

Essex Family Forum

Family Impact Survey 2024

Report on Mental Health Support



Date of Report: March 2025

Survey conducted:

1st February 2024 – 17th March 2024

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Introduction

This is our fourth Annual Family Impact Survey. We have expanded the scope of the survey each year by adding additional questions to existing sections and adding new sections. We have based these on the most consistent themes from the feedback we have received from families in all the forms we receive it. (e.g. our Family Champion network, virtual Graffiti Wall, Local Offer Roadshows, coffee mornings).

The aim of our survey is to detail parent/carer experiences in trying to secure the right support at the right time for their children/young people at the time they need it. We are then able to compare the current situation with what families have told us in our previous surveys. We are then able to identify where there has been any improvement in those experiences and where families are still finding it challenging to obtain the right support for their child/young person.

The results of our previous surveys can be found on our [website](#). It has been challenging to obtain a timely response on the findings from our previous surveys from the relevant teams and services across education, health and social care. We have, therefore, decided to separate the findings from this year's survey into specific reports for each section of the survey as follows:

- Education, Health and Care Plans - Statutory Processes including Needs Assessments, Annual Reviews and Appeals and Tribunals
- Neurodevelopment Conditions Assessments – Referrals, Waiting Times, Pre and Post Diagnostic Support and Information
- SEN Support, One Planning, Communication and Support with Education Settings
- Home Education, Unable to Attend and Education Other than at School (EOTAS)
- Home to School SEND Transport
- Therapies
- Mental Health Support
- Social Care and Shortbreaks Clubs & Activities
- Preparing for Adulthood
- Sources of Information and Support

This report focusses on Mental Health Support.

Methodology

- Survey period: 1st February 2024 to 17th March 2024
- The survey was conducted via Survey Monkey and designed with both qualitative and quantitative questions. Throughout this report, we have included samples of the verbatim comments received from families. We have removed any personal or potentially identifying information from those comments such as individual names, settings and service providers.
- The names of settings and service providers will be available, upon request by Essex County Council (ECC) or the Integrated Care Boards (ICBs) but will only be provided in terms of the 'theme' within which they were mentioned. They will not be attributed to any specific comment - in line with the collection of data policy as outlined in the previous bullet point.
- The survey was promoted via Essex Family Forum social media, our Family Champion Network, connected support groups and through Email Octopus to our members. We also circulated to our various contacts at Essex County Council and the Integrated Care Boards for onward circulation via their communication channels. We used separate links this year so we can identify where the survey received the greatest engagement. We are delighted that those sent via our membership and Family Champion Network counted for over half of all the responses, with social media counting for one third of the overall responses. 87 parent/carers received their link via their child/young person's education setting.

Number of Participants

There were **1240** valid entries for the survey this year, as all participants who started our survey gave consent for their anonymized responses to be used and shared.

Participants were directed to sections of the survey via “skip logic” based on responses they gave. They were also able to skip certain questions if they did not wish to provide a response. Therefore, participants only completed sections that were relevant to them and did not need to answer every question within the survey. The responses shown are based on the numbers of participants that answered that particular question.

The number of families completing our survey is increasing each year. In 2020 we received 638 valid entries, 517 in 2022 and 923 in 2023.

Disclaimer

The information and comments presented in this report and appendices are the views of the survey respondents and in no way, express or implied, should be construed to represent the views of Essex Family Forum CIC. Essex Family Forum's purpose is established under the legal requirements of the Children and Families Act 2014. We therefore have a duty to faithfully relay the views and experiences of parents and carers of children and young people with SEND aged 0 - 25 years with regard to the services they use. Essex Family Forum aims to work co-productively with services to improve the users' experiences and to recognise good practices. Essex Family Forum accepts no legal liability for the personal accounts, views, or opinions that survey respondents shared.

General Information

The number of participants who are parents has remained fairly static. A number of participants who selected 'Other' stated their parental status (Mother or Father).

Based on our previous surveys in 2020, 2022 and 2023, there is no significant difference in the gender of children/young people, or in the age ranges of children/young people. The percentage difference between 2023 and 2024 is shown in brackets

Our survey respondents were predominantly white British. This is at a higher proportion than the general population of Essex according to the latest census figures (2021).

Parent
95% (-1%)*

Male child
62% (-2%)

Ethnicity
White British - **90%**
(2021 Census Data = 86%)

Age of Child / Young Person

Early Years - 10% (=)

Primary - 45% (-3%)

Secondary - 34% (+1%)

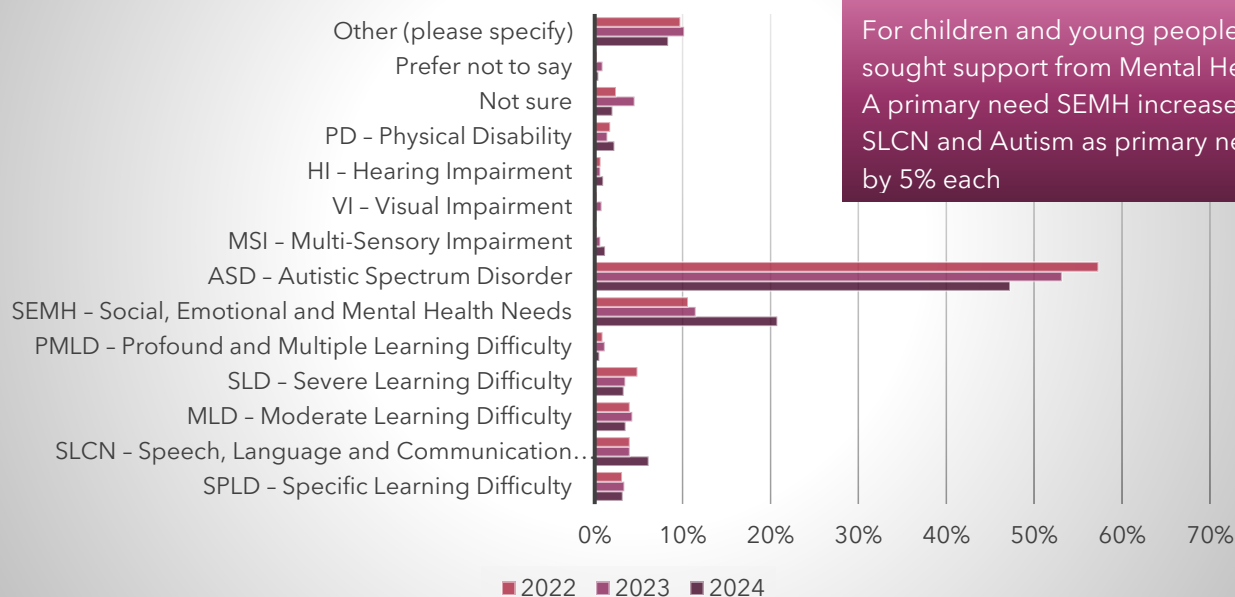
Post 16 - 7% (+1%)

Post 19 - 4% (+1%)

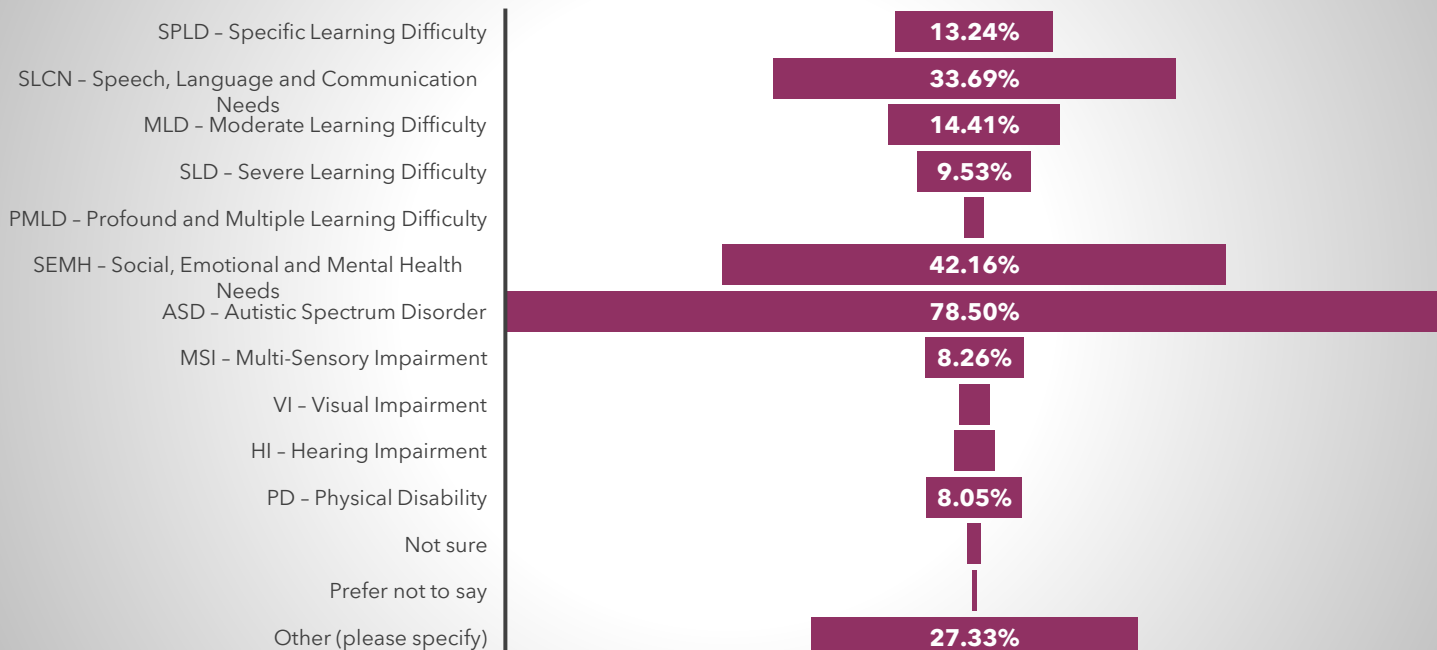
Identification of Needs

In each of our previous surveys, many parent/carers have indicated that their child/young person's needs are too complex and interlinked to pinpoint which is their primary need. This year we added an additional question so that parent/carers had the opportunity to provide details of **all** their child/young person's needs. (Therefore, the overall percentages will total more than 100%).

What would you describe as your child's primary area of need?



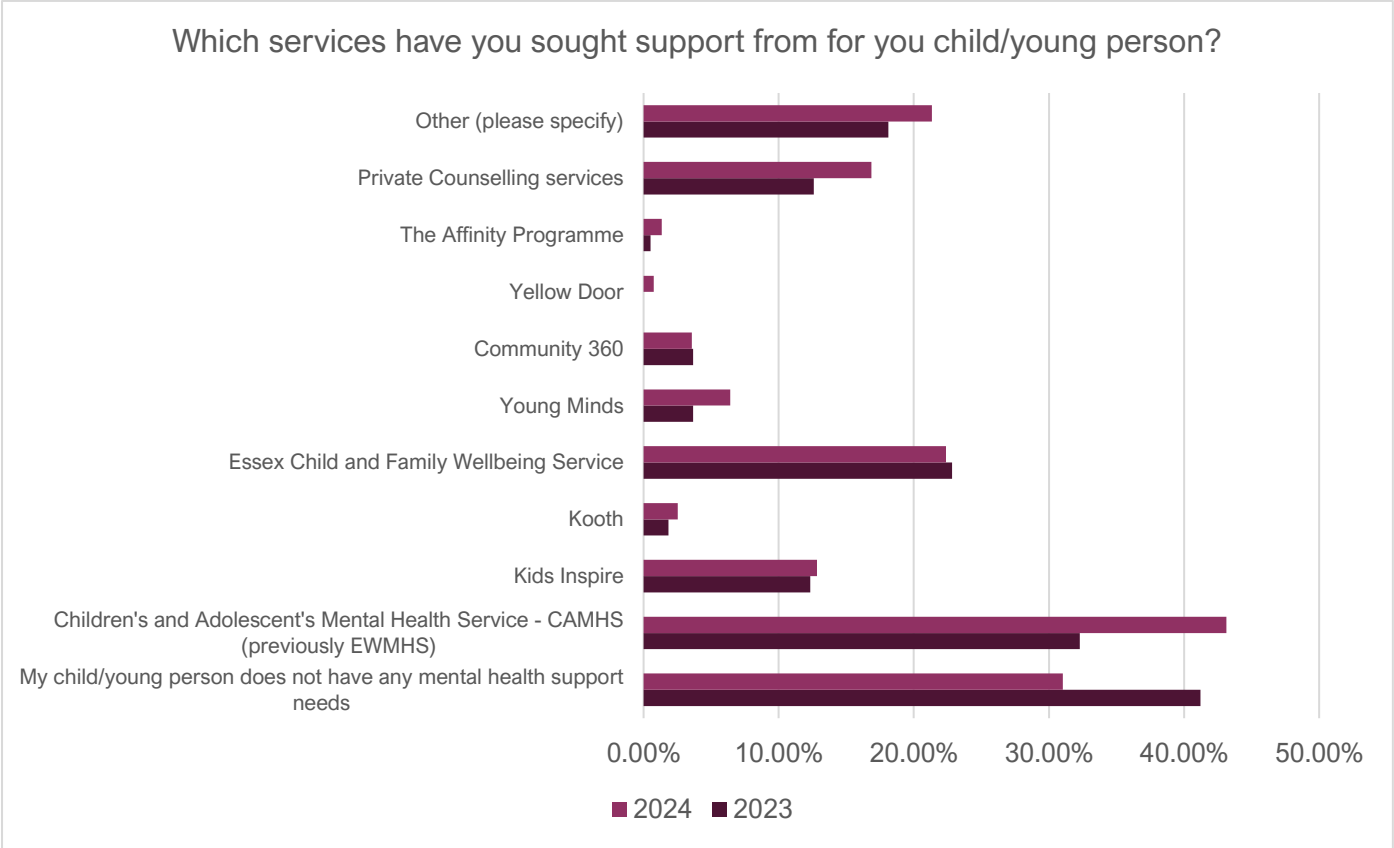
Child/Young Person's Needs (All)



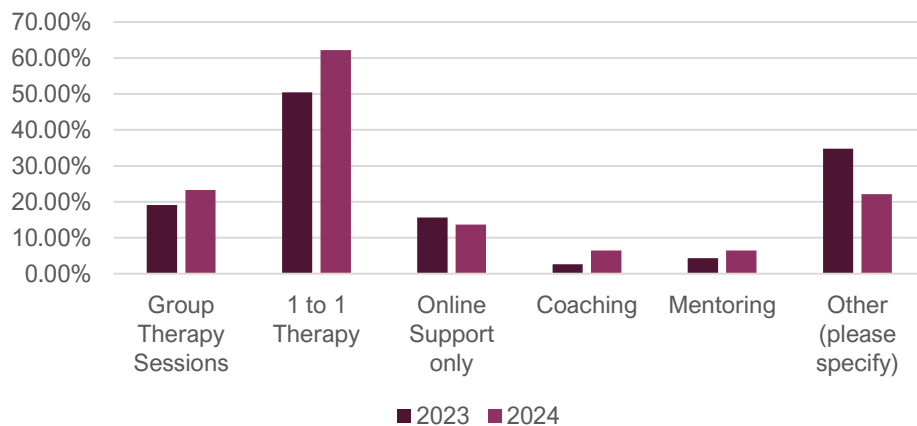
For those who have sought support from Mental Health Services the breakdown of needs is similar (within 1-2% of overall responses); however, SEMH needs increased to 56% and SLCN needs decrease by 10%.

Mental Health Support

There has been 10% increase in families who have sought a referral to the Child and Adolescent Mental Health service, and a corresponding 10% decrease in families who do not consider their child to have any mental health needs.



What type of support were you offered for your child/young person?



73%

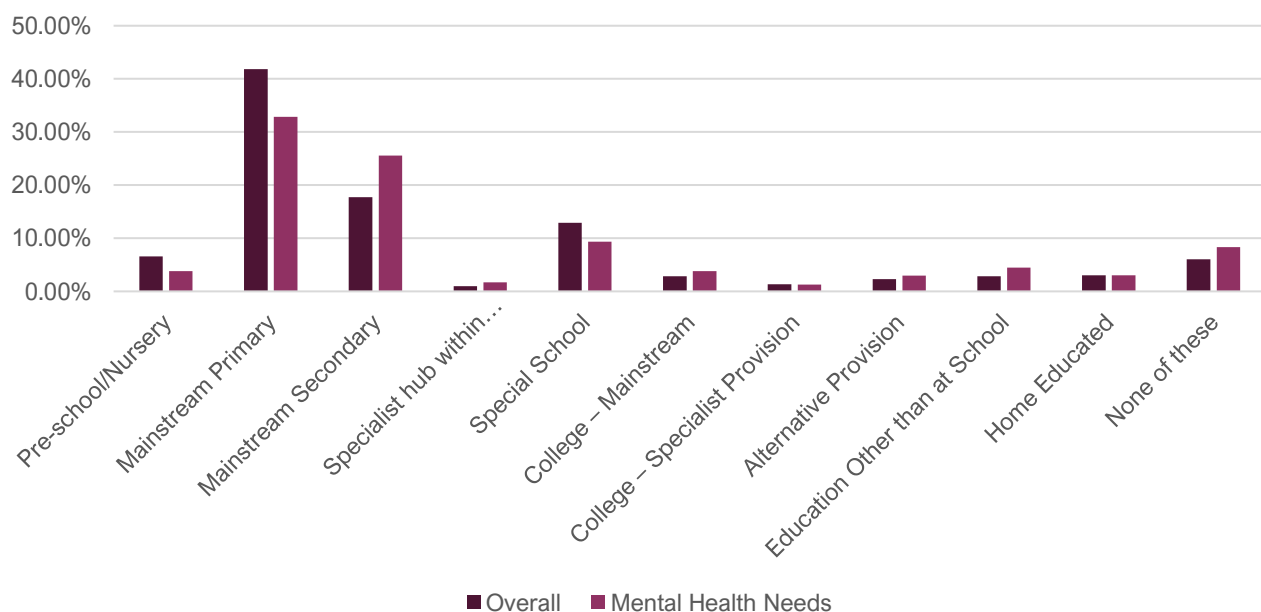
of those who did not meet criteria for support were NOT signposted to other services or types of support

(2023 – 76%)

Education support

The types of education settings attended by children and young people with mental health needs is largely the same as those in our overall survey figures. The proportion of children/young people attending a mainstream primary is 8% higher than the overall. The percentage of young people not in education, training or employment is 2% higher for those with mental health needs.

What educational setting does your child/young person attend?



- The option for Home Education was split further into 2 categories:
 - ♦ Home Educated as a lifestyle choice
 - ♦ Home Educated through no other option*

**The proportion of parent/carers who home educate through no other option is 4 times higher than those that do so as a lifestyle choice (which matches the overall figures).*

- Settings where the total was 1% or under were:
 - ♦ Specialist hub – Primary
 - ♦ Virtual School
 - ♦ Apprenticeship/Internship/Work based training
- ♦ 4 people stated their young person is studying at university, which is the same number as within the overall figures.

This year, none of the respondents to the survey overall said their young people were in employment.

Education support

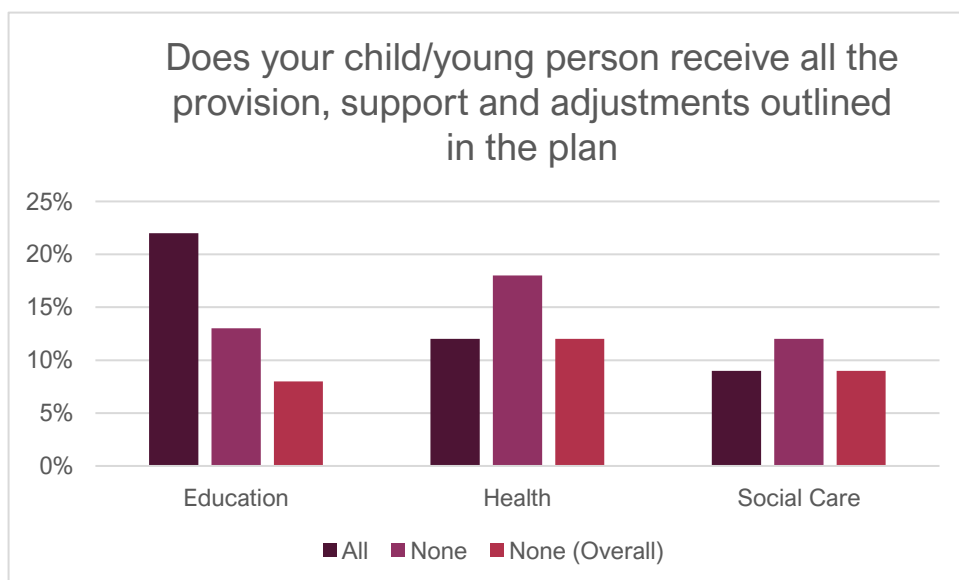
Education Health and Care Plans

43%

have an Education
Health & Care Plan

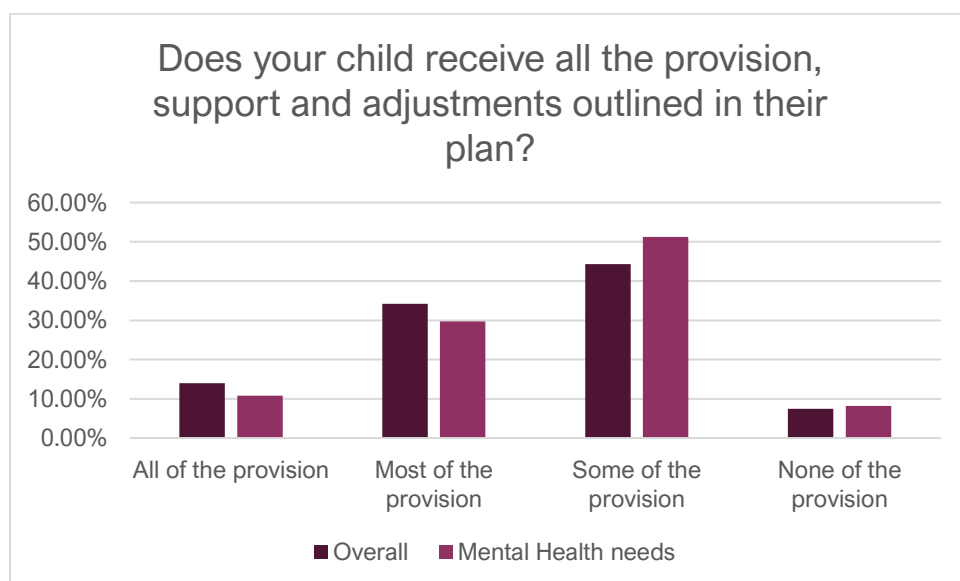
There was no significant difference in the percentage of parent/carers reporting their child/young person

receives all the provision in their EHCP against the overall survey findings. However, there was a 5% increase in those reporting that none of the education provision was received, and 6% increase in those reporting none of the health provision outlined in the plan was received.



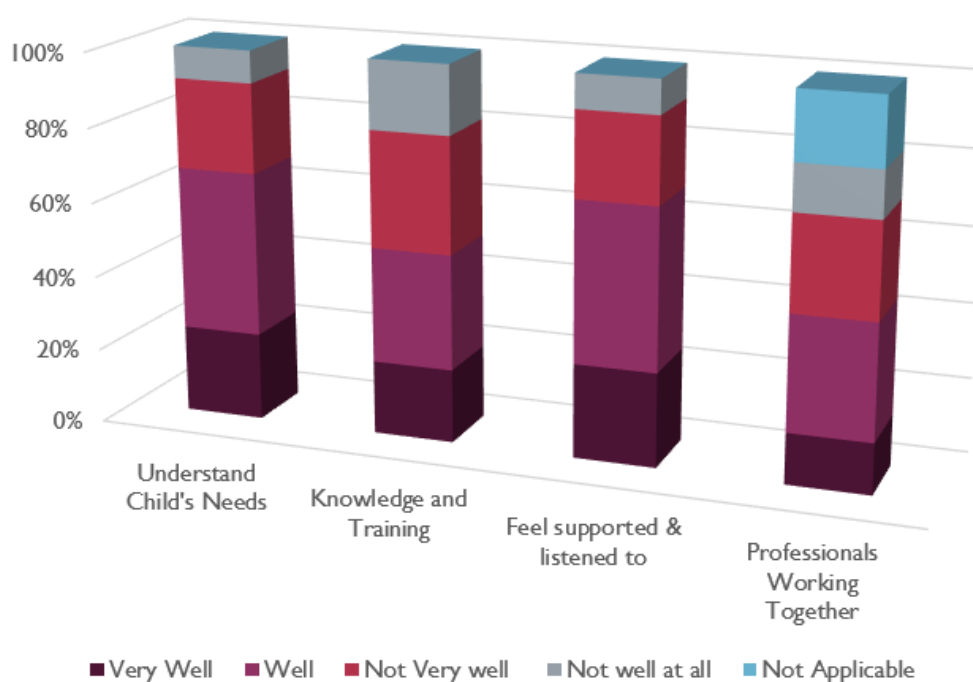
SEN Support & One Planning

Similarly, for those supported at SEN Support levels via One Plans, parent/carers report lower levels of confidence that their child/young person receives all or most their provision by 4%.



41%
have a One Plan

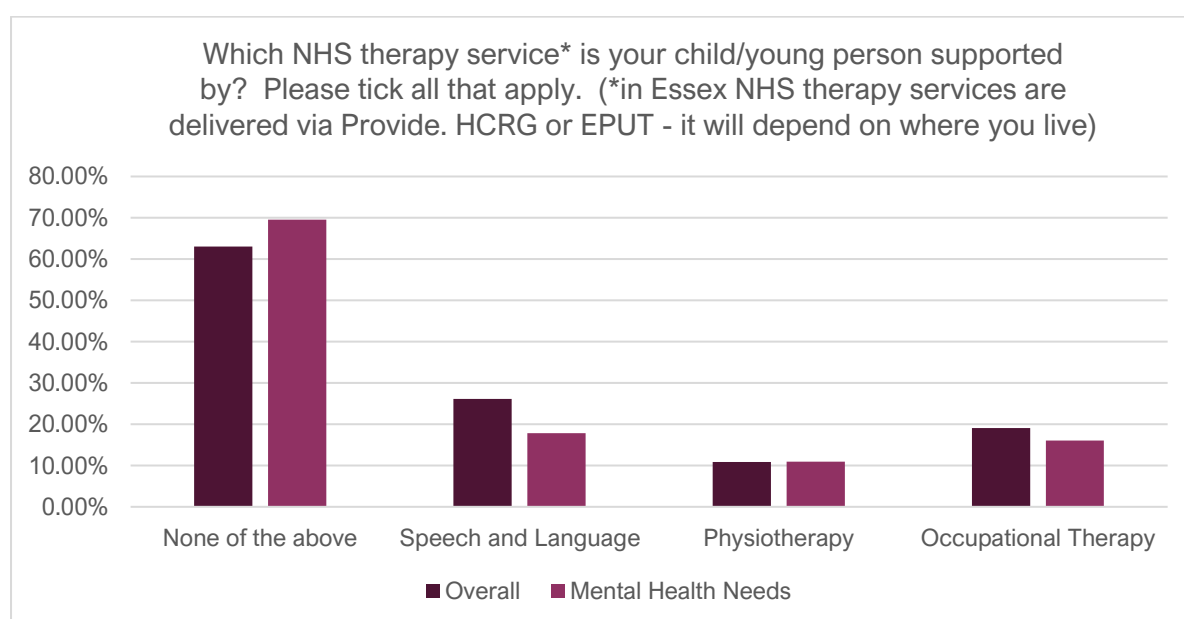
The graphic below shows overall the level of parent/carers confidence in the knowledge and understanding of teaching and support staff in their setting. For children/young people with mental health needs, the levels of confidence reduce by approximately 4% across the board.



Support from other services

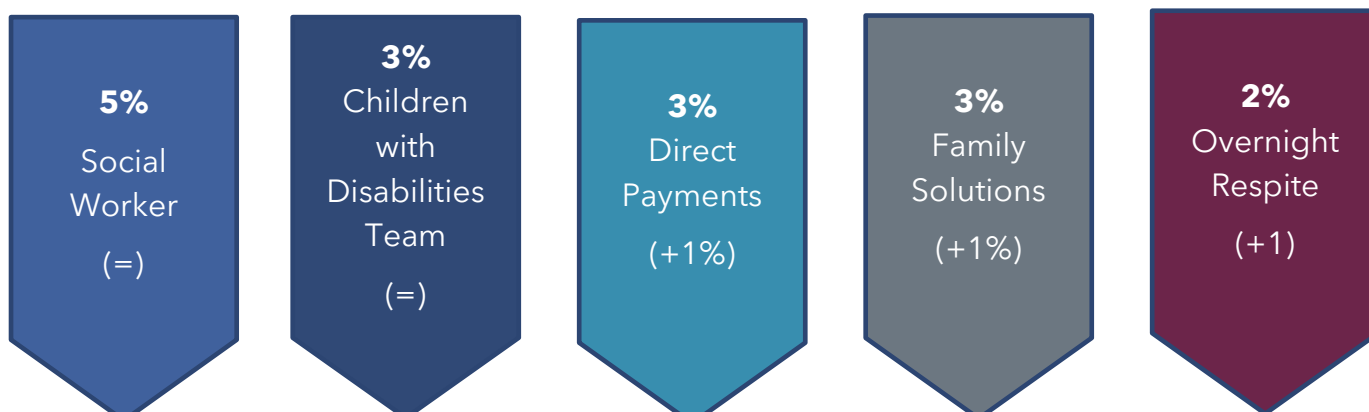
Therapies

70% of Parent/Carers of children and young people with mental health needs reported that their child/young person is not receiving any support from therapy services. This compares to an overall percentage of 63%. There is no difference in the proportion of children and young people receiving physiotherapy, but an 8% difference for speech and language therapy and 3% for occupational therapy.



Social Care

With regard to receiving social care support, there is a 1% increase in the number of families reporting they are supported by Family Solutions and in receipt of overnight respite and Direct Payments.



Comments on Mental Health support

My daughter has been out of school since jan 2023. Her mental health deteriorated drastically over that time. There is no support for children and the family. It affects the parents' mental health too. It's a constant worry and pressure for your child's well-being and mental health. I've learnt that schools are so straight lined about children's way of learning and there is no different avenue offered to my child. You really are on your own. The system needs to improve hugely.

CAHMS counsellor was not qualified or skilled in managing a child with autism. Very unhappy with the quality of services. Private counselling services were so much better

Extremely slow response due to demand and availability of CAMHS professionals. Seems to need to get a lot worse before support is provided, more fire fighting than proactive response to help reduce possible mental health issues in the first place or quicker reaction to reduce impact of mental health issues!

Our son's mental health issues are directly tied to his experience of school. We are upset and frustrated that we are now about to have to go down the route of GP appointments, CAMHS referrals and seeking private health, when we feel this could have been avoided if we had been listened to and support put in place for his educational experience much earlier.

Currently signed off child services as turned 18. Still waiting for adult services to pick her up (3months later). No one is currently monitoring her complex adhd and antipsychotic medication. The transfer from child to adult mental health is appalling.

Conclusion

In total, we received 580 comments to this section of our survey – the most we have received. We asked participants to tell us about the impact of the mental health support their child received and also gave them an opportunity to tell us about their broader experience.

There were similar themes reported across both free-text options:

- Mental Health Support offered was time-limited and, therefore, not effective in the longer-term. Sometimes this has resulted in a need for repeated referrals into mental health support services
- The type of mental health support offered was not suitable for the individual child/young person, particularly for those who are neurodivergent
- Long delays to support
- Paying for private therapy/counselling. Parent/carers told us they needed to do this either as a result of long delays in referrals, the time-limited nature or unsuitability of NHS support offered
- Being “bounced around” different mental health support services, with little or no meaningful support offered.

The impact of these barriers was also very clear from the comments:

- Deterioration in the mental health of children and young people and, in some cases, their parent/carers
- Children/young people unable to attend their education setting
- Children/young people needing crisis intervention, including admission to hospital in-patient facilities

There are comments from families who have found the mental health support their child/young person has received to have had a positive impact, and useful strategies have been given and are being used. However, a significant number of these comments also state that once therapy ceased, there was a decline in their child/young person’s mental health.

EFF would like to see the services recognise the need for a person centred approach to the term of engagement and therapy input to achieve a meaningful impact on the children and families. For some, a six-week programme is not sufficient for many of our children to even

begin a relationship, which then negates much of the therapeutic input. This would include those with severe anxiety, possibly showing up as EBSA, and also our neurodivergent children who will take longer to build up trust to engage.

It is concerning to see an increase in the number of children reporting mental health challenges not receiving the education or health support detailed in their EHC plans, however we cannot tell if this is due to children who are unable to engage.

EFF also wants to see more of a wraparound service for the children, instead of the constant transferring of them to another service when either the short-term intervention has ended, or the service decides that is not the right place. We are hearing of too many children being discharged, essentially back to primary care, and then requiring a referral back to either another service or possibly for another form of support and intervention.

EFF would like to see improved signposting regarding mental health support, with better information on the Essex Local Offer for parent carers. This should include where the services distinguish between mental health and autism. It should also support an understanding of the level of need and the services which support that i.e. if it is considered a low-level need, which doesn't require CAMHS, but then can be met by a universal or targeted provision.