

Special Educational Needs and Disabilities Services

Experiences of children, young people,
and their families in Gateshead

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 independent not-for-profit Healthwatch services established in England under the Health and Social Care Act 2012. We help children, young people and adults have a say about social care and health services in Gateshead. This includes every part of the community, including people who sometimes struggle to be heard. We work to ensure that those who plan and run social care and health services listen to the people using their services and use this information to make improvements.

Healthwatch Gateshead would like to thank everyone who gave their time and expertise to assist with this report.

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1. Introduction

Healthwatch Gateshead, working in partnership with the Northeast and North Cumbria Integrated Care Board (ICB), engaged with children and young people with Special Educational Needs and Disabilities (SEND) and their families (CYP&F) to understand their experiences across education, health, and social services. The feedback from the CYP&F will feed into the joint commissioning strategy in Gateshead to help ensure the strategy reflects local needs.

The project focused on experiences in education, health, and social services across five key areas:

- Awareness of the services available including the Local Offer and SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Services).
- Assessment, referral, and transitional experiences.
- Whether services are joined up?
- What works well?
- What could be better?

The term Special Educational Needs and Disabilities (SEND) is used to describe the needs of children and young people who have difficulties or disabilities that may make learning more difficult. SEND covers a range of different conditions that can be supported by statutory services provided by the local authority and health service.

Health Services provide support and deliver treatment for health conditions. Normally accessible through the family GP or specialist, services include but are not limited to, therapies, district nurses, and dental services.

Social Services consist of a variety of roles and services that are designed to support those with SEND needs and their families. Support includes short breaks, support in the home, access to equipment and adaptations, as well as access to leisure in the community.

Education Services provide educational opportunities and any additional support to promote learning. Schools should identify if a child has SEND needs and implement a graduated response to support. If the graduated response does not result in the child making the expected progress, an Education, Health and Care Plan needs assessment should be submitted.

A variety of these support types are discussed throughout this report which highlights positives as well as possible areas for improvement and development.

2. Methodology

Healthwatch Gateshead (HWG), with input from the ICB, developed a survey to collect feedback from the parents / carers of young people with SEND needs. For the purposes of this report, parents / carers will be referred to as “Caregiver”.

The survey looked to understand caregivers and their children’s experiences across education, health, and social services in the Gateshead local authority area. An additional five question survey was developed for young people to complete themselves. Both surveys were available in a paper-based version and accessible online.

Data collection ran between 24th October 2022 and 14th November 2022. HWG contacted several organisations who provide services to users with SEND needs; many of these organisations then shared the survey among their contacts. Social media posts and leaflet drops were also used to promote the project.

In addition, HWG spoke directly with caregivers at a support group for relatives of young people with SEND needs. These caregivers also completed the survey, and the conversations echoed the themes that ran through the survey responses collected throughout the data collection period. Conversations highlighted that the experiences are complex, with many caregivers sharing information rich stories that could not be summarised in a few words.

Forty-five responses were received in total. Thirty-six caregivers completed the parent / carer survey, and one completed the child / young person’s survey. Eight young people shared their experiences through the child / young person’s survey.

3. Child Demographics

Caregivers who completed the survey most commonly indicated that their child was aged between 5 and 15 years old (n=25, 69%). Nine of the responses relate to the experiences of young people over the age of 16 and two of the responses were for children under the age of five.

Figure 1: Age of Young Person



Source: Parent / Carer Survey (36 Responses)

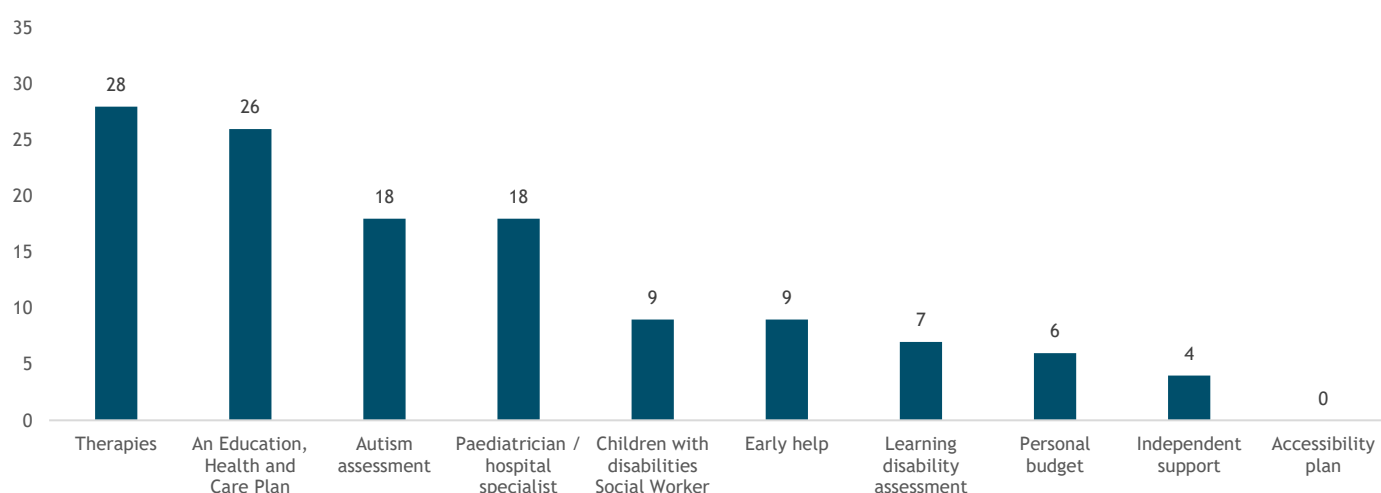
All respondents indicated that their child received support for at least one Special Educational Need or Disability recognised by the SEND Code of Practice (Department of Education, 2015)¹. Over half of caregivers (n=19, 53%) reported that their child has three or more SEND needs.

‘Communication and Interaction’ needs were reported as the most common support area (n=28, 78%). ‘Social, emotional and mental health’ support needs were also common among the respondents where 23 reported that their child received support in this area.

Although reported to a slightly lesser extent, ‘Sensory and / or physical needs’ and ‘Thinking skills and thought processing / learning’ were both selected as support needs by over half of the caregivers surveyed (n=19).

The information provided by caregivers indicated that all children received at least one form of support. The median number of support services received by an individual child was three.

Figure 2: What support has your child received?



Source: Parent / Carer Survey (36 Responses)

¹ Department of Education. (2015). Special educational needs and disability code of practice: 0 to 25 years. Available [here](#). Last Accessed: 17th November 2022.

Therapies (e.g., speech and language, physiotherapy, and occupational therapy) were most in demand among the respondent group where 28 of the 36 caregivers acknowledged that their child received support of this type. 26 of the children were reported to have an Education, Health and Care Plan (EHCP). Autism Assessments were also common among the respondent group (n=18), as was support from a paediatrician or hospital specialist (n=18). Other more specialist services (i.e., support from a children with disabilities social worker, early help, learning disability assessments, personal budgets, and independent support) were reported to be used to a lesser extent by the children of those consulted. No one reported having an Accessibility Plan.

4. Key Findings

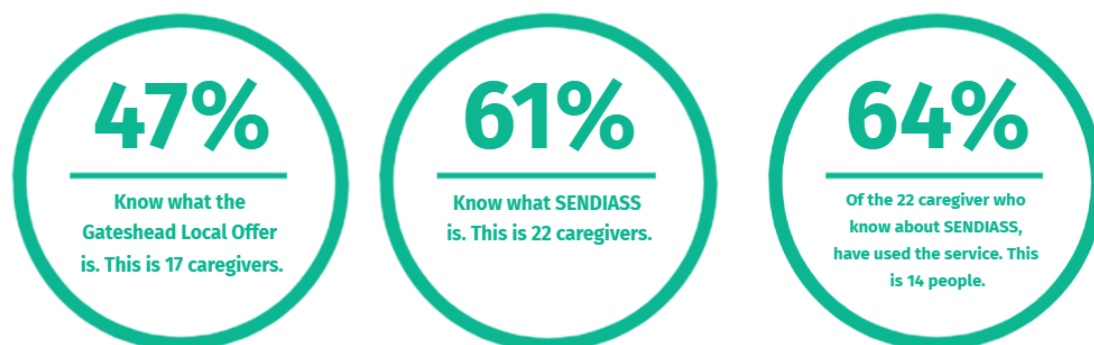
4.1. Overall Support

Overall, feedback suggested that improvements were required to better meet the needs of CYP&F. Only slightly over one third of caregivers responded positively when asked if services met their child’s needs (n=13, 38%). An equal number of caregivers either “Disagreed” or “Strongly Disagreed”, and the remaining were neutral in their response (n=8). When asked about the needs of the wider family, this sentiment was echoed.

In some cases, caregivers detailed experiences of feeling that they needed to equip themselves with knowledge of the services their child was eligible for, to help ensure their child got what they needed. This knowledge extended to the language used by services, where around three quarter of the caregivers reported that they understood the language used (n=25, 74%). Although a high proportion of caregivers felt that they understood the language used, feedback does indicate that there are some who did not understand, and changes are therefore needed.

When asked about their knowledge of services, **less than half were aware of the Gateshead Local Offer** (n=17, 47%) and **under two thirds knew what SENDIASS was** (n=22, 61%). Of the 22 caregivers who were aware of SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Services), 14 (64%), had used the service.

Figure 3: Awareness of the Local Offer and SENDIASS



Source: Parent / Carer Survey (36 Responses)

Although some felt that their child’s needs were not being met, several of the caregivers shared positive comments about the services used, particularly SENDIASS. The feedback highlighted the **usefulness of the advice and support offered by the service**. However, comments do suggest that some caregivers may see the support system as three tiered, with themselves at the bottom and SENDIASS as a mediator in the middle which is able to provide advice on how to access services from the professionals at the top.

Input from CYP&F is built into some support types, consider for example, an EHCP which should be written with the views, interests and aspirations of the parents and young person in mind². Such assessments may help caregivers feel heard, as almost three quarters of those surveyed, with a child who had an EHCP, felt that they had a say in the support their child received (n=19, 73%). This is slightly above the overall proportion, where **22 of the 36 caregivers surveyed (61%) felt that they had a say in the support received by their child**. Among the respondent group, those who received a higher number of support types were less likely to feel that they did not have a say.

² Department of Education. (2015). Special educational needs and disability code of practice: 0 to 25 years. Available [here](#). Last Accessed: 17th November 2022.

My support from SENDIASS was great. It was timely, accurate, professional and genuine. And it really helped us articulate and respectfully challenge professionals and the LA when needed

We have experienced serious lack of communication...communication between services has been terrible. However we have dealt with SENDIASS who did offer advice for appealing for needs assessments for EHCP.

SENDIASS have accompanied me into school for meetings, have made observations and helped with issues

I have not heard about SENDIASS but am very interested to learn more how it can help us

I have used some services like SENDIASS in the past but find things move faster when I advocate my way through the system myself.

4.2. What are young people saying?

A total of eight young people completed the child / young person survey, and one adult completed the survey on behalf of their child. Five of the responses were from children in the 5-15 age group and four from those aged 16 and over. The primary needs identified by the young people included “Thinking and / or learning” (n=5); “My feelings” (n=3); and “Interacting with others” (n=1).

When young people were asked how services helped them, seven responses were received. Five young people selected the neutral face and two selected the sad face. No young person chose the smiley face to describe their experiences.

Figure 4: How well do services help you?



Source: Child / Young Person Survey (7 Responses)

Despite this, when young people were asked to explain what they liked about the support, one child stated “Everything”. Three other young people focused on interaction and highlighted that they liked therapy sessions and one-to-one support, as well as staff and the friends they had made through college. The caregiver who responded on behalf of their child stated “nothing” when asked what they liked.

Young people were also asked what they *don't* like about the support they received. Responses tended to focus on support they did not receive, as opposed to things they did not like about the services they used. Social opportunities and activities outside of education were mentioned, as was access to equipment and home adaptations that could improve the young person's quality of life. Where young people already used services, they would like to access them faster and use them more often.

4.3. Assessment, referral, and transitional experiences

Caregivers surveyed were asked about assessment and referral routes into services. Most often caregivers recognised healthcare providers as their route in (n=18, 50%), while 11 reported that staff at a place of education referred their child. Four caregivers said that they referred their child into services themselves.

The length of time taken to receive support was a common issue for respondents, regardless of the route into services. Many of the caregivers expressed frustration at the length of time, which was reported by some to extend into several years. The negative impacts of waiting were reported by many and highlighted that a lack of early intervention impacted both the child and the wider family.

Access issues were also raised when caregivers were asked to think ahead to what support they would like to see as their child transitions into adult services. A couple of respondents felt that they could not think about adult support services when their child does not receive all support that they currently require.

Some of the caregivers also explained how they felt about their child transitioning into adult services. Two were positive in their response and acknowledged that their experiences had been positive, or they anticipate that it will be positive, based upon current experiences. Seven caregivers were less positive and expressed feelings of worry and frustration around their child transitioning. One caregiver felt that SEND needs were not taken as seriously as other conditions and therefore not supported in the same way.

Referrals were initially knocked back and it took many years for his needs to be taken care of. I would see the impact has been catastrophic as many learning years have been lost. This will impact him for the rest of his life.

We are still waiting for assessment. The impact of this is indescribable in a catastrophic way... Almost EVERY referral to MDT AND LA has required challenging/complaining before he got to be even considered

As he got older we have been left to get on with things. We argue for him but often services never materialise - even though he has criteria of assessed need.

He was very young when it was identified he had additional needs so the assessment didn't impact him at all

Where caregivers provided suggestions of what they would like to see, their wants tended to be practical in nature and focused on services that already existed. Figure 4 below shows the types of support caregivers would like to see for their child as they transition into adulthood. Clear communication throughout the process and early, consistent, thorough preparation leading up to the transition were highlighted as important.

It could be argued that caregivers suggested only existing services because their child is too young and not yet eligible for adult services. However, as preparation for transition into adult services should take place no later than year nine (when the child is aged 13 or 14), it is fair to assume that at least nine of the caregivers consulted have children whose transition into adult services should have been planned or already taken place. The same types of support requests were mentioned by these caregivers.

Figure 5: Thinking ahead, as your child transitions into adult services, what types of support would you like to see offered?



Access to frequent support that is tailored to individual need



Access to skills development and employment opportunities



Access to social development opportunities



Access to mental health support

Access to frequent support that is tailored to individual need.

- Support should be age appropriate. Group sessions should consist of people of a similar age, where young people are not placed in a group with people who are at different life stages to themselves.
- More direction should be offered on what services are available for specific conditions and clear directions on how to access the services should be provided.
- People delivering the services should have knowledge about different conditions and should be able to support the young person, as appropriate.
- Any support provided should be culturally sensitive.

Access to skills development and employment opportunities.

- All children, young people, and families should be aware that education is available and accessible to all. It should be clear that anyone who wants to attend higher education can be supported to do so.
- For individuals looking for more vocational routes, work placed learning should be available and where necessary, employers should be supported to recruit and retain staff with SEND needs.
- Support should be provided to young people to help them understand what jobs are available and how they would secure employment.
- Young people should be supported to develop skills around money management and learning to budget.

Access to social development opportunities.

- Respite and short break opportunities should be available and accessible to children, young people and their families. The process of accessing the opportunities should be clear, well communicated, and simple.
- Young people should have the opportunity to develop social relationships in a safe and supportive environment with their peers who have the same or similar SEND needs.

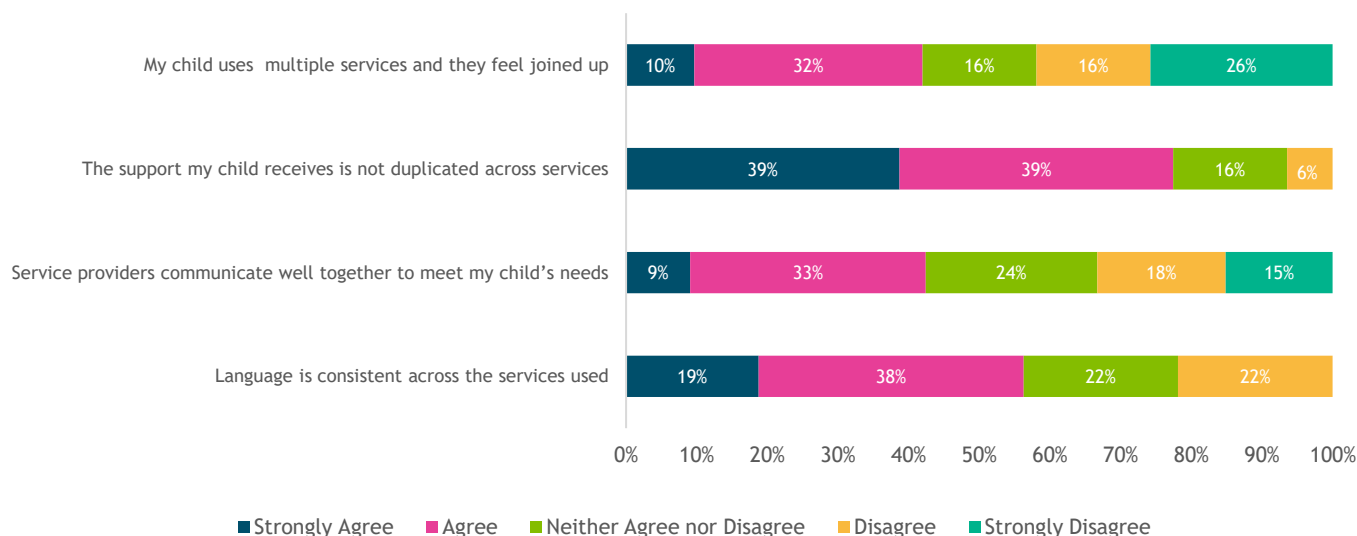
Access to mental health support.

- Support should be provided to help young people with any mental health needs they may have, including behavioural support and support with their emotional wellbeing. Any support should include training for young people and their parents around managing mental health.
- Services in the community should be developed in collaboration with health and social care providers, as appropriate.

4.4. Are services joined up?

To understand if services across education, health, and social care work well together, caregivers were asked to consider the language used by services, the communication between services, whether support was duplicated across the services they used, and if the services felt joined up.

Figure 6: How services work together?



Source: Parent / Carer Survey (31 to 33 Responses for individual indicators)

In most cases, caregivers reported that services did not duplicate the support provided (n=24, 77%). Other indicators performed less well, for example, less than half (n=13, 42%) of respondents felt that services were joined up and the same proportion felt services communicated well together.

While respondents did not specifically refer to “joined-up” working in any open responses they gave, they did highlight issues with communications (i.e., repeating themselves between and within providers) and the feeling of being moved between services without results. Therefore, a lack of duplication may have been attributed to each service provider having a clear offer that did not overlap those of other services, rather than services working jointly.

Conversely, in some cases, caregivers reported that speech and language therapy was delivered through their child’s education provider, this may have indicated some degree of cooperative working among services, even if it is not always recognised by those who received the support.

Now my son is in school all the services connect and feed into one another perfectly. However prior to his school years we would find that services struggled to communicate with one another to understand his development issues.

The service families receive is terrible. No communication- passed around multiple people. No answers ever received. Repeating yourself constantly

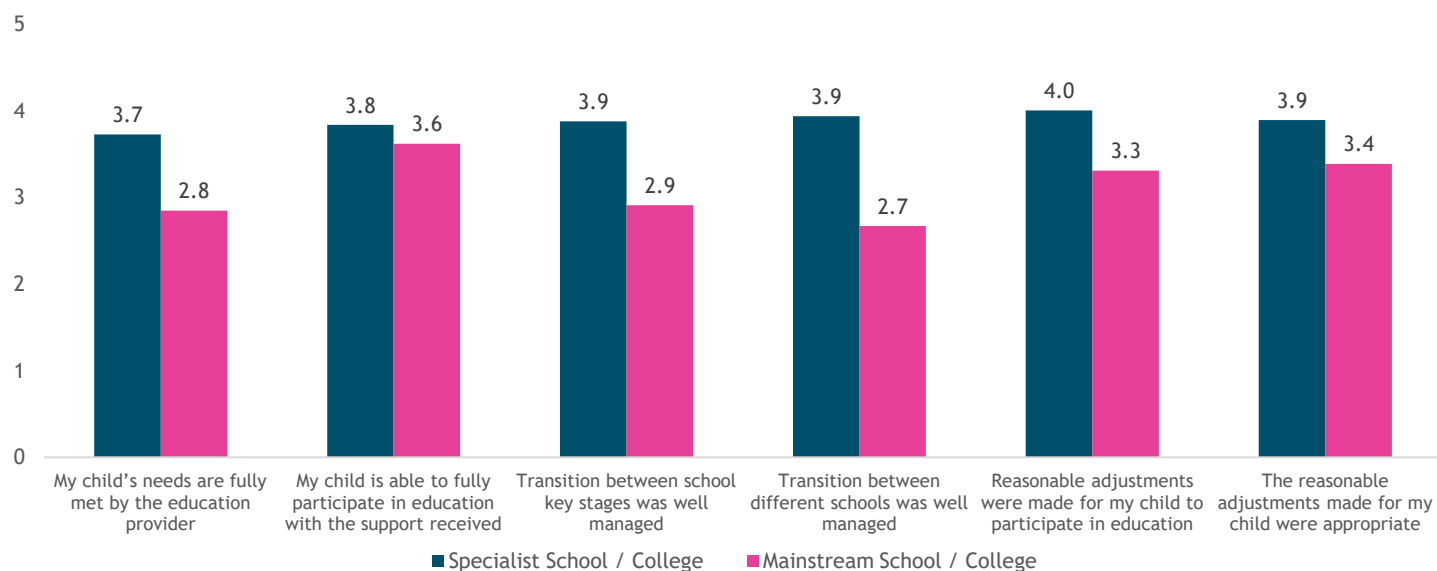
5. Experiences in Education

Half of the caregivers stated that their child attended a Specialist Needs School or College (n=18, 50%), while just over one third attended a Mainstream School or College (n=13, 36%).

Two children were home schooled. In both cases, the caregivers indicated that their decision to home school stemmed from what they attributed to failings by the school (i.e., not implementing adjustments and not addressing problem behaviour). Two of the young people, within the 16+ category, were no longer in education. One child attended nursery; however, it is unclear whether the nursery was mainstream or specialist.

Survey respondents were asked to rate statements relating to their child’s education using a scale of “Strongly Agree” to “Strongly Disagree”, these results were then converted to numerical data (One to five. One replaced “Strongly Disagree” through to five which replaced “Strongly Agree”) and the average rating was calculated. Caregivers with children in Specialist Needs Schools consistently rated the statements more positively when compared with the caregivers of children in Mainstream Schools / Colleges.

Figure 7: Average rating for experience at Specialist School / College and Mainstream School / College



Source: Parent / Carer Survey (Specialist School / College, 18 responses; Mainstream School / College, 13 responses)

Transitions between different schools as well as between key stages demonstrated the greatest levels of variance. One caregiver with a child in mainstream education felt that there was no consideration for transition between the key stages, and another reported that their child was expected to transition just every like other child in the school, including those without SEND needs. Most often caregivers identified access to a quiet environment, leaving school slightly earlier, and adapting teaching style to suit the child’s needs as helpful.

The highest indicator for Specialist Schools / Colleges was “Reasonable adjustments were made for my child to participate in education” at 4.0 (equivalent to “Agree”). All indicators for the Specialist Schools / Colleges were placed higher than the best performing indicator for Mainstream Schools / Colleges at 3.6 (“My child is able to fully participate in education with the support received”) which was equivalent to “Neither Agree nor Disagree”. Despite this, when converted back to the qualitative measure, both Specialist and Mainstream schools regularly fell within the “Neither Agree nor Disagree” descriptor. This suggests improvements were required across both education provider types.

When caregivers were asked what worked well to help their child participate in education, dedicated support from knowledgeable and supportive staff were most commonly identified. Support such as key workers and one-to-one provision were recognised as useful sources of dedicated support that caregivers felt helped their child fulfil their potential and feel safe while in the school environment. Being able to access this support whenever it was necessary was highlighted as a real positive, however, the resources required to implement this may make this unfeasible.

Among the caregivers who reported that their child attended a Mainstream School / College, eight felt that staff knowledge around specific conditions needed to improve (i.e., neurodivergence and autism). Caregivers identified types of support they would like to see including the use of smaller groups, one-to-one support, and opportunities for therapy. As many caregivers identify such support when asked “*What works well to help your child participate in education?*”, it is clear such provision exists, however, it perhaps needs to be more widespread and accessible.

Table 1: What works well and what works less well in education?

What works well?

- Dedicated support from knowledgeable staff (i.e., key workers) who are able to meet the needs of the child.
- Smaller class sizes and one-to-one support.
- Appropriate and adequate reasonable adjustment. Although good, more could be put in place.

My son is doing well now in his specialist provision but thinking back to his mainstream time. Reasonable adjustments definitely were not made and support and help was a crazy battle for a parent that was new to the SEN system

Transitions weren't considered at all between key stages, or year groups. Reasonable adjustments come because I'm reasonably informed and know what to ask for / make demands of school to push to communicate.

What could be better?

- Increase number of knowledgeable and supportive staff who are able to provide tailored support.
- Increase opportunities for smaller group working and one-to-one support.
- Ensure transport provision is consistent to meet the needs of as many users as possible.

Following a long in-depth assessment from the mental health team who identified them [adjustments], but the school refused all of them. Stating it was too difficult to get together to agree and share information regarding our child's needs

A much better understanding of students who are neurodivergent a lot more time and training must be provided to all staff within the school setting.

6. Experiences in Healthcare

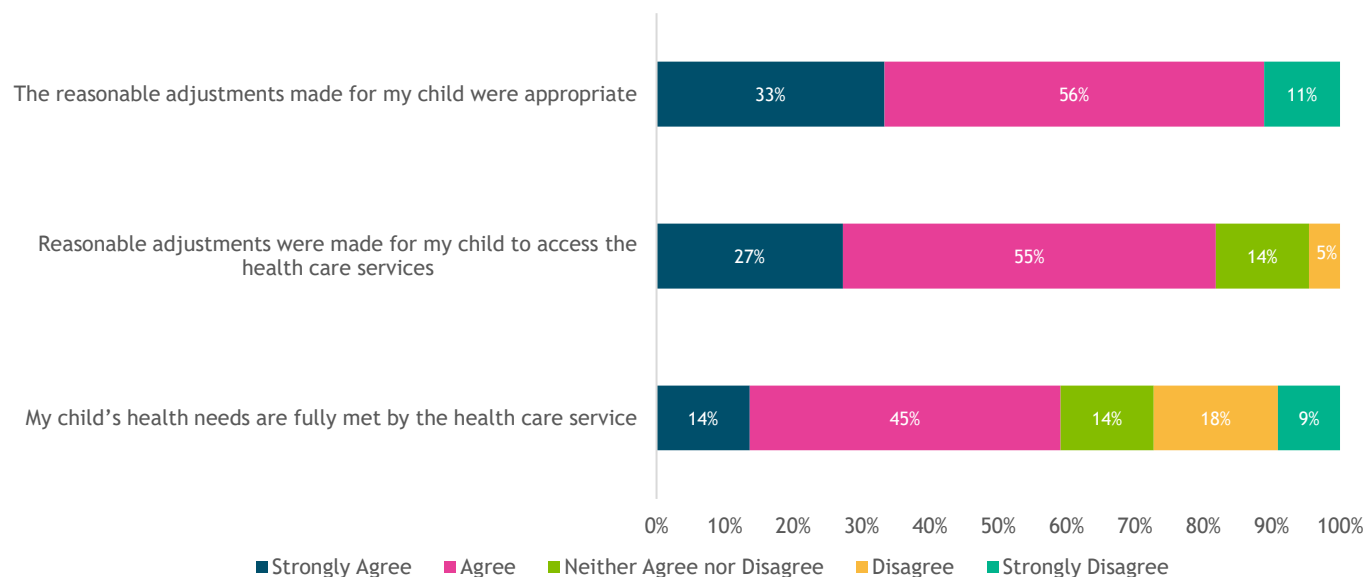
Five caregivers reported that their child did not receive support from healthcare services and felt that support was not required. However, the majority stated that their child either received support from a healthcare provider (n=22, 61%) or their child required support, but had not yet received it (n=9, 25%).

The support caregivers wanted for their child revolved around physical health (e.g., physical therapy) and / or mental health (e.g., behaviour management, psychiatric review). Some caregivers were unsure of the services on offer and did not know what needed to be in place for their child to receive support. Others however, felt that services were understaffed, that informal support should have been provided while children waited for assessment, and services needed to cooperate better to ensure children were supported by the correct service provider, as soon as possible.

Of the 22 caregivers who reported that their child received support from healthcare services, they rarely reported that their child received support from only one source. Conditions were complex and support came from a variety of sources including paediatricians, dieticians, and CYPs (Child and Young People’s Services).

Over half of respondents (n=13, 59%) felt that their child’s health needs were fully met by healthcare providers. The caregivers who felt their child’s needs were met highlighted many positive areas including the usefulness of the information and support they received, that their requests were met, that professionals understood the issues they faced, and that the approach was child centred. Despite this, waiting times were highlighted as an issue for several of the caregivers, a theme that ran through a number of the responses, regardless of whether or not a caregiver felt that their child’s needs were met.

Figure 8: Rating for experiences of Health Care Services



Source: Parent / Carer Survey (22 responses)

82% of caregivers (n=18) reported that health services had made reasonable adjustments for their child, 16 of these caregivers reported that the reasonable adjustments were appropriate. Where appropriate reasonable adjustments were made, 10 of the 16 caregivers felt that healthcare services fully met their child’s healthcare needs. One caregiver did not know that reasonable adjustments could be requested and needed more information about how such requests could be made. The responses from this caregiver indicated that increased awareness of what was available on a wider scale may have been beneficial when attempting to access services.

Caregivers were asked to feedback about their individual experiences. From these experiences, a variety of themes emerged. Many stories highlighted the amount of time taken to access services. Some caregivers were forgiving in their responses and acknowledged that although accessing services could be difficult, the services that were available were good. In less positive instances, a lack of communication regarding waiting times and a lack of follow-up appeared to have added to some caregiver's frustration.

When asked what they would like to see from services, caregivers highlighted a few areas in terms of appointments including availability outside of school hours and more frequent appointments. Some felt that frequent appointments may encourage positive results, allow for the opportunity to check if the support was working, and ensure the initial diagnosis was correct.

Several positive aspects of care were highlighted by the caregivers consulted. Many caregivers described the support they received as "Helpful", "Professional", "Caring", and "Supportive" and some identified specific types of support that they found particularly useful including therapies, as well as services provided by the CYPs. The same positive sentiments ran through the comments about these services.

Table 2: What works well and what works less well in health care services?

What works well?

- Reasonable adjustments.
- Understanding and supportive staff who understand the needs of the child as well as the challenges caregivers face.
- Support from the CYPs and therapies.

What could be better?

- Appointment System.
- Information provision for what services are available and how to access them.
- Waiting times to access services are too long.
- Lack of communication / follow up from services. Updates when important milestones in the pathway are reached would be helpful.

Nothing is explained about waiting lists...You can call and say you need support ...I've never been called back yet. It's heart breaking when you beg for support but can't get it.

The mental health team gave us, as a family, our own assigned nurse. They were valuable to us for information and emotional support. Even though their effects were squashed in meetings to try and get school to put in place adaptations, they were always gave us a different avenue to try to get solutions.

Shorter waiting times for assessments for diagnosis. we waited 3 years and the first was misdiagnosed so perhaps we could have been followed every 6mths-yr to see if that was a correct decision.

CYPs therapists are very knowledgeable, experienced, willing to work with patient in mind, they're compassionate. Inadequate regularity prevents long lasting results though, affecting ongoing wellness.

7. Experiences in Social Care

When asked if their child used any social care services, most caregivers (n=20, 56%) reported that their child did not receive social care support and they do not need such support.

Five caregivers noted that their child did not use social care services, but felt support was required. These caregivers were asked what would need to be in place for their child to access the service. Awareness of what was available in terms of support was most often highlighted as a requirement by the caregivers. One caregiver noted that they had found a personal support service that they wanted to use, however, they could not use it as the provider was not one listed with the local authority.

The support these caregivers wanted focused on developing their child’s social opportunities through organised activities that centred on independence, job training, and confidence building. Practical considerations in the delivery of such activities were also highlighted by some caregivers, including funding and transportation.

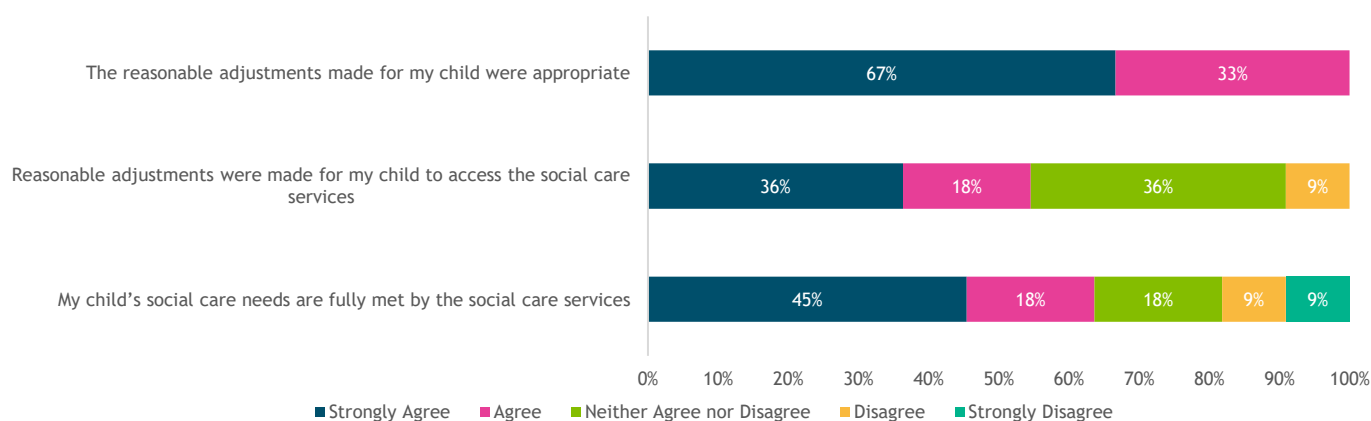
Figure 9: What would you like to see in social care services?



11 of the caregivers consulted reported that their child accessed some form of social care service for their SEND needs including formal support (e.g., social worker, direct payments for personal assistance) and group opportunities (e.g., though The Chev, Active Teenz, Zero Limits, Splash).

Overall, the feedback was positive with seven of the eleven caregivers either “Agreeing” or “Strongly Agreeing” that the social care services fully met the needs of their child.

Figure 10: Rating for experiences social care services



Source: Parent / Carer Survey (Between 6 and 11 responses depending upon indicator)

When asked about positive aspects of support, responses tended to revolve around two themes: people and types of support. Caregivers found it most useful when services were staffed by people who were knowledgeable about conditions and those who were generally helpful. Personal Assistants and Social Workers who could apply their knowledge in a practical manner were also identified as particularly useful.

In terms of the support itself, several of the caregivers reported that the support caters to their child's individual needs and one caregiver particularly liked that the services and opportunities had plenty of variety.

Funding to help pay for services was important and allowed people to access services that they may not otherwise have been able to access. For example, direct payments allow for personal assistance, money from the adoption support fund allowed for therapy services, and use of the leisure pass enabled young people to participate in recreational activities, free of charge.

While two respondents felt that nothing needed to be improved for the services they received, a small number of caregivers identified a handful of other things they would like to receive. Caregivers most often detailed specific types of support including support with their child's behaviour, independent living opportunities, as well as respite services.

Some caregivers also identified improvements in order to access services; one caregiver would like to see a specific type of support they received available for both genders, another felt that some services were no longer available once a young person had reached the age of 18, and another caregiver noted that their child needed support to access the service itself. As this caregiver selected "Strongly Agree" for both reasonable adjustment statements; it is likely that this need was being catered to.

Table 3: What works well and what works less well in social care services?

What works well?

- Direct payments / subsidised activities
- Activities with other children outside the school environment.
- Knowledgeable staff, particularly social workers who understand needs and how to apply theory in practice.
- Services that cater to individual need, both SEND needs as well as more holistic needs e.g., culture.

What could be better?

- Lack of provision for adults / young people once they turn 18.
- Lack of opportunities to develop useful skills e.g., independent living, money management, employability.
- Lack of access to respite opportunities.

I had found the Leisure Pass very useful as this gave us free access to Leisure services. This is no longer the case and we miss it.

Direct Payments are flexible so that I can employ PAs who know and work well with my children. The PAs are accountable to me and I don't have to work through any middle man making the process as seamless as possible.

I am grateful that my children can live at home and yet have daytime support from Direct Payments.

Not many services out there once they turn 18, they are just thrown in anywhere

8. Conclusion and Recommendations

In October / November 2022 a total of 45 CYP&F with SEND needs participated in a survey to share their experiences using education, health, and social care services in the Gateshead Local Authority area. Feedback from the CYP&F highlighted that needs were complex, and services were in high demand.

Among the 45 respondents, there were high levels of dissatisfaction in how services met the needs of their child and the wider family. However, there were also several examples of good practice reported and positive experiences shared.

- Overall, only 38% (n=13) of caregivers responded positively when asked if services met their child's needs and an equal number felt that the services met the needs of their family.
- Much of the frustration felt by families appeared to stem from difficulties accessing services and lengthy waiting times.
- While overall caregivers felt that the support received by services was not duplicated, there were issues with the lack of joined-up provision and what caregivers perceived to be a lack of communication between service providers.
- Experiences in Mainstream Schools / Colleges were less positive than those in Specialist Schools / Colleges and ratings were consistently lower across indicators including meeting needs, the effective use of reasonable adjustments, and transitions between key stages and schools.
- Healthcare service experiences were largely positive. Reasonable adjustments were good in most cases, but due to the level of demand, waiting times were long and the frequency of support did not meet the needs of many.
- A small proportion of those consulted reported using social care services. Where services were used, feedback was largely positive. However, subsidised provision for specific groups (i.e., those over 18) and specific types of support (i.e., training, employment, and respite opportunities) could be further developed.

Analysis of the feedback from the CYP&F had identified a small number of potential actions, which could improve experiences across education, health, and social care in the future.

- More work needs to be done to ensure good practice is shared between Specialist Schools / College and Mainstream education providers. Interorganisational working could take place through workshops and peer learning to help schools without adequate SEND provision to learn from schools who have implemented effective procedures.
- Services should further develop any training already provided to staff to help them understand how they can better meet the needs of service users with specific conditions.
- There are several examples of useful services that made a real difference to many of the families consulted. Service providers such as SENDIASS, CYPS, and The Chev were highlighted as especially useful services among the respondent group. Efforts should be made to increase awareness of services of this type.

- **CYP&F** were not aware of what was on offer and that they may be eligible. Increased awareness around a wider range of services, including what is included in the Local Offer, may help families to feel better supported.
- Interim services should be available to help support children, young people and their families while they wait to be assessed and referred to the relevant service.
- **CYP&F** should receive communication from service providers at relevant times, this may reduce feelings of frustration and help **CYP&F** feel heard.

Limitations

This project allowed for a very small engagement window and achieved a response total of 45. While the feedback from the survey respondents was in depth and informative, a higher number of responses may have highlighted concerns or other areas of good practice that were not captured as part of this process.

Users of services were consulted as part of this project. It is likely that there are high numbers of people in the Gateshead area that have SEND needs, but do not yet receive support. While some recommendations made as part of this process may help these people come forward and access support, their views have not been collected as part of this work.

Glossary

EHCP Education, Health and Care Plan	A person centred, legal document describing a young person's needs and what is required to meet those needs. An EHCP may continue up to the age of 25 for some young people.
Local Offer	All local authorities are required to publish a local offer that provides information about SEND provision.
Mainstream School	A school that is under direct control of the local authority.
SEND (Special Educational Needs and Disabilities)	Covers a range of different difficulties or disabilities that may make learning more difficult for children and young people.
SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Services)	Service offering free, impartial, confidential information for children and young people with SEND needs and their parents / carers.
Specialist Educational Needs School	A school that is designed to provide education to students with a EHCP who require support to learn.

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- Skills4Work Gateshead
- Autism Hub and The Elgin Centre
- Parent Carer Forum
- Leam Lane Community Centre
- Specialist Education School and Colleges in the Gateshead Area

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