



# Please, SEND help!

An Insight Report

**healthwatch**  
East Riding of Yorkshire

# Contents

Cover picture: Bridlington sea front April 2024

Contents..... 2-3

Disclaimer..... 4

## Introduction

- About Healthwatch East Riding of Yorkshire..... 5
- About SEND..... 6
- Aims of the project..... 6

## Information gathering

- Format for data collection..... 7
- Community engagement..... 8
- Service engagement..... 8
- Partnership working..... 8
- Response overview..... 9

## Key themes

- Timing of request for support..... 9
- Age of child/young person..... 10
- How was the request made..... 11
- Ease of making contact..... 12 – 13
- Main reason for contact..... 14
- How did you feel about the response..... 15
- What went well..... 16

- What could be done better..... 17 – 19
- Would you recommend ERYC..... 19

Child survey responses..... 19 – 20

Staff survey responses..... 21

Recommendations..... 21 – 24

Conclusion

- Overview..... 24

Acknowledgements..... 24 – 25

# Disclaimer

All the views, opinions, and statements made in this report are those of the families or young people who participated in our survey. The analysis of this report includes the experiences of individuals in relation to initial contact and request for information and/or support relating to social care for a child/young person with SEND in the East Riding of Yorkshire.

Due to this, the perception may not fully reflect the actual quality and availability of the social care team at East Riding of Yorkshire Council. Although, it is the opinion of the participants whose information Healthwatch East Riding of Yorkshire have collected.

# Please, SEND help!

## Introduction

### About Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire (HWERY) are an independent organisation providing a collective voice for the public, to share their lived experience of health and social care services, helping to shape future improvements.



#### Our vision

To bring closer the day when everyone gets the care they need.



#### Our mission

To make sure people's experiences help make health and social care better.



#### Our approach – what is important to us?

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with the Government, health and care services and the voluntary and community sector to make care better whilst retaining our independence.

## About SEND

SEND is an abbreviation meaning Special Educational Needs and Disability. Children and young peoples SEND may affect their behaviour or ability to socialise, reading and writing, ability to understand things, levels of concentration and/or physical ability. More information is available at <https://www.gov.uk/children-with-special-educational-needs>.

Government guidance relating to SEND is available in the SEND code of practice: 0 to 25 years (2014) <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25> which provides statutory guidance relating to education, health and social care.

## Aims of the project

This project was initiated after public engagement highlighted inconsistencies from families seeking advice and support from the East Riding of Yorkshire Council (ERYC) social care team in relation to children with SEND. After meeting with a designated social care officer, it was determined that the Local Authority (LA) had received similar inconsistencies in their feedback. HWERY sought to gather views to identify common themes for those who were satisfied with the service, and those who were not. Patterns within feedback will provide an opportunity to make recommendations for service improvement based on lived experience and celebrate areas that are working well. The project looks at the initial contact and response, and not the quality and effectiveness of long-term support. All survey responses are based on the feelings and opinions of those who have accessed the service.

# Information gathering

## Format for data collection

Initial data gathering was scheduled to take place during April, May and June 2024, with analysis scheduled for July and reporting to take place in August. After discussions with a designated social care officer, HWERY created surveys for families who had requested information/support, staff working within the service, and the child/young person where appropriate and with parental consent, to share their involvement and experience.

Using this holistic approach would provide service users a space to share their voice, along with giving staff anonymity to share areas they may not typically feel comfortable discussing with their employer regarding thoughts on areas the service could improve.

Information of the project and how to submit feedback was shared at engagement events. Social media was also heavily utilised by HWERY. There were options for completing a survey online, a paper version, by email, telephone, arranging Teams calls or in person events to ensure everyone would be able to take part in the most accessible way possible.

Due to an unscheduled government election, a period of sensitivity came into effect which meant that the project and surveys could not be discussed or promoted until after the election, therefore a temporary pause was placed on data collection. When the period of sensitivity had passed, promotion resumed.

## **Community engagement**

To gather information, the HWERY youth engagement project officer attended events for families of children and young people with SEND. Each person they talked to was informed of the project and offered to either complete a survey with them at the time or provided a link and QR code to complete later. The family survey provided a space to give consent for their child/young person to complete a survey.

## **Service engagement**

HWERY requested that the social care team share the survey information and link with the families who had made requests for information and/or support between May 2023 and present day. Additionally, the designated social care worker was sent a staff survey link to arrange distribution through the social care team.

## **Partnership working**

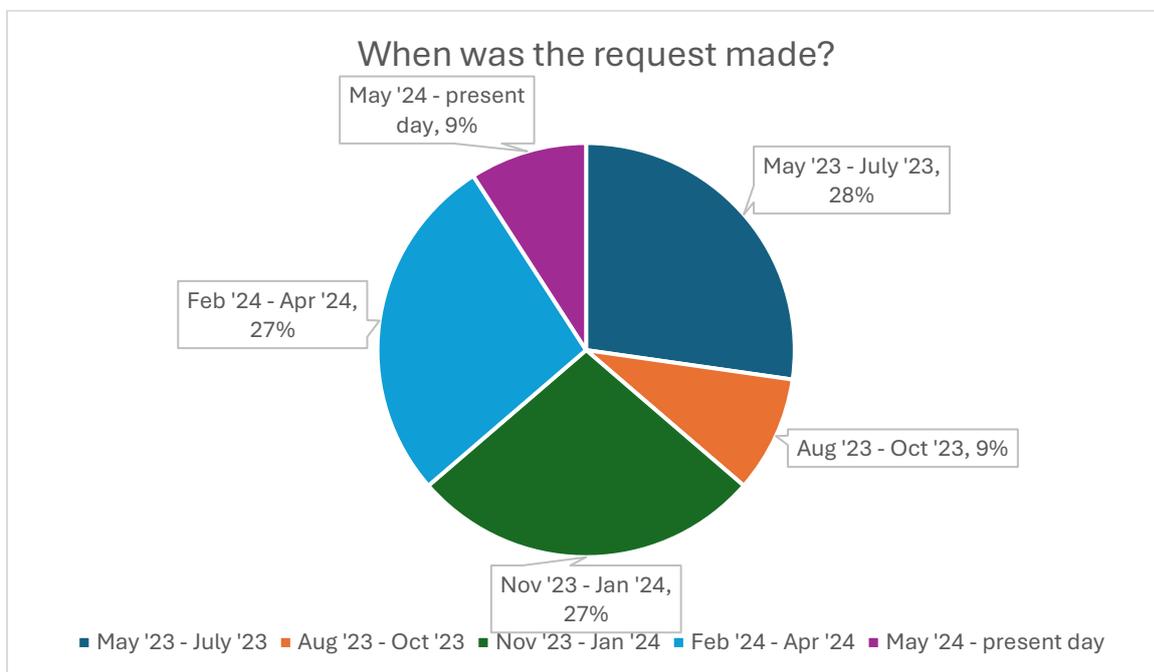
HWERY works in partnership with other organisations regularly. A request was made for those organisations relating to SEND to share the project information and ways to be involved with their networks. In addition, partners such as the ERYC 0-25 team, Aim Higher, East Yorkshire Parent Carer Forum, East Riding of Yorkshire Local Offer, aScEND and Community Vision all provided the opportunity for HWERY to engage directly with families of children and young people with SEND.

## Response overview

Despite extensive efforts to promote the project and surveys, 11 family responses, 1 child/young person response and 1 staff response was received.

## Key themes

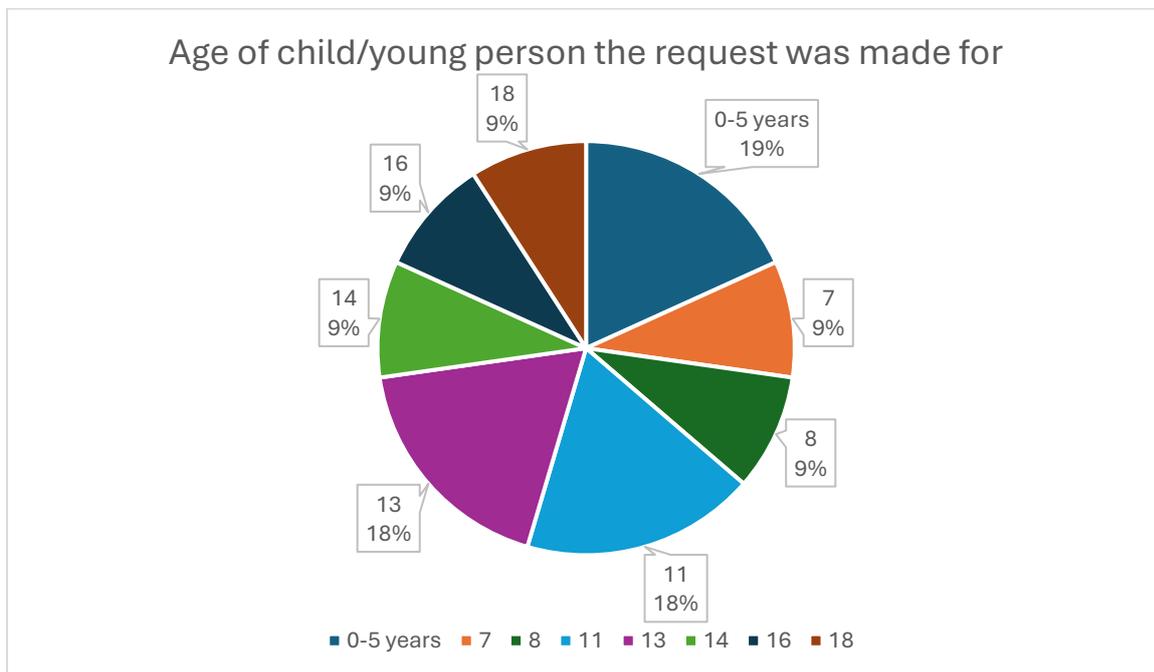
### Timing of request for support



Of the 11 responses, 3 related to requests made May '23 – July '23, 1 to August '23 – October '23, 3 to November '23 – January '24, 3 to February '24 – April '24 and 1 to May '24 – present day.

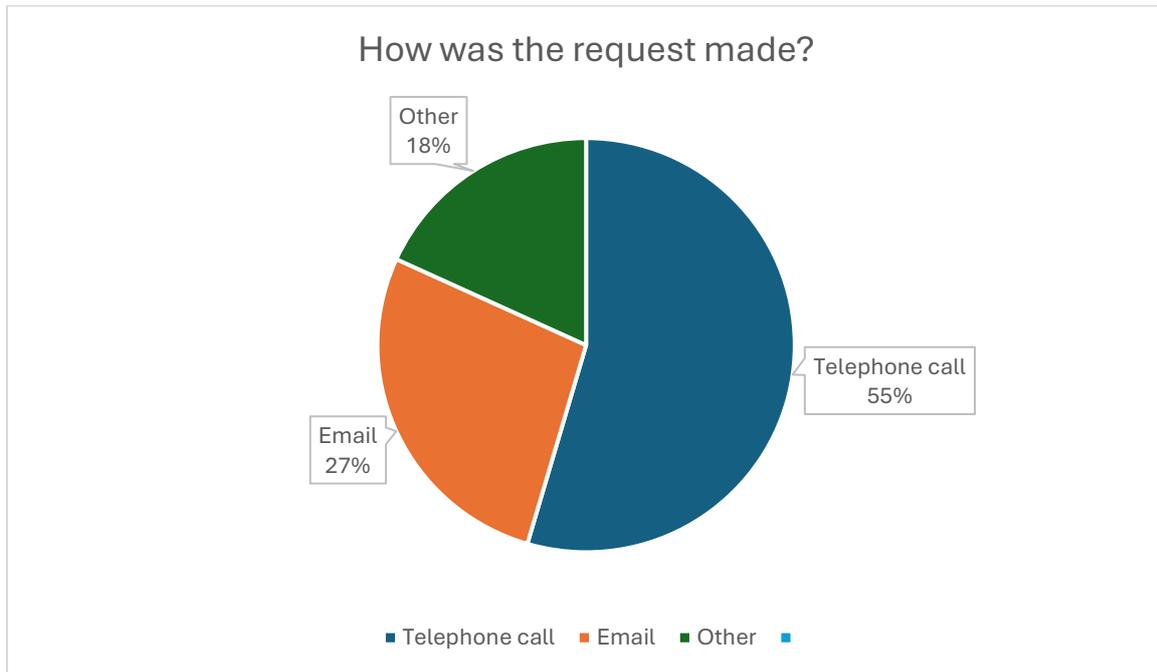
An increase is noted in time periods which relate to end of term school holidays. Whilst this may be coincidental, it suggests that there is more support required over significant holiday periods, i.e., a duration of more than one week.

## Age of child/young person



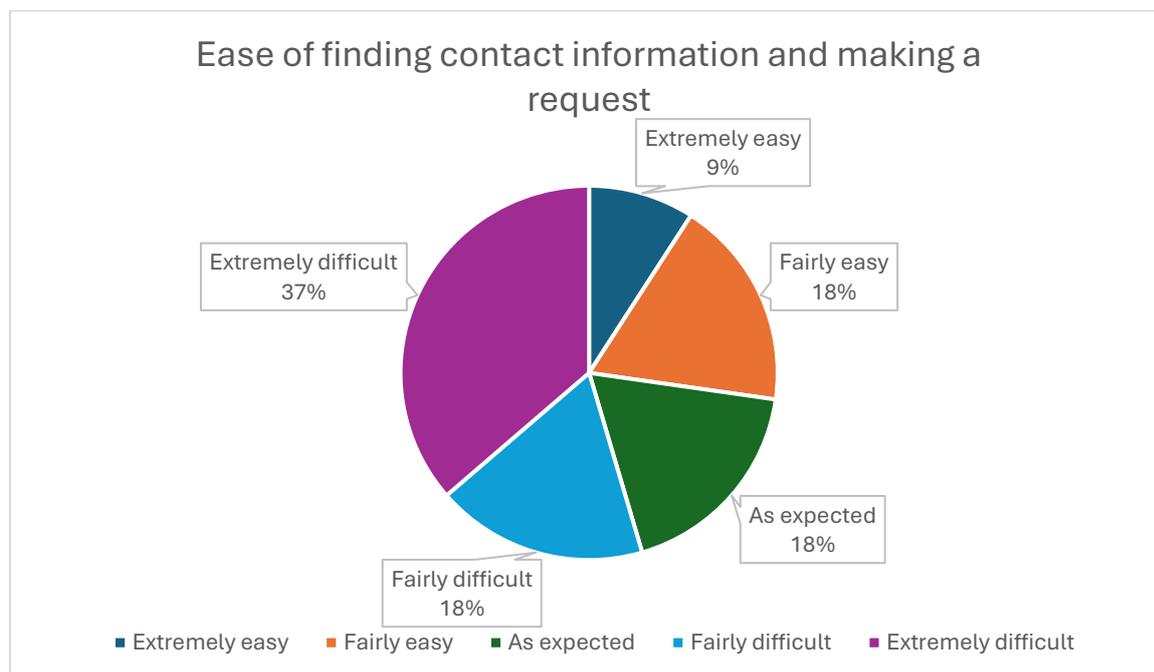
Information reveals that the age ranges with an increase in requests for support (ages 0–5years, 11 and 13) correspond with key stage changes in their education, transitioning from foundation stage to key stage one, from key stage two to key stage three and in preparation of moving to key stage four.

## How was the request made



Survey information indicates that over half of the requests for support we made via telephone. During engagement events, families frequently reported that they did not like telephone calls for a variety of reasons. These included being a form of communication that makes them anxious, phone calls feeling outdated, not having the time to hold for contact or complete the phone call, a desire to have evidence of the call being made and what was discussed. 'Other' included a referral being made by another organisation or department within the LA.

## Ease of making contact



Accessibility to making a request for information and/or support is vital. From this question we can see the variance in responses, 1 person found finding contact information and making a request extremely ease, 2 had a fairly easy experience, 2 found this as expected, 2 found it fairly difficult and 4 found this extremely difficult.

When researching accessibility using the ERYC website (<https://www.eastriding.gov.uk/>), searching 'social care for children' provides results relating to safeguarding issues and looked later children. When searching 'children's disability social care', results include information about applying for a blue badge, then adult social care pages and how to report a safeguarding issue.

Many families spoken to expressed concerns about asking for help due a negative perception of social care, and a fear of requesting help being

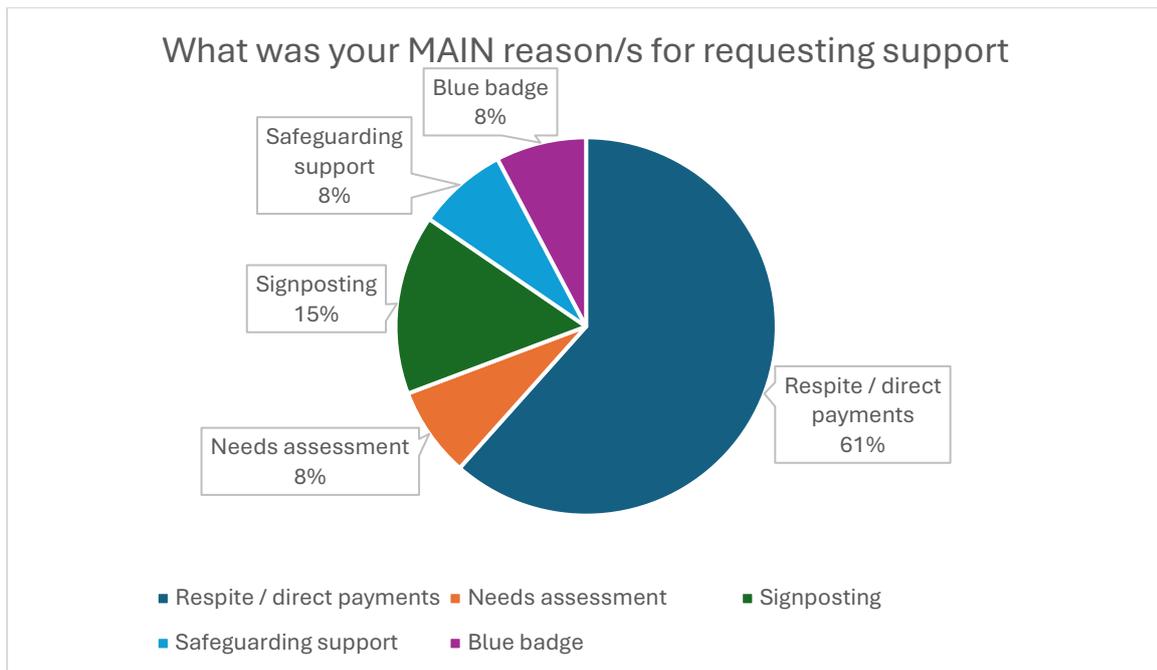
perceived as an inability to cope generating a potential safeguarding concern.

The Local Offer is a website each LA must create in order to provide information and signposting relating to SEND in their area. This is a statutory duty within the SEND code of practice. When looking on the LA Local Offer website (<https://www.eastridinglocaloffer.org.uk/>) and searching 'social care' provided appropriate information on how to make contact. The Local Offer team have been promoting awareness of the website over the summer as it recognised that it is heavily unknown and unused.

When searching 'respite child' on the main LA website, only information about adult respite care is provided within the first screen of results. If searching 'child needs assessment', again, no results are found on the first screen.

Attempting to find service information, including how to contact the team requires either, knowledge of the Local Offer website, which is easier to navigate, and/or knowledge of what is available via the social care team to refine the persons search.

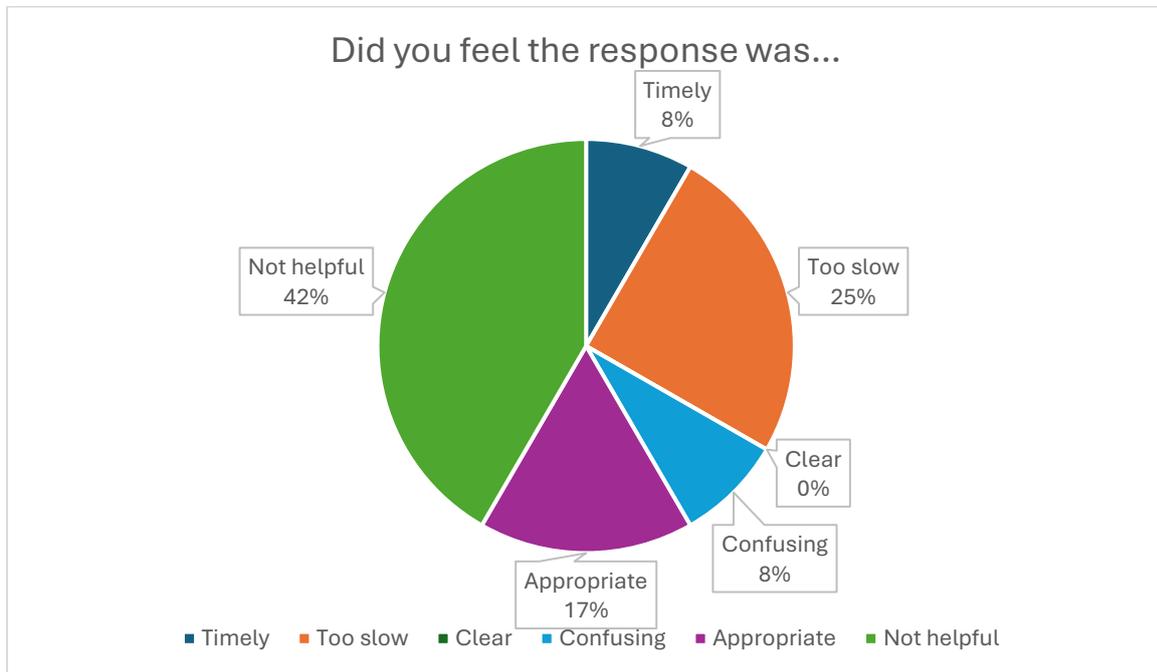
## Main reason for contact



Of the 11 surveys, 8 respondents main objective related to respite and/or direct payments, 1 requested a needs assessment, 2 requested signposting, 1 required safeguarding support and 1 applied for a blue badge for their child.

## How did you feel about the response?

Respondents were able to select multiple options.



Majority of respondents selected one option rather than multiple. 'Not helpful' accounted for 5 responses, 'too slow' for 3 responses, 'appropriate' for 2 responses, 'timely' for 1 response, 'confusing' for 1 response, and no responses indicated 'clear'.

One survey reporting 'timely' and 'appropriate' response related to a request for a blue badge. Another 'appropriate' response was in relation to a request for direct payments with a needs assessment arranged.

All other responses indicate that expectations were not met along with a lack of clarity in processes, reasoning and/or timescales.

## What went well?

Respondents were asked what went well and provided with a space to add any comments they wished. Responses are as follows.

Not received a response yet *
Nothing
Nothing went well – we were declined the request on the basis that the panel believed '[Child] needed to have a normal childhood'. What is normal? He goes to several medical appointments a week, has medical trauma, uses a wheelchair and takes an enormous amount of medication. We still struggle with zero support, we were turned away despite an obvious need.
Nothing
Nothing
Nothing – they literally messed it up every step, starting with refusing to refer to the disabilities team.
Social worker visited us at home on 2 occasions and [child] at school once. We also had a meeting with the school and the safeguarding lead was present.
We received the support we requested.
[Child] interacted well so social worker was efficient.
We received the blue badge; the social worker was excellent.

\*This survey response was recorded the same month as the request for support was made.

## What could be done better?

Respondents were asked what could be done better and provided with a space to add any comments they wished. Responses are as follows.

Waiting on a response *
Followed procedures and kept me up to date. Not overlooked.
Everything – initially the response was ignored and I had to chase it twice as it 'had been missed'. I was then passed between two people as one person left and the final person did this assessment and agreed with the first social worker but the panel declined the request for support.
The social care and futures plus team need to respond back to parents and not cause distress and anxiety.
My child has autism and is struggling to engage with professionals. They sent a social worker round to meet her and unfortunately, she would not engage with this social worker. The social worker said they will do a section 17 report to pull all the professionals involved to have a meeting for a safety plan for my child. Two weeks later I get a text, the social worker is leaving the Local Authority and I will be allocated a new social worker. This social worker came and met my child in school apparently did a Section 17 report with advisories to have a MDT due to the amount of professionals involved, then discharged her but told me if she gets worse to call back. Well, she has got worse, been in hospital with self-harming last week. I called social care back and they don't want to know. CAMHS are saying they [LA] need to help but I call and they don't want to know. Absolute waste of time.

We should have been referred to the children with disabilities team. We are a neurodivergent family with 2 kids with complex needs and we were given an apprentice social worker with no clue. She did not properly capture all relevant details and did not properly represent our case to the resource panel. I was told there was no right of appeal. I am still awaiting her managers response to my complaint.

Only recommended one group which we already knew about (Barnardo's) and had concluded wasn't appropriate for our [child]. We told the social worker this during her visits but still didn't get any alternative offered.

Social worker went straight into the assessment and didn't explain what options were available for [child]/us. She also didn't explain the purpose of the assessment was for the direct payments until we received the outcome that they wouldn't put it to panel as it wouldn't be accepted. Assessment has incorrect information included and concluded that our support network was strong. This was not how we had explained our situation as our support network cannot meet the needs of our [child]. We were really unhappy with the entire process.

I requested a social worker with experience of PDA\*\* prior to referral but was allocated an apprentice who had not heard of PDA however, he was willing to listen and has said he will feedback information to his team regarding PDA training.

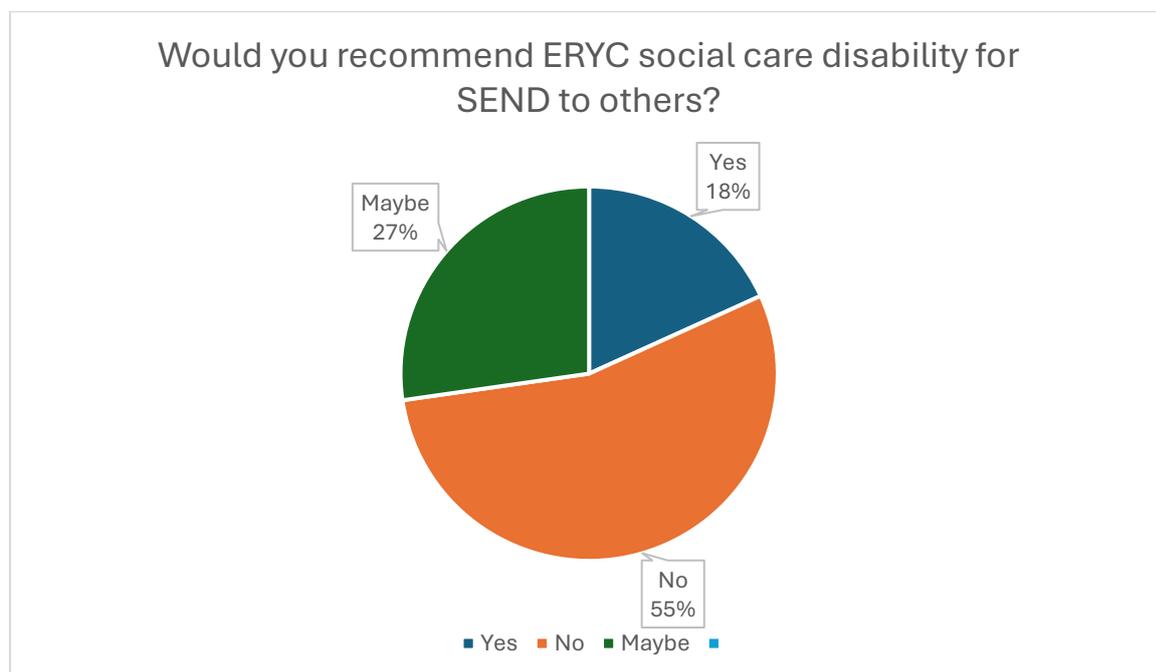
Assessment was delayed due to staff absences; they have a timeframe to adhere to. Two wellbeing issues were brought up, but no support given.

\*This survey response was recorded the same month as the request for support was made.

\*\*PDA is an abbreviation meaning Pathological Demand Avoidance. More information on this condition is available at <https://www.pdasociety.org.uk/>

## Would you recommend ERYC?

Finally, respondents were asked, based on their experience if they would recommend East Riding of Yorkshire Council social care team in relation to SEND. The responses are as follows.



Six would not make a recommendation, 3 responded 'maybe' and 2 would recommend the service.

## Child survey responses

HWERY received one child survey. Some family responses indicated they did not consent, others highlighted that their child lacked capacity to independently understand and communicate and therefore could not take part.

The completed survey responses were as follows.

Question	Response
What help did you hope to receive?	Someone to help with picking me up and taking me to school so I don't have to do a busy breakfast club or after school club.
Did you feel involved?	No.
Was everything explained and made clear to you?	No nothing was explained.
Do you feel your hopes for help were met?	No not at all.
How would you rate the help you received?	0 – I did not receive any help.
What went well?	The lady tried to talk to me but she didn't ask any questions. Mummy asked me things.
What could have gone better?	I could have been asked by the lady what I wanted.
Is there anything else you would like to tell us about your experience?	Help for school pick up and drop off.

## Staff survey responses

HWEY received one staff survey response. Staff surveys asked

- if their role was full-time or part-time, if they worked directly with children and/or the family
- the 3 biggest barriers to fulfilling their role,
- their 3 biggest achievements that they are most proud of within their role
- if they had any recommendations they would like to make for their service to deliver better satisfaction and outcomes for staff, children and young people, and their families.

It was HWEYs intention to collate the responses in the same method as with the family surveys. Unfortunately, low uptake in response has made the only respondent identifiable in the information they have shared about their role and therefore will not be shared as all participants were assured of anonymity.

## Recommendations

### Recommendation One

Work collaboratively with partners in education to identify potential triggers which may generate a spike in requests for support close the academic holidays of periods longer than one week.

## **Recommendation Two**

Seek further feedback to ascertain if there is a correlation between key stage phase transitions and an increase in requests for support. If this proves positive, collaborate with those who work within transitions to develop a strategy of delivering the right support at the right time, reducing referrals.

## **Recommendation Three**

Consider creating an easier online way to make a service request which will automatically generate an acknowledgement, can send a response timescale and have a save feature for those who cannot complete a form in one session.

## **Recommendation Four**

Review and improve information on the Local Authority main websites with consideration made for those who may be anxious about social care involvement. Improve SEO (Search Engine Optimisation) to allow the public to find information with ease. Provide clear service mapping to better set public expectations of what is in the services remit.

## **Recommendation Five**

Work in collaboration with partners across health, education and voluntary sector to promote awareness and usage of the Local Offer website. Ensure that promotion extends beyond those with an education, health and care

plan (EHCP) and/or diagnosis. A strategy to embed longevity of the promotion across sectors would be advantageous.

### **Recommendation Six**

When communication is via telephone, consider a follow up process of confirming the time and date, an overview of the call and any objectives arising along with timeframes.

### **Recommendation Seven**

Consider creating a standard operating procedure which would review evidence gathered by apprentice social workers by those with greater experience, along with families and young people to verify accuracy.

### **Recommendation Eight**

Consider developing a right to appeal a decision when there is a dispute into the accuracy of the information provided.

### **Recommendation Nine**

Undertake or develop condition specific training with consideration of if this could be accessed by staff and families together to improve relationships.

### **Recommendation Ten**

Review current policy regarding involvement of children and young people with capacity, with scope to include evidence of the young persons voice being heard, considered and acted upon when appropriate.

## **Recommendation Eleven**

Improve staff knowledge of appropriate provision for signposting including services which may take place outside of the Local Authority, or those services commissioned by the LA. This will ensure that all families find appropriate guidance and support.

## **Conclusion**

### **Overview**

Whilst there were limited responses to the surveys, the majority of those who made attempts to contact the social care team for information and support have a negative experience. In reviewing the data gathered, and the feedback outside of the surveys at engagement events, frustration typically begins before contact is made. This is partly due to the method of contact, difficulty in finding the contact information and lack of clarity in what the service offers and criteria to access support. Of those who were satisfied throughout, information indicates their child/family was already known to the service and their contact was regarding an additional request for information and support.

## **Acknowledgements**

Healthwatch East Riding of Yorkshire would like to express their appreciation to Julian from East Riding of Yorkshire Council social care team, East Yorkshire Parent Carer Forum, Aim Higher, East Riding of Yorkshire 0-25 SEND Team, East Riding of Yorkshire Local Offer Team, aScEND and Community Vision for their input and supporting the

promotion of this project. We would also like to thank the families, young person and staff member at East Riding of Yorkshire Council who contributed to information gathering, enabling us to ensure public voice is heard and shared.



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