



## Overall Summary of the FIS Survey – West Quadrant

The West Essex quadrant (Uttlesford, Harlow, Epping Forest) had **135 participants**, providing a broad range of feedback on experiences with SEND services across education, health, social care, EHCP processes, communication, and transitions.

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### Demographics & Needs

- Participants were mainly from **Uttlesford (40%)**, followed by Harlow (33.33%) and Epping Forest (26.67%).
- The majority of children were aged **5–15**, with males making up 65% of responses.
- Most common primary needs included **ASD, ADHD, SLCN, SEMH**, and physical disabilities.
- Children were primarily supported via **EHCPs (60)** or **SEN Support (39)**, with 8 going through EHCNA.

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### Education Settings

- Most learners attended **mainstream primary and secondary schools**, but significant numbers were in:
  - Special schools
  - Home education (both by necessity and choice)
  - Specialist hubs within mainstream
  - Alternative provision or education other than at school
- A smaller number were in apprenticeships, internships, or employment.

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### Identifying & Understanding Needs

- Many parents felt **education settings** were more likely to consider their views compared with SEND teams and social care.
- Understanding of needs varied greatly across services:
  - **Community paediatrics, ND Pathways**, OT, and physiotherapy saw moderate positive responses.
  - **CAMHS** had extremely low satisfaction, with around **60% strongly disagreeing** that CAMHS understood their child's needs.
  - GP and dentist ratings were mixed but generally more positive than CAMHS.

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### EHCP Process & Annual Reviews

The EHCP process was a major area of difficulty:

- A significant number rated the **needs assessment process as negative**, with only small proportions finding it positive.
- Many felt their EHCP provision **did not fully meet their child's needs** or was **not being delivered consistently**.

- Annual reviews had mixed experiences:
    - Some found school-led reviews positive.
    - Reviews involving SEND Operations were frequently described as **poor**, with many reporting:
      - Missed deadlines
      - No follow-up
      - Lack of amendments made despite recommendations
      - Refusal to review or reassess, even following changes in circumstances
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### **Meeting Needs Across Services**

- Education showed some strong pockets of support, especially where specialist staff or understanding SENCOs were involved.
  - However, many schools were described as **not understanding underlying needs**, especially where children masked or had complex profiles such as PDA or trauma.
  - **Social care** was widely criticised, particularly:
    - CWD team declining support
    - Families being blamed for children's needs
    - Refusal to acknowledge disability
  - **CAMHS** repeatedly appeared as the weakest service:
    - High refusal rates
    - Sign-offs despite ongoing need
    - Discharging children who could not engage
    - Long waits and minimal follow-up
  - Many families relied on **private therapies**, which were often viewed more positively.
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### **Monitoring, Assessment & Target Setting**

- Education settings monitored needs more consistently than health or social care.
  - Health services were characterised by:
    - Missed or delayed follow-up
    - Appointments stretched to 18+ months
    - Lack of communication, especially from Child Development Centres
  - Social care involvement was often described as inconsistent, limited, or judgemental rather than supportive.
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### **Communication & Access to Information**

- Families found it **difficult to get information** about services, with notable dissatisfaction levels.
- SEND Team communication was inconsistent, with:
  - Delayed responses
  - Unclear updates
  - Poor follow-through on promised amendments
- The Local Offer website received mixed feedback:
  - Some found it useful
  - Many found it **confusing**, difficult to navigate, or lacking local, relevant information
  - Families in rural areas such as Saffron Walden noted that most services were too far away

- **Email (77%)** remained the preferred communication method.
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### **Transport & Transitions**

- Transport provision presented numerous challenges:
    - Frequent changes in drivers
    - Poor communication from transport companies
    - Inconsistent routines causing distress
    - Parents expected to transport children even where needs made this unsuitable
  - Many families were denied transport due to strict “nearest school” rules, even when the nearest school was unsuitable.
  - Confidence in transitions to adulthood was low:
    - Parents expressed anxiety about future support
    - Concerns about lack of preparation for adulthood in EHCP processes
    - Many felt the system becomes even harder after age 16
    - Families often relied solely on themselves, with little external support
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### **Qualitative Themes**

#### **Positive Experiences**

- Strong support from:
  - Certain schools and SENCOs
  - Charities such as IPSEA, Families in Focus, PACT for Autism
  - QTVIs (vision impairment specialists), therapy teams (OT, physio)
  - Individual practitioners showing care and consistency
- Families valued:
  - Workshops
  - Inclusive sports groups
  - Being in the “right setting,” which made a profound difference for some children

#### **Negative Experiences**

Far more common and included:

- Persistent delays across almost all services
  - CAMHS repeatedly refusing involvement or discharging children too quickly
  - Social care dismissing disabilities or blaming parents
  - Schools misunderstanding behaviour rather than identifying unmet needs
  - Poor communication from SENDOps, including:
    - No responses
    - Delayed documents
    - Missing or incorrect information
  - Repeated fighting needed to secure assessments or provision
  - Children left out of education for months or years
  - Families carrying the full burden of care without support
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### **Overall Conclusion**

The West Quadrant findings show a SEND system experiencing **significant pressure and inconsistency**, with experiences closely mirroring the other quadrants. While some families have accessed excellent support from individual professionals, many more report:

- **Long delays**
- **Poor communication and coordination**
- **Unmet needs, especially in mental health**
- **Lack of appropriate provision**
- **Families forced to self-advocate or self-fund**
- **A system perceived as reactive, fragmented, and difficult to navigate**

There is a clear need for:

- More reliable multiagency communication
- Better resource allocation
- Consistent annual review processes
- Improved accessibility of health and therapy services
- Stronger support for transitions
- Greater accountability to statutory duties