



## South – Brief Summary

### **Overall Summary of the FIS Survey – South Quadrant**

The South Essex quadrant (Basildon, Castle Point & Rochford, Brentwood) had the **largest response size**, with **220 participants**, providing detailed feedback on SEND services across education, health, social care, EHCP processes, communication, and transitions.

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### **Demographics & Needs**

- Respondents came mainly from **Basildon (49.55%)**, followed by Castle Point & Rochford (43.18%).
  - The majority of children were aged **5–15**, and most were male.
  - Key primary needs included **ASD, ADHD, SEMH, SLCN**, and **moderate or severe learning difficulties**.
  - Most children were on an **EHCP (80)** or **SEN Support (72)**, with 19 going through EHCNA.
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### **Education Settings**

- Most children attended **mainstream primary or secondary schools**, but there were also many in:
    - Specialist schools
    - Alternative provision
    - Home education (both by choice and due to no suitable option)
  - A noticeable number of children were **not attending school**, awaiting specialist placement, or receiving only minimal education (e.g., 1 hour per week).
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### **Identifying & Understanding Needs**

- Parents generally felt **education settings** were more likely to consider their views than health or SEND teams.
  - Understanding of needs varied significantly:
    - **Community paediatrics** and **dentists** had relatively higher positive ratings.
    - **CAMHS** had extremely low satisfaction, with almost half reporting “strongly disagree” that needs were understood.
    - ND Pathways, OT, and physiotherapy had mixed but often low ratings.
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### **EHCP Process & Annual Reviews**

As in the other quadrants, experiences were **largely negative**:

- A high proportion felt the EHCP needs assessment was **not positive**.
- Many reported that EHCP provision **does not meet needs** or is **not delivered**.
- Annual Reviews were often described as:
  - Rushed

- Poorly attended
  - Missing contributions from healthcare/social care
  - Not resulting in timely updates
  - Many families reported **significant delays**, including assessments taking **over 80 weeks**, and frequent refusals to assess until appeals were threatened.
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### Meeting Needs Across Services

- **Education settings** were inconsistent: some excellent, some unable to support even with EHCPs in place.
  - Families frequently reported that therapies like **SALT, OT, physiotherapy, CAMHS** were either:
    - Minimal
    - Inconsistent
    - Delivered by unqualified or changing staff
    - Or simply not available
  - **CAMHS** outcomes were exceptionally poor, with many families forced into **private therapy**.
  - The **Children with Disabilities Team** received criticism for repeatedly stating that **autism is not a disability**, leaving many families without support.
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### Monitoring, Assessment & Target Setting

- Education led the monitoring of needs, although not always consistently.
  - Health and social care were often described as slow, absent, or unresponsive.
  - Parents frequently reported:
    - No follow-up from CAMHS
    - Referrals closed without assessment
    - Being passed repeatedly between services with no action
    - Having to self-fund private assessments
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### Communication & Access to Information

- Most families found communication from SEND teams **poor**, with delays, unanswered emails, and contradictory information.
  - Accessing information was difficult; many rated this negatively.
  - The Local Offer website again received mixed feedback—some found it useful, others found it confusing, outdated, or “not fit for purpose.”
  - **Email (80.92%)** was the strongly preferred method of communication.
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### Transport & Transitions

- Transport provision was highly inconsistent:
  - Many praised **individual drivers and PAs**, but
  - The service itself (especially 24/7) was widely criticised for missed pickups, changed routes, and poor communication.
- Some families were denied transport because the chosen school was “not the closest,” even if it was the **only suitable one**.
- Confidence in transition to adulthood was low:
  - Many feared poor support, lack of pathways, or inadequate preparation.

- Parents expressed anxiety about their children’s long-term future and independence.

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## Qualitative Themes

### Positive Experiences

Families highlighted:

- Strong support from certain schools and SENCOs
- Charities (e.g., SNAP, ADHD Plus, Essex Carers Network, Butterflies Club)
- Short Breaks services
- High-quality individual professionals (OTs, teachers, key workers)
- SEND roadshows and some outreach or parenting courses

### Negative Experiences (far more numerous)

Recurrent issues included:

- Extreme delays in assessments
- Poor communication from SENDOps
- Refusal of support until crisis point
- Lack of therapy provision; families left to self-fund
- GP dismissiveness, especially with young children
- Incorrect or missing information in EHCPs
- Constantly “fighting” the system
- Autism dismissed as a disability by CWD team
- Children unable to attend school with no alternative provided
- Families left without respite or social care support

Many parents described exhaustion, distress, and a system that feels adversarial rather than supportive.

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## Overall Conclusion

The South Quadrant report shows **high levels of dissatisfaction** across nearly all areas of the SEND system. Despite pockets of excellent practice—especially within certain schools, charities, and individual professionals—the broader picture is one of:

- **Major delays** in assessments and EHCP processes
- **Insufficient therapy provision** (particularly CAMHS, SALT, OT)
- **Poor communication** and lack of coordination across services
- **Inconsistent support** for education and social care needs
- **Families having to fight continually** to secure even basic entitlements

The system is widely perceived as under-resourced, overly complex, and failing to provide timely, consistent, and effective support for children and young people with SEND in South Essex.