Parents' Voices Matter Survey Results 2024

Full Survey Report



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Introduction

The Parents' Voices Matter (PVM'24) Survey was carried out by the Additional Needs and Disabilities (AND) Partnership in late 2024. The survey was designed to help the AND Partnership understand parent/carers experience of accessing help and support for their children in relation to their Special Educational Needs and/or Disabilities (SEND).

We would like to thank everyone who took part in the survey as their feedback will help improve local services that support Surrey's children with additional needs.

The survey responses highlight key areas where we need to improve, particularly with regard to communication and trust between families and the services we provide. We are committed to working closely with parents to make these changes, building on the wide range of improvement work that is already underway.

Aims & Objectives

The purpose of the PVM'24 survey was to capture parent/carers views about the service they receive to:

- identify areas where the AND Partnership service is doing well and where it needs to improve
- understand whether there are differences by geographic area, type of need, or educational setting.

Method

The PVM'24 survey was launched on Wednesday 16th October 2024 and closed on Sunday 1st December 2024. The survey covered seven key topic areas:

- Education, health, and care plans (EHCP)
- Annual reviews of EHCPs
- Professional support provided/received
- Educational placements
- Health
- Communications with professionals
- Provision of advice and information

At the end of the survey, links to ten local AND Partnership services providing support to parents/carers of young people and children with additional needs and/or disabilities were shared. These included the survey support page, Surrey Youth Voice, Surrey Local Offer, the Surrey Family Information Service, SEND Advice Surrey, the Short Break Scheme, the Surrey Young Carer Group, Healthy Surrey, and Mind Works.

Survey participation was encouraged through a prize draw of four One4All vouchers worth £50.00 each. Over half of the parent/carers that took part in the survey, also took part in the prize draw.

Accessible versions of the survey were made available for parents/carers. However, no responses were received in these formats.

The Surrey picture

Below are some statistics on the wider Surrey picture in relation to children with AND, including those who have an EHCP.

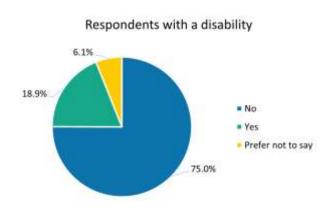
- In Surrey there are about 229,700 children, 16,230 of these children have an ECHP (March 2024) and 29,215 of these children have SEN without an EHCP (January 2024).
 Meaning that there is about 45,500 children and young people with AND in Surrey.
- 35% of children and young people with an EHCP have autism as their primary need.
- 42% of those with an EHCP are educated in mainstream schools (national average is 41%) in Jan 2024.
- 23% of Surrey pupils with an EHCP were educated in maintained specialist schools in January 2024, which is below the national average (28%) but in line with the median for our statistical neighbours.
- The percentage of Surrey pupils with an EHCP educated in independent or non-maintained specialist schools has reduced from 12.7% Jan 2020 to 10.7% in January 2024, the southeast comparator is 7.2%.
- There remains a significantly higher proportion of males than females who have an EHCP, 71%.

Who we heard from

Parent/Carers

The PVM24' Survey was open to anyone in Surrey who is a parent/carer of a child with AND.

It is important to know a little bit about the parents/carers' who completed the survey so we can understand how representative the results are of the wider experience of parents/carers in Surrey. For the rest of this report, we will refer to this group as respondents.



A significant minority, nearly a fifth of participating respondents considered themselves to have a disability (18.9%) whereas the large majority reported that they did not consider themselves to have a disability (75%) (fig. 1).

Figure 1: Do you have a long-term illness or disability which impacts your everyday life? n=1006

82.1% of respondents reported their ethnic group as 'White: English / Welsh / Scottish...' which is higher than the 2021 Census figures for Surrey residents that stands at $76.6\%^1$.. When further comparing to census data we can see an under-representation of those from all other ethnic groups in the survey responses.

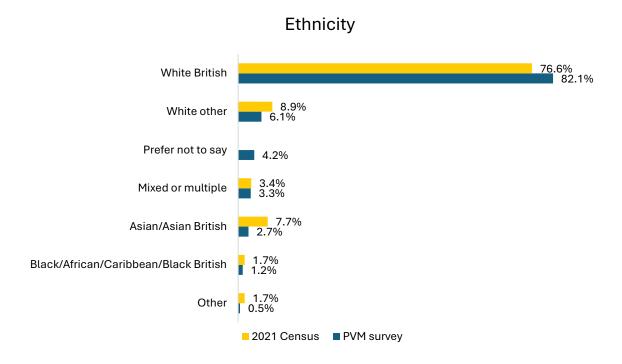


Figure 2: What is your Ethnicity? n=1006

Respondents were asked which district or borough in Surrey they lived in and to confirm their local district or borough of residence (fig. 3). Nearly one fifth of respondents resided in Reigate and Banstead Borough Council (17.4%) with the next two largest councils being Waverley Borough Council (11.7%) and Woking Borough Council (10.6%). Approximately 1.5% either did not live in Surrey or were unsure of which district or borough their residence fell, and 2.8% preferred not to disclose where they lived.

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¹ See https://www.surreyi.gov.uk/census-2021/ethnic-group/

District or Borough of residence

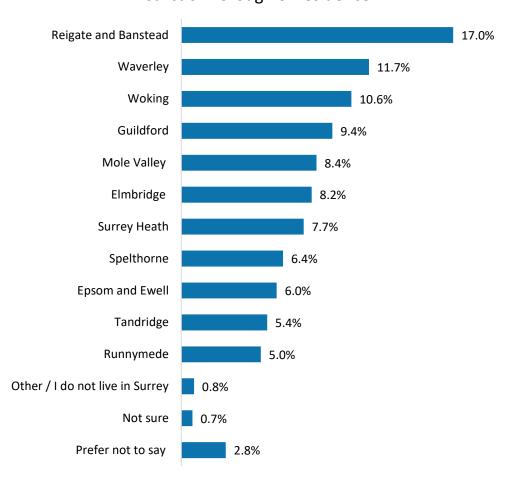


Figure 3: Which Surrey borough or district do you live in? n=1006

It is also important to understand wider family make-up because we understand that these dynamics may impact the experience of accessing services. This includes the overall number of young people living in their household that were under the age of 25 years, and then the number of their children that had an additional need and/or disability.

Just over half of respondents (54.4%) reported that they had two children under the age of 25 years in their household. A larger proportion of respondents had at least one child with additional needs and/or a disability (65.5%) with nearly a third (29.2%) reporting that they had two children with additional needs and/or a disability in their household (fig. 4).

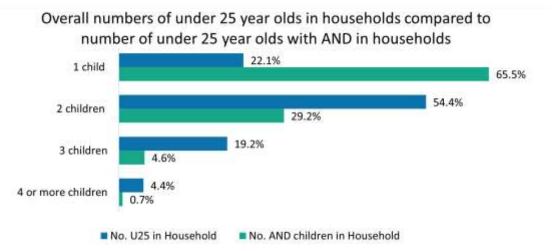


Figure 4: How many young people under the age of 25 live in your household? Compared to how many of your children have an additional need and/or disability? n=1006

Just over half of the respondents' stated 'No, my child/ren are not young carers' at 52.6%. Whereas over a fifth of respondents reported that they had not received a young carer assessment but thought that they should (23.2%). With only 4.9% respondents confirming that they had received this assessment for all relevant children.

Children with a young carer assessment in place

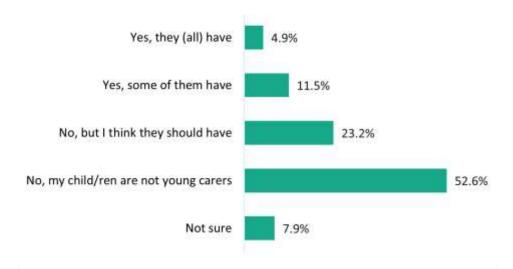


Figure 5: Has your child/ren had a young carer assessment from Surrey County Council? n=1006

Children and young people with additional needs and/or disabilities

Although 1,006 parents participated with the PVM'24 survey, these respondents provided responses for a total of 1,304 children and young people. From this point forward analysis and visualisation of data represents the experience of services by 1,304 children with AND.

As would be expected with a normally distributed population^{2,} there are far fewer younger and older children at the extremities (e.g. 1 to 5 years, and 21 to 25 years of age) than at the 'mid-range' ages (fig. 6).

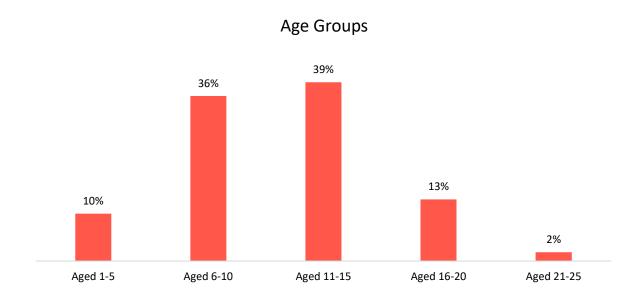


Figure 6: How old is your child? n=1304

Respondents were asked to identify what they consider their child's primary additional needs and/or disabilities to be. Nearly half of respondents detailed their child's primary additional needs and/or disability as an 'Autistic Spectrum Condition (ASD / ASC)' (46.8%), with the second most frequent category being 'Social, Emotional and Mental Health (SEMH, includes ADD/ADHD)' for a fifth of children (19.8%).

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² See https://en.wikipedia.org/wiki/Normal_distribution

Child's primary need 46.8% Autistic Spectrum Conditions (ASD/ASC) Social, Emotional and Mental Health (SEMH, includes ADD/ADHD) Specific Learning Difficulty (SpLD) including dyslexia, dyspraxia, dyscalculia and dysgraphia Speech, Language and Communication Needs (SLCN) Moderate Learning Difficulty (MLD) Physical Disability (PD) Severe Learning Difficulty (SLD) Profound and Multiple Learning Difficulty 1.4% (PMLD) Hearing Impairment (HI) Multi-Sensory Impairment (MSI) 0.6% Visual Impairment (VI) 0.5% Other Disability or Difficulty (please specify 11.7% below) Prefer not to say 0.2%

Figure 7: If you are happy to do so, please provide more details of your child's additional needs. Tick what you consider to be their primary need. n=1304

The third most frequent response to this question from respondents was, 'Other Disability or Difficulty (please specify below)' selected by 152 respondents (11.7%). From this there were six common categories of need alongside other conditions (Table 1). Many respondents felt that they were not provided adequate space to represent the extent and complexity of their child's needs.

Table 1: 'Other Disability or Difficulty' recurring categories of need

Common Diagnoses:	Other Conditions:	
Autism Spectrum Disorder (ASD)	Sensory Processing Disorder (SPD)	
Attention Deficit Hyperactivity Disorder	Pathological Demand Avoidance (PDA)	
(ADHD)		
Down Syndrome	Obsessive-Compulsive Disorder (OCD)	
Foetal Alcohol Spectrum Disorder (FASD)	Learning Difficulties	
Anxiety and Trauma Related Disorders	Physical Disabilities	
Developmental Delays	Mental Health Issues	

Respondents were asked the age of their child when first identified as having additional needs and/or a disability. Half of the children were identified between the ages of 1 to 4 years (49.5%), whereas a third of children (33.4%) had their additional needs and/or disability identified between 5 to 11 years of age (fig. 8).

Nearly two thirds of children (62.7%) were first identified with an additional need and/or disability by their parent or carer. A third of children (n=1,304) were identified in near equal frequency by either an 'Educational Professional' (16.9%) or 'Health Professional' (15.1%) as shown in the above chart (fig. 9).

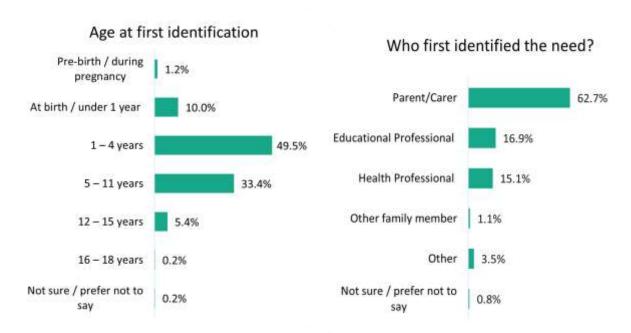


Figure 8: When was it first identified that your child might have additional needs and/or a disability? This might have been by yourself/partner or a professional, before any formal diagnosis. n=1304

Figure 9: Who first identified the need? n=1304

A small percentage of respondents (3.5%) selected 'Other' in their response to being asked who first identified their child's additional need and/or disability. From respondents' 'Other' responses submitted, four patterns emerged as listed in Table 2.

Table 2: 'Other' individuals who first identified the child's needs, recurring themes

Type of individual	Examples of individuals
Professionals involved	Speech and Language Therapists, Paediatricians,
	Social Workers, Counsellors, Adoption Therapists,
	Play Therapists, Neo-natal Professors.
Educational settings	Special Educational Needs Coordinator (SENCo) in
	Nursery, Nursery Staff, School Staff, Childminders,
	Home School Link Workers.
Parental and social involvement	Parents, family friends, Social Services.
Other sources	Health visitors, communication between parents
	and preschool settings, Air Cadets Squadron
	Leaders.

The most reported education setting was 'Mainstream school or centre within a mainstream school' by a large margin (46.2%). The next frequently cited type of educational setting was 'Special school (local authority)' (13.9%) and 'Special school (independent)' (9.4%).

Type of educational setting attended

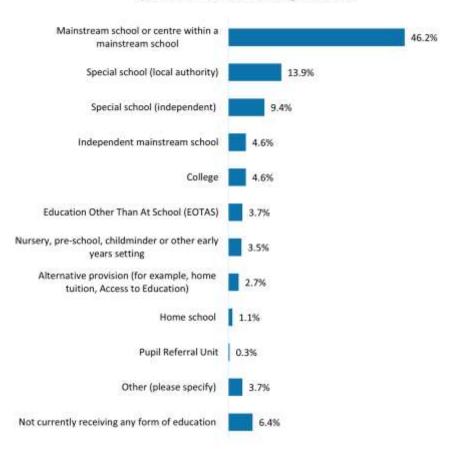


Figure 10: What type of educational setting does your child currently attend, if any? n=1304

To accurately evaluate the experience of the children within the AND system it is important to understand the support they are receiving. A large majority of children have EHCP's (58.1%) with a fifth of receiving SEN support in school but not having an EHCP (21.6%). It was reported

that more than one in ten children do not receive any education support specific to their additional needs (12.0%).

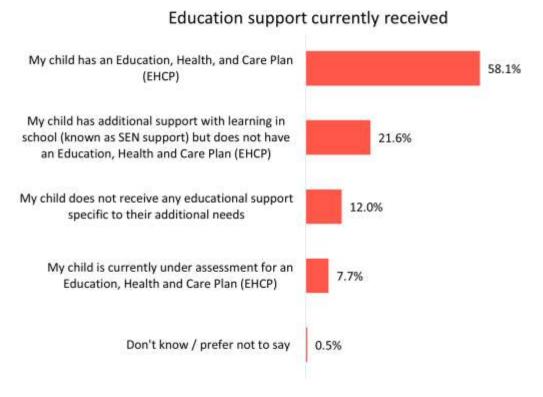


Figure 11:What type of educational support does your child currently receive to help them with their additional needs? n=1304

Education, Health, and Care Plan Process

For the 758 children who have an EHCP in place feedback was sought on their experiences of the EHCP process. Respondents were asked five questions that covered the different aspects of the EHCP process.

To ensure analysis was able to be undertaken on the Surrey EHCP process, respondents were asked whether their child's EHCP was issued by SCC. Nearly all confirmed that their child's EHCP had been issued by SCC (97.9%). To ensure that comparative analysis of recent experiences could be analysed, respondents were asked about the date of issue for the EHCP. More than half of EHCPs had been issued prior to 2022 (54.2%) with nearly a fifth of parents reporting an issue date of 2024 (fig. 12).

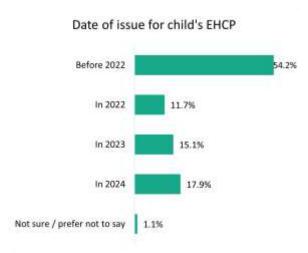


Figure 12: When was it [EHCP] issued? n=742

Respondents of children and young people whose EHCP had been issued in Surrey post 2022 were then asked to indicate their overall level of satisfaction with the EHCP assessment process. Overall, there was a high degree of dissatisfaction across the three comparison years (2022, 2023 and 2024) with significant departures from this trend between different response ratings.

Overall satisfaction with EHCP assessment process, based on the year the EHCP was received

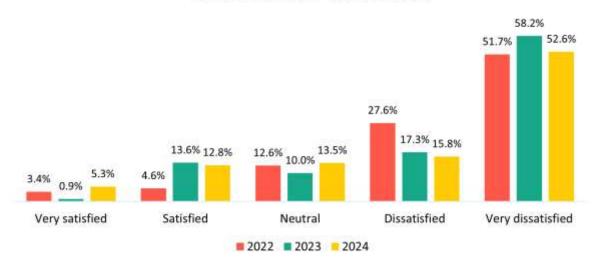


Figure 13: How satisfied were you with the assessment process? by year of EHCP issue (n=290)

Respondents generally report low levels of satisfaction with the EHCP process overall (fig. 13); however, there are some areas where their satisfaction is relatively higher. Respondents feel clear about the process to request an assessment and are largely clear around the assessment process (fig. 14). Relatively speaking, they are also more satisfied with the accuracy of the process.

However, responses show a high level of dissatisfaction with how well informed and kept in the loop parents/carers were. It also shows a high level of dissatisfaction with how good and wide the range of options available for their child's education was (79% disagreed, of which 58% strongly disagreed).

Timeliness also shows high level of dissatisfaction (58% very dissatisfied). There have been improvements made to meet the statutory timeline of 20 weeks. In the six months from September 2024 to February 2025, the average timeliness has been 72% compared to a national average of 50%. It is predicted that any impact of these changes on the experience will be seen in the coming years.

Satisfaction ratings for EHCP process factors

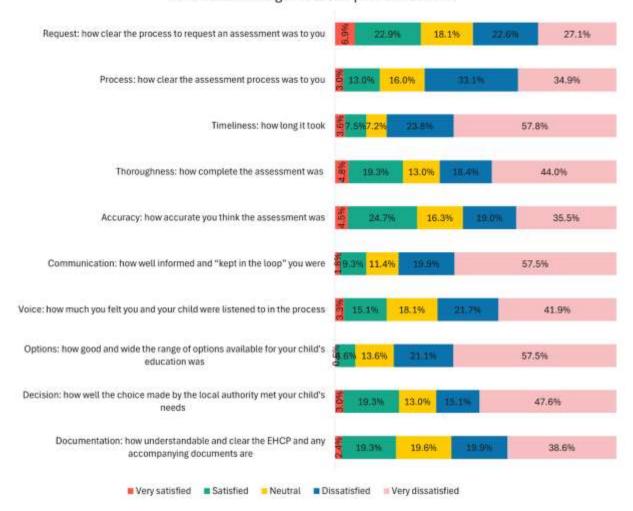


Figure 14: Please rate the following factors based on how satisfied you were with them during the assessment process. N=332 (note: where responses do not add up to 100% this is due to the 'Not sure / Not Applicable / Prefer not to say' responses being removed for visualisation purposes)

Annual reviews of EHCPs

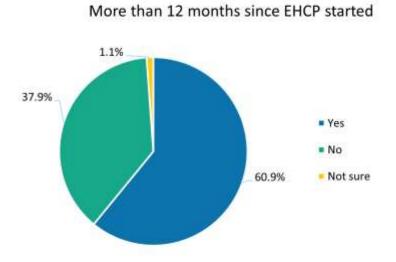
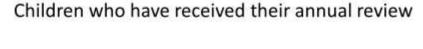


Figure 15: Has it been more than 12 months since the EHCP started? n=348

A child's EHCP plan should be reviewed at least once every 12 months. This is to make sure that the child is getting the right support.

Of the children and young people with EHCPs the majority (60.9%) had been implemented more than 12 months ago and therefore should have gone through the EHCP review process. (fig. 15). The large majority reported that an annual review had been completed in the last 12 months (82.5%).



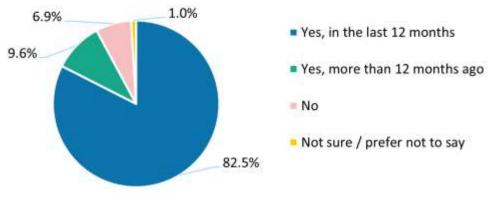


Figure 16: Has your child had an Annual Review of their EHCP? n=622

Parents were then asked to rate their satisfaction with their children's progress against goals set out within their EHCP (fig. 17). A fifth of respondents reported that their child had made no progress at all (21.5%), and a similar proportion reported that not much progress had been made against EHCP goals (18.5%). However, most respondents (57.9%) reported that their children had either partly or completely made progress against EHCP goals.

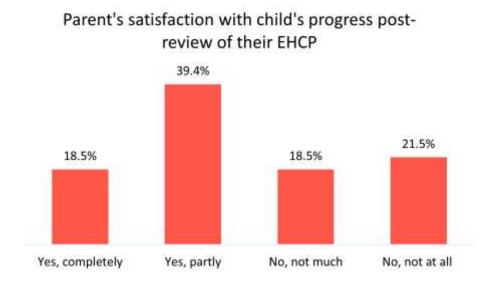


Figure 17: After your child's most recent review, were you satisfied that your child was making progress against the goals set out in their EHCP as expected? n=573

After the EHCP review parents should receive a confirmation letter from the council. Just under a third of respondents confirmed that they had received a confirmation letter (29.0%). However, nearly two thirds of respondents (59.5%) reported that they did not receive a confirmation letter, and a small but sizable number reported that they were not sure (11.5%).

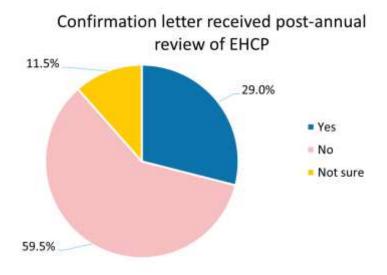


Figure 18: Did you receive a confirmation letter from Surrey Council following the annual review? n=573

Professional Support provided/received

EHCPs outline the support that children with AND should receive in an education setting, therefore it is important to get feedback on this support. Most respondents (63.0%) felt that, overall, the support being received at the educational setting was helping their children to progress (fig. 19).

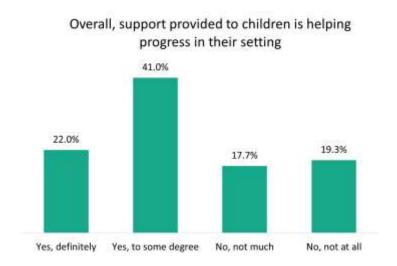


Figure 19: Overall, is the support your child is receiving helping them to make progress at school? n=1116

Looking at the different factors which are helping the children to progress and therefore impact this overall perception, the leading support factors were 'General adjustments to their learning needs in the learning environment' (17.0%), 'Positive relationships with staff' (16.7%), and 'Teacher adjustments to children's learning needs' (12.4%).

Factors helping children and young people to make most progress

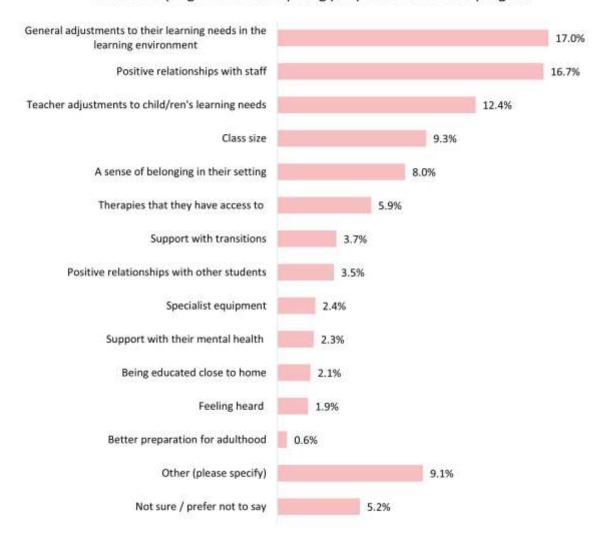


Figure 20: What is helping them most make progress? n=1975 note: Percentages represent proportion of all parents limited two selections

The other option generated 180 submissions however, these responses were not only identifying success factors but also challenges faced (Table 3). Respondents also used this space to indicate frustration at being limited to only two selections.

Table 3: 'Other' factors helping children and young people to make the most progress

Success factors	Challenge factors
Specialist schools and settings	Lack of support and provision
Private support and therapy Inappropriate placements	
Supportive school staff	Financial burden on families
Alternative Provisions (AP) Educational disruption	
Parental and family support	Communication issues

Respondents were further asked to identify from the same list of 13 factors which could help further their children to make progress in the future (fig. 21).

The leading support factor seen as being important to facilitate future progress was 'Additional therapies / more frequent therapies' (16.9%) by a significant margin over other support factors. The next support factors identified appeared to converge around health and school with 11.0% choosing 'Additional support with their mental health' and 11.3% reporting that 'More teacher adjustments to their [child/ren's] learning needs' were important for further progress in the future.

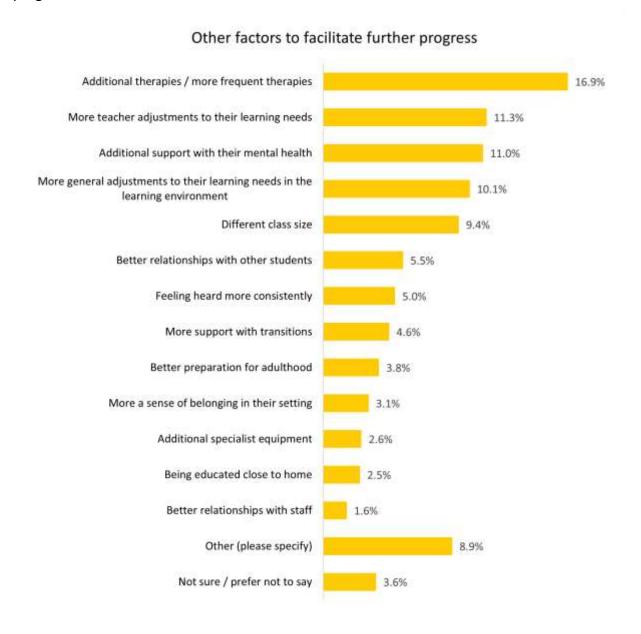


Figure 21:. What else could help them make further progress, in your opinion? n=1977 Note: Percentages represent proportion of all parents limited two selections

When looking at 'Other' factors, which generated 176 responses, ten different themes were identified from respondents' comments. This reflected a broad range of respondents'

concerns and suggestions aimed at improving the educational experience and support for their children.

The key themes were:

- Specialist educational settings
- Implementation and compliance with EHCPs
- Support services and therapies
- Staff training and awareness
- Communication and responsiveness
- Funding and resources
- Consistency and stability in provision
- Access to appropriate placements
- Parental involvement and consultation
- Legal and procedural compliance

Educational placements

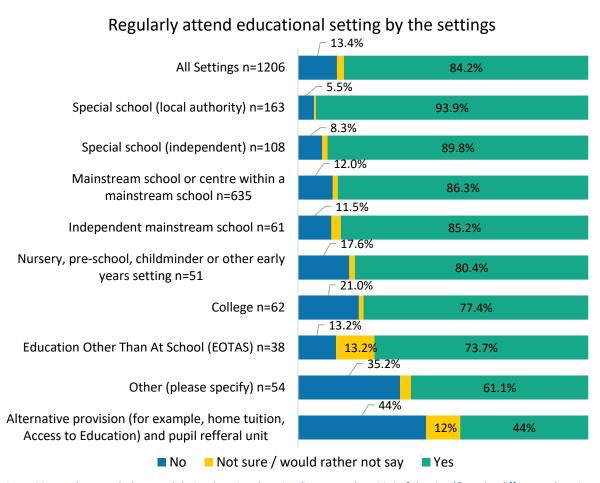


Figure 22: Do they regularly attend their educational setting (i.e. more than 80% of the time)? By the different educational settings n=1207 (note: figures under 5% have been remove for legibility

Mainstream school or centre within a mainstream school was identified as the most attended education setting (fig. 10). It is important to look closely at whether young people are attending these placements and if not why to ensure that they are benefitting from their educational setting.

82.7% of respondents reported that their children did attend school regularly (fig.22) with a small but significant proportion reporting that their children did not attend school regularly (15.2%). Special schools, both local authority and independent, saw the highest rate of reported regular attendance (93.8%). In contrast, alternative provision, such as home tuition and pupil referral units are the least likely to regularly attend.

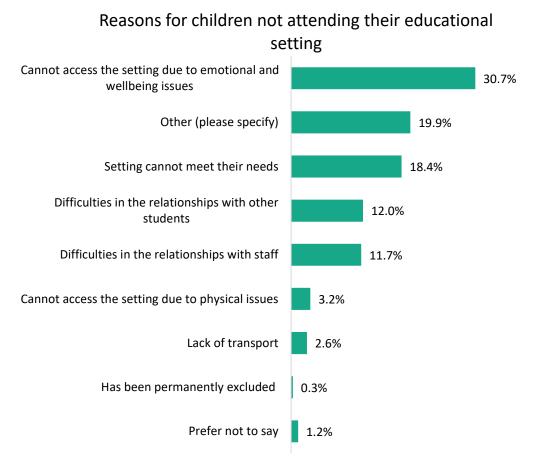


Figure 23: In your view, what are the reasons why your child is not attending their setting? n=184 Note: Parents were able to select more than one option.

For those who do not regularly attend their educational placement the leading reason was 'Cannot access the setting due to emotional and wellbeing issues' (30.7%), followed by 'Setting cannot meet [the child/ren's] needs' (18.4%). However, the second most selected response option was 'Other' (19.9%) indicating a complex picture of reasons for why children are not attending their educational settings.

For their 'Other' responses, respondents provided a range of reasons for why their children were not attending their educational setting from which the following themes emerged:

- Anxiety and mental health issues
- Health and medical reasons

- Education system failures
- · Special Educational Needs (SEN) and disabilities
- Reduced timetables and flexi-schooling to meet the child's needs
- Systematic issues and legal challenges
- Parental and home-based education preferences
- Social and emotional wellbeing
- Transition and placement issues

The final two questions of the PVM'24 survey's 'Educational Placements' section focused on satisfaction and compatibility. Respondents' responses to these two questions were amongst the highest across the entire survey; for satisfaction with the educational setting's ability to meet their children's needs over 60% of respondents were either very satisfied or satisfied (fig. 24).

Related to the extent to which the children themselves felt that they belonged in their current educational setting, three quarters (75.7%) responded 'Yes, very much so' or 'Yes, to an extent' (fig. 25) indicating a good fit between Surrey's children with additional needs and/or disabilities and its educational settings.

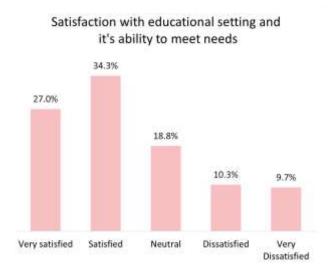


Figure 24: How satisfied are you with your child's current educational setting and its ability to meet their needs? n=994 Note: Responses include only child/ren where parents have responded 'Yes' to regular attendance at their educational setting

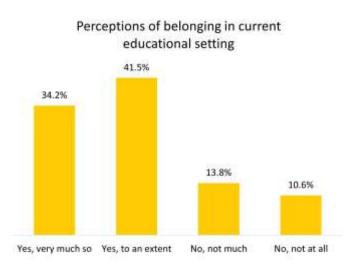


Figure 25:Do you think your child feels they belong in their current educational setting? n=1109 Note: Responses recorded following exclusion criteria applied and 'Not sure / prefer not to say' responses remove

Health

Mental health and emotional wellbeing are topics which all professionals working with children with AND will be aware of and supporting. For nearly half of children these conversations are taking place 'regularly' (18.9%) or 'sometimes' (27.0%). However, in almost a third of cases these are occurring 'not very often' (32.1%).

Professionals' regular discussion of child's mental health and emotional wellbeing

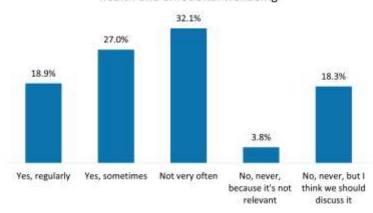


Figure 26:Do professionals involved in your child's care regularly discuss your child's mental health and emotional wellbeing with you? n=1304

Related to children's access to equipment that they need to meet their health requirements; the largest category of responses was for children who were reported as 'sometimes' having access to needed equipment (30.4%).

Child's access to equipment to meet their health needs

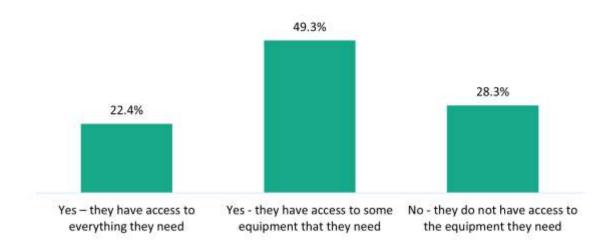


Figure 27:Does your child have access to the equipment they need for their health needs? n=805

Children with an identified learning disability over 14 years old are entitled to an annual health check if their GP is aware of their needs. Of those children for whom this was applicable only 11.9% says that they were receiving this every year. Over two thirds stated that despite GPs being aware of the child's learning disability these were not taking place.

Child with learning disability diagnosis, over age 14 years, receiving an annual GP health check invitation

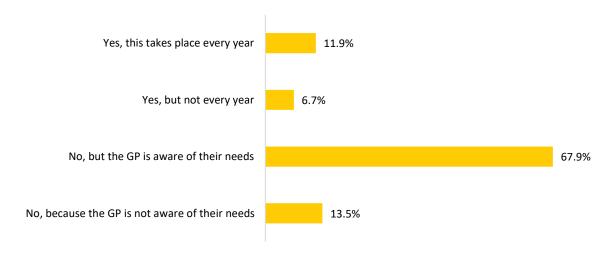


Figure 28: Is your child invited to attend an annual health check? n=386

Half of respondents confirmed that their child had not accessed any of the listed services in fig 29 (50.5%), the reasons for not accessing are unknown. The most frequently accessed services were 'Speech and Language Therapy (SaLT) and support in school' (15.9%) and 'Developmental Paediatricians' (10.4%) (fig. 29).

Community health services accessed most in the last 12 months

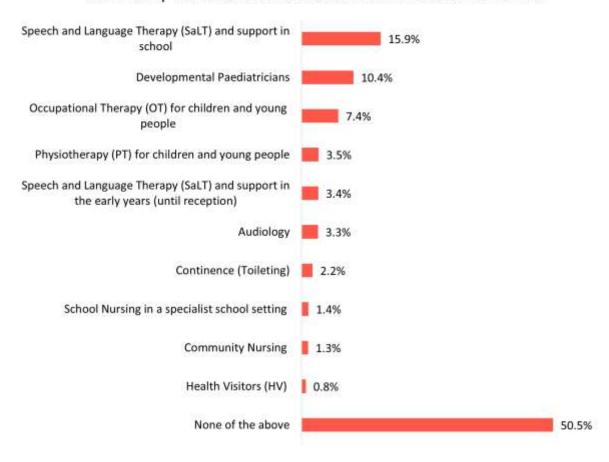


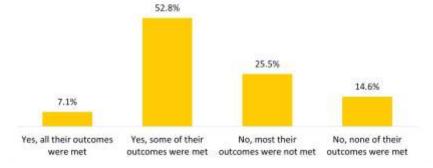
Figure 29: What community health services has your child accessed in the last 12 months? n=1304

Less than one in ten respondents stated that 'Yes, all their [health] outcomes were met' (7.1%) whereas half were able to confirm that some of their children's health outcomes had been

met (52.8%) – as shown in fig. 30.

Progress made by child from support provided by community health service

Figure 30: Has your child made progress thanks to the support provided by the community health services they accessed? n=646



Communication with professionals

Respondents were asked to rate their confidence in different professionals to act in the best interests of children and family based on their experience. The four groups of professionals were SEND Case Officers, Social Workers, School Staff, including SENCos, and GPs (fig. 31).

The group that inspired the greatest confidence – according to respondents' experience – was 'School Staff (including SENCos)' with 25.7% feeling that they had 'Complete confidence' in this group. The professional group with the lowest confidence ratings were 'SEND Case Officers' with the lowest 'Complete confidence' rating (4.3%) and highest 'No confidence at all' rating (52.0%).



Figure 31: Thinking about your general experience, how much confidence do you have in the following people to act in the best interests of your child(ren) and family?

Respondents reported high levels of dissatisfaction with SEND in Surrey. The most positive rated two areas are, '...parents feeling that they have access to enough information about their child's needs' (21.4% 'Strongly agree' and 'Agree' combined), and '...parents feeling that disagreements are handled respectfully and professionally' (19.8% 'Strongly agree' and 'Agree' combined).

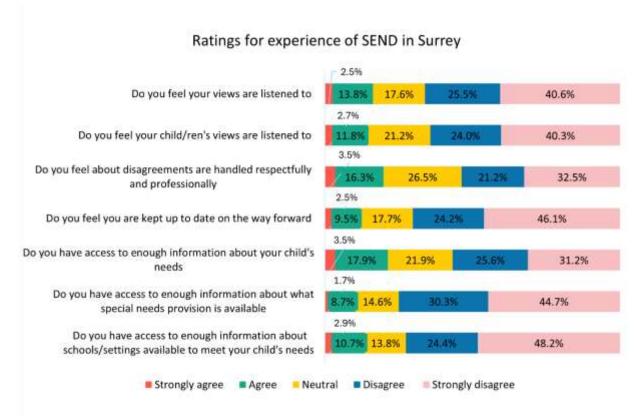


Figure 32: Thinking about your child/ren's overall experience of SEND in Surrey, do you... (Note: Prefer not to say excluded)

Respondents' ratings for overall experience of SEND in Surrey is generally low with 71% selecting 'Poor' or 'Very poor' (fig. 33) Parents' feel more able to give feedback to services that have supported their children, with 45.1% believing that they are able to do so 'some of the time' or 'all of the time' (fig. 34).

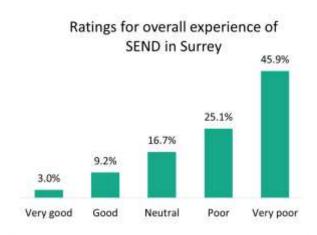


Figure 33: Please rate your overall experience of SEND in Surrey. n=1006

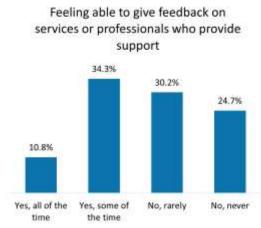


Figure 34: Do you feel able to give feedback on services or professionals who have supported your child(ren)? N=1006

Information and advice

The last section of the PVM'24 Survey covered respondents' ratings and views related to the provision of information and advice.

The helpfulness of the five primary information and advice services was reviewed. With 'Family Voice Surrey' receiving the highest ratings, where 9.6% of respondents had 'Access [and] found it very helpful' (9.6%). The least accessed and lowest rated channel of information was the 'Family Information Service' where 76.9% of respondents had either 'not accessed, but knew of it,' or 'not accessed, and did not know about it' (fig. 35).

Ratings for sources of information and support based on experience

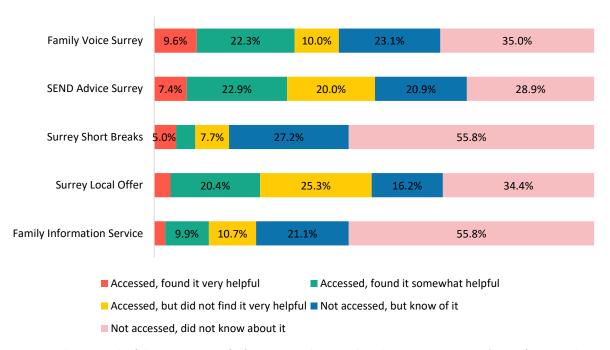


Figure 35:. Please rate the following sources of information and support based on your experience. (Note: figures under 5% have been remove for legibility)

Respondents were further asked to review a list of sources of information and select the ones that they had obtained information, advice, or support for their children. 'Parent/carer groups or forums' (61.8%) was the most frequently selected category of information, followed by 'Schools (including SENCos and other teachers)' (55.5%) and 'Friends and/or family' (53.4%).

Sources of information, advice and support

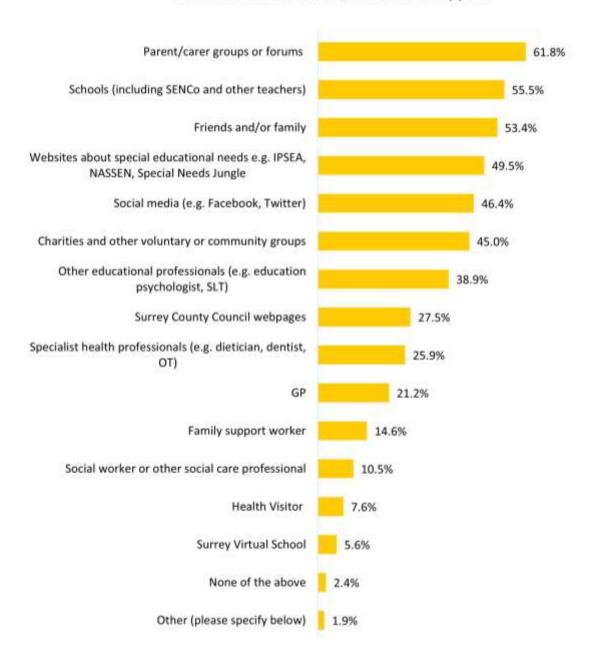


Figure 36: From where else have you obtained information, advice or support for your child/ren with additional needs? n= 1006

A total of 76 other comments were provided which included a diverse range of sources of information such as:

- Professional support
- Educational and training resources
- Organisations and charities
- Online and social media

- Personal networks and experience
- Private services
- Community and local support

Final thoughts

Any other feedback

It was important that respondents were provided with space to give any additional feedback that would help improve the support provided to children with AND. Nearly two-thirds of respondents chose to provide qualitative feedback (63.6%, n=640).

Several themes highlighted the primary areas of concern within respondents' feedback (Table 4), regarding the services they receive for their children with additional needs and/or disabilities.

Table 4: Any other feedback, negative recurring themes

Feedback	Example
Communication	"I've not once felt involved in my daughter's EHCP process. When I do
issues	try and communicate, I get nothing back."
Lack of Support	"There is very little support for SEND parents, very little direction of where to turn."
Case Worker Issues	"You really need more Case Workers as the extreme difficulty I had in contacting my Case Worker added a lot to my stress and isolation as a parent carer. She was clearly overworked. When I did occasionally get hold of her, she was wonderful, but I went months between contacts and was without any information on where the process was at which was really unhelpful and stressful."
Stress and Mental Health	"Dealing with Surrey has mentally and physically impacted my (mum's) health. "
Funding Issues	"Pressure government to provide more funding. Go on strike- do whatever you need to do to secure it because they aren't listening to teachers or parents".
Delays and Waiting Times	"It's such a long-winded processNeeds to be more openness, transparency and honesty."
School Issues	"Teachers need more training into send and how to support. Therapies need to be provided more in school- or affordable therapy sessions outside of school".

Table 5: Any other feedback, positive recurring themes

Feedback	Example
Instances of good support	"We feel that the support that we get as parents of children with SEND has given us the tools to be better parents and has helped our children develop and thrive."
Helpful staff	"[name of officer] from Early Support Team was brilliant in her support and I felt empowered by her support and guidance. Truly grateful to her and her team."
Good service	"Targeted Youth Support/ worker was game changing for my child and I also NAS Stepping Up to Autism. Lots of bad press about SEND provision in Surrey. When my daughter and I were in crisis - we had fabulous non-judgemental support - thank you SCC!"
Gratitude	"Thank you for all your hard work. I can imagine it's not easy and with limited staff and resources. But you do an amazing job and families like mine are very grateful. Thank you."
Positive experience	"Despite so much negative messaging about SEND offer in Surrey, my son has been fully supported by school teachers and SENCO, he has SALT regularly at school and is seen as a part of community despite of being neurodivergent. We are in process of applying for EHCP and even that has been very professional and efficient from all professionals involved. We are very happy with support our son gets."

What is being done to improve families' experiences?

Here are some of the actions we are currently taking, and have planned, to make improvements to families' experiences of our services:

1. Enhancing Support for Families in the EHCP Process

- Bookable drop-in sessions: New face-to-face and online drop-in sessions will allow families to speak directly with key staff for guidance. This is following previous feedback we received from families who told us they wanted the opportunity for more regular face-to-face meetings with SEND Staff.
- Mediation and Dispute Resolution: A dedicated Mediation and Dispute Resolution team is now in place, working with families to resolve disagreements early. This approach ensures children receive appropriate support as quickly as possible, as well as reducing stress for families and unnecessary legal costs.
- **Staffing structure review**: A full review of staffing structures is being conducted to ensure the right staff are in place to improve services.
- Quality of EHCPs: Our focus on the quality of EHCPs has led to 97% of EHCPs completed in December being rated as outstanding, good or satisfactory, compared to 73% in January 2024.

2. Improving Communication and Transparency

- **SEND Helpdesk**: A dedicated helpdesk now answers enquiries regarding EHCPs and the needs assessment process, arranging a call back with a case officer if needed. The latest data shows a 90% call-back rate within two days.
- **Updated statutory letters**: Letters related to the EHCP process have been reviewed with parent/carer representatives to ensure they are clearer, easier to understand, and include signposting to additional support.
- **Monitoring communication**: All telephone calls and emails related to EHCPs are being monitored to identify service improvements and ensure transparency.
- **New Parent Portal**: Development of a new online portal is underway to allow parents to directly access EHCP-related information.
- Local Offer website updates: Improvements will be made to the Local Offer website
 to make it more user-friendly and ensure parents can easily find the information they
 need.

3. Strengthening Educational Support and Inclusion

- Ordinarily Available Provision (OAP) Guidance update: We are working closely with schools to revise and improve guidance on how additional needs should be met in mainstream settings.
- Investment in Specialist Teachers for Inclusive Practice (STIPs): We have increased investment in specialist teachers to work with schools and families, ensuring better inclusion and achievement for all children.
- Reception Inclusion Pathway Planning (RIPPL): This new initiative is designed to support children with an EHCP transition from early years settings into mainstream reception classes. This improves families' experiences as each child receives a dedicated RIPPL who works with parents and the school to overcome barriers in supporting the child.

4. Supporting Mental Health and Health Needs

- Mind Works Resources: New resources have been developed for parents, schools, and professionals to support children experiencing mental health challenges or anxiety-related school avoidance.
- Support for children with long-term health needs: Working with Surrey Youth Focus to update policies on the role of schools and the council in supporting children with long-term health conditions.
- Children's Community Health Services contract: A new service contract that started in April 2025 will introduce proactive communication, digital tools, and enhanced support for families.

Appendix

Key terms definitions

Additional Needs and Disabilities (AND) – A person has 'Additional Needs and Disabilities' if they have a health or developmental condition that is impacting their everyday life.

Education Other Than at School (EOTAS) – Education arrangements that meet the needs of a child or young person who, for whatever reason, are unable to attend any mainstream or specialist education setting. This can include home tuition, online learning, and other alternative settings.

Education, Health, and Care plan (EHCP) - A legal document that outlines a child or young person's special educational, health, and social care needs. The plan will describe what support they will be given to meet those needs.

Inclusion and Additional Needs service – A service delivered by Surrey County Council that supports children and young people with AND in areas like communication, learning, and social and emotional health.

Pathological Demand Avoidance (PDA) - a specific profile within the autism spectrum. Individuals with PDA may exhibit a fight, flight, or freeze reaction when confronted with demands that challenge their independence, leading to heightened emotional responses.

Social, Emotional and Mental Health (SEMH) - Social, Emotional and Mental Health Difficulties (SEMH) are a type of Special Educational Needs and Disabilities (SEND). Children and young people with SEMH have severe difficulties in managing their emotions and behaviour.

Special Educational Needs and Disabilities (SEND) - A person has 'Special Educational Needs and Disabilities' if they have a learning difficulty or disability that means they need special educational support. A disability is when a person has a physical or mental difficulty which has a significant and long-term effect on their ability to carry out activities.

Special Educational Needs Coordinator (SENCO) - A Special Educational Needs Co-ordinator is a professional within a school who is responsible for assessing, planning and monitoring the progress of children or young people who have SEND.

Support pages

<u>Surrey Local Offer</u> provides information for children and young people with SEND and their parents or carers. It also includes information about local agencies including education, health and social care.

<u>Family Information Service</u> has free impartial information for families with children aged 0 to 19 (up to 25 years for those with additional needs). As well as a directory of services, support groups, activities, events and more.

The <u>Surrey County Council</u> website has information about support available to children with additional needs.

<u>SEND Advice Surrey</u> provides parents/carers with impartial, confidential, and free support about children and young people with special educational needs and disabilities (SEND) aged 0 to 25 years. You can email <u>SENDAdvice@surreycc.gov.uk</u> or call 01737 737300.

<u>Family Voice Surrey</u> is a parent and carer forum championing the needs and rights of families in Surrey with children or young adults up to the age of 25 who have special educational needs, chronic illnesses, including mental health conditions, or disabilities. You can email <u>contact@familyvoicesurrey.org</u> or call 01372 705708.

<u>Surrey Young Carers</u> offers support for young carers (under 18 years old) to get the information and advice they need. They can give children and young people someone to talk to and provide opportunities for them to have fun and make new friends with young people in similar circumstances. You can email them on syc@actionforcarers.org.uk or call 01483 568269.

<u>Short Breaks</u> provides play and leisure activities, as well as overnight respite for children and young people aged 5 to 8 with additional needs and disabilities.

<u>Healthy Surrey</u> provides self-care information, as well as signposting to local services available to Surrey residents.

<u>Mind works</u> is an emotional wellbeing and mental health service which provides support and advice for children and young people in Surrey. You can also call their 24/7 mental health crisis line on <u>0800 915 4644</u>.

More information

If you have any questions about the data or reporting in this survey, you can email research@surreycc.gov.uk.

If you have an enquiry about a specific SEND or EHCP case, you can email be.heard@surreycc.gov.uk or call the Learners' Single Point of Access (L-SPA) on 0300 200 1015.

The L-SPA is open from 8am to 5pm, Monday to Friday, all year round (except Bank Holidays).