



# healthwatch

## Worcestershire

# EHCP SURVEY REPORT



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Version**

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# EXECUTIVE SUMMARY

Healthwatch Worcestershire (HWW) is committed to collecting feedback on local health and social care services and making recommendations for improvement based on insights from patients, service users, and carers.

This report focuses on identifying the key challenges faced by the Worcestershire Local Area Partnership in delivering Special Educational Needs and Disabilities (SEND) services to children and young people, specifically in response to our ongoing commitment to addressing issues related to Learning Disabilities and Autism.

In April 2024, the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC) conducted an inspection of the Worcestershire Local Area Partnership's SEND services. In October 2024, Worcestershire Children's First ceased to be a stand alone organisation and Worcestershire County Council took back control of children's services.

The findings revealed significant and widespread failings that negatively impact the experiences and outcomes for children and young people with SEND. These findings highlight the urgent need for improvements in the system to better support this vulnerable group.

HWW, in collaboration with the Worcestershire Parent Carer Forum and a representative group of SEN parents, conducted a survey to assess various aspects of the SEND process. The survey received a high response rate. A total of 673 surveys were started but unfortunately 109 were not completed to a level where meaningful data could be extracted. The report therefore comprises of 564 respondents. The survey focused on the ease of the Education, Health and Care Plan (EHCP) process, the effectiveness of communication throughout the process, and the barriers faced by parents and carers. The survey results emphasised the critical need for improvement in several areas.



# EXECUTIVE SUMMARY

## Key Findings From The Survey

1. Delays in the EHCP process: The Partnership is not meeting statutory timelines, with delays in health assessments and reports, which in turn delay support provision.
2. Capacity issues in health services: Limited capacity to provide therapies outlined in Section F of the EHCP, impacting the delivery of necessary support.
3. Poor quality of EHCPs and annual reviews: Many EHCPs lack specificity, adequate planning, and effective reviews.
4. Communication breakdowns: Parents and carers report poor communication with caseworkers, delays in responses, and a lack of clarity, leading to frustration and lack of trust in the system.

## Recommendations

Based on these findings, the report makes several recommendations:

1. Improve the Parent Portal: Enhance usability, accessibility, and guidance to increase engagement from parents and carers with digital tools.
2. Involve children's views: Ensure children and young people are actively involved in decision-making through structured consultations or facilitated discussions.
3. Enhance social care support: Address low satisfaction in social care services by improving training, resource allocation, and communication with parents and carers.
4. Address communication issues: Investigate the underlying causes of poor communication with caseworkers and implement measures to improve response times, capacity, and training.
5. Barrier Access To Specialist Education: Increasing local specialist spaces, along with a focus on individualised support in all settings, is vital if children/young people are to thrive.



# EXECUTIVE SUMMARY

## Recommendations Continued...

6. EHC assessment delays: more transparent approval process, adherence to legal timescales and additional support for families in completing applications could improve access.

7. Health Assessments : Address delays in health assessments/reports and the limited capacity to provide therapies outlined within Section F of the EHCP.

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In conclusion, the report highlights significant barriers faced by families in navigating the EHCP process, particularly delays in assessments and support provision, and a lack of clear communication.

While some families report positive experiences, the majority struggle with unclear processes and insufficient support. Addressing these issues through legal adherence, professional training, and improved communication could lead to a more efficient and equitable system for children and young people with SEND.



# HOW OUR SURVEY WAS CONDUCTED

The survey was developed in collaboration with the Worcestershire Parent Carer Forum and a representative group of parents of children and young people with Special Educational Needs and Disabilities (SEND).

The survey was open to all parents and carers of children and young people aged 0–25 with Special Educational Needs (SEN), irrespective of whether they had received a formal diagnosis or held an active Education, Health and Care Plan (EHCP).

To maximise accessibility, the survey was available online and in paper format upon request. Additionally, support was provided for parents and carers who required assistance with completion, offering options such as face-to-face meetings, telephone support, and online facilitation.

To encourage participation, focus groups were conducted within various SEN support networks to introduce the survey and engage key stakeholders. Worcestershire County Council distributed the survey to all Worcestershire schools and colleges and promoted it through its social media platforms. The Local Area Partnership (Health) further amplified its reach by sharing it via its digital channels.

Healthwatch Worcestershire enhanced outreach by disseminating the survey across SEN-specific online forums, community groups, and local noticeboards to ensure broader awareness and participation.

Responses were gathered through multiple channels, increasing the risk of survey fatigue among parent/carers. This could have impacted participation rates and the completeness of responses.

Due to constraints in capacity and timescales, providing one-to-one, appointment-based support for all families was not feasible. However, targeted support was offered to those who would otherwise have been unable to participate. The data was analysed using SPSS software.



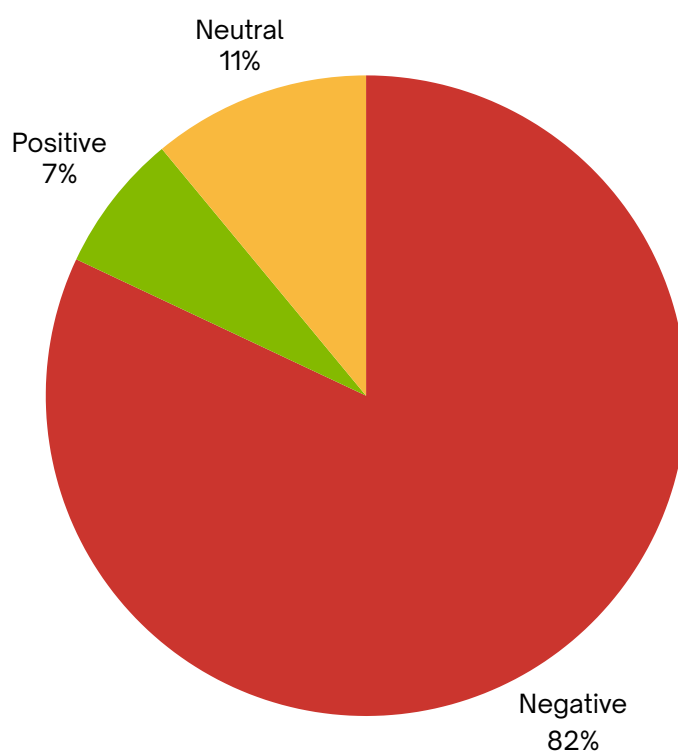
# KEY FINDINGS



A total of 673 surveys were started, but unfortunately, 109 were not completed to a level where meaningful statistics could be extracted. The report comprises 564 respondents who are parents or carers of children with Special Educational Needs. The analysis highlights key insights into their experiences with education settings, the EHCP needs assessment process, and the support received from health and social care services.

Most comments express frustration, challenges and issues with the system, while a small percentage indicates satisfaction or neutrality. Negative (82% comments often highlight frustrations with system failures, long wait times and inadequate support, such as *"I can never get through to anyone."*

A few users shared satisfaction, mentioning aspects like ease of use or helpful staff - Positive (7%) e.g. *"The representative was very helpful."* The Neutral (11%) comments typically lack strong opinions, like, *"I've had better experiences elsewhere."* without expressing strong feelings.





# KEY FINDINGS

## Education and perceived sustainability

In our survey parents/carers told us:

- 52.8% of children attend mainstream schools or colleges
- Nearly 30% are in specialist or alternative provision.
- 7.8% of children are not in any education setting

When asked if their child was in the best setting, participants responded:

- 52.7% believe their child is in the best setting to meet their needs.
- 28.9% feel their child is in an unsuitable setting.
- 18.4% are unsure.

### Comments from survey participants:

*"Child has no school place due to unmet needs and waiting for a specialist school as per the EHCP."*



# KEY FINDINGS

## Education, Health and Care Needs Assessment process

Use of the Parent Portal:

- 24.8% of parents used it to submit their request
- 75.2% choose not to use it

These figures suggest either a lack of awareness or usability issues with the system. Among those who did use it, only 20.1% found it easy to use, while others reported difficulties or opted out.

Given that digital platforms are intended to streamline administrative processes, these findings indicate a need for improvements in accessibility, clarity, and support for parents navigating the system.

### Comments from survey participants:

*"I left a message on the portal but most of the time it was pointless as things needed emailing in. 90% of the EHCP including documents such as the draft was done via email regardless of the portal working and being set up. The portal offered zero to the process and if anything was more of an annoyance having to sign up to it."*



# KEY FINDINGS

## Education, Health and Care Outcomes and Process Clarity

The outcome of EHC needs assessments is a critical concern:

- 36.7% were approved within the legal timeline of 16 weeks
- 46.8% took longer than 16 weeks
- 16.5% of requests were initially declined

Of those that were declined:

5.5% declined outright with no further action

9.6% approved after mediation/tribunal

1.4% unsuccessful at over turning the decision

The high proportion of delayed assessments (46.8%) suggests systemic inefficiencies in processing EHC needs assessments.

### Comments from survey participants:

*"No support or guidance was provided, felt like it was 'done to us' not with us to benefit our child."*

*"It was easy enough to follow and understand."*



# KEY FINDINGS

## Consideration of children/young people's views

Including children's and parents' perspectives is a crucial aspect of the assessment process.

However, the results indicate mixed experiences during the EHC assessment:

- 41.5% of parents felt their child's views were fully considered
- 41.1% thought they were only partially considered
- 17.4% felt they were not

Parents' views were slightly better acknowledged:

- 56.9% feeling fully considered
- 35% feeling partially considered
- 8% reporting that their input was entirely ignored

This discrepancy highlights the need for a more child-centered and parent-inclusive approach to the assessment process. Children's and parents' voices are essential in ensuring that support plans reflect real needs rather than bureaucratic constraints.

### Comments from survey participants:

*"They were asked for and documented but not meaningfully listened to or used to inform outcomes or decisions. The end result made me feel absolutely everything had been overlooked and dismissed"*

*"Both our children had "my views" included in the ECHP formation. These were included in the 'section K' documents for both children."*



# KEY FINDINGS

## Effectiveness of Professional Assessments

When evaluating whether health and social care professionals understand their child's needs survey participants reported:

- 67.6% of parents agreed professionals did understand
- 32.4% felt their child's needs were poorly understood

While the majority had a positive experience, a third of respondents experiencing poor understanding suggests a gap in professional training or assessment quality.

53% of Health and Social Care professionals did not contact families to discuss the assessments, which is not an inclusive approach.

This could indicate inconsistencies in assessment methods, limited interdisciplinary coordination, or challenges accessing specialist expertise.

### **Comments from survey participants:**

*"The initial SALT report didn't address X's needs fully and I feel that the therapist misunderstood the behaviour. One therapist didn't even speak to X or make any attempt to engage. She discharged without any explanation. The OT assessment was very generic, and I was given a handout leaflet with standard exercises to complete. None of it was tailored to specific needs."*



# KEY FINDINGS

## Satisfaction with Support Services

The satisfaction ratings for health and social care support during the EHC process reveal essential differences.

- 50.9% were satisfied or very satisfied with the support received from health services
- 23.9% were dissatisfied

Social care services received far lower satisfaction ratings, with only

- 26.4% expressing satisfaction
- 21.9% were dissatisfied

Notably, many respondents (51.8%) were neutral regarding social care support. This neutrality may indicate a lack of meaningful engagement with social care services due to limited availability or unclear roles in the assessment process.

The comparatively lower satisfaction with social care suggests that families may not receive the level of assistance they need or may not fully understand how social care can support them. There were numerous comments regarding the barriers to obtaining parent/carer assessment to access support for families.

### Comments from survey participants:

*"Our child wasn't disabled enough..." these were exactly the words told to me. Horrified isn't the word. Feel extremely let down by this 'service'."*



# CONCLUSION

Overall, the analysis highlights significant barriers families face navigating the EHC process, particularly in securing appropriate education settings, experiencing assessment delays, and receiving adequate professional support.

The findings suggest that while some families have positive experiences, too many struggle with unclear procedures, lack of service responsiveness, and insufficient recognition of their needs.

Addressing these concerns through adherence to the legal requirements, improved professional training, and better communication strategies could lead to a more effective and equitable support system for children/young people with SEN and their families.



# Recommendations

Overall findings highlight several systemic challenges that require urgent attention. We are aware of the current Worcestershire SEND Local Area Partnership Areas for Improvement Plan but disappointingly parent/carers are not seeing any notable improvements nearly 12 months on since the inspection.

## Barrier Access to Specialist Education

Many parents/carers do not feel their child/young person is in the right setting, and many children are not in any education setting.

Increasing local specialist spaces, along with a focus on individualised support in all settings, is vital if children/young people are to thrive.

## EHC Assessment Delays

A more transparent approval process, adherence to legal timescales and additional support for families in completing applications could improve access. We would recommend that advocacy support is provided for parents/carers who struggle to navigate the system (e.g. those with disabilities or language barriers).

## Parent Portal effectiveness

Given the low usage and satisfaction with the portal, improvements in usability, accessibility, and guidance are necessary to encourage more parents/carers to engage with digital tools.



# Recommendations

## Inclusion of views into the process

More emphasis is needed on ensuring children's/young people's views are fully heard. Structured ways to involve children in decision-making, such as direct consultations or facilitated discussions, should be implemented.

## Social Care Support improvements

With the lowest satisfaction levels observed in social care services, better training, resource allocation, ease of access by parents/carers, and communication are needed to ensure social care professionals can provide meaningful support.

## Communication

A significant percentage of respondents reported poor communication from Caseworkers, delays in responses, and a lack of clarity about processes and updates, leaving parents/carers feeling uninformed and unsupported. There is an urgent need to investigate these issues, whether to increase capacity and/or improve training.

## Health Assessments

Address delays in health assessments/reports and the limited capacity to provide therapies outlined within Section F of the EHCP.



# Additional Survey Data

## Educational Settings

- Over half (53%) of parent carers who took part in our survey said they had a child/young person who attended mainstream school or college.
- 30% are in specialist or alternative provision.
- 8% are currently not in any educational setting.

## Is the Setting Right?

- Over half (53%) feel their child is in the right setting.
- 29% said they did not think they were in the right setting, and 18% were unsure.

## The EHCP Journey

- Most families (55%) requested an EHC needs assessment over a year ago.
- 25% used the Parent Portal, with many finding it confusing or lacking updates.

## Assessment Timeliness

- Where it was agreed to issue a Plan, 49% were sent to parents within the 20-week legal timeframe.

## Clarity and Inclusion

- 59% found the process clear.
- 42% felt their child's views were fully considered; 41% said partly.
- 57% felt their own views were fully considered.

## Types of Assessments

- Most common: Educational Psychology (88%), Speech & Language (65%).
- 22% commissioned private assessments.
- 68% felt professionals understood their child's needs.



# Additional Survey Data Continued...

## Health & Social Care Support

- 51% were satisfied with health services.
- 26% were satisfied with social care input.
- Over half (53%) said professionals didn't contact them before submitting assessments.

## EHCP Content

- 61% said Section B (needs) was accurate.
- 60% said Section F (provision) addressed all needs.
- 40% felt Section F was clearly written and specific.
- 48% felt the EHCP reflected the child/young person's needs and aspirations (36% felt it partially reflected)

## Annual Reviews

- 61% had an EHCP for over a year.
- 84% were invited to a review in the last 12 months.
- 54% received paperwork on time; 13% had to chase.
- 88% felt their views as parent/carers were considered during the review.
- 78.57% felt their child/young person's views were considered

## Preparing for Adulthood (PFA) (The Year 9 review – paragraph 8.9 of the SEND Code of Practice states that Local Authorities must ensure that the EHC Plan Review at Year 9 and every review there after, includes a focus on preparing for adulthood.)

- 47% of Year 9+ families said PFA was discussed (% of valid responses excluding those that answered N/A)
- Where included, most commented to state that it was only added due to parent/carers insistence.
- 72% said outcomes were included in Section E (outcomes sought for child)
- 70% said provision was detailed in Section F

## Communication and Accessibility

- Half of families struggled to get responses from their caseworker.



# Glossary

## **EHC Needs Assessment**

Education, Health and Care needs assessment (the process where an assessment for a plan is requested)

## **EHCP – Education, Health and Care Plan**

Issued when the child/young person has been assessed and agreement reached to issue a Plan which will detail what support they need.

## **SEN – Special Educational Needs**

Focuses on children who have educational differences or difficulties (can include learning difficulties, ADHD, autism, and other mental health conditions).

## **SEND – Special educational needs and disabilities**

Focuses on children with disabilities whether or not they have special educational needs and may include children with conditions that affect their physical capabilities, sensory perceptions or cognitive functions.

**SEN** and **SEND** are often used interchangeably.

## **The Local Area Partnership**

This refers to partners such as Health, Social Care and Education, all of which feed into EHCP's



# Acknowledgements

We would like to thank everyone who contributed to this report including:

- SEN Parents/ Carers – without their support this report would not have been possible
- The Local Area Partnership
- Worcestershire Parent Carer Forum

We would also like to acknowledge one of our Healthwatch Worcestershire Volunteers and thank them for their assistance.

Please note AI has not been used in the collection or analysis of the data. AI has assisted in the drafting of the report.

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