



## North East - Brief summary

### **Overall Summary of the FIS Survey – North East Quadrant**

The report summarises feedback from **130 participants** across the **North East Essex quadrant (Tendring and Colchester)** about their experiences with SEND services across education, health, social care, the EHCP process, communication, and transition.

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### **Demographics & Needs**

- Respondents were evenly split between **Tendring (50.77%)** and **Colchester (49.23%)**.
  - The majority of children were aged **5–15**.
  - Most common primary needs were **ASD, ADHD, SEMH, and Speech, Language & Communication Needs**.
  - Children were mainly on **EHCPs (50)** or **SEN Support (39)**, with 23 undergoing assessment.
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### **Education Settings**

- Most children attended **mainstream primary or secondary schools**, though special schools, AP, home education and specialist hubs were also represented.
  - A notable number of children were either **home educated due to no suitable option**, awaiting placement, or unable to attend school due to anxiety/EBSA.
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### **Identifying & Understanding Needs**

- Parents felt their views were more likely to be considered by **health and education**, than by **SEND teams or social care**.
  - Understanding of needs varied:
    - **Community paediatrics**, ND pathways, and dentists scored relatively well in understanding.
    - **CAMHS** scored poorly, with many parents reporting long waits or discharge due to ASD.
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### **EHCP Process & Annual Reviews**

Experiences were largely **negative** across the quadrant:

- Only a small minority rated the EHCP needs assessment as positive.
- A significant number felt EHCP provision **did not meet needs** or was **not being delivered**.
- Annual reviews were described as **poorly run**, with many citing:
  - Missed deadlines
  - Lack of SENDOps involvement
  - Inaccurate or incomplete documentation
  - Failure to amend EHCPs after ARs
  - Long waits for EP assessments (some exceeding a year)

Parents frequently described having to **fight for support**, appeal decisions, or escalate to judicial review.

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### Meeting Needs Across Services

- Education settings had mixed ratings, but often better than health or social care.
  - **CAMHS**, speech therapy, and paediatrics had substantial dissatisfaction, often linked to dismissal, discharge, or insufficient provision.
  - Parents reported **private therapies** often met needs better than statutory services.
  - Children with Disabilities teams were described as **excellent by some**, but **non-responsive or inconsistent** by others.
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### Monitoring, Assessment & Target Setting

- Education led the way in regularly monitoring needs, though not consistently.
  - Health and social care were frequently described as **slow, unavailable, or disjointed**.
  - Many families stated that **without constant chasing**, reviews did not happen.
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### Communication & Access to Information

- Ease of getting information was rated poorly overall, with many finding processes confusing or unclear.
  - The Local Offer website received mixed feedback—helpful for some, but **time-consuming, lacking detail**, or unknown to others.
  - **Email** was the overwhelmingly preferred communication method (78.95%).
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### Transport & Transition to Adulthood

- Transport experiences varied:
    - Some praised individual drivers and PAs.
    - Others reported **route changes**, lack of harnesses, missed pickups, or no transport despite need.
  - Confidence in transition to adulthood was **very low**, with families anticipating poor support based on past experience.
  - Many feared that needs would not be recognised in college or adult services.
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### Qualitative Themes

#### Positive Experiences

- Strong praise for:
  - Children with Disabilities Team (for some families)
  - Specific social workers
  - Local charities (Families in Focus, EFF, SENDIASS, MAZE)
  - Roadshows and workshops
  - Some GP counselling services and individual clinicians

#### Negative Experiences (substantially more common)

- Widespread frustration with:
  - Lack of communication
  - Not being listened to
  - Constant battles to secure support
  - Dismissal of professional advice
  - Failure to follow statutory duties (e.g., ARs, section F implementation)

- Long delays (e.g., EP assessments)
- Poor handling of EBSA cases
- Inadequate therapy provision
- Contradictions between services
- Families feeling blamed or gaslighted

Several parents expressed severe distress, with some removing children from school due to unmet needs and harm.

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### **Overall Conclusion**

The North East quadrant report paints a picture of **significant systemic strain** across education, health, and social care. While there are pockets of excellent practice and some highly valued professionals, experiences overall are characterised by:

- **Long delays**
- **Inconsistent provision**
- **Poor communication**
- **Frequent legal or administrative failings**
- **High levels of parental stress**
- **Inadequate support for complex needs and EBSA**

Families consistently describe having to **fight for basic entitlements**, and many feel the current system is not fit for purpose. Improvements in communication, timeliness, accountability, and cross-service coordination appear to be urgent priorities.