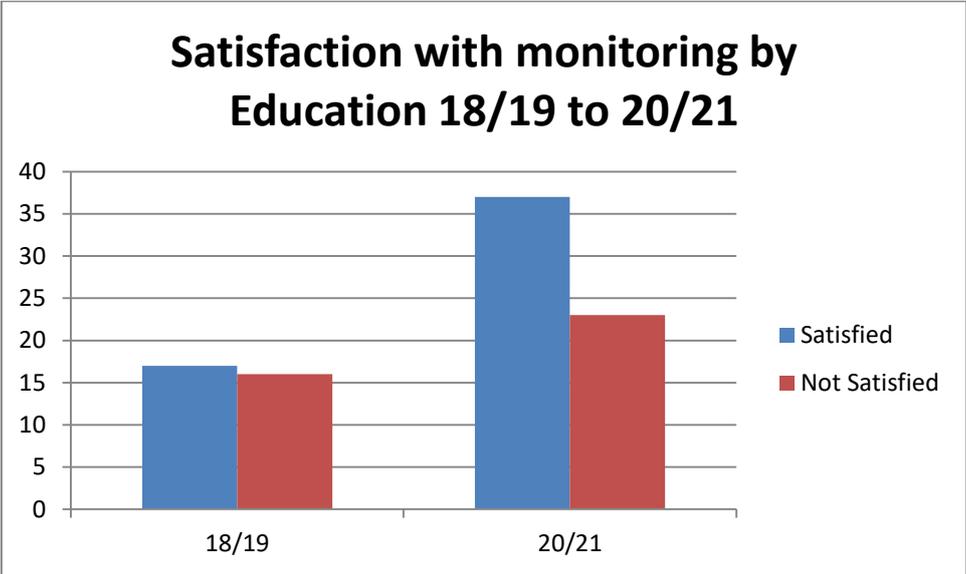


Fig. 26 Satisfaction levels around monitoring and assessment in Education

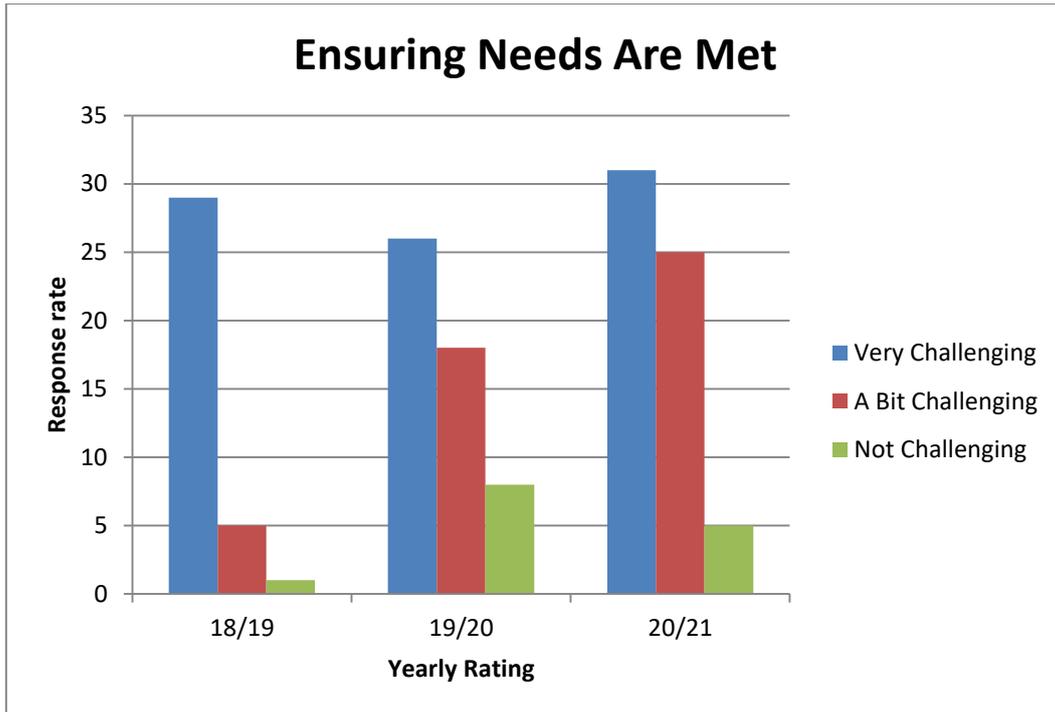


Fig. 27 Difficulty in ensuring CYP needs are met

Overall respondents also report feeling that it is more challenging to ensure their CYP's needs are being met, which fits with a view in some areas that the system is more difficult to navigate and less geared towards meeting needs. There is a marked increase in this view between 19/20 and 20/21.

There is also an increase across the 3 year period being compared of respondents reporting that services do not work well together.

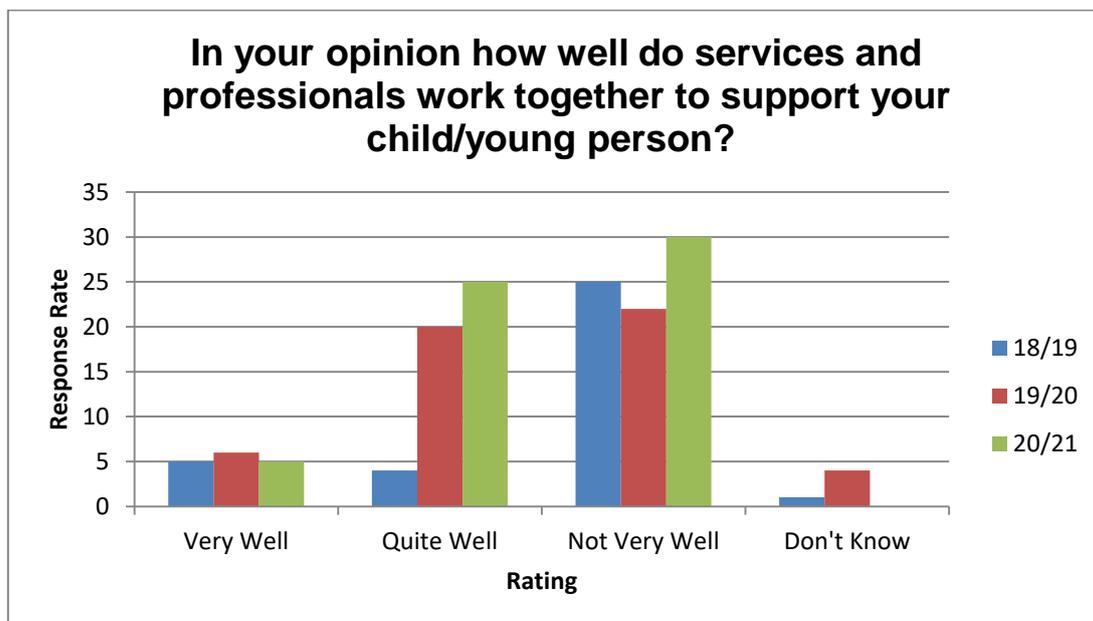


Fig. 28 Services working together.

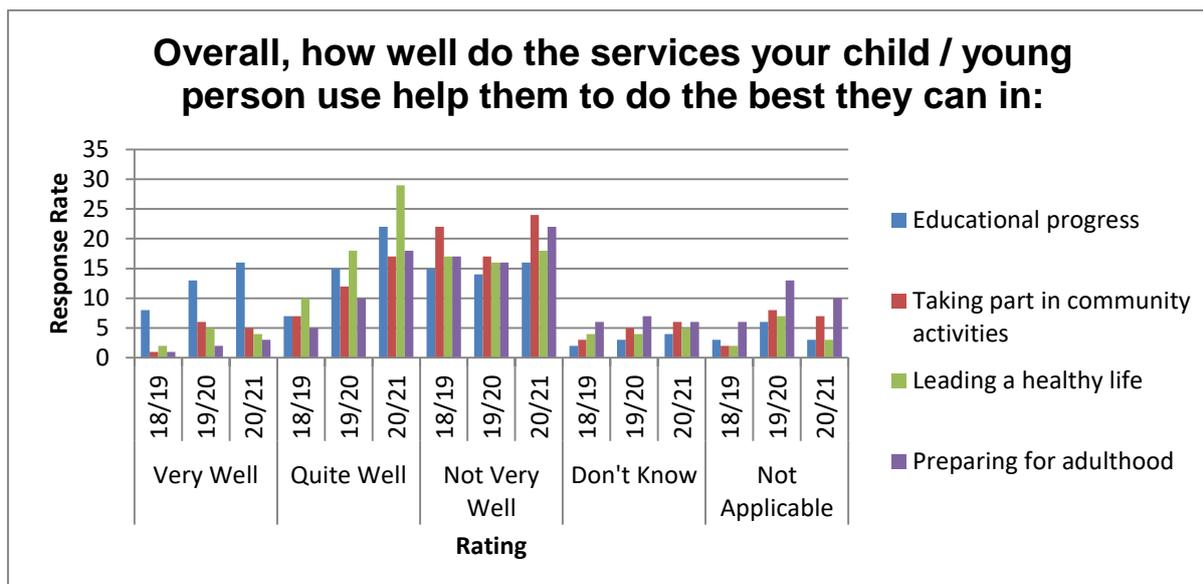


Fig. 29 Overall ratings of how parent carers feel services help their CYP achieve good outcomes

The ratings for how well services overall help CYP do the best they can is much more mixed as shown in Fig.29. Areas as Education see improvement and others such as Preparing for Adulthood see a downward trend with more respondents feeling this area does not do so well.

General views were also sort in the annual survey around Educational and Health which elicited a very mixed response, with again C-19 being mentioned as an area of impact on services:

Education

- Only have communication after panel meetings, and awaiting referral to get diagnoses
- Been difficult to establish a routine due to covid
- Always told school she didn't understand maths but they didn't believe me.even though we proved that she has Dyscalculia
- im fighting the school regularly to recognise her needs but getting nowhere
- College very slow to accommodate my son's needs. Early days yet and hindered by Covid but I'm not impressed.
- My son has autism and spd and is left at school to get on with things he has no help given
- Not happy that since being excluded from a specialist school he has only received part time education and even now at post 16 it's only 2 days a week
- Pulled out due to disregard for medical and asd needs
- "There has been promise of a lap top yet none has been given."
- I get a weekly update from TA and have good communication with school
- My daughter attends College 2 days a week but this is the maximum provision available. She is in year 2 of her course and i will start enquiring about next steps on her return in January. It is not immediately obvious
- I get a weekly update from TA and have good communication with school
- My daughter is 4 years behind her learning age. She has learning and physical disabilities relating to two rare degenerative diseases that were diagnosed through genetic testing in March
- Not always listened too

- We have been fighting for additional support for the past 7 years. We have finally gone to First Tier Tribunal, and the therapists engaged by the LA are identifying 'significant and wide ranging needs' and 'clinical' need across a number of areas.
- I am pleased with how he has settled but he was sent home on the last day of term due to sensory overload meltdown and I'm worried about the new term and how they will deal with his behaviour/needs.
- Sons SENCO is brilliant, the teachers are great and have done so well with all the covid changes

Health

- Need to see specialists for behaviour and also physical disability
- Inadequate provision for mental health issues that aren't life threatening
- N/a
- After my son was diagnosed I had a support worker and she was brilliant. She helped me to identify my son's needs as I didn't have a very good understanding of autism at the time. She helped me to identify triggers and positive parenting skills and I can't thank her enough for her support. I was very sad when she had to leave working with the family due to cut backs in social support. I think this support is vital as like me many people out there won't have an understanding of autism until they are guided and supported. Having a child with additional needs is hard enough but if we don't have that support in place then it makes it even harder. When I received the support I had noticeable changes in my son's behaviour and I was able to help support him more. Happy mummy happy son. He still had meltdowns of course and temper tantrums like any child but I was more able to deal with it.
- VI contact very helpful. Moorfields Hospital is very professional.
- We are under St Mary's and pch adult service now and it's amazing the difference from children's service that was lacking badly
- I took my daughter for a hearing test which she passed. An auditory processing assessment was refused due to cost. GP explained that assessments only available out of county, was told to ask school. School refused. No diagnosis.
- Difficult to get helpful insight into menstruation issues
- Not interested in general and keen to discharge her. Even though it is a life time condition that has no cure currently
- Very frustrating
- Taken a LONG time to get support, still chasing our tails to get the right team to speak to us.
- We have requested support for SEMH over a number of years but this has come to nothing so far.
- Salt was stopped due to covid and now he is in school I get no communication from his SALT and I would like ideas to do at home and have always insisted I am included. Seems I have been phased out now he is in school, this isn't helpful to him.
- GP refused umpteen times to refer for diagnosis. Neurodevelopment team refused 3 times now over the years to assess despite private assessment which identifies possible ADHD and suggested local diagnosis.

Information

A common theme across all areas and one that is looked at briefly in the annual surveys relates specifically to information. This is a theme that appears to crop up in most surveys and data gathering conducted by FVP and has been mentioned in all Topics of Importance produced so far.

Generally there is improvement in accessing information, but conversely there is a big increase in respondents stating that it is 'Very Difficult' to find information. There is also a slight increase in improvement relating to use of the Local Offer.

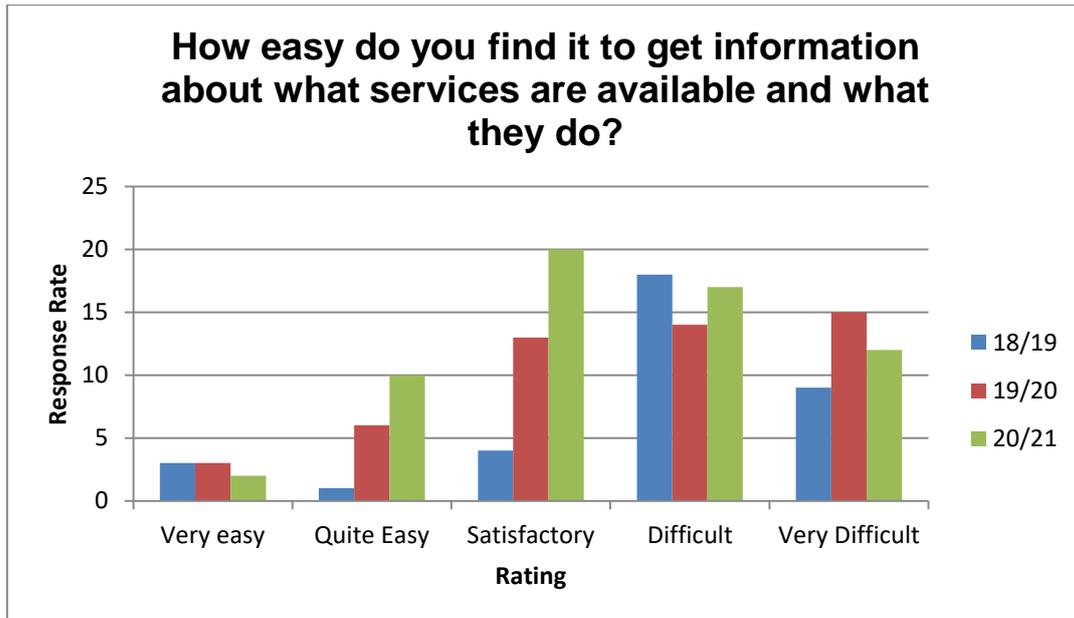


Fig. 30 Ease of finding information

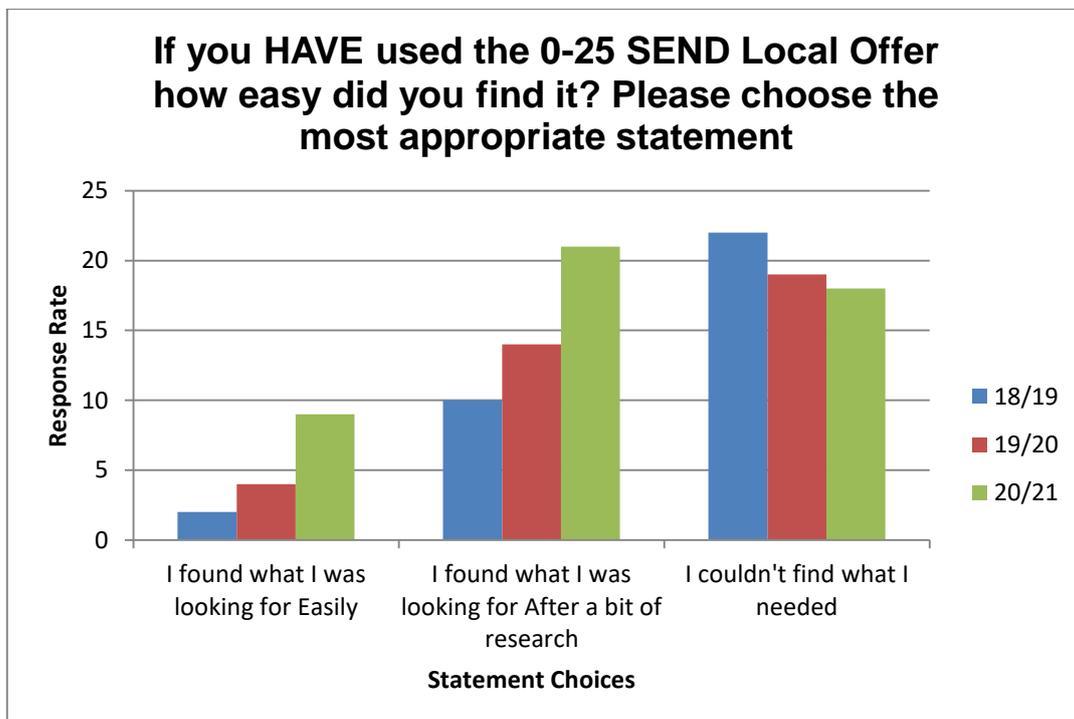


Fig. 31 Ease of using Local Offer

Social Care and Transitions

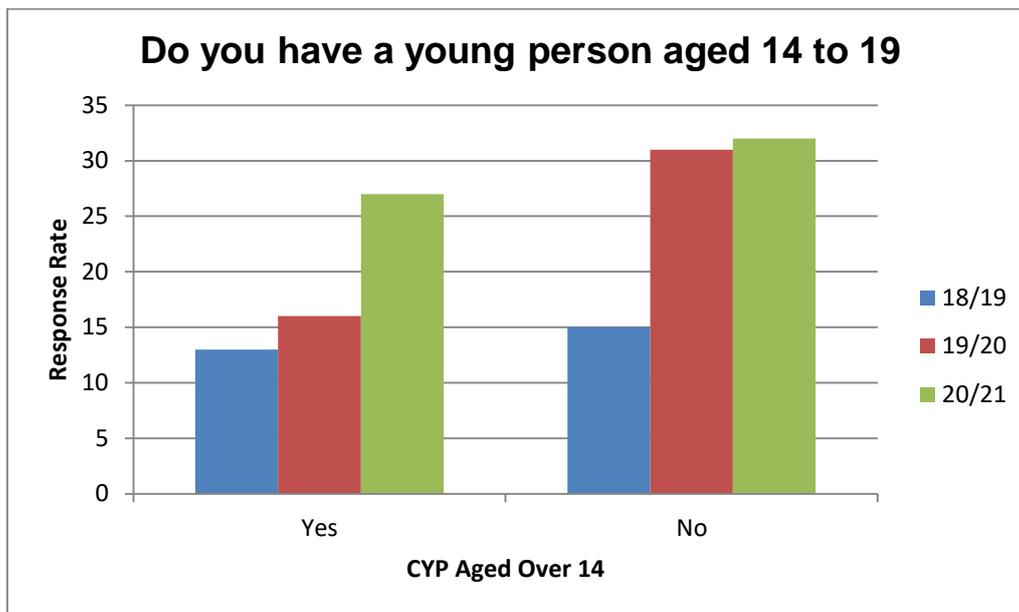


Fig 32 Number of CYP aged 14 to 19

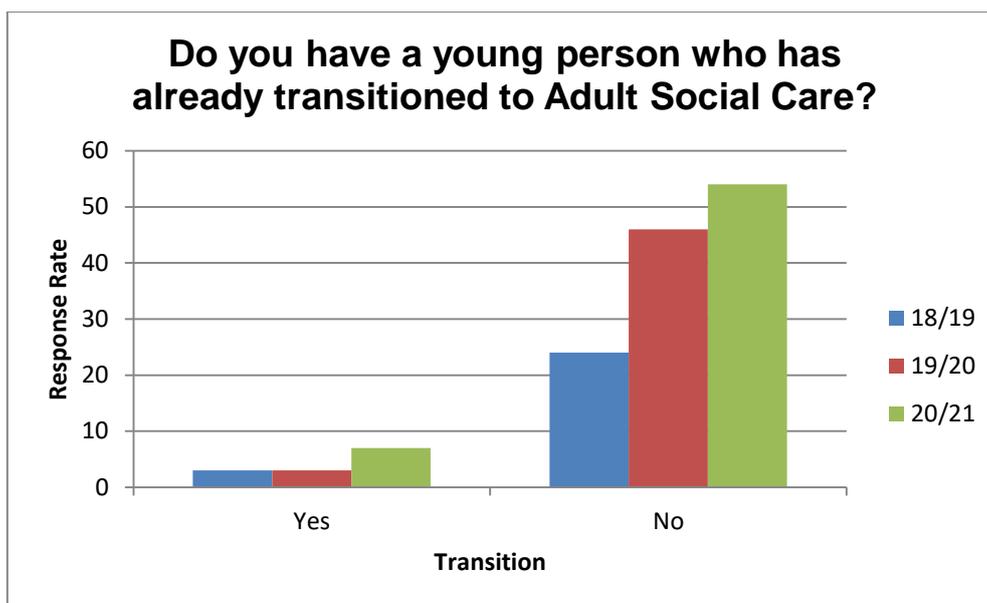


Fig. 33 Number of CYP who have transitioned to Adult Social Care

Figs. 32 and 33 show an increase in numbers who fall under Preparing for Adulthood (PfA) and an increase in numbers who have not transitioned yet which fits with the change in age range of CYP as mentioned in first section of this report.

For those who could provide a rating of their CYP's transition to adult social care there appears to be an improvement as shown in fig. 34.

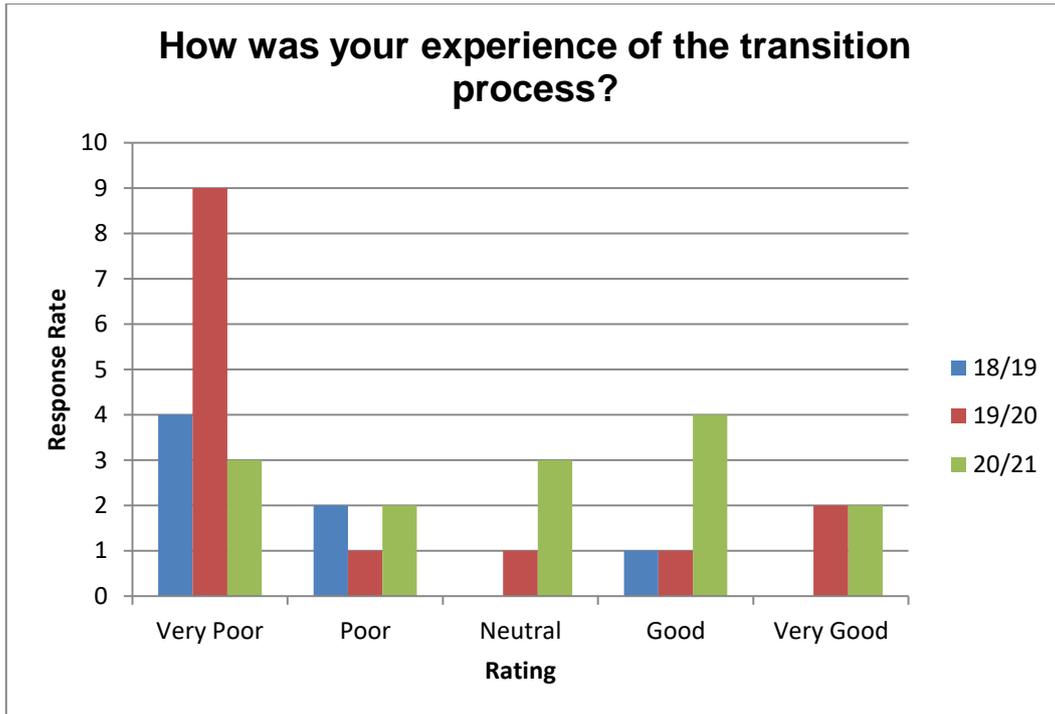


Fig. 34 Transition Experience

Respondents were able also provided a rating on what information was provided to support the transition and what support was provided to understand the process. This is shown in Fig. 35 and 36.

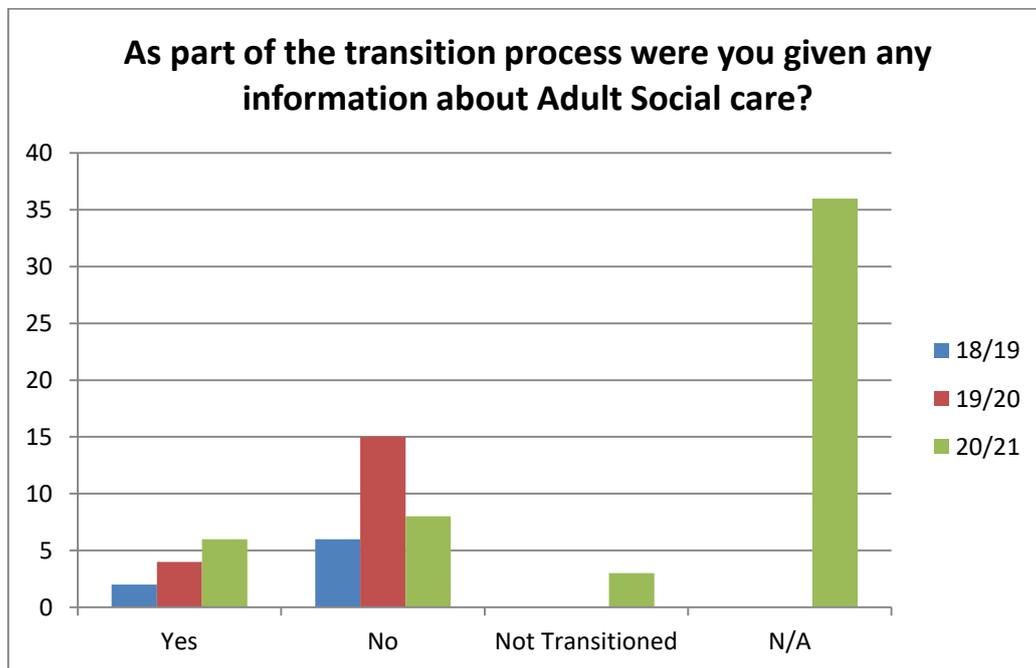


Fig. 35 Information provided regards Adult Social Care

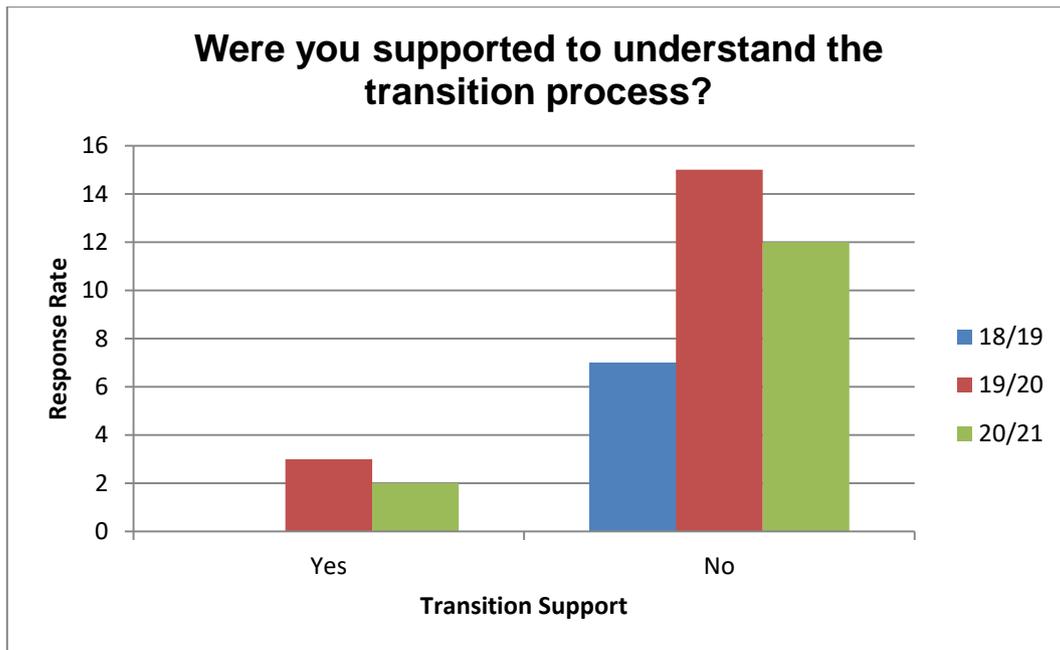


Fig. 36 Support to understand the transition process

From these two areas it would appear that overall support was not provided and there was a lack of information. However fewer respondents reported negatively between 19/20 and 20/21 in relation to information and support.

Finally in the area of social care respondents were asked to rate overall the children's and adult social care offers as shown in Fig. 37 and 38.

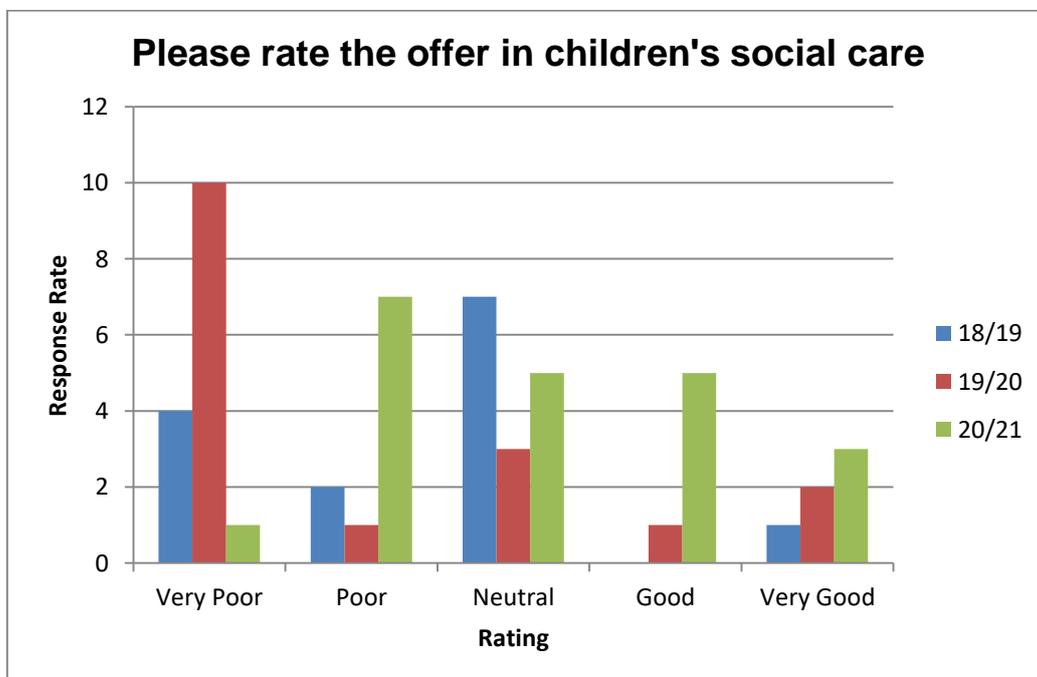


Fig. 37 Children's social Care Offer

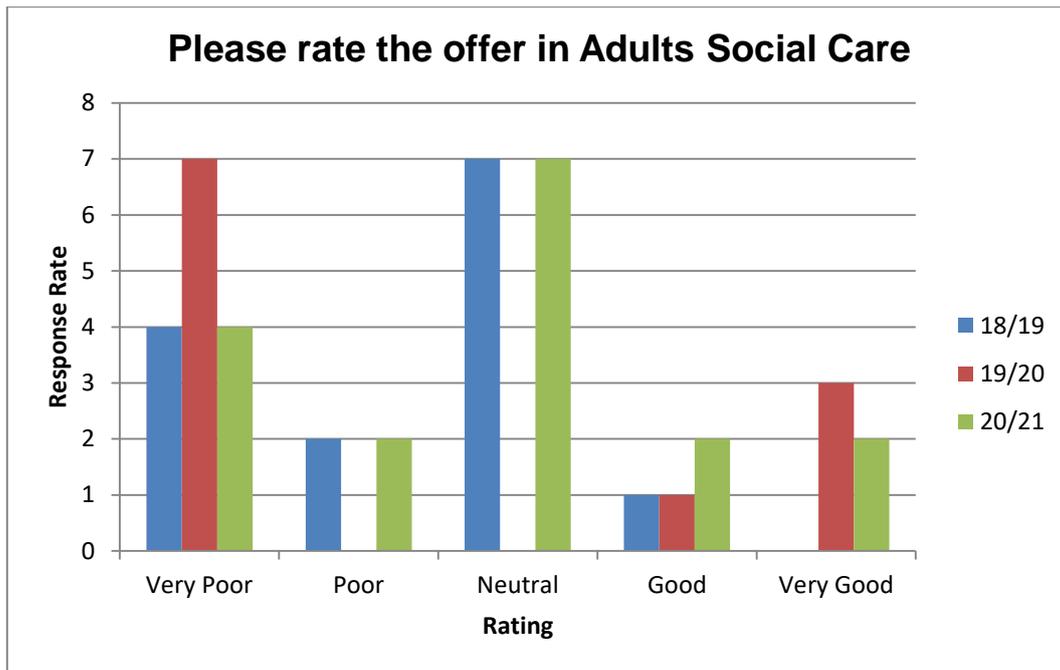


Fig 38 Adults Social Care Offer

Overall there were improvements in ratings of both children's and adults social care and some respondents made the following comments which were mixed with more being negative rather than positive:

- "Confirmed gaming addiction, but no help to manage.
- No help as no ehcp"
- My support worker after my son was diagnosed helped me a lot and I think the work they do is brilliant and this needs to be funded once again so that childrens mental health and mothers and fathers are not suffering as they can better understand the needs of the child and also how to cope with challenging behaviour and situations.
- Never had social care involved
- As above, transition was not well joined up between different providers, I felt I was the only point of continuity and had to search out options myself, took 6 months between agreeing an independent home for my daughter and it actually happening (too long), I still seem to be the only person who is proactive in identifying options for my daughter and fortunately I have the skills to do so. If I didn't my daughter would be much less well supported
- Constant battle to get adult services established, completely failed
- I was refused help many times

Overall Parent Carer Views of SEND 2015 onwards

- Absolutely requirement for specialist autistic provision post 16 in Peterborough
- Disjointed, difficult to navigate, set up for typical cases and ignores non educational issues. Hard to access help without diagnosis, hard to get diagnosis - takes far too long as in years, lots of assistance dependent on ehcp, yet they are only given in extreme cases. No intermediate level help access.
- Getting a ehcp was a very stressful experience and I think the local authority drags out the time frame when things could be taken at a quicker pace.
- I don't know what the local offer is
- She keeps asking for a two parent family but they insist she stays within the family. So she has to live with 72yr old grandmother

- AMVC were fantastic. Family Voice workshops were great for advice. Transition to College very difficult.
- I don't know what you mean by "the local offer"
- "School were great at providing reasonable adjustments for GCSE but threatened to remove because they 'didn't have to provide as no diagnosis' .
- ADHD in girls missed and seen as low level disruption .
- Not enough trained teachers in understanding spld or experienced senco's.
- Been very helpful
- My daughter now lives in supported accommodation. This is a very good move for us both but took a very long time to arrange - 6 months from making a decision to actual move - and feedback from the care agency is not as good as it might be. I'm working on it but the chasing all comes from me
- Everything seems a struggle to get support and help. It's a daily battle
- No help no social care no one cares. Was asked to go back to 'my country' by son's school
- Once I applied for the EHCP I was well supported. The nursery he attended told me not to bother as he wouldn't meet criteria, I applied anyway and he got it first time. He definitely needs supporting in school.
- Awful trying to get hold of the pps is a nightmare. They only called me back after being notified of mediation for a specialist secondary placement by the mediation service! If they hadn't been involved I'd probably still be waiting!

Carers Support

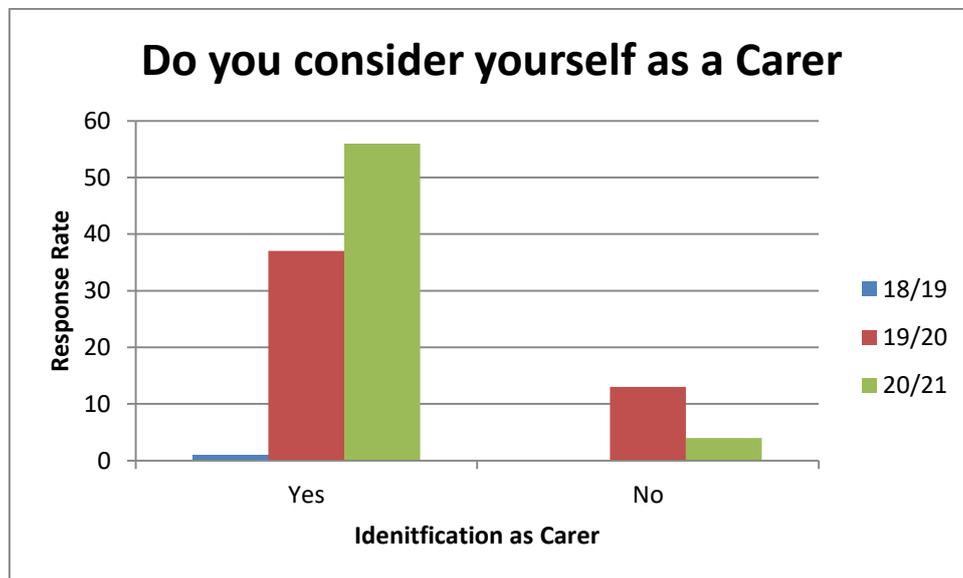


Fig. 39 Self Recognition as a Parent Carer

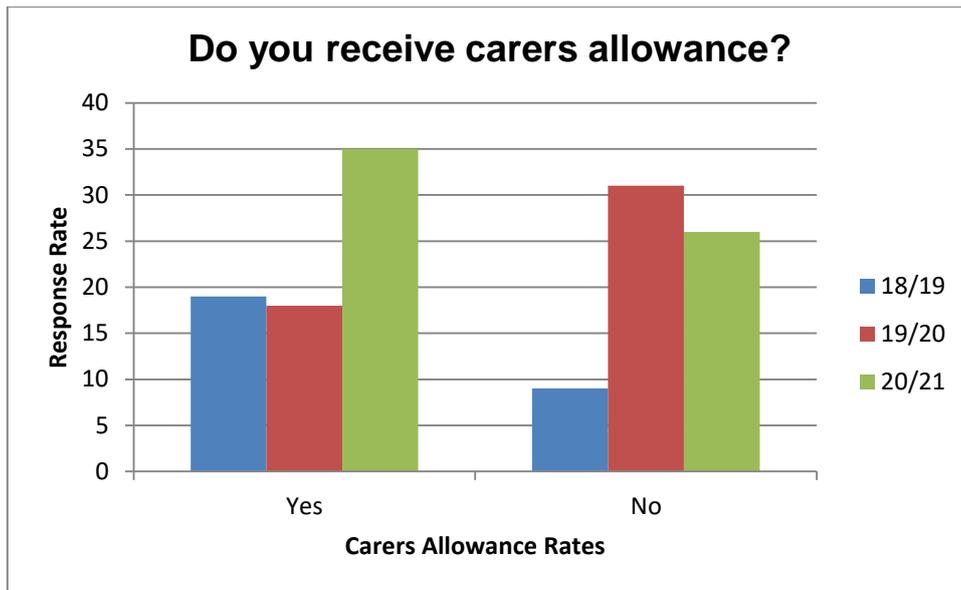


Fig. 40 Receipt of Carers Allowance

From Fig. 39 and 40 it can be seen that there has been a shift in how parent carers view themselves with a clear increase across the years. There has also been a marked increase in respondents stating that they claim carers allowance.

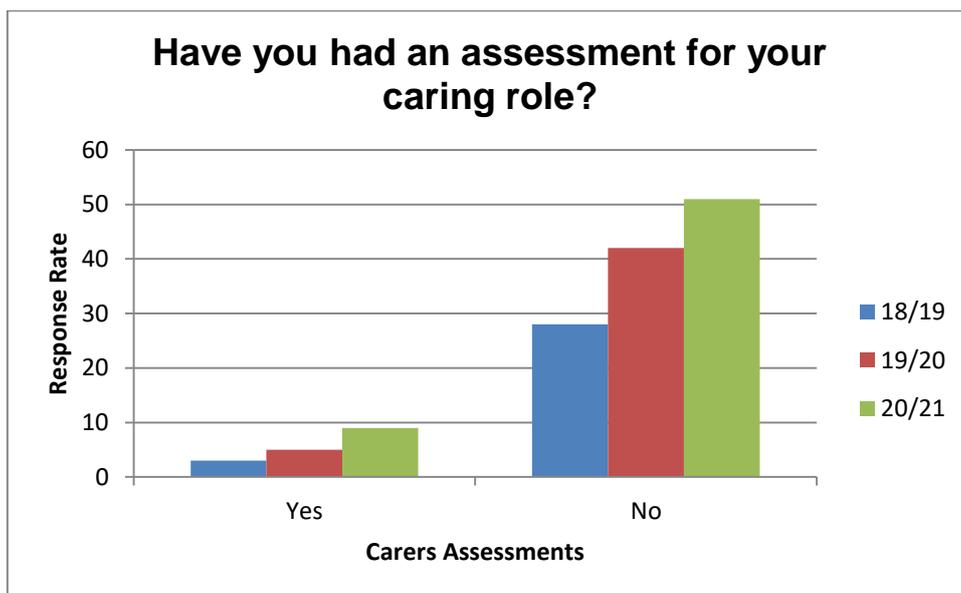


Fig. 41 Carers Assessments

From Fig. 41 it can also be seen that numbers of those reporting that they have not had a carers assessment has also increased across all three years. This all may point towards something in relation to recognition as a carer more generally.

Following on from these respondents were asked to state whether they felt having a caring responsibility impacted on their ability to socialize and work as well as their wellbeing. Across Fig. 42 to 44 more respondents stated yes as opposed to no.

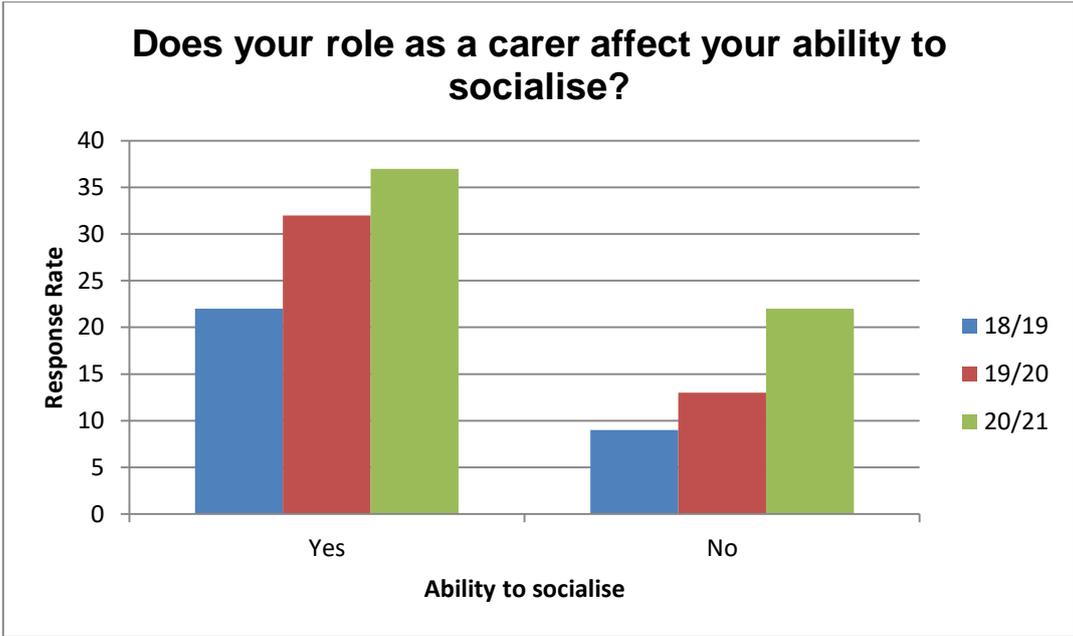


Fig. 42 Impact on socializing

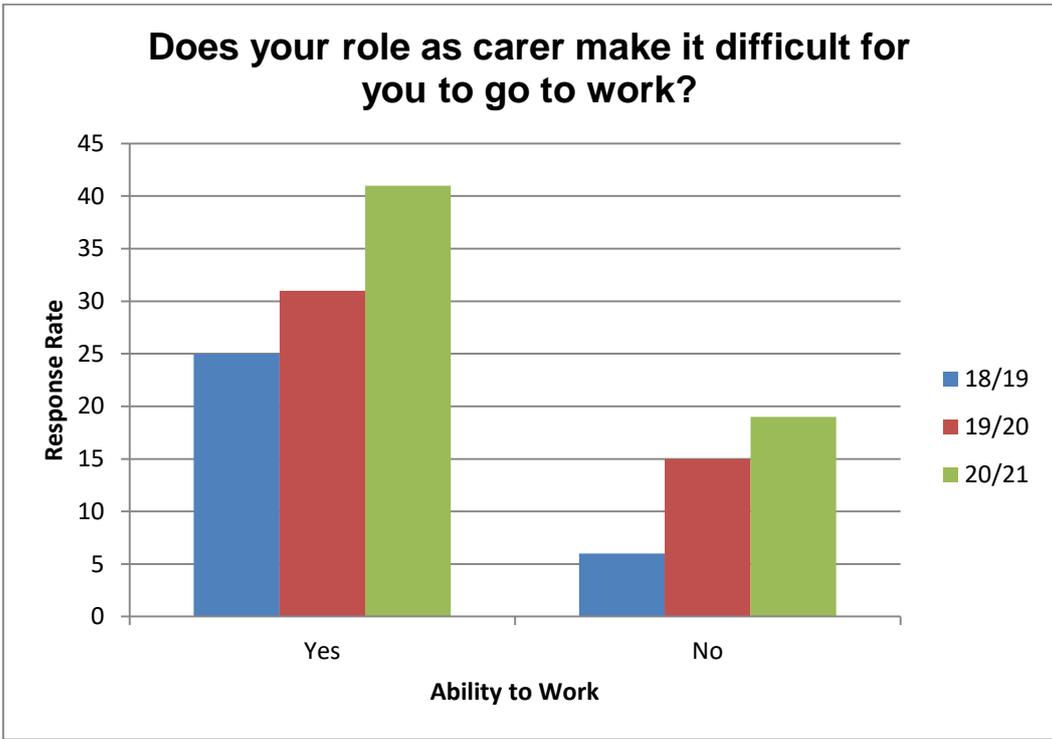


Fig. 43 Impact on work

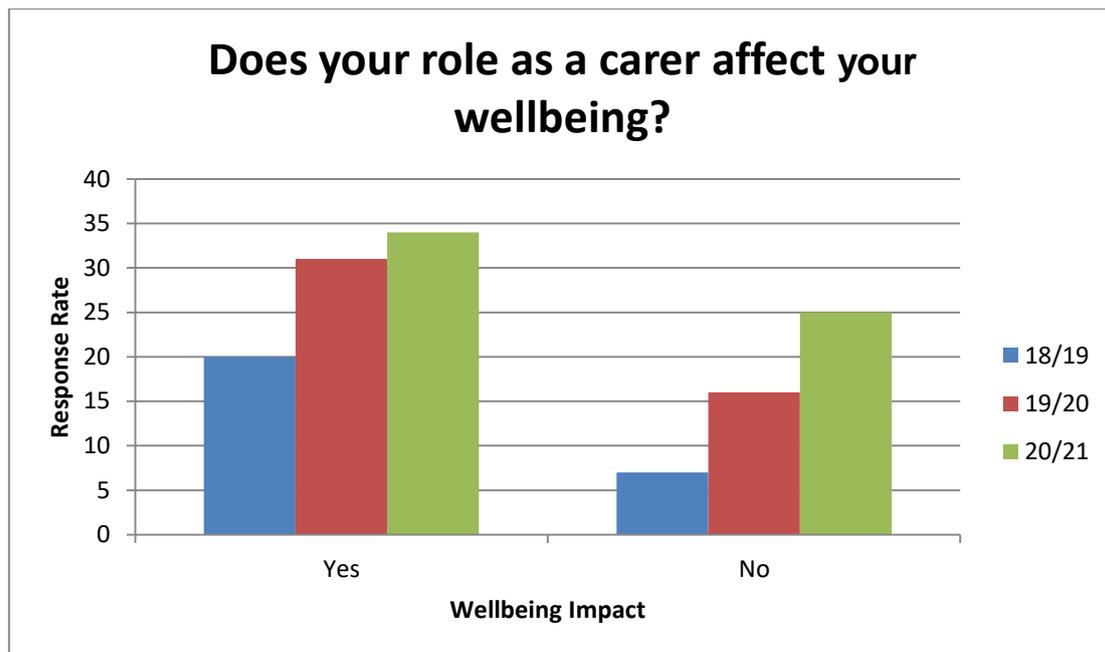


Fig. 44 Impact on wellbeing

The final part of the annual survey for 20/21 also provided the opportunity for comments relating to overall experience of SEND services and suggestions for improvement.

Please use this space to provide any other information you feel is relevant regarding your experiences with Peterborough SEN services across Education, Health and Social Care

- What experience.....
- It would make it difficult to go to work as it would need to be when my son is at school because I can't leave him with a childminder as he will not cope being with someone he does not know. I have tried to get a job when the children are at school but this is difficult because it is so limited and also I have to think of summer holidays etc as again i dont have the childcare my son is reliant on me. I have a newborn baby now so I wont be able to go to work at the moment but it is something I would like in the forthcoming future but I know it will still be a challenge because of my sons needs.
- Very difficult to get through on the phone. Offering very complex and confusing.
- Children and families are missed out on the care needs and support we need we are left to it
- I would have answered yes to Q43-45 prior to my daughters move. I had reached the end of my capacity to care by the time she moved. the pressure felt enormous made worse by Covid. I am very grateful that she is now in independent living but i would like to see the carers being more proactive in keeping her busy when she is not at College and encouraging a healthy diet. I am still worried about the amount of weight she has put on since moving
- It has been difficult to have the level of needs acknowledged and supported. We have been described by a professional as being 'victims of our own success' with regard to our support of our yp meaning that his needs were contained. Only now with the assessments we have been requesting for so long is the complexity and extent of the needs starting to be acknowledged.
- Carers assessment refused as well

- Parents' voice should be heard equally to professionals. There is still an attitude of professionals know best. I feel this hampers the support my child should have received.

Please use this space to suggest any changes you think need to be made to Peterborough SEN services across Education, Health and Social Care

- Specialist provision for autistic 16+ required in Peterborough
- "Gaming addiction support for parents
- Support available for children unable to obtain an ehcp but in high Sen support"
- As soon as your child gets a diagnosis support should be offered
- "Bring back social support workers
- Support for families going through the pathway. I have a child diagnosed but one on the pathway as well and other than support from his school and my perinatal midwife I don't feel I have much support in dealing with his behaviour which is very challenging and everything I learnt with dealing with my first sons behaviour does not work with my second as his needs or emotional tolerance is different. He struggles to regulate his emotions and he does not sleep well and definitely needs support with this. He will often cry because he can't sleep and will wake up his brother because he can't sleep so he will want to play instead. This is upsetting for my eldest son and he gets frustrated so bedtime is always a massive struggle and battle. "
- Bullet points of what available rather than long overwhelming documents. Flow chart style to navigate what provision available.
- More needs to be put out there to parents, seems you get a diagnosis with no help after. We have 12 children lots with additional needs and it just seems like I'm a 24/7 carer with no break
- There is no need for a parenting course in most cases and it its not a legal requirement although you are lead to believe it is
- "All children and young people to have a choice to be placed on Sen register regardless of level of need.
- If behaviour, emotional, social, mental health need is part of the difficulty and continues for a whole school year this should also become a SEN need.
- Any risk of exclusion due to behaviour family and child should be supported be assigned an advocate and mentor. Plans made for inclusive restorative practice not isolation and exclusion.
- I suspect my daughter gets a fairly good service relative to other parts of the country and I am grateful that it has all largely continued throughout the pandemic. However I suspect that this is in large part because I have actively looked for and explored options for her as without asking and chasing it doesn't seem to be offered. I would worry about those young people who's parents cannot do what i did.
- Just listen to us please, getting help and support is a constant battle, being a carer is isolating
- It would be useful if parent carers were acknowledged as the expert in their child and
- Issue it every year instead of pointless review and no plan
- More funding from central government for essential and statutory services. A greater breadth of specialist settings locally.
- Certain leaderships in schools should be monitored more closely due to high levels of dissatisfaction from parents with SEN children.

General Conclusions

Overall as there is a slight increase in parent carers reporting on education and health more positively and social care questions still has the highest number of not applicable responses. The change in rating may be linked to a different cohort completing the annual survey. Previous surveys have seen parents with older CYP participating whereas this survey has seen parents with younger CYP participating. Parent carers newer to the SEND system whose CYP are younger may not have had the same experiences as those of older CYP which may affect their views of current services.

Expectations were high amongst older parent carers for a new system that promised much but has not lived up to that promise so experiences may have been influenced by this. Previous surveys have shown a higher level of discontent and lack of trust in services. Also when asked in previous surveys for suggestions of ways to improve services responses were more likely to be negative comments and reiterating of issues as opposed to suggestions. This negativity still exists more in responses to questions relating to PfA even in the most recent survey.

Another area alluded to in responses relates to lack of joined up working between services/ professionals that has coincided with the current pandemic which some respondents mentioned when they expanded on their answers. A common thread throughout this and previous surveys is still support; a sense of lack of support and the wrong type of support have been alluded to. Information also still seems to be important in improving experiences in SEND services.