



State of Sheffield 2023



The views of parents of children and young people (aged 0-25 years) with special educational needs and/or disabilities

July 2023

Full report

About Sheffield Parent Carer Forum

Sheffield Parent Carer Forum is a parent-led charity which brings together over 2,400 families with disabled children and young people (aged 0-25 years) from across Sheffield to provide mutual support, share information and influence policy and practice.

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For questions/comments about this report, please contact:

Eva Juusola

Director of Operations

Sheffield Parent Carer Forum

St Mary's Community Centre

Bramall Lane

Sheffield

S2 4QZ

Telephone: 0300 321 4721

Email: eva.juusola@sheffieldparentcarerforum.org.uk

Acknowledgements

We would like to thank the families who completed the survey and told us about their experiences.

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1. Introduction

This report summarises a survey of the views and experiences of parents of children and young people (aged 0-25 years) with special educational needs and/or disabilities (SEND) in Sheffield.

The survey was carried out by Sheffield Parent Carer Forum (SPCF) in March and April 2023 with funding from the Department for Education's Parent Participation Grant.

The survey aimed to:

- gather data on issues raised by parent carers;
- find out how caring for a child with SEND affects the whole family;
- compare current levels of parental satisfaction with local services with data gathered in 2014 and 2019.

2. Method and sample

Parents' views were sought through an online questionnaire, which was open for 5 weeks (between 6 March and 9 April 2023).

The survey was advertised via SPCF's email list, SMS list, website and social media channels, and in Sheffield City Council's SEND email bulletin. Respondents were offered the opportunity to enter a prize draw for shopping vouchers by submitting a code displayed at the end of the survey.

A total of **496 responses** were received. **85%** of respondents were members of Sheffield Parent Carer Forum. The response rate from SPCF members who were contacted via email or SMS was **20%**.

The questionnaire consisted of 72 open and closed questions, covering nine areas: family life, work and finances, childcare, education, social care, healthcare, transition to adulthood, information and communication, and general issues.

Respondents took an average of 15 minutes to complete the survey. **29%** of respondents did not complete the full survey - a significant drop compared to the 2019 survey, which had a completion rate of **98%**.

The sample covered the full range of children's impairment types, age groups (0-25 years), educational placements, family situations, and postcode areas (including areas with high levels of economic deprivation). **38%** of respondents were in receipt of means-tested benefits. **21%** were non White British. **56%** of the children in the sample had an EHC plan and **18%** had a My Plan / Extended Support Plan.

3. About our respondents

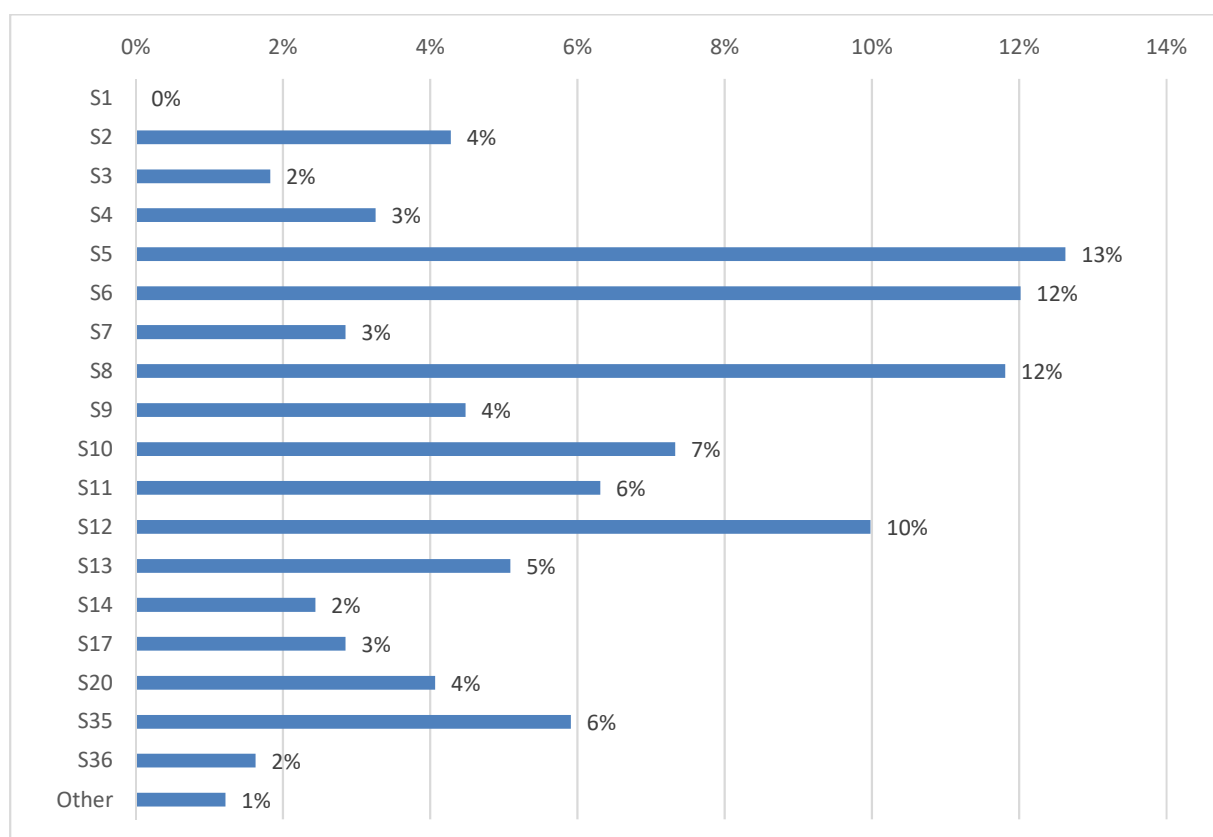
3.1 Sheffield Parent Carer Forum membership (493 responses)

85% of respondents were members of Sheffield Parent Carer Forum, **15%** were not. This shows that the strategies used to publicise the survey beyond the membership had some success.

The response rate from SPCF members contacted via email or SMS was **20%**.

3.2 Postcode areas (491 responses)

There was a good spread across the city with all postcodes showing a level of representation, including areas with high levels of economic deprivation:



3.3 Gender (493 responses)

89% of respondents were female (including transgender women), **7%** were male (including transgender men), **2%** preferred not to say and **2%** preferred to describe themselves in a different way.

There were three responses requesting that answer choices for sex and gender should be kept separate.

We find that the pressures associated with raising a disabled child often force parents to assume traditional gender roles, with the father taking on the role of the main breadwinner, and the mother doing most of the day-to-day caring, attending meetings with professionals, and learning to navigate the “system”. This can lead to fathers feeling less informed and less competent, which may affect their willingness to take part in consultations.

3.4 Ethnicity (488 responses)

78% of respondents were White British, **16%** belonged to a Black and Asian Minority Ethnic group, and **1%** did not state their ethnicity. The biggest non-White British groups were Pakistani (**7%**), Black African (**2%**) and Any Other White Background (**2%**).

3.5 Language (488 responses)

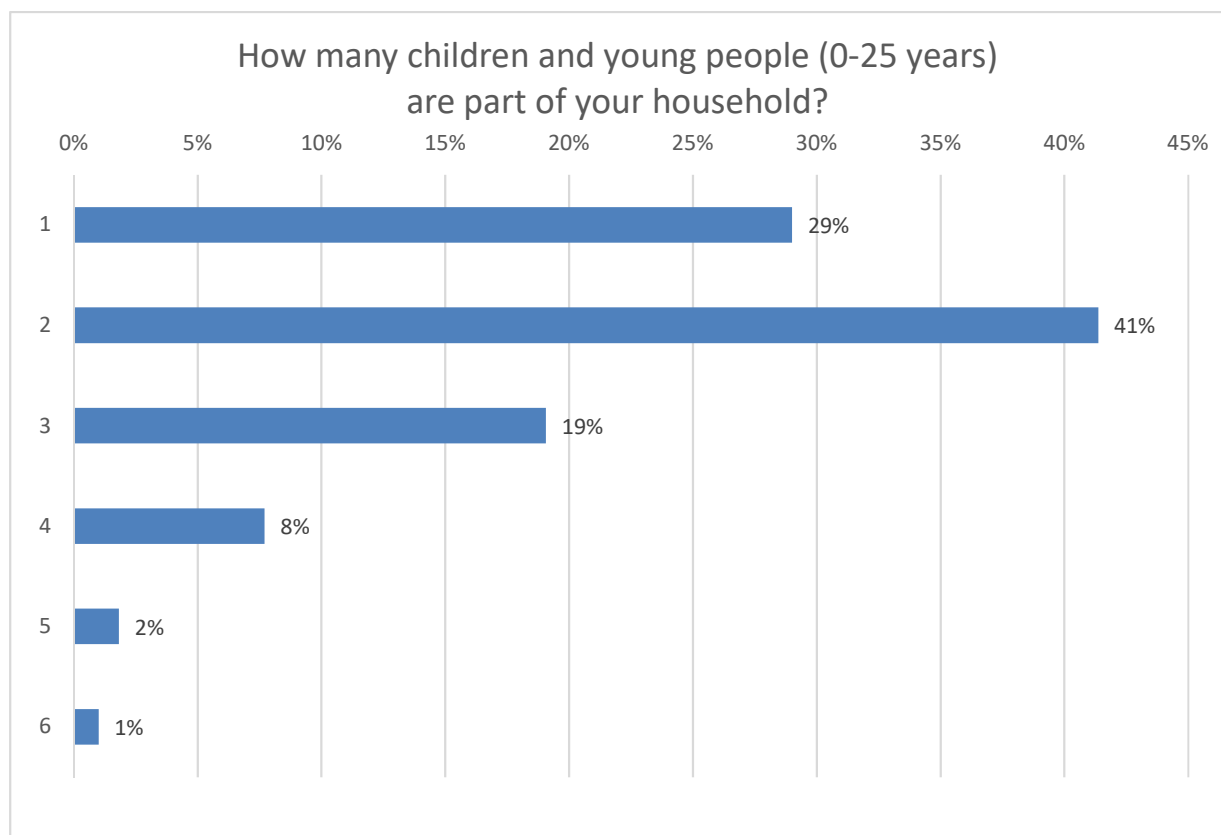
91% of respondents said that English was their first language; **9%** said that it was not.

3.6 Parental disability or illness (491 responses)

30% of respondents said they had a disability or long-term illness themselves. (2019: 19%)

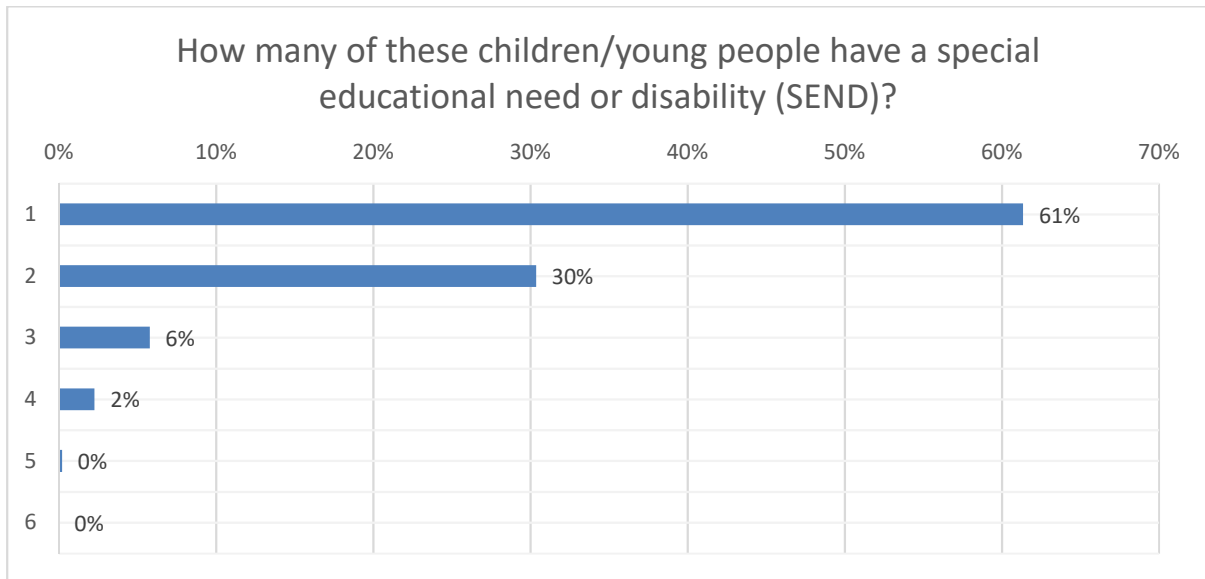
3.7 Number of children and young people in the household (493 responses)

30% of respondents had three or more children or young people living in their household.



3.8 Number of children and young people with SEND (484 responses)

39% of respondents had more than one child with SEND. (2019: 29%)

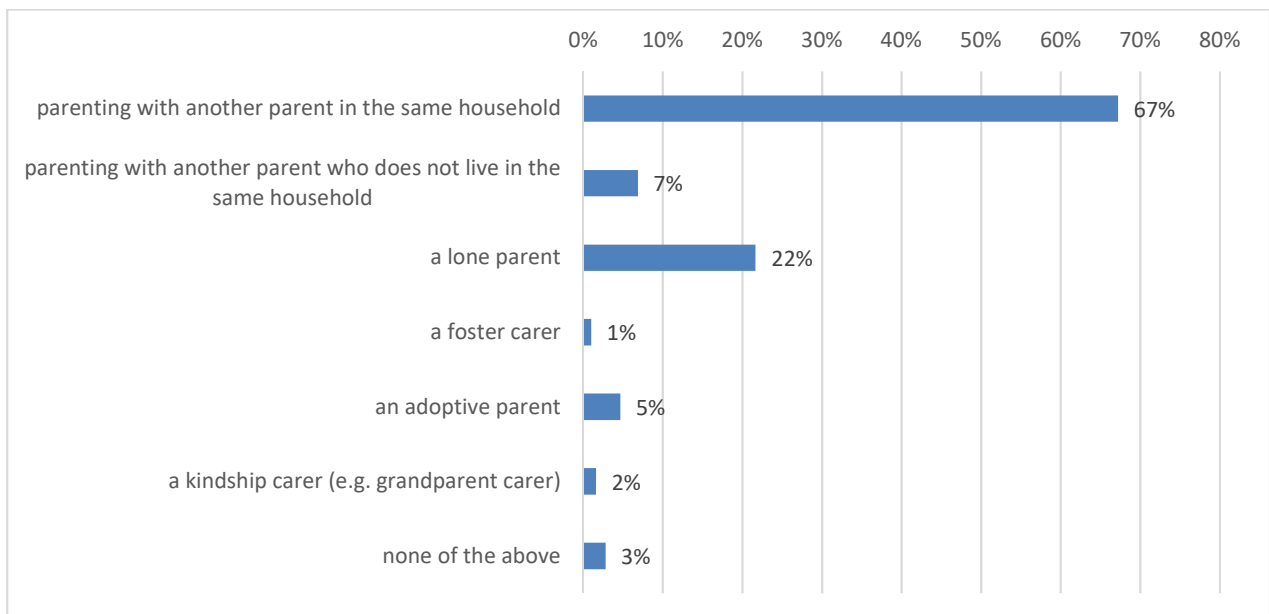


3.9 Providing care for an adult aged 25+ (494 responses)

17% of respondents said they also provided care for an adult over the age of 25, such as a disabled child over the age of 25, an elderly parent or a disabled partner.

3.10 Parenting situations (494 responses)

Respondents lived in a range of parenting situations in relation to their child with SEND:

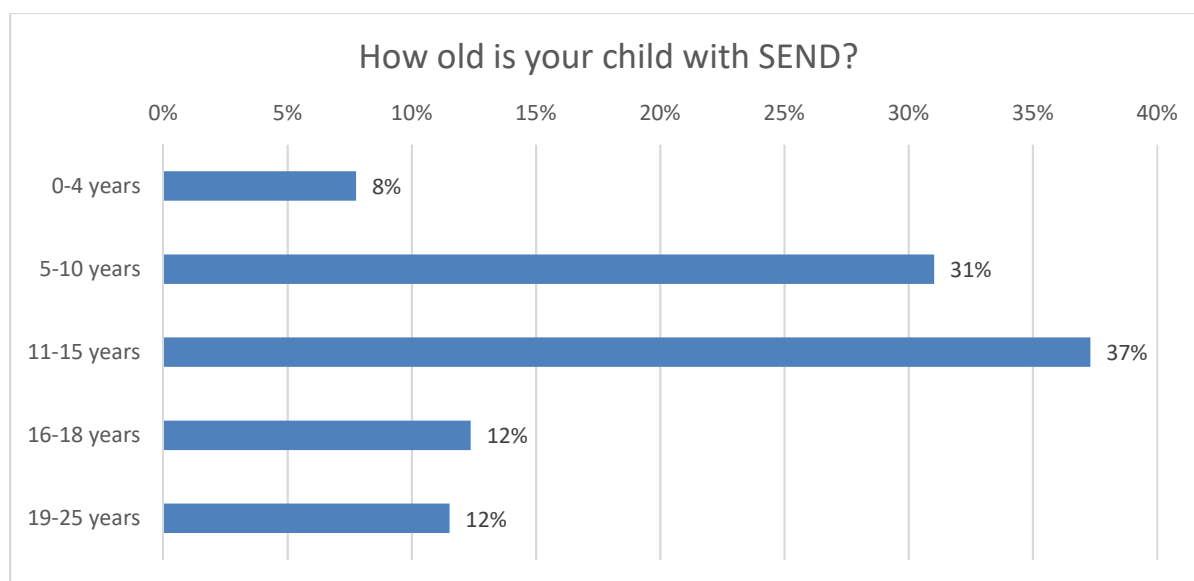


3.11 Completion of multiple surveys (477 responses)

Respondents were instructed to complete one survey for each child with SEND. 6% of submissions were additional responses from parents who had already completed the survey at least once, about another child.

3.12 Age of child with SEND (477 responses)

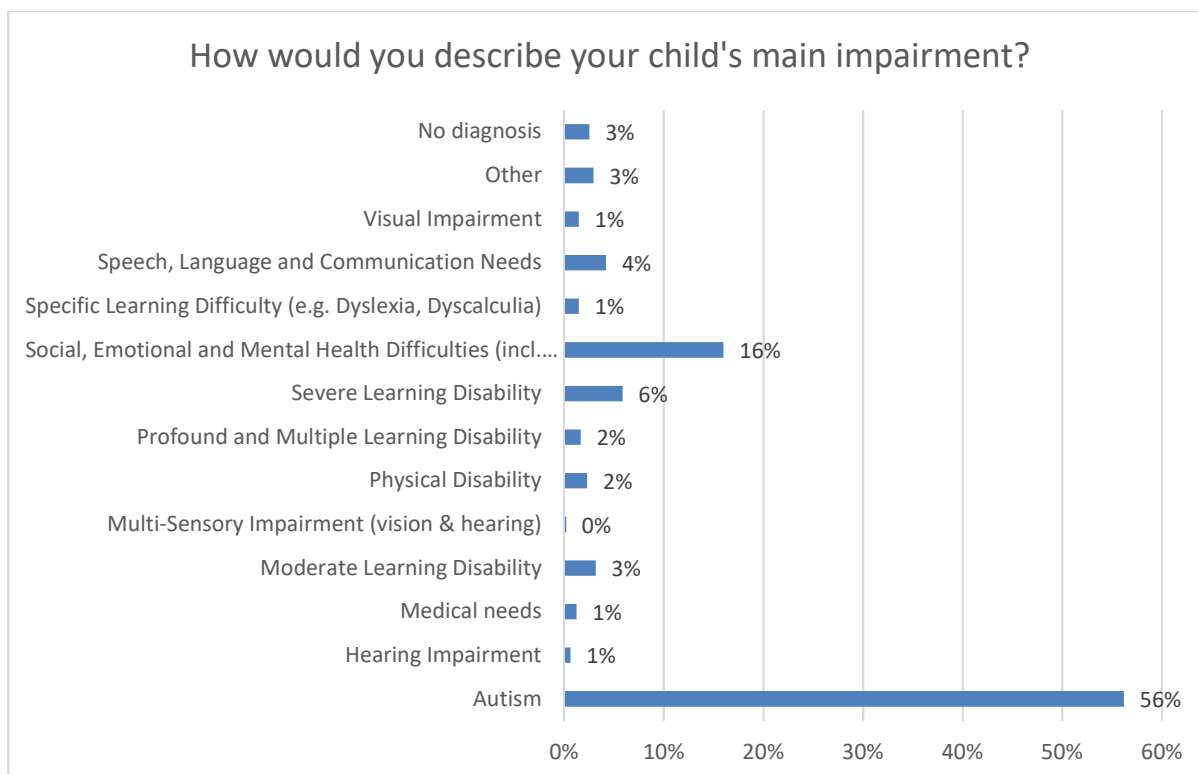
Respondents had children in all age groups, with a cluster around the age of 5-15 years. The underrepresentation of parents of pre-school children may be due to the fact that waiting times for many health services are currently very long, and many children do not receive a diagnosis until they enter the school system. (see also sections 3.14 and 3.15)



3.13 Impairment type (475 responses)

The survey covered the full range of impairment types. Respondents were asked to select only their child's main impairment.

The table below does not reflect the fact that many children have multiple diagnoses. For example, only 20 respondents listed "Speech, Language and Communication Needs" as their child's main impairment, but 160 respondents gave feedback on the Speech and Language Therapy Service.



3.14 Waiting times for diagnostic assessments after 2018 (196 responses)

It is widely recognised that early identification and assessment of needs play a critical role in helping to ensure that children get the right support at the right time.

We asked parents whose children had received a diagnosis after 2018 to tell us how long it took to get their child’s main impairment diagnosed, from the point of first raising concerns.

Responses showed a significant increase in waiting times compared to our 2019 survey:

90% had waited for six months or more (2019: 73%)

80% had waited for a year or more (2019: 58%)

57% had waited for two years or more (2019: 30%)

33% had waited for three years or more (2019: 17%)

NB The answer choices for this question included an option “Still waiting for an assessment”, which was selected by **24%** of respondents. Since this response does not provide an indication of the length of the wait, we excluded these responses from the analysis of this question. Waiting times for children currently on the waiting list are provided in the next section.

When we looked at the families who had waited for a year or more to get their child’s needs assessed, we found that children with autism and SEMH were overrepresented compared to our overall sample. This reflects current waiting times for Neurodisability assessments; in 2022-23, **92%** of children referred for a first autism outpatient assessment had been waiting for 18 weeks or more (the NHS referral-to-treatment target).

A diagnosis frequently serves as a passport to accessing support and services. While some services have attempted to address the waiting list crisis by waiving the diagnosis requirement and focusing on needs instead, numerous families still encounter barriers in accessing services due to the lack of a formal diagnosis.

“My child doesn't have a diagnosis yet, we are still waiting, so we were told we couldn't access SNIPS”

Several respondents pointed out that a diagnosis is of limited use if there is little or no follow-up support:

“No help/support given. Wait times ridiculously long, you receive a piece of paper with a diagnosis and then you're just left to figure it out yourself. Online workshops offered but that's all. Absolute joke.”

3.15 Waiting times for children currently on the waiting list (106 responses)

We asked parents whose children were on a waiting list for a diagnostic assessment at the time of completing the survey to tell us how long they had been waiting for:

3% had been waiting for less than 3 months

13% had been waiting for 3 to 6 months

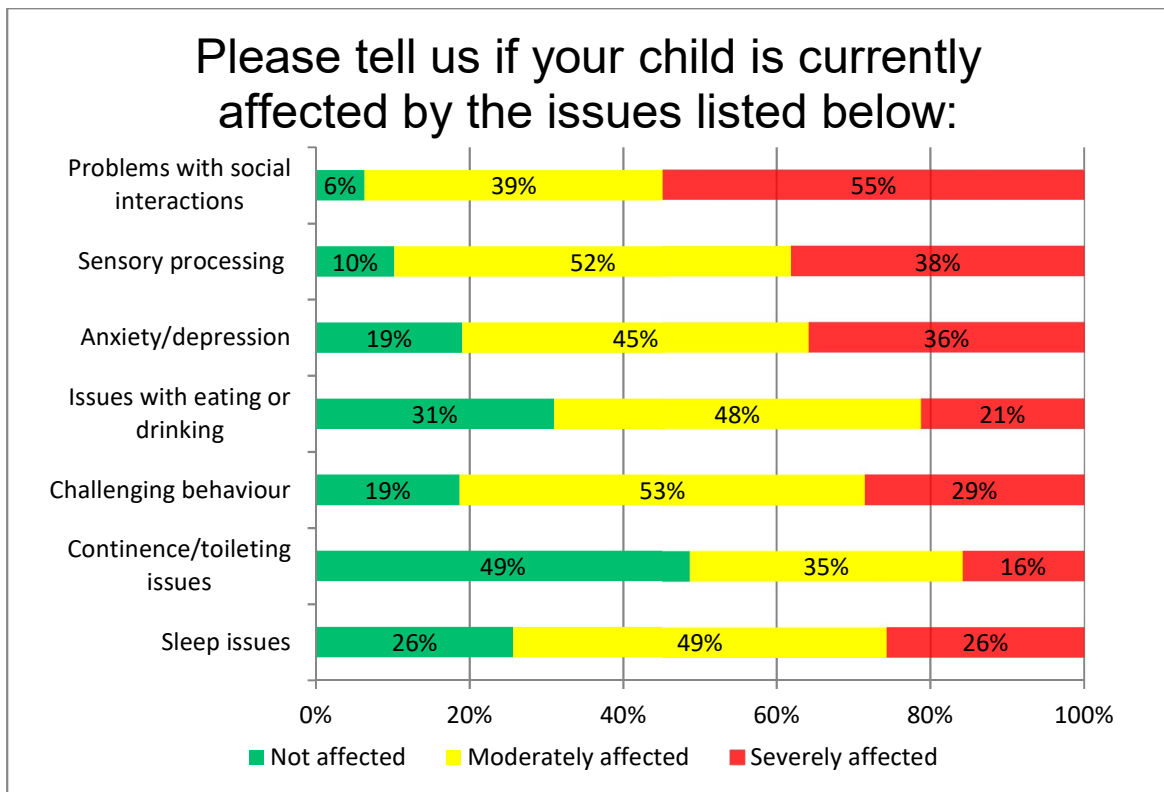
84% had been waiting for 6 months or more

70% had been waiting for 1 year or more

29% had been waiting for 2 years or more

10% had been waiting for 3 years or more

3.16 Areas of difficulty (475 responses)



We wanted to find out how a child’s SEND affects them in everyday life. With the exception of continence/toileting issues, all of the problems listed were extremely common, affecting over **two thirds** of the children in the sample. It was also common for children to have difficulties in more than one area.

4. Family life

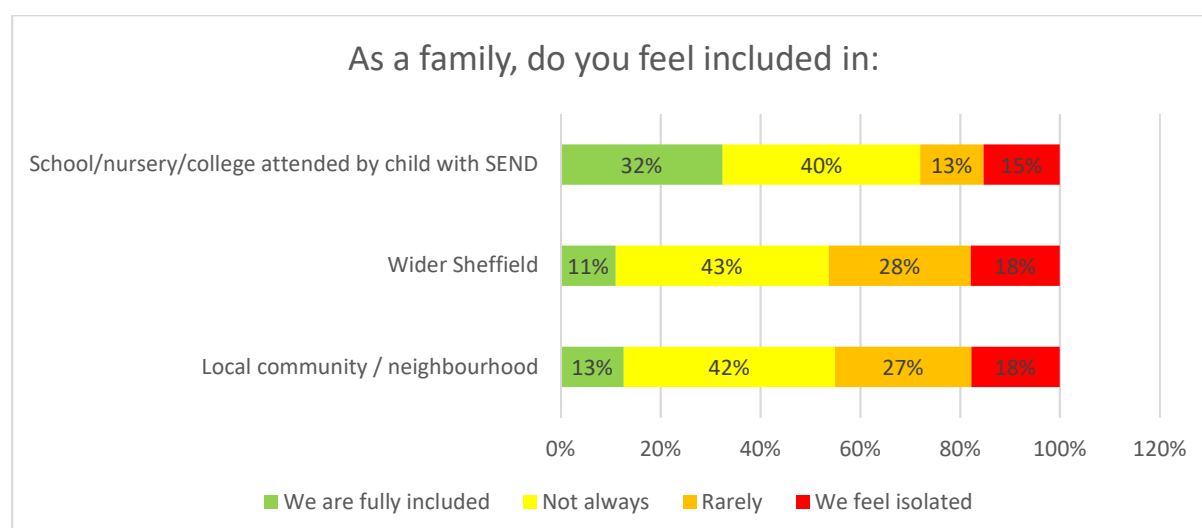
4.1 Doing things together as a family (439 responses)

We asked parents whether caring for a child with SEND restricted what they and/or their family could do together.

Over **50%** of respondents said it was “Difficult”, “Very difficult” or “Impossible” to carry out everyday activities such as visiting friends or family, having people round, going out (e.g. for a meal or to the cinema), taking regular exercise, going out for the day, going on holiday or doing household chores. Only a minority (between **7%** and **14%**) rated these activities as “Easy”.

4.2 Feeling included (437 responses)

We asked parents whether they felt their family was included in their local community / neighbourhood, wider Sheffield and the nursery, school or college attended by their child with SEND:



18% said they felt isolated within their local community and within wider Sheffield. This constitutes an improvement on 2019, when 23% felt isolated in their local community and 22% felt isolated within wider Sheffield.

Schools play a vital role in enabling marginalised families to feel part of a community. The level of inclusion varied between school types, with more parents feeling fully included in special schools than in Integrated Resources and in mainstream schools. Compared to our 2019 survey, inclusion levels had increased for Integrated Resources (from **18%** to **26%**) and mainstream schools (from **23%** to **29%**), but fallen for special schools (from **63%** to **59%**).

4.3 Impact on siblings (352 responses)

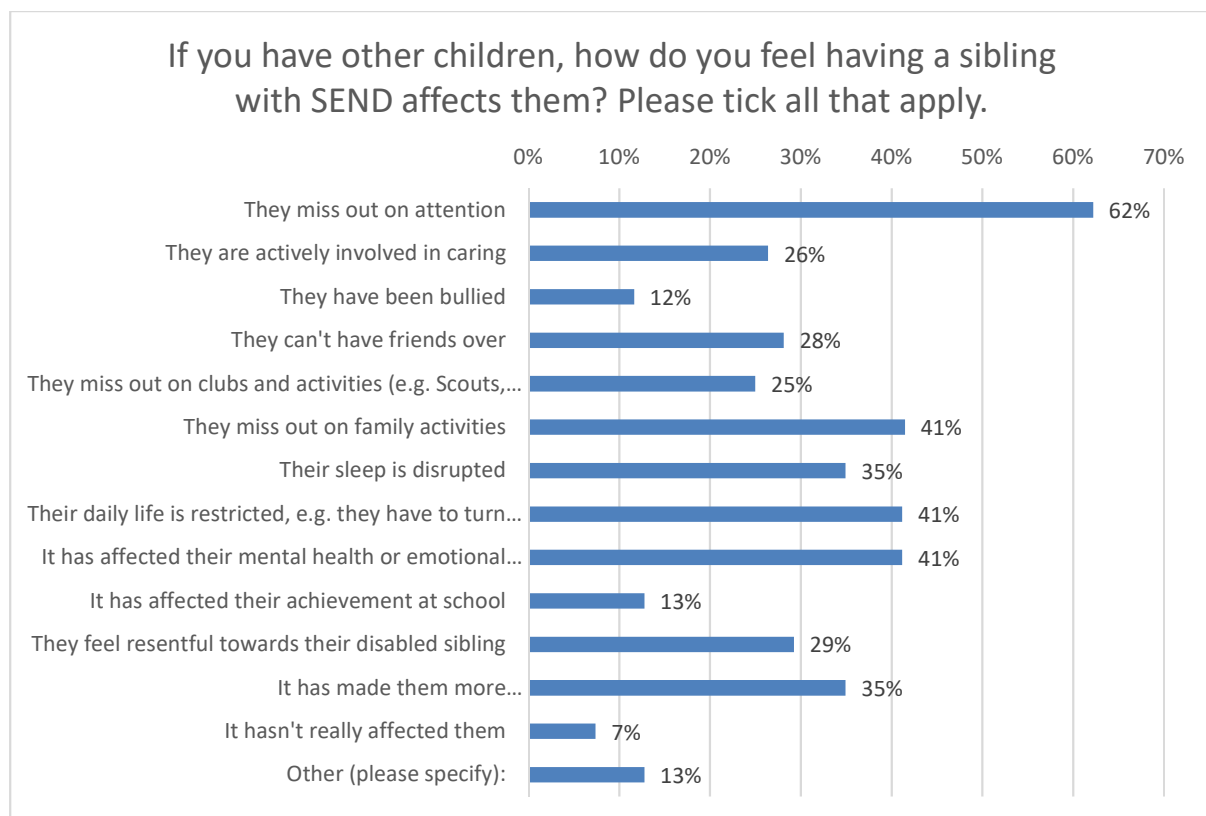
Most respondents identified at least one negative impact of having a disabled sibling on their other children. Only **7%** said that it had not affected siblings at all.

A lack of parental attention was identified as the biggest issue (**62%**), followed by missing out on family activities, restrictions on siblings’ daily lives, and a negative impact on their mental health or emotional wellbeing (all reported by **41%** of respondents). Additionally, **35%** of respondents also said that siblings’ sleep was disrupted.

“Most of the children have different needs and some do feel the other one gets more attention but the fact is they get overloaded at school and then also bring this home which doesn't help the atmosphere at home.”

Siblings of disabled children are at an increased risk of isolation, as they may not be able to have friends over (**28%**) or miss out on clubs and activities (**25%**). **29%** of parents said that siblings felt resentful towards their disabled child.

A significant proportion of respondents (**35%**) also recognised a positive effect, indicating that having a disabled sibling had made their other children more considerate, patient or understanding.

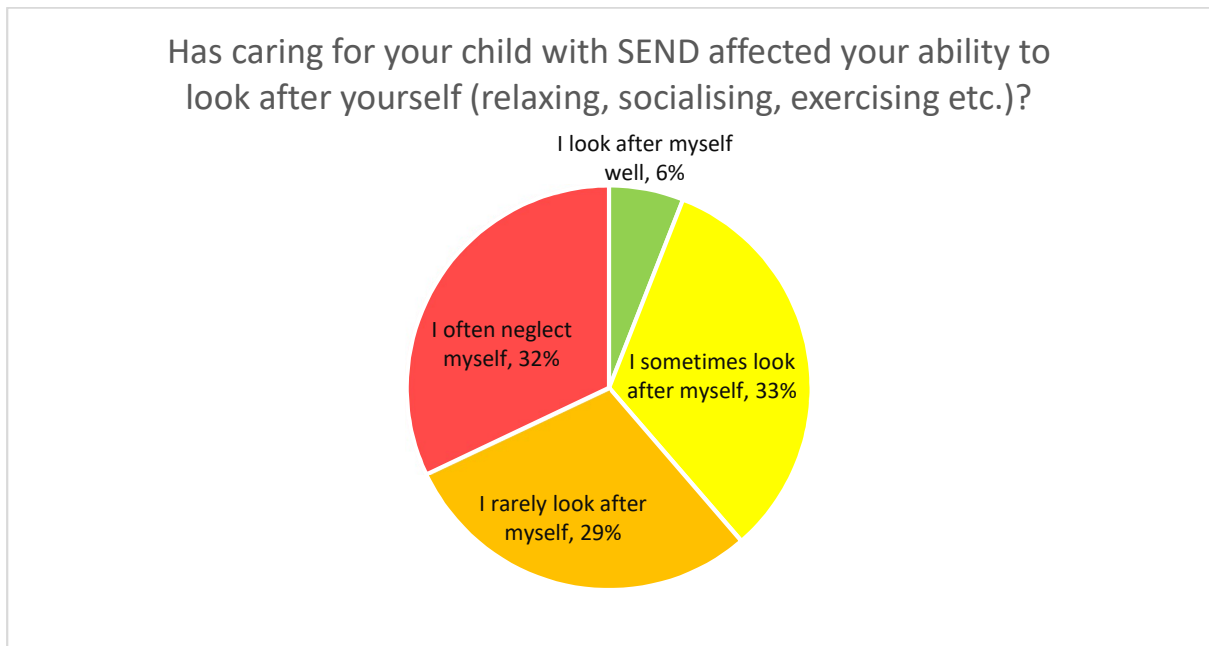


Most of the respondents who selected “Other” either pointed out that their child with SEND was an only child, or that all of their children had additional needs. Some provided additional information, e.g.:

- Arguments, meltdowns and risk of injury
- Siblings have grown up knowing no different
- Overload at school affects relationships at home
- Siblings imitate the behaviour of the child with SEND
- Parental stress/depression affects family relationships

4.4 Impact on parents: looking after themselves (437 responses)

Almost a third of parents (**32%**) said that they often neglected themselves. Responses followed a broadly similar pattern to 2019.

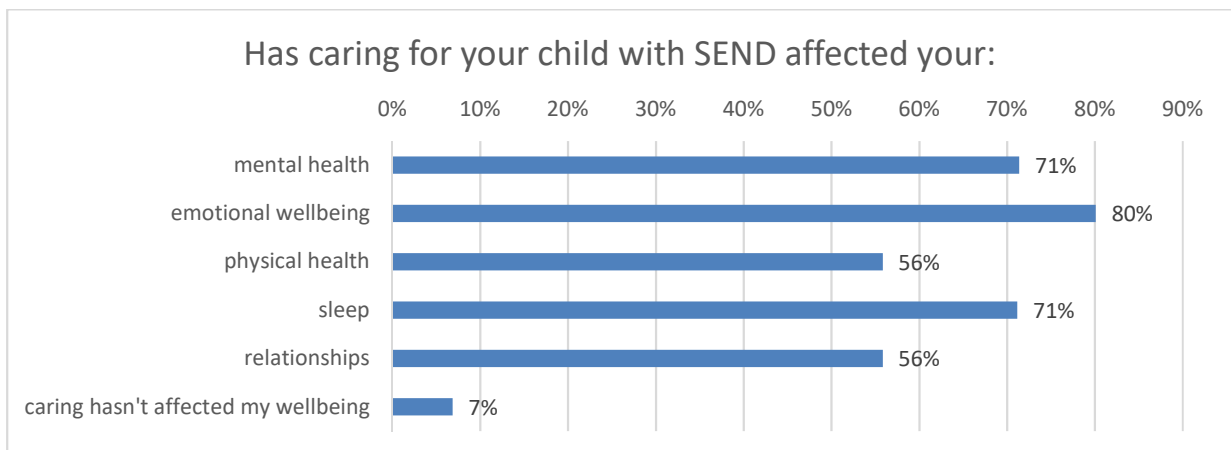


4.5 Impact on parents' wellbeing (437 responses)

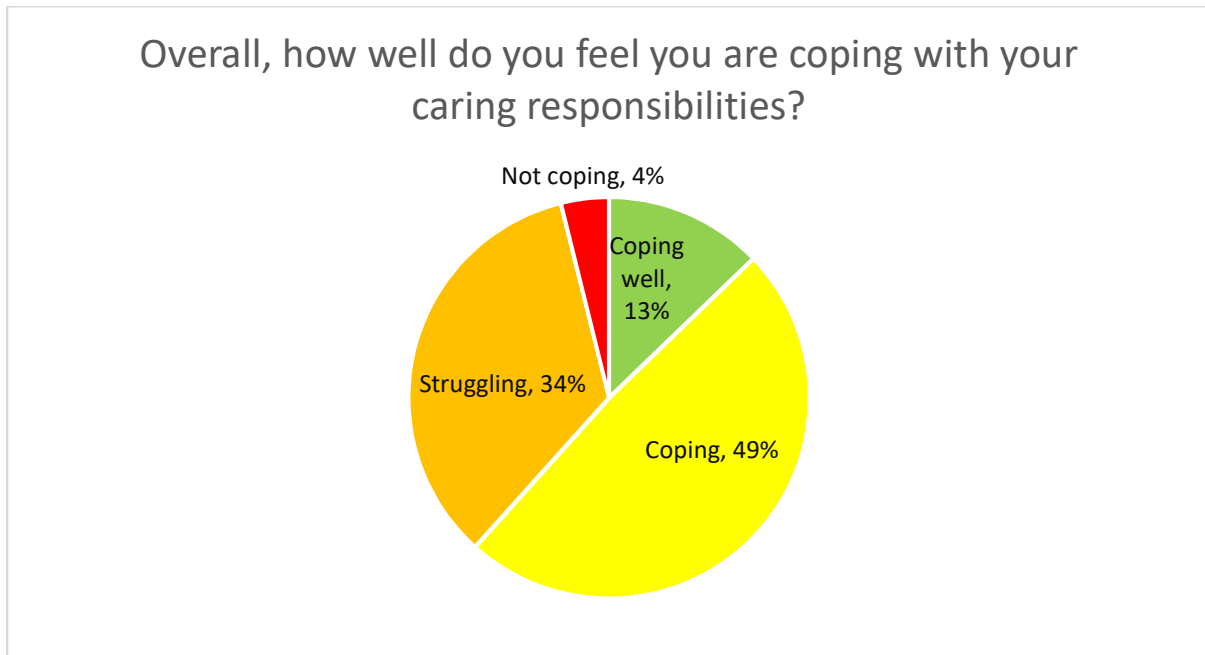
80% of respondents reported that caring had affected their emotional wellbeing, and **71%** said that it had impacted on their mental health and their sleep.

Looking at our previous surveys, we observed a consistent decline in parents' mental health. In 2014, **49%** of parents reported that caring had a negative impact on their mental health, which increased to **64%** in 2019, and further rose to **71%** in 2023. This trend is likely to reflect the impact of both the pandemic and austerity measures.

On the other hand, those who identified a negative impact on their relationships had decreased (2014: **63%**, 2019: **66%**, 2023: **56%**). There was little change in the other areas.



4.6 Coping (438 responses)



38% of respondents were either “Struggling” or “Not coping” (2019: 41%).

This group included more parents who had a disability or long-term illness themselves (43% vs 30%).

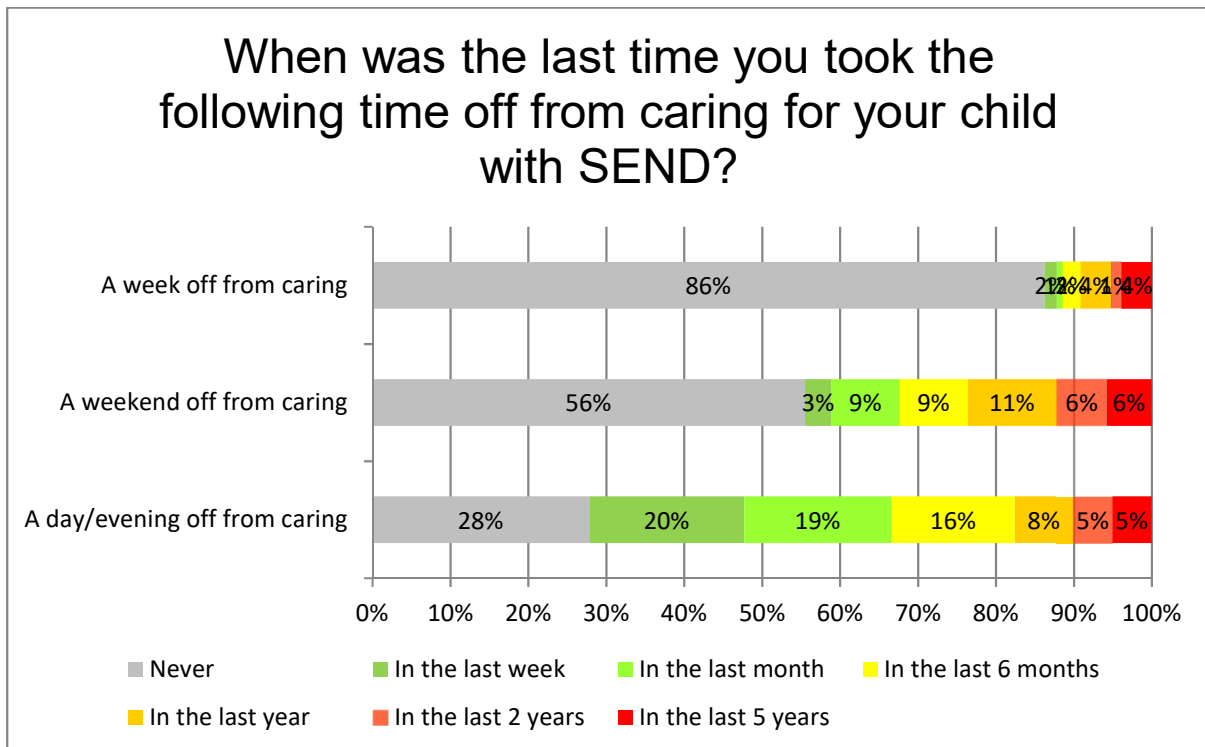
A greater percentage of children in this group was reported to be “severely” affected by problems with sleep, challenging behaviour, eating or drinking, anxiety/depression, sensory processing and social interactions. The impact of the child’s disability on siblings and on parents' wellbeing was more pronounced, and families reported greater levels of isolation.

60% of those who said that they were “struggling” or “not coping” were not receiving any support from social care services. **53%** of those who did access support from social care services felt that it was insufficient to meet their needs. (By comparison, **36%** of the total sample said that their social care package was insufficient.)

Several parents told us that it wasn’t their child’s disability which was impacting on their mental health, but rather the fight to secure services for them.

4.7 Time off from caring (438 responses)

We asked parents when they had last had a break from caring for their child with SEND – a day, and evening, a weekend or a week off:

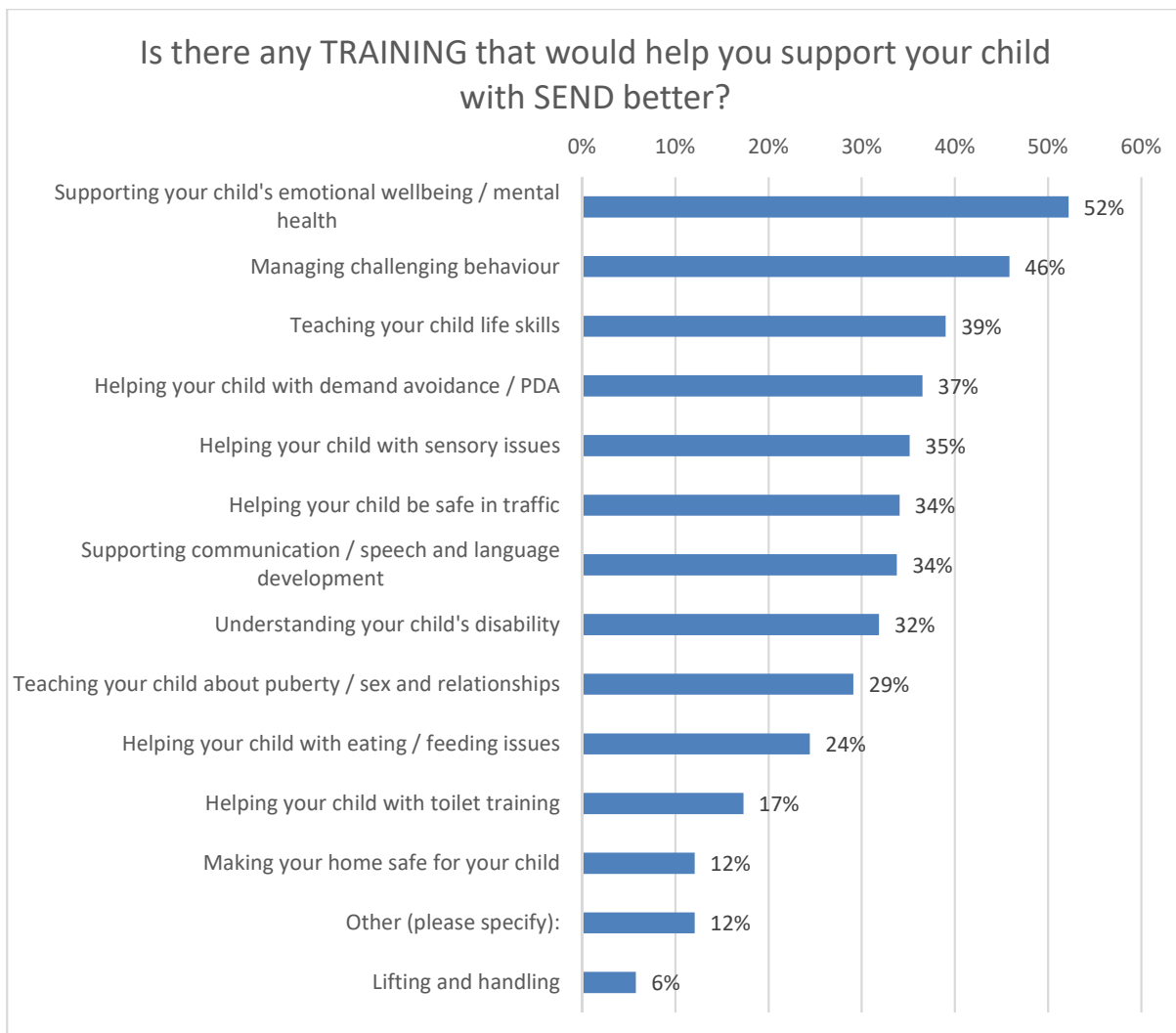


While it may be rare for parents of dependent children to have a week away from their caring responsibilities, having the occasional day/evening or weekend off is not unusual for most parents.

However, **28%** of the parents in our sample had never had a day or an evening off from caring, and **56%** had never had a weekend off from caring.

4.8 Parents’ training needs around supporting their child with SEND (364 responses)

We asked parents whether there was any training that would help them better support their child with SEND. **73%** of all survey respondents indicated a training need in this area.



Most of the respondents who selected “Other” repeated answer choices provided for this question, or mentioned types of training covered by the next question. Several respondents stated that parents should not be expected to do everything, and that children needed more direct support from professionals. Some also said that it was school staff, not parents, who needed more training.

“I don't need any more trainings - there is an expectation that services do jot. Need to be involved with support for children, as parents have trainings - parents can't do everything - the service should provide sessions directly with children, not only appointments every 6 months to a year and trainings.”

Where parents indicated additional training needs, these fell under the following headings:

- Training around Preparing for Adulthood, e.g. paid employment, supported accommodation, using public transport, budgeting, accessing the community
- Supporting a young person through adolescence, personal hygiene
- Training around specific speech and language needs, e.g. selective mutism, communicating with a child with a hearing impairment
- Social skills training
- Safe restraint training

4.9 Parents' training needs around their caring situation (377 responses)

We asked parents whether there was any training that would help them cope better with their caring situation. **76%** of survey respondents indicated a training need in this area.

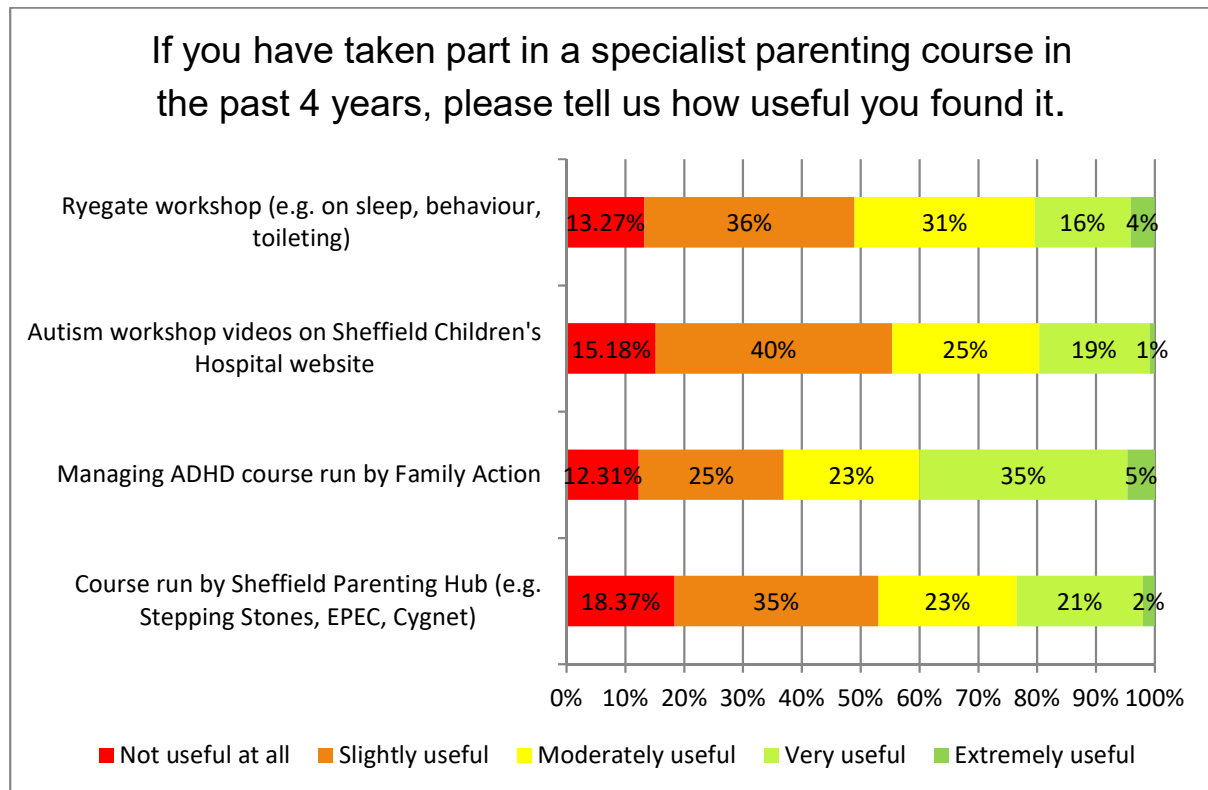


Of the parents who selected “Other”, several indicated that they had already attended multiple types of training or workshops. Several responses repeated the answer choices listed, or provided more information.

The following additional training topics were suggested: Sheffield Support Grid, SEN Code of Practice, role of SENDCO, course based on parents' experiences, dealing with bullying / discrimination in school / college, managing the transition to secondary school, getting a special school place, and finding SEND-friendly groups, activities or childcare.

4.10 Specialist parenting courses (176 responses)

We asked parents how useful they had found the specialist parenting courses on offer in Sheffield.



We asked parents to tell us about other parenting courses they had attended. Respondents recommended the following:

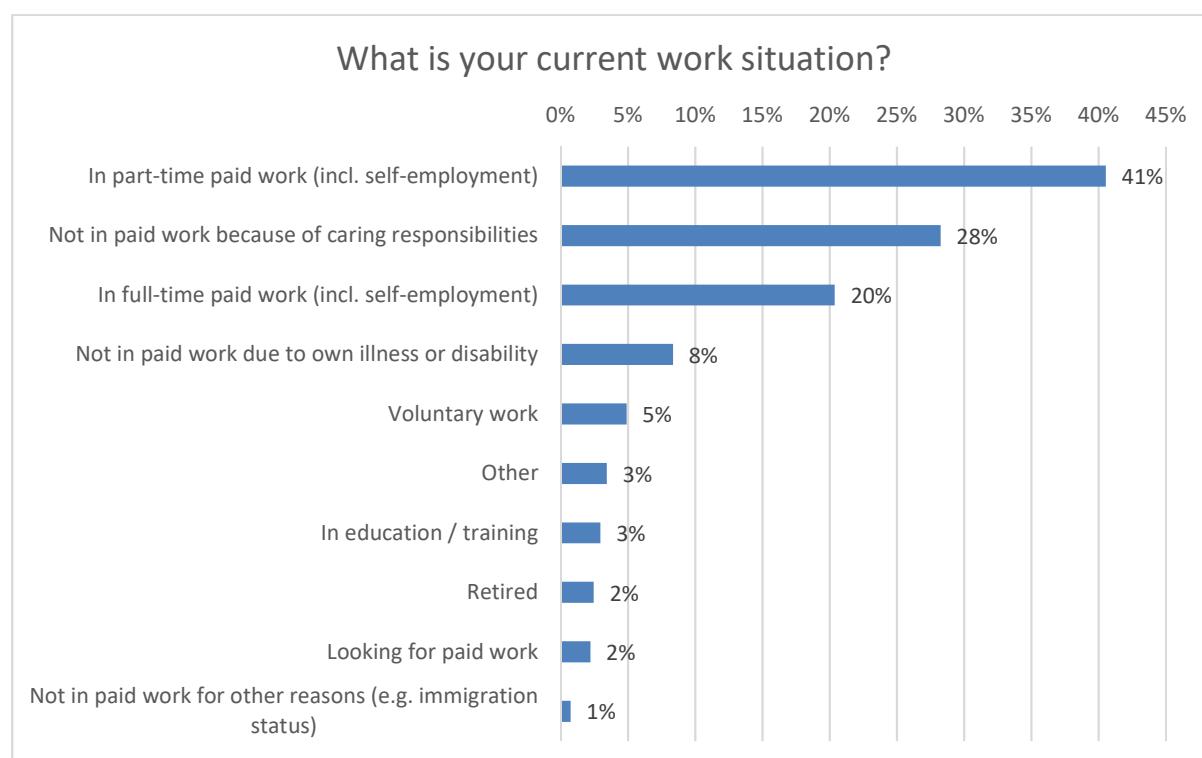
- Workshops at school specific to children's needs
- Derbyshire health authority autism videos for older children
- Private course on school avoidance
- Private course on similarities between autistic and looked-after children
- FASD training provided by the Seashell Trust
- National Autistic Society and PDA online workshops and blogs
- Low-arousal approaches to challenging behaviour by Studio 3
- CAMHS wellbeing practitioner sessions and Fostering Attachments sessions
- Partnering not Parenting by Parenting Mental Health
- Mindful Parenting

Several respondents stated that they had never heard of any specialist parenting courses.

5. Work and finances

5.1 Employment situation (407 responses)

Caring for a child with SEND can have a detrimental impact on parents' ability to work. Only **20%** of parents in our sample were managing to work full time, and **41%** were working part-time. Fewer parents said that they were not in paid work due to their caring situation than in our 2019 survey (**28%** in 2023 compared to **35%** in 2019). It is possible that the cost-of-living crisis is forcing more parents to work.



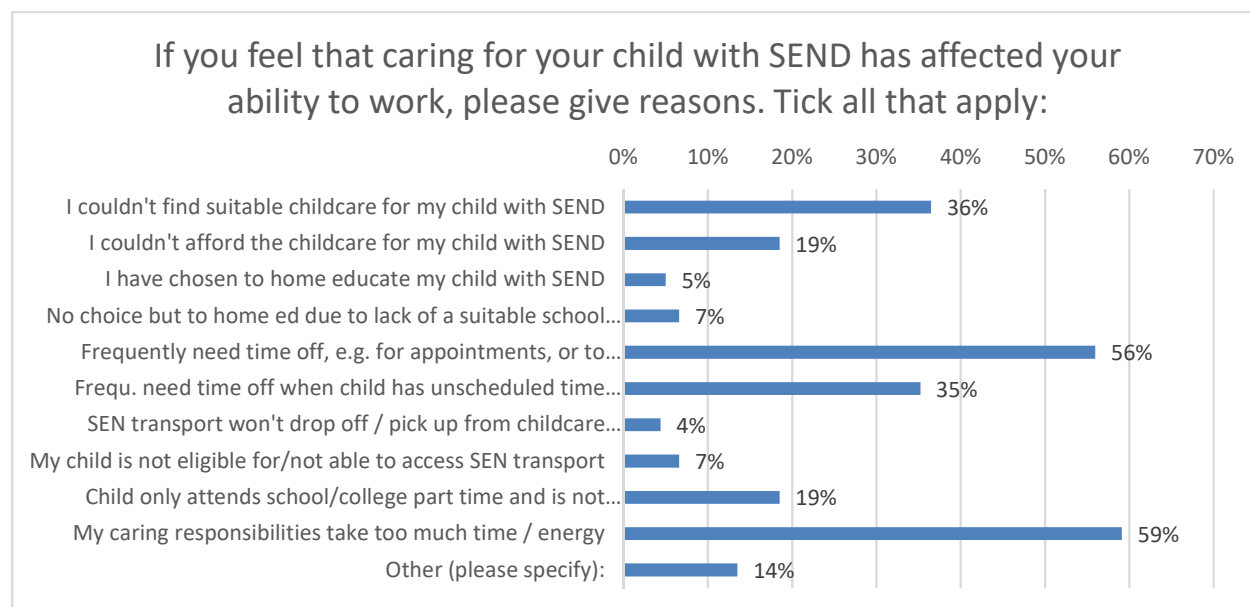
5.2 Impact of caring on parents' ability to work (380 responses)

85% of parents said that caring had affected their ability to work. Of these parents, **34%** had given up work to cope with their caring responsibilities, **43%** had reduced their hours and **25%** had taken a less challenging job.

Parents who give up work can become isolated, as they miss out on social contacts with co-workers and have less money to participate in leisure activities.

5.3 Factors determining parents' ability to work (318 responses)

We asked parents who felt that caring had affected their ability to work to tell us why. The biggest factors were a lack of time/energy (59%) and having to take frequent time off, e.g. for appointments or to look after their child when they are unwell (56%).



Responses highlighted that **issues with a child's education** can have a major impact on their parents' ability to work. **35%** said their child frequently had unscheduled time off school (e.g. due to exclusions), **19%** said their child only attended school or college on a part-time basis, **7%** said they had no choice but to home education due to a lack of suitable school places, and **4%** said that SEN Transport would not drop off or pick up from a childcare setting.

Another important factor is **childcare**: **36%** of parents said that they couldn't find suitable childcare, and **19%** said they couldn't afford the childcare for their child with SEND. Parents of non-disabled children often accept that they may need to work for little financial gain during the toddler years in order to improve their long-term career prospects. For parents of disabled children, however, the situation does not tend to improve over time, as their children may still need childcare right through secondary school. Childcare for disabled teenagers is scarce and can be expensive, making work an uneconomical option for many parents.

Most of the respondents who ticked "Other" provided more information about the existing answer choices, for example:

- Battling with services is time-consuming and exhausting
- Stress of caring situation is affecting parents' mental health
- Child not currently in education, e.g. due to lack of suitable school place
- Child is refusing to attend school due to anxiety
- School not meeting child's needs

Parents' comments highlighted the enormous difficulties in trying to juggle work and caring:

"The quality of services are so poor I spend vast amounts of my time getting services, chasing services, chasing services mistakes etc."

"While my son was at college these were the days I enjoyed going to work, now my son has given up college I am his full-time carer and have had to give up work, he just can't be left on his own all day."

"I need to work flexible hours to cover my caring responsibilities but that means I work till late at night after putting children to bed. This is very challenging on a long term."

"My daughter is not currently in school due to school not being able to meet her need, and [despite] them stating this she was placed there anyway. Despite trying reduced timetables, reduced demand etc. my daughter had a breakdown moment on her way to school in February and hasn't been able to attend since. She is struggling to leave the house at all at the moment! Her AP [Alternative Provision] have been amazing and are giving her a reason to still engage in the outside world. I had to leave my role when this happened and I had already reduced hours due to the reduced timetable."

"[...] school refused to have my child in school, then put him on an hour a day or half days, then phoned to collect. Most of his issues were caused by the treatment in school. He is disabled anyway but bullying from teachers and ignoring what I was telling them made it worse."

"Managing health appointments outside of work, huge emotional and burden from EHCP work - LA continually remove provision illegally & do not provide sec F provision. Every year is a battle to fight or reinstate this. It is exhausting and absolutely disgusting LA behaviour."

5.4 Impact of caring on family finances (403 responses)

We asked respondents whether their family's financial situation had changed as a result of caring for their child with SEND.

4% said they had more money, **67%** said they had less money, **29%** had seen no change (percentages exclude respondents who chose "prefer not to say").

More respondents said they were worse off than in 2019 (**67%** vs **58%**). According to [research by the Childhood Trust](#), families with disabled children have been disproportionately affected by the cost-of-living crisis.

5.5 Families in receipt of means-tested benefits (406 responses)

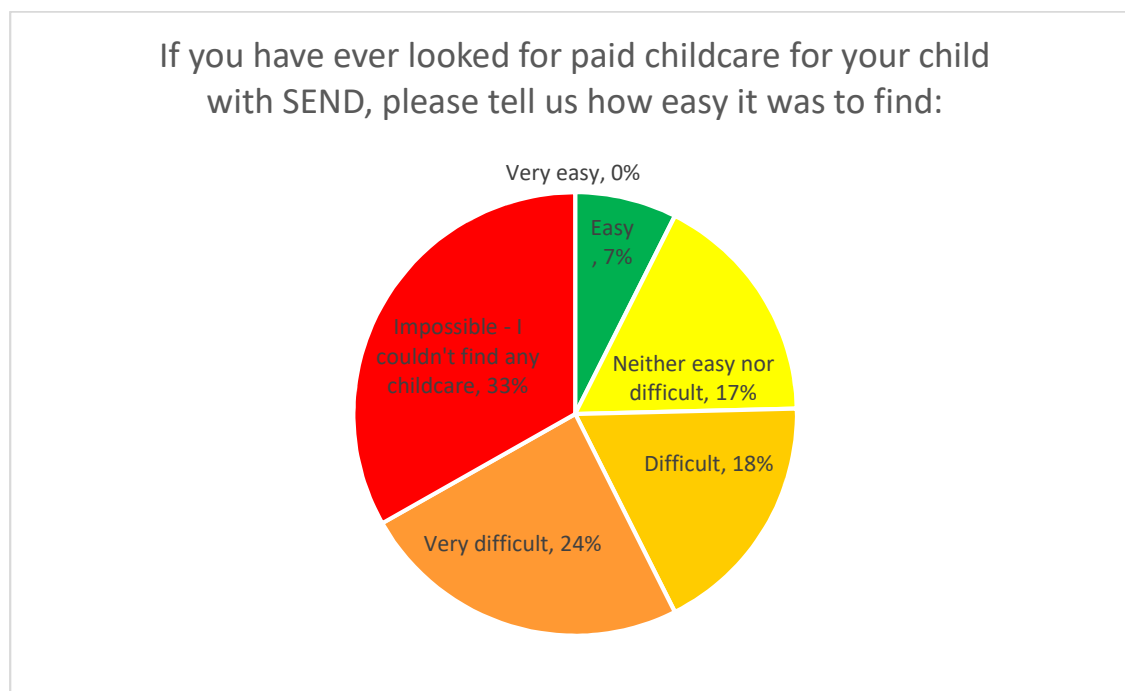
38% of respondents were in receipt of means-tested benefits. This is less than in 2019 (**45%**) and 2014 (**57%**).

We frequently receive enquiries from parents looking for help with completing benefit application forms. The only service currently offering this is Citizen's Advice Sheffield, but there are long waiting lists.

6. Childcare

6.1 Finding childcare (256 responses)

We asked parents to tell us how easy it was to find childcare for their child with SEND. **Three quarters** of respondents said that it was “difficult”, “very difficult” or “impossible” to find childcare. Whilst this figure was the same in our 2019 survey, the percentage of parents who said that finding childcare was “impossible” had increased from **24%** in 2019 to **33%** in 2023.



The picture was more positive for parents of children aged 0-4 years. However, **41%** of the respondents in this group also said that finding childcare was “difficult”, “very difficult” or “impossible” (2019: 60%).

6.2 Childcare arrangements (145 responses)

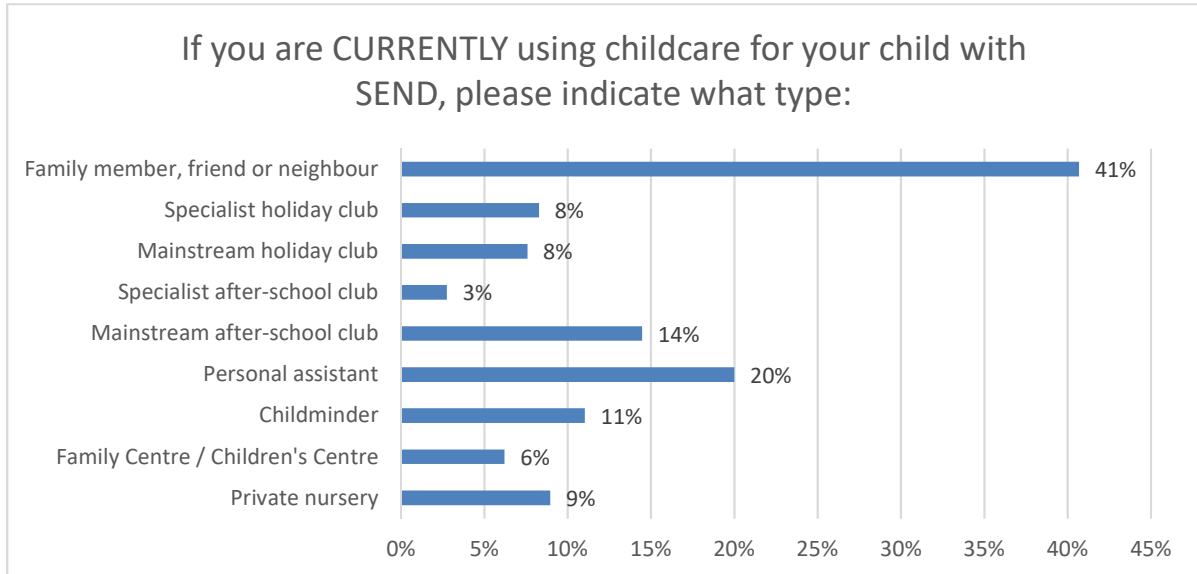
We asked parents to tell us what sort of childcare they used for their child with SEND.

Relatively few families in the sample used formal childcare for their child with SEND, with **41%** relying on family members, friends and neighbours instead. **20%** were employing a personal assistant, **14%** accessed mainstream after-school clubs, and **11%** used childminders.

Local authorities have a legal responsibility to ensure that there is sufficient childcare provision for children with SEND up to the age of 18 years, and to evaluate this through an annual Childcare Sufficiency Assessment.

“Getting way less than is entitled to at nursery. Reduced hours/days to less than started on, very basic and part time. Feels so tiring and hardly worth the effort to get them there.”

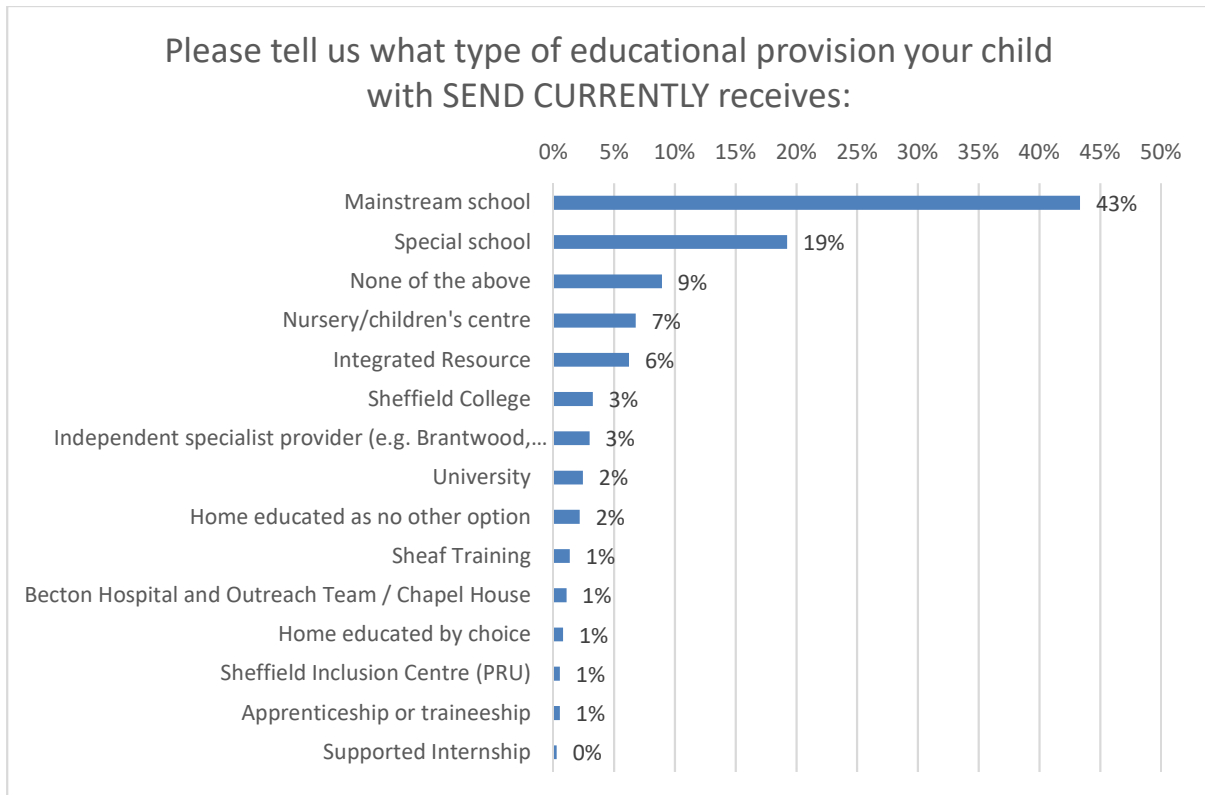
“Just want to sing the praises of B Nursery School! I have found the EHCP process very difficult and we have complained about SENDSARS. However, the SENCO at B has been amazing. My son has come on so much since going to this nursery and they are constantly adapting plans and strategies in nursery to meet his needs and help him develop. All the staff are really friendly and helpful and it is so good for us as a family.”



7. Education

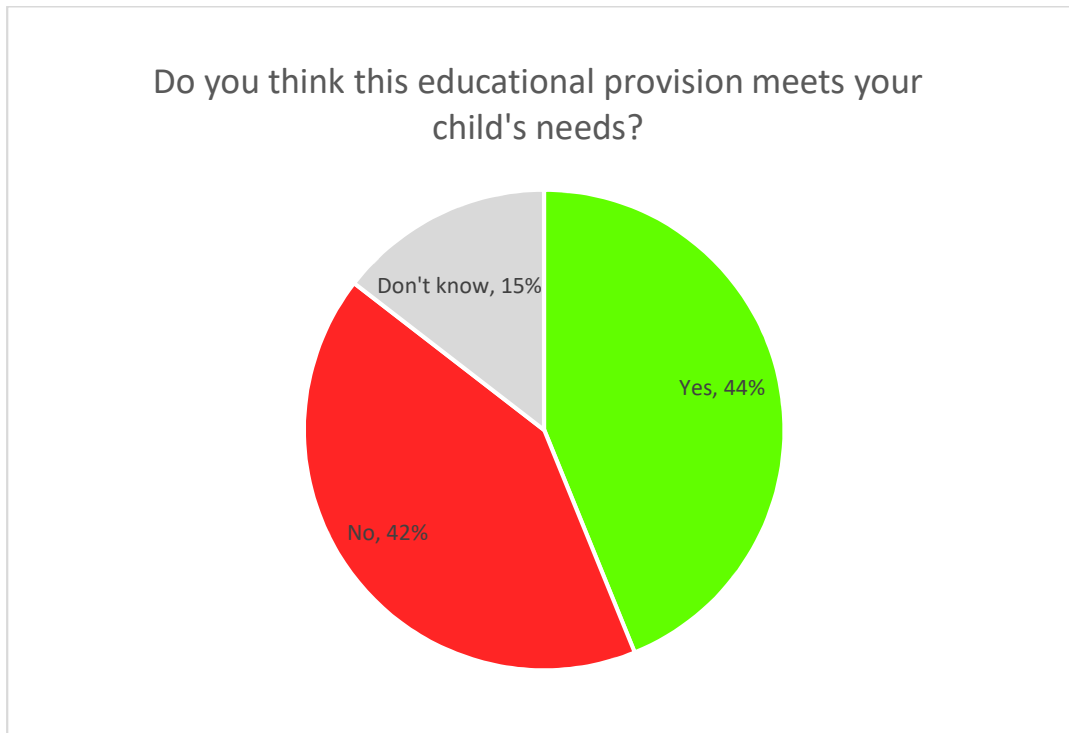
7.1 Type of setting attended (369 responses)

A majority of respondents said that their child attended a mainstream setting:



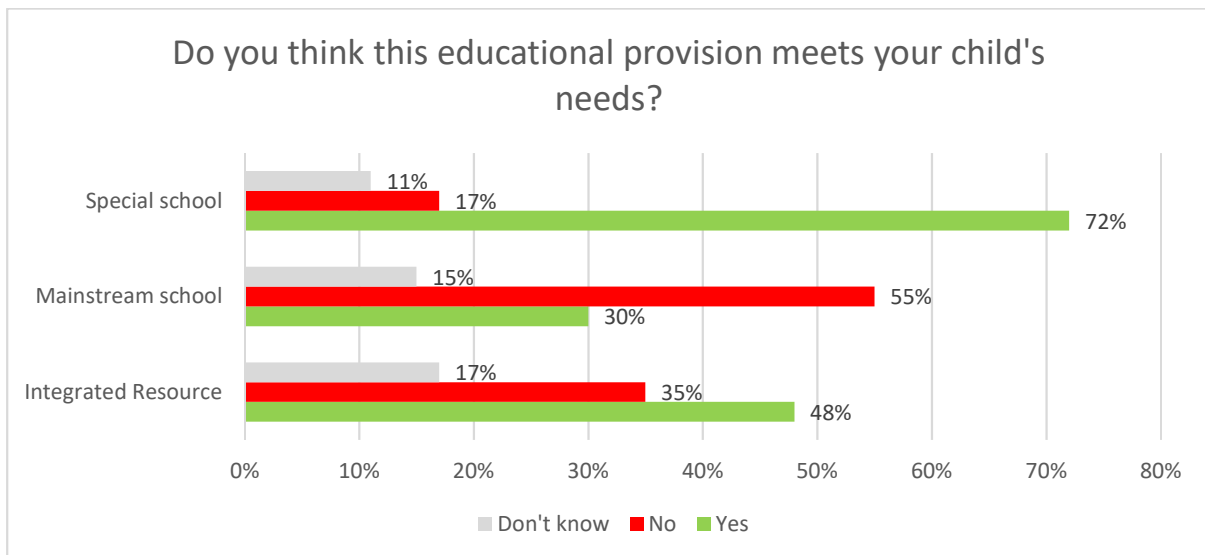
These figures are very similar to our 2019 survey, but show a slight drift away from special schools and IRs and towards mainstream schools.

7.2 Meeting needs (358 responses)

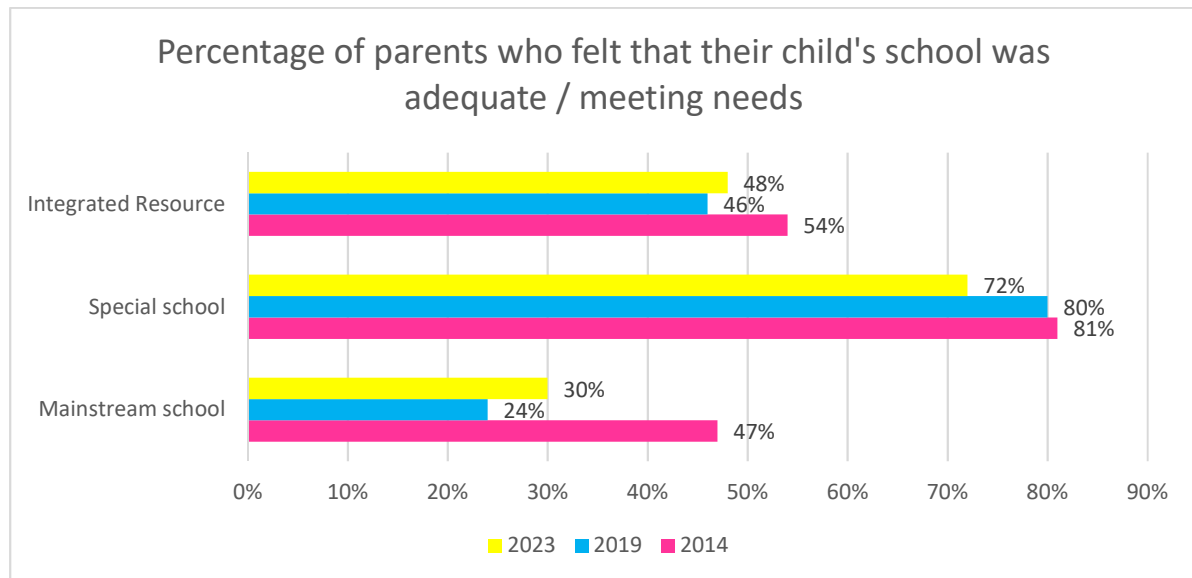


These figures are very similar to our 2019 survey.

Satisfaction with educational provision varied significantly between school types:

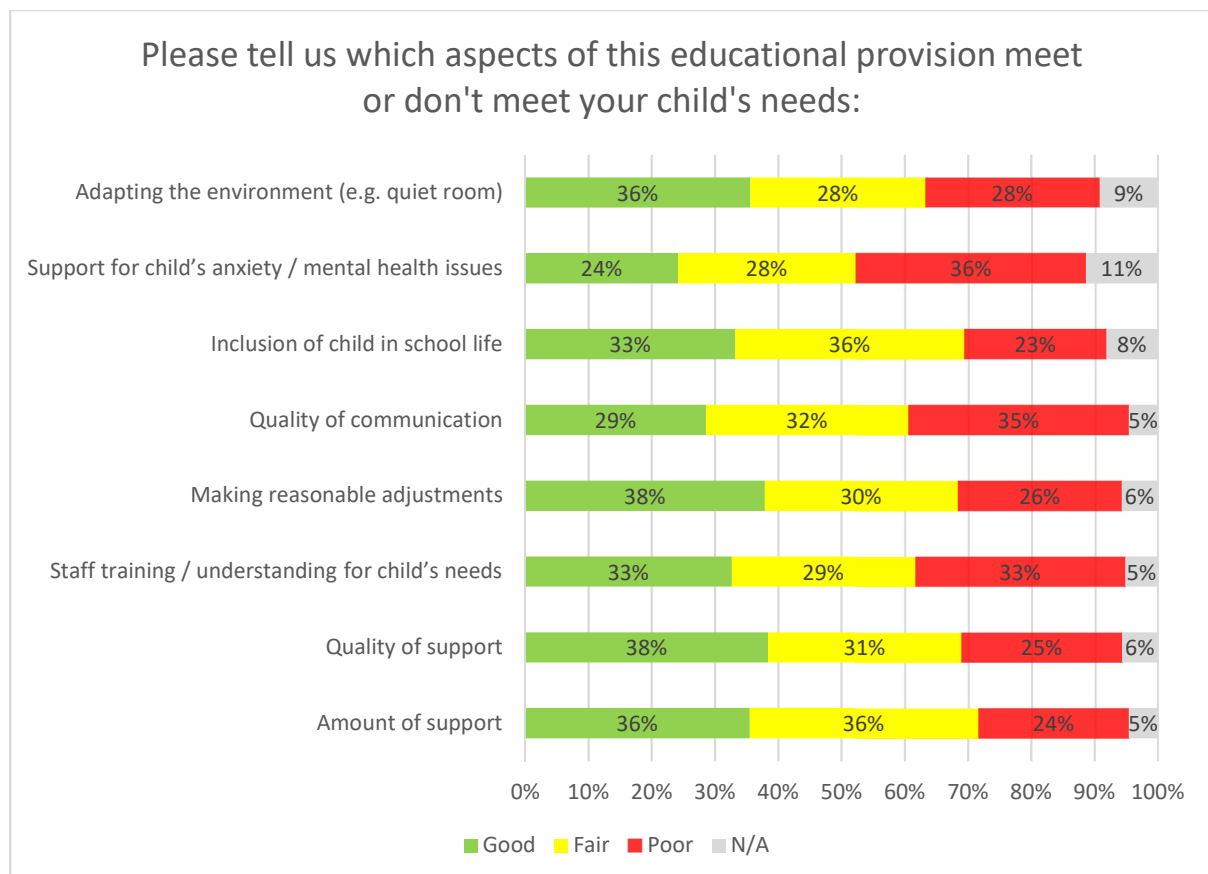


Looking at ratings over time, mainstream settings and Integrated Resources appear to have improved slightly since 2019, although they are still below levels recorded in 2014. Special school ratings, on the other hand, are showing a gradual decline, albeit from a very high baseline. This may be due to the fact that many of our special schools are overcrowded.



7.3 Aspects of setting meeting / not meeting needs (355 responses)

We asked parents to rate different aspects of their child’s educational provision:



There were 64 comments under the category “Other”. These fell into the following categories:

Positives

- Happy with the school
- Happier now that child attends an out-of-city placement
- Good practice examples: personalised timetable, craft-based curriculum, options for qualifications, graduated and child-led approach, IR staff supporting child in mainstream and managing to double attendance rate

Negatives

- Current placement is wrong – there were several comments about children unable to attend at all. In most cases, parents felt a specialist placement was needed
- Child is not sufficiently challenged academically
- EHCP not implemented, or school not following advice provided by professionals
- Lack of preparation for adulthood
- Lack of staff training / understanding of child's needs
- Not enough support
- Not making reasonable adjustments
- Poor communication between members of staff, or between staff and parents
- Parents having to constantly complain/fight to get the right provision for their child
- School reacts to/punishes behaviour rather than working to prevent it
- Staff try their best but it's not enough

“They were not good until we pointed out their own policies to them and told them about the Autism Strategy and the Equality Act. It’s always parents that have to raise complaints and fight the process for schools to actually understand that their behaviour is often the anxiety driver and that they can choose to do things differently and have a better outcome. Making complaints has probably been the main feature of my child's life. I remember the complaints more than I do any nice time we have spent together and that is unacceptable.”

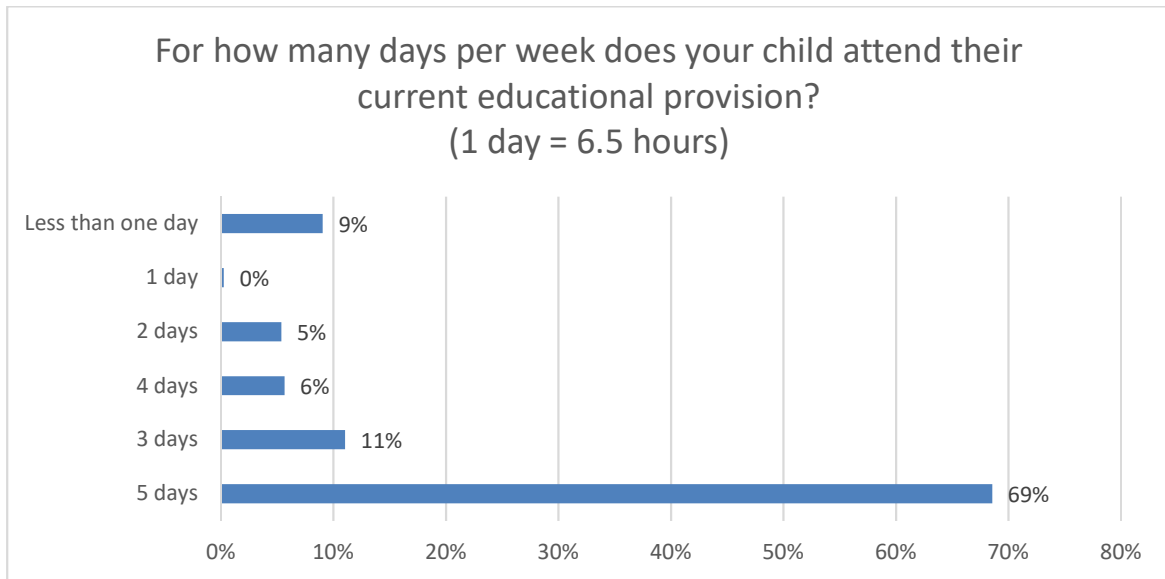
“The SEND team work with us and are brilliant. It is the other staff - they ignore interventions, they don't understand how my child communicates. This creates huge issues, often could have been totally avoided. “

“They don't seem to understand autism and how it presents with my child. They underplay his anxiety and violent crisis because it only rarely happens in school (usually happens when coming home).”

“The school try hard and are a good school but are unsuitable for my child. They also say they cannot meet need.”

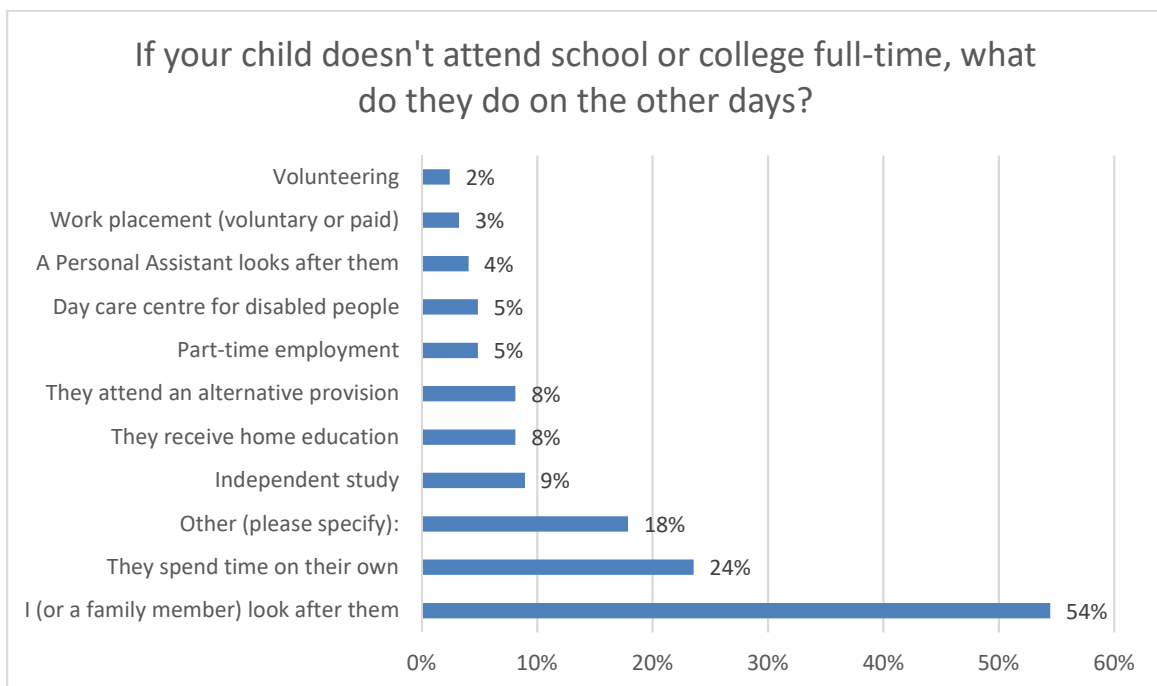
“My school have been brilliant. He has a fantastic relationship with the school TA”

7.4 Days of provision per week (353 responses)



It is unsurprising that **43%** of the children and young people who received less than five days of educational provision per week were in the 0-4 and 16-25 age groups. However, we also found that **14%** of mainstream pupils and **11%** of special school pupils aged 5-15 years did not attend school for five days per week. It is worth noting that only **11%** of the children on part-time timetables were attending an alternative provision.

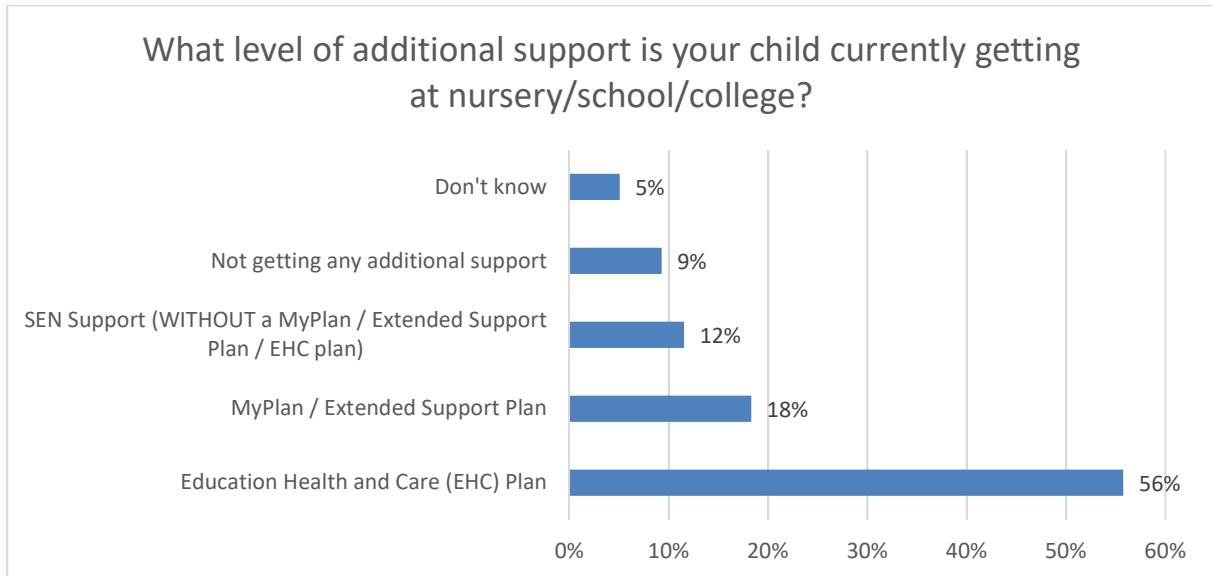
7.5 Looking after learners who do not attend school or college full time (123 responses)



Most of the respondents who ticked "Other" repeated the existing answer choices or provided additional information about them. Some stated that their child was no longer in education.

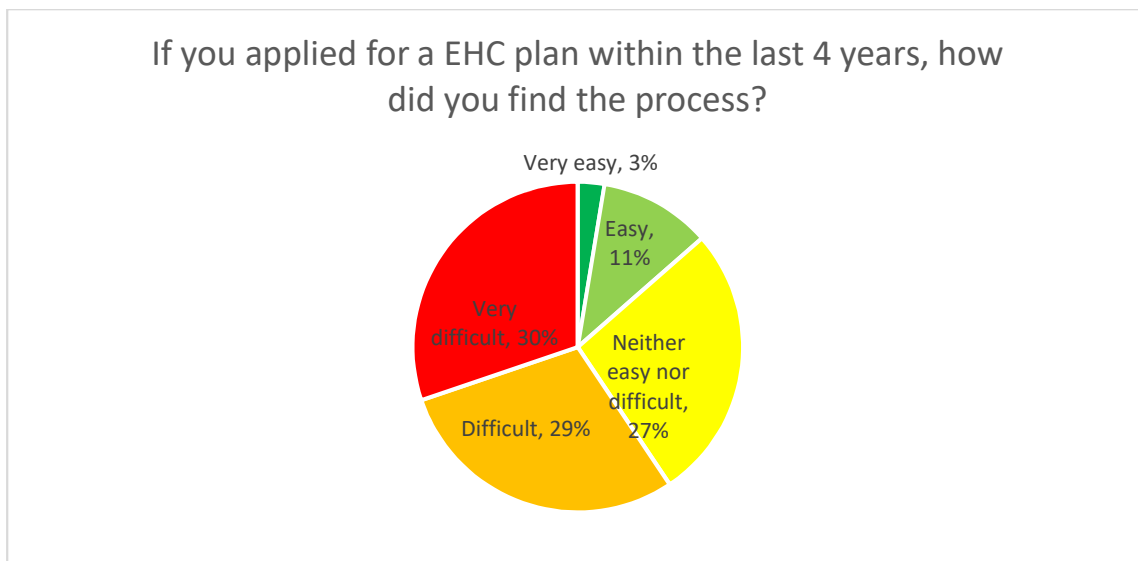
7.6 Level of additional support in education (355 responses)

There was a fairly even split between parents of children with and without EHC plans. The figures are similar to our 2019 survey.



7.7 Parental satisfaction with the EHC needs assessment process (192 responses)

Parental satisfaction with EHC needs assessments has improved. In 2019, 77% of parents rated the process as "difficult" or "very difficult". In 2023, this number decreased to 59% - which, although improved, is still unacceptably high. (It should be noted that many of the 2019 respondents may have answered the question in relation to statement-to-EHCP transfers - which were often rushed through at the expense of quality - rather than new EHC plans.)



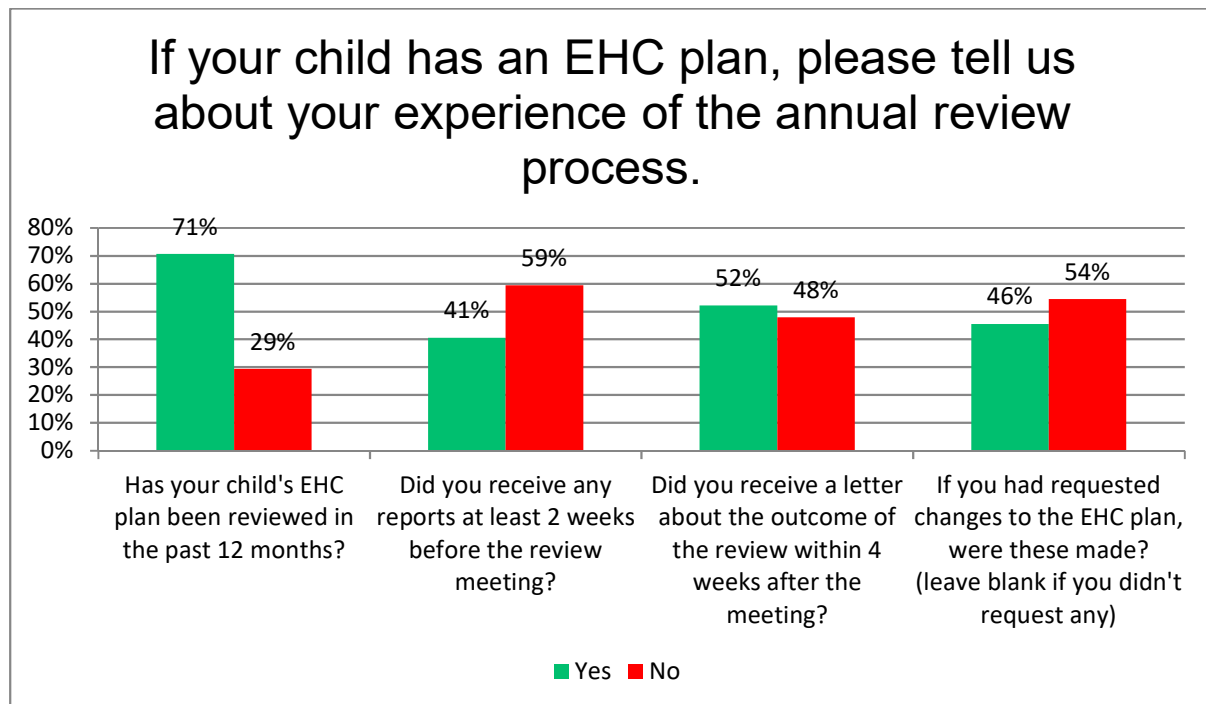
7.8 Parental experience of the annual review process (234 responses)

We asked parents to tell us about their experience of the annual review of their child's EHC plan. Their responses indicate that both schools and the local authority may be in breach of SEND legislation:

- The local authority must review the EHC plan at least every 12 months, but **29%** said that their child's plan had not been reviewed in the past 12 months. (2019: 32%)
- The school (or, if the child attends another institution, the local authority) must circulate advice and information at least two weeks before the review meeting, but **59%** said this had not happened. (2019: 67%)
- The local authority must notify the parents of the outcome of the review within four weeks of the meeting, but **48%** said they hadn't been done. (2019: 57%)
(LA data shows a non-compliance rate of 47.7% for 2020-21, and 30.5% for 2021-22)

Parents and the local authority often disagree about whether an EHC plan should be updated. **54%** of respondents said that they had requested changes to their child's EHC plan which had not been made.

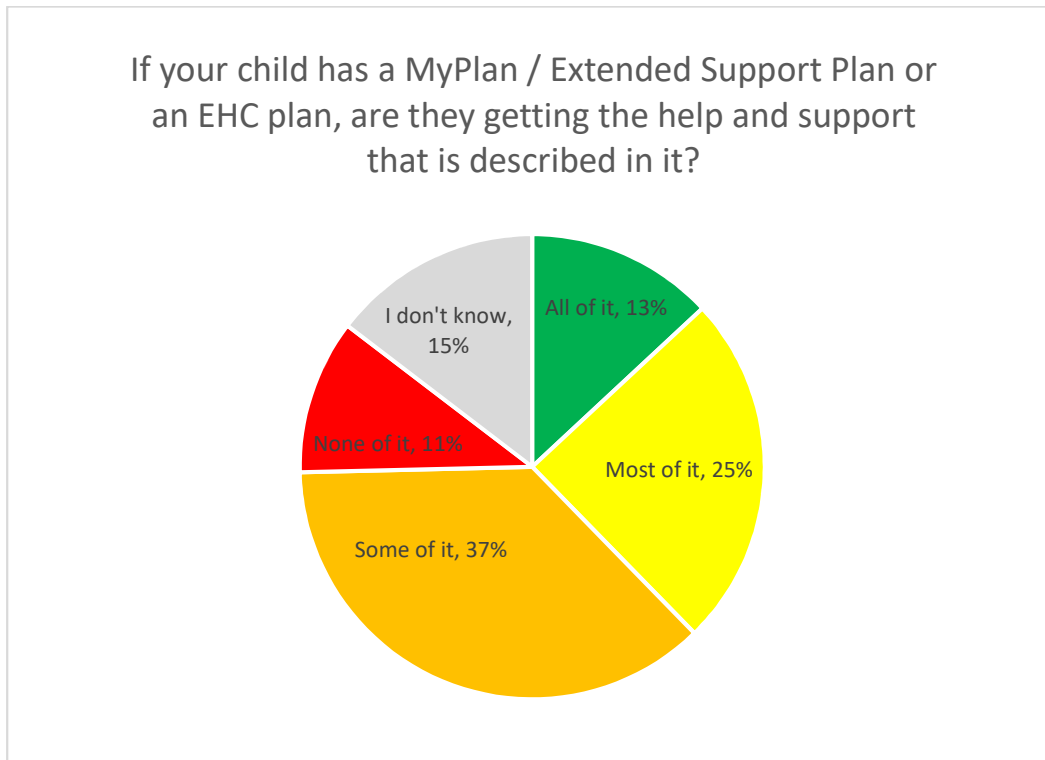
Although these findings represent an improvement on 2019 levels, they indicate that compliance with statutory requirements is still poor.



7.9 Implementation of My Plans / Extended Support Plans and EHC plans (260 responses)

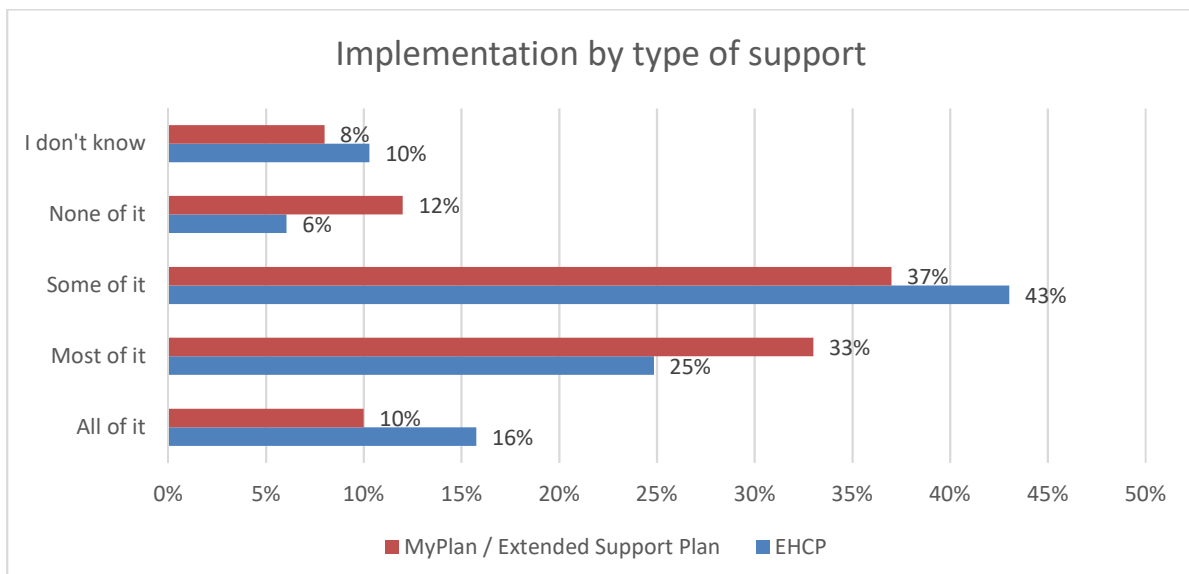
We asked parents of children with My Plans / Extended Support Plans and EHC plans to tell us whether their child was getting the help and support described in their plan. Compared to our 2019

survey, there was a slight (6%) increase in the number of respondents who said that their child was receiving "all" or "most" of the provision described.



EHC plans are statutory, which means there is a legal duty on the local authority to arrange the special educational provision described in the plan, and on the NHS to make the health provision. My Plans / Extended Support Plans, on the other hand, are non-statutory and so do not confer any legal rights.

We compared responses from parents of children with My Plans / Extended Support Plans to those of children with EHC plans and found a very mixed picture:



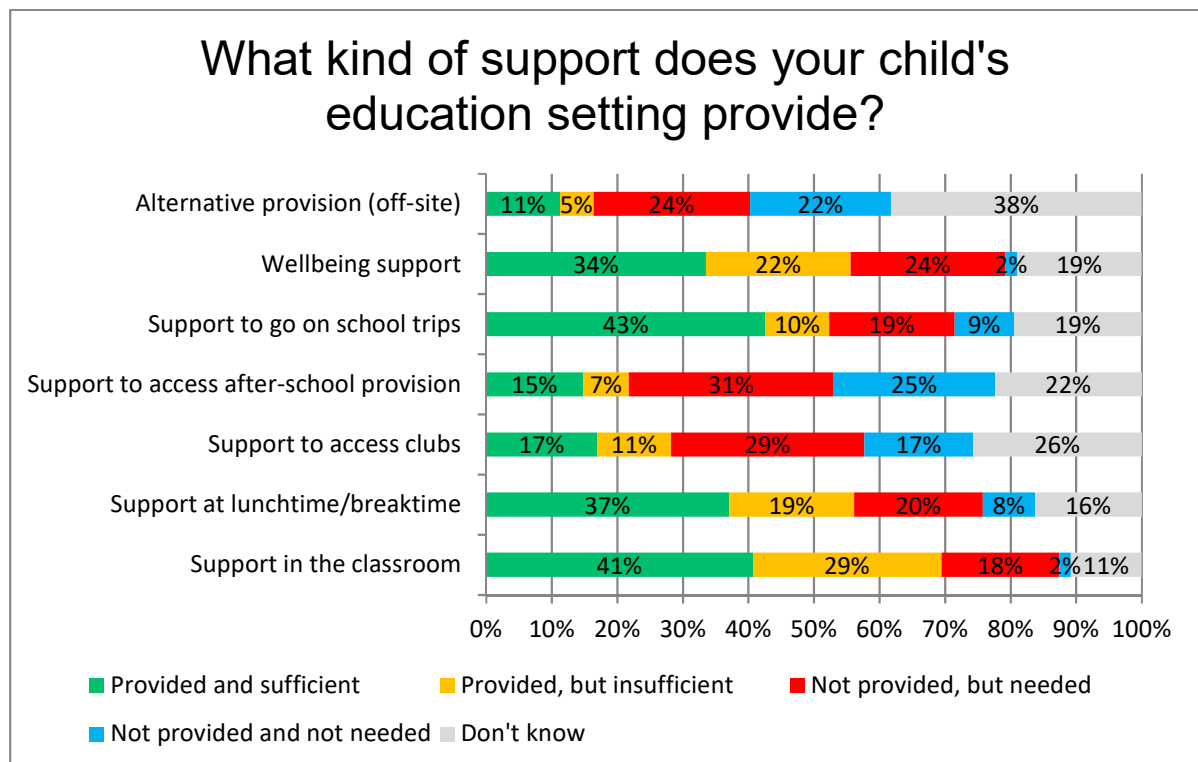
It is concerning that only **16%** of parents of children with EHC plans reported that their child was getting all of the provision described in their plan.

“Complete inability to put the EHCP measures in place due to poor SENCo and headteacher. My child is distressed and left to cry alone til friends intervene and support. They are ignoring other children with SEN needs too.”

“EHCP section F details staff training and adapting environment- this is NEVER carried out as the LA continue to not provide for this.”

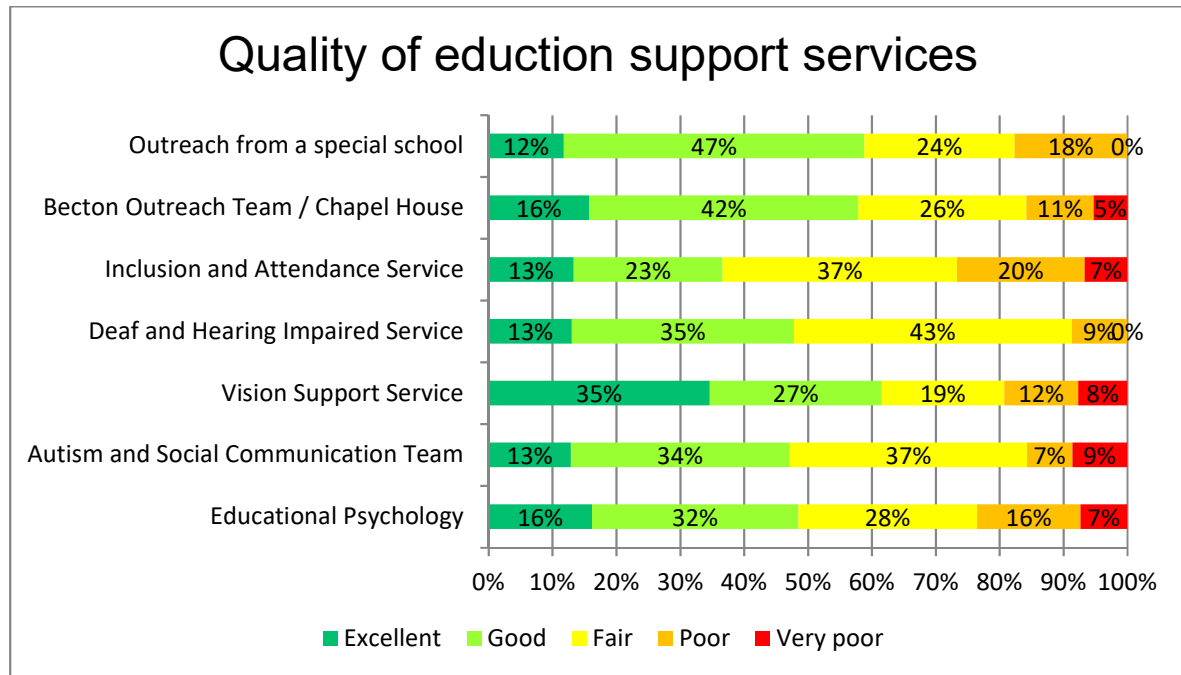
7.10 Support in education setting (335 responses)

We asked parents what kind of support their child received in their education setting, and whether this was sufficient to meet their needs:

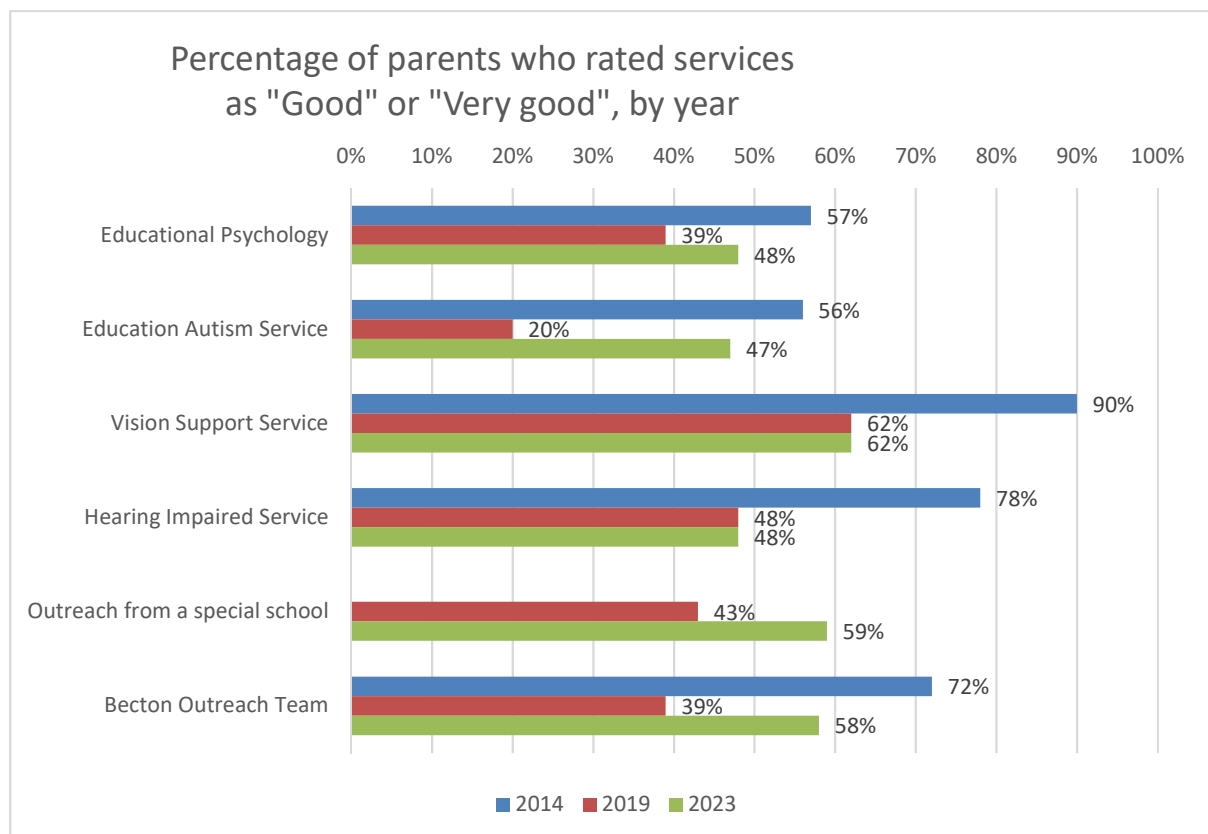


7.11 Quality and quantity of educational support services (135 responses)

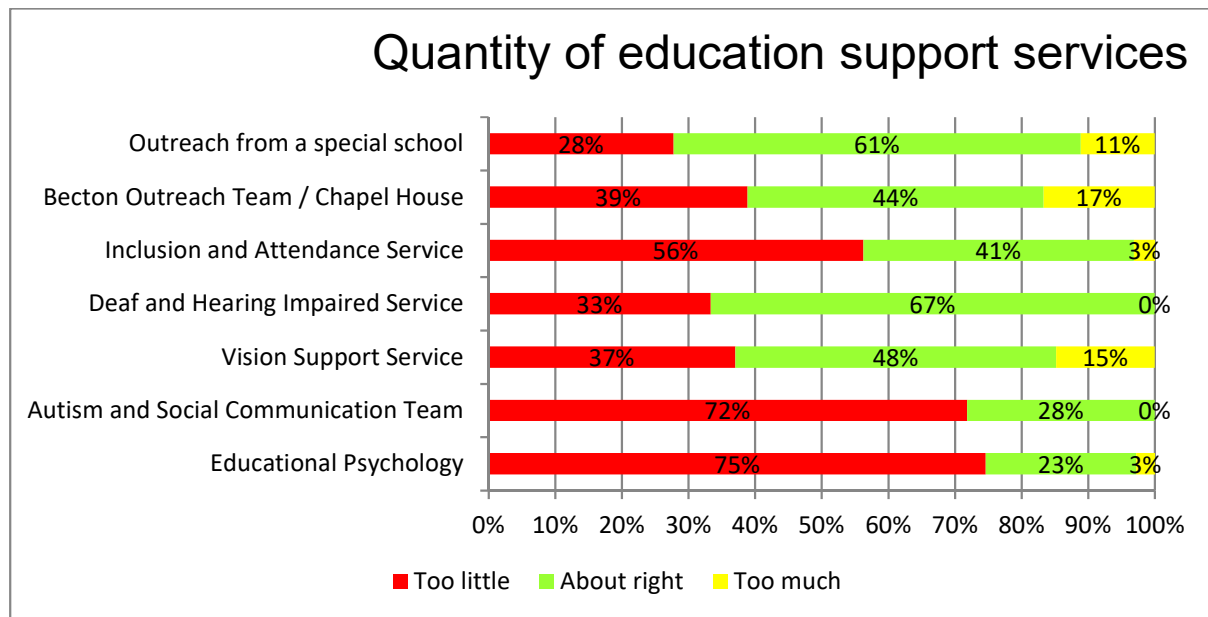
We asked parents to rate educational support services in terms of quality and quantity.



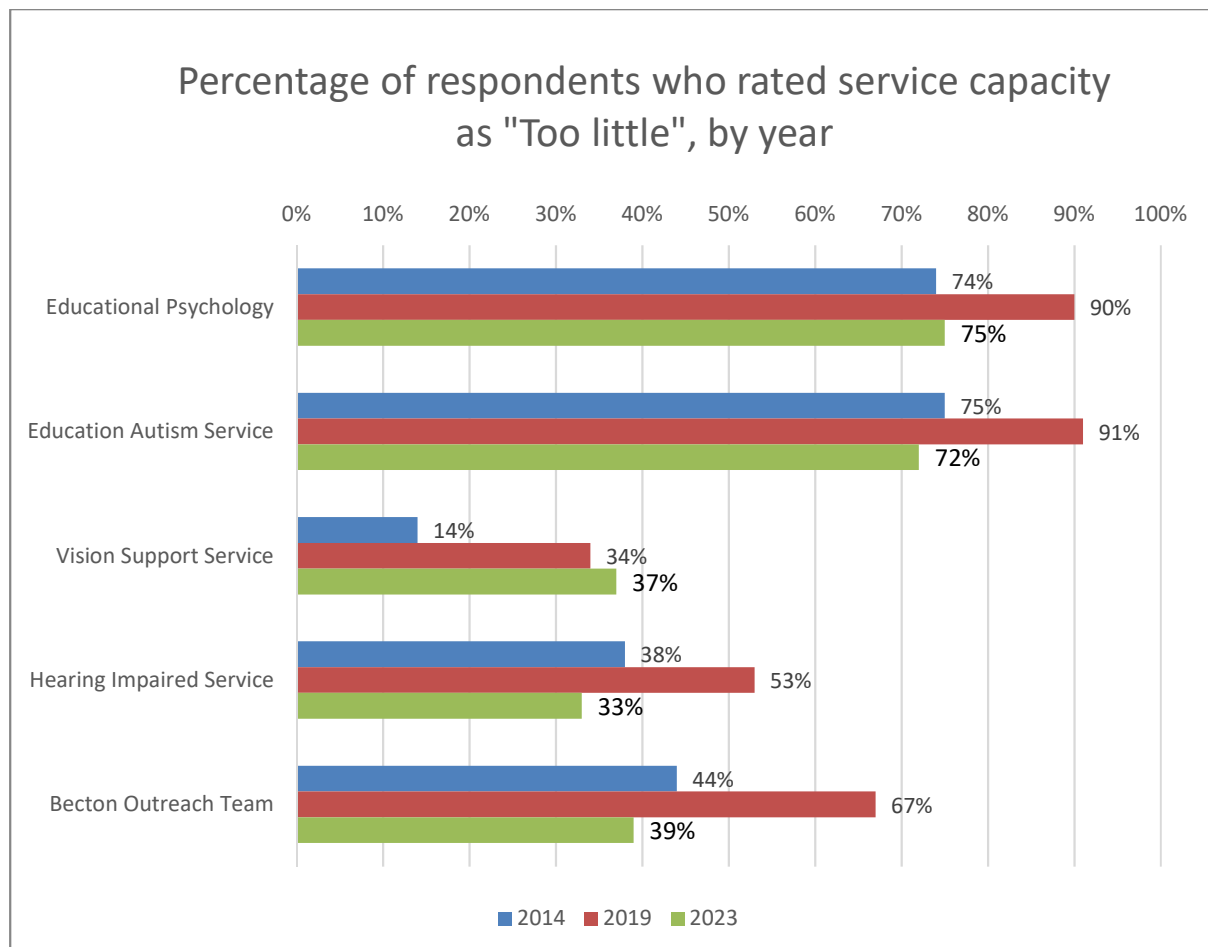
Quality ratings show a marked improvement for some services compared to 2019 – albeit not to the levels recorded in 2014. **NB** The Inclusion and Attendance Service is not included in the table below as it is a relatively new service and was not covered by previous surveys. “Outreach from a special school” was not part of the formal offer in 2014.



Quality ratings must be considered in the context of service capacity, which is a known issue for many services:



Again, there was an improvement compared to 2019 for most services:



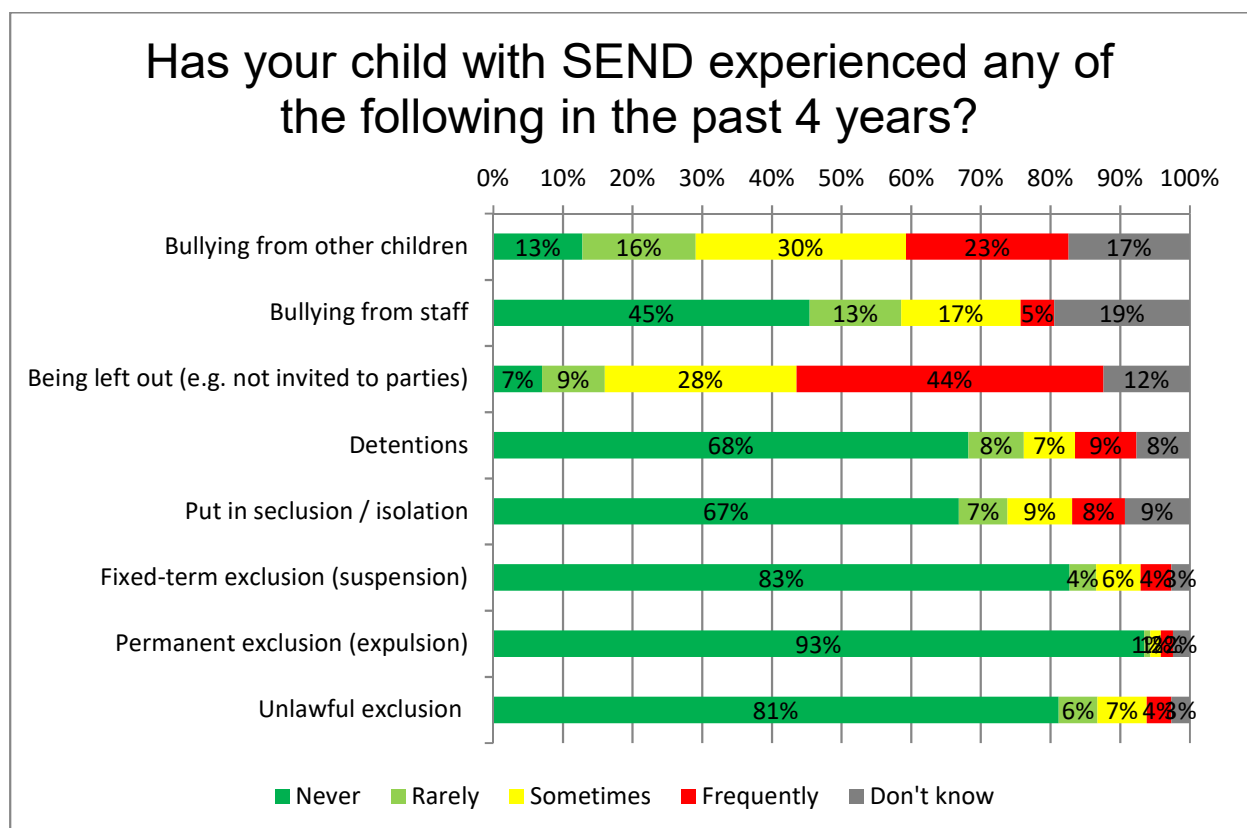
7.10 Bullying, social isolation and school exclusions (358 responses)

Responses in this section show that bullying from other children still affects a large percentage of children with SEND. **53%** of parents said that their child had “sometimes” or “frequently” been bullied by other children (2019: 63%).

44% of the children in our sample had “frequently” been left out (2019: 63%).

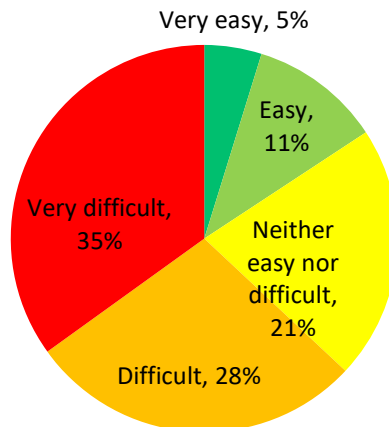
While it may seem unthinkable that these vulnerable children would also suffer bullying from staff, a total of 77 parents (**22%**) said their children had experienced this “sometimes” or “frequently”.

Rates of suspensions (formerly referred to as fixed-term exclusions), detentions and unlawful exclusions (e.g. child sent home or asked to stay at home because school did not have enough support staff) were slightly lower than in our 2019 survey.



7.11 Transition to secondary school (146 responses)

If your child with SEND moved from primary to secondary school in the past 4 years, how would you describe the transition?

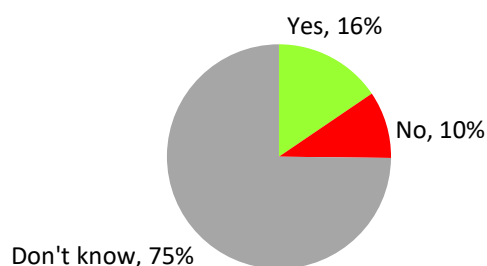


63% of respondents found the transition from primary to secondary school “difficult” or “very difficult”, which represents an increase from **53%** in our 2019 survey. This may be due to the impact of the pandemic, which limited the transition activities (such as open days, familiarisation visits) that schools were able to carry out.

7.12 Health Minds schools (290 responses)

Healthy Minds is a school-based project which aims to support the emotional health and well-being of children and young people. It was launched in 2017 and has reached over 80% of Sheffield’s mainstream schools (see www.learnsheffield.co.uk/Partners/Healthy-Minds/ for more information). However, awareness among parents is low, with **75%** stating that they did not know whether their child’s school was a Healthy Minds school or not.

If your child attends a school, is that school a "Healthy Minds" school?



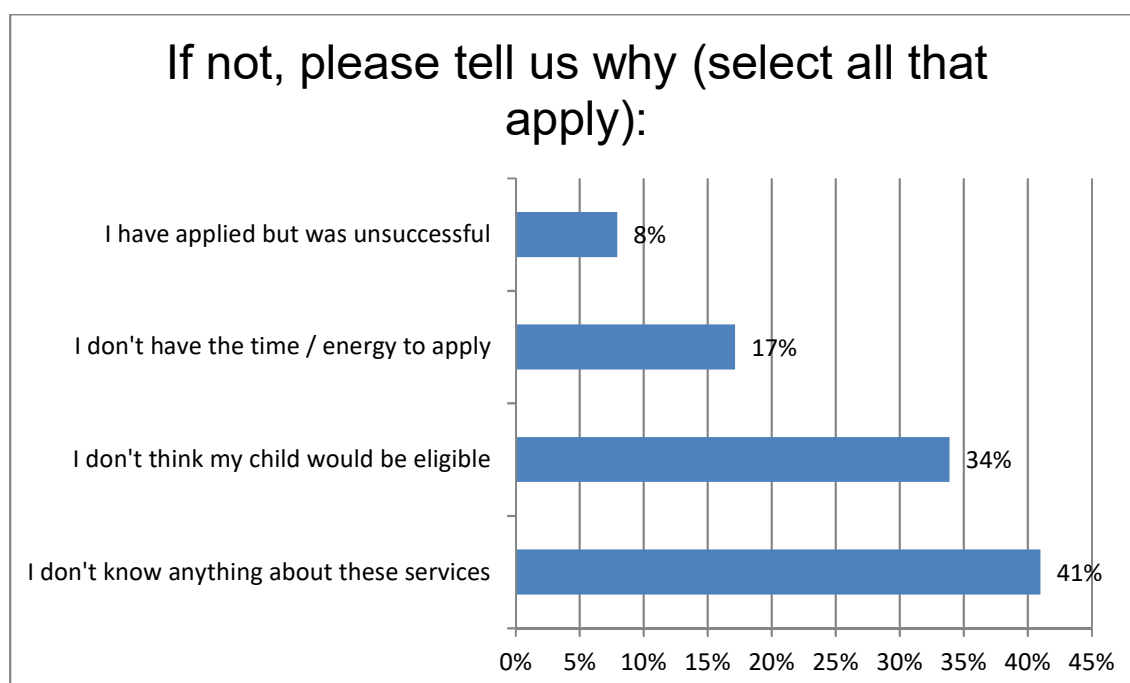
8. Social care

8.1 Families in receipt of a social care service (361 responses)

34% of respondents were receiving a social care service such SNIPS, MAST, Children with Disabilities Team, Transitions / Preparing for Adulthood team, overnight respite, the short break grant or direct payments, 66% were not.

8.2 Reasons for not accessing social care services (198 responses)

We asked parents who had told us that they were not accessing any social care services in the previous question to tell us why. Responses show that there is still a lack of information about these services:



There were 63 responses under “Other”, with the most common reasons being:

- Child too old to access these services
- Have applied / been referred and waiting to hear back
- Specific service refused or not useful / suitable for child
- Unable to recruit a Personal Assistant
- Services can't offer what child needs
- Receiving support via Fostering / Adoption Service

“We don't currently get any support and I'm not sure how we would be assessed as needing support. It feels like you have to be in a crisis before you can access some of this stuff. We are not in a crisis but we do get very tired and some respite would be nice, even if just a club.”

“My child doesn't have a diagnosis yet, we are still waiting so we were told we couldn't access SNIPS”

“My daughter had a social worker and was a Child in Need. Her Social worker discharged her a few weeks ago. My daughter is still struggling greatly and needs more support from these services. I have never heard about a grant or overnight respite”

“Mast bullied me initially and implied the problem was my parenting. Now they won't take the case as too complex (even though Social Care are discharging us). We were offered an activity via SNIPS but my son was too anxious to attend. I'm trying to get them to pay for his online gaming therapy sessions with Mindjam but so far no joy.”

“Schools only like to push MAST on to you and blame parenting when you have concerns and no mention of what I am entitled to or any help with applying for benefits and it seems like useful services like SNIPS only cater for certain postcodes!”

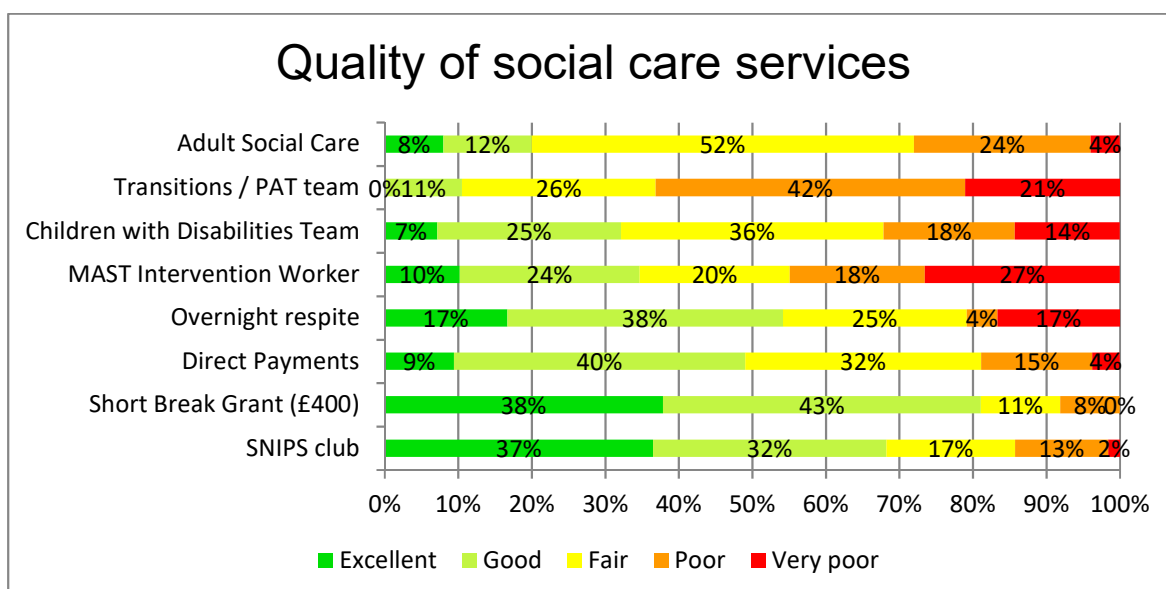
8.2 Quality and quantity of social care services (156 responses)

We asked parents to rate social care services in terms of quality and quantity. Respondents were instructed to only complete the question if their child had been **assessed as needing** any of the social care services listed.

However, the question was answered by more parents than had previously indicated that their child was accessing support from social care services.

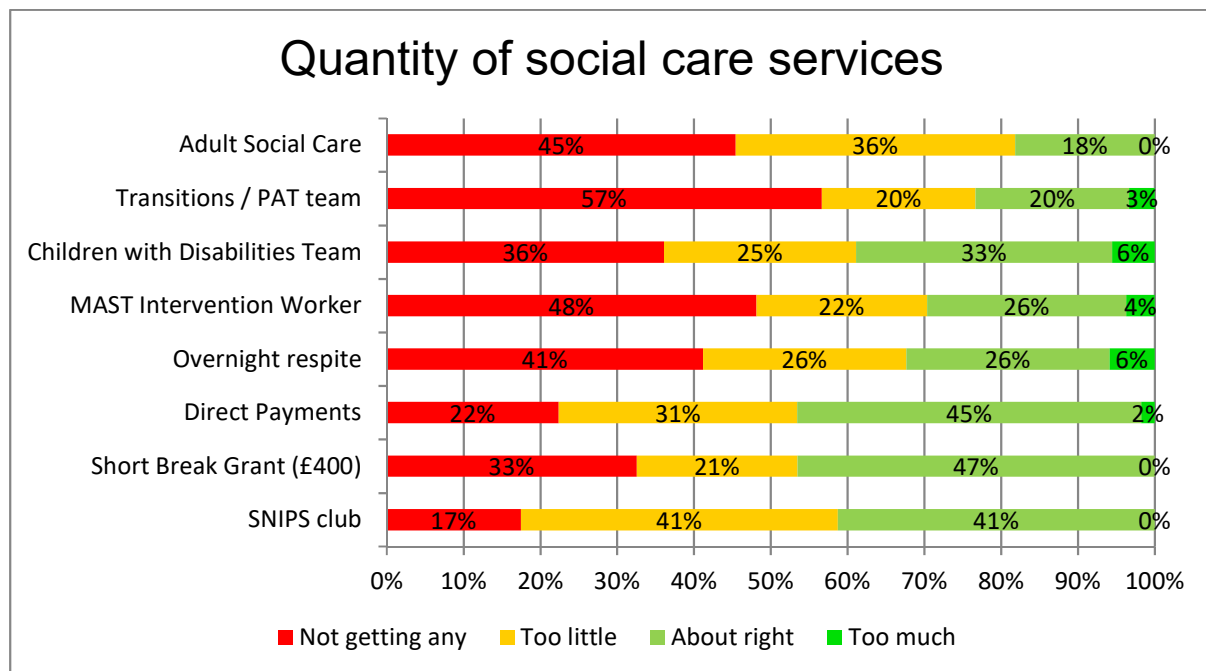
A high number of parents indicated that their child was not getting any support from these services. It is possible that parents responded in this way because they felt their child needed these services, regardless of whether an assessment had actually been carried out.

However, it should be noted that many families eligible for overnight respite are not currently accessing this service due to the ongoing closure of three of Sheffield's children respite centres.

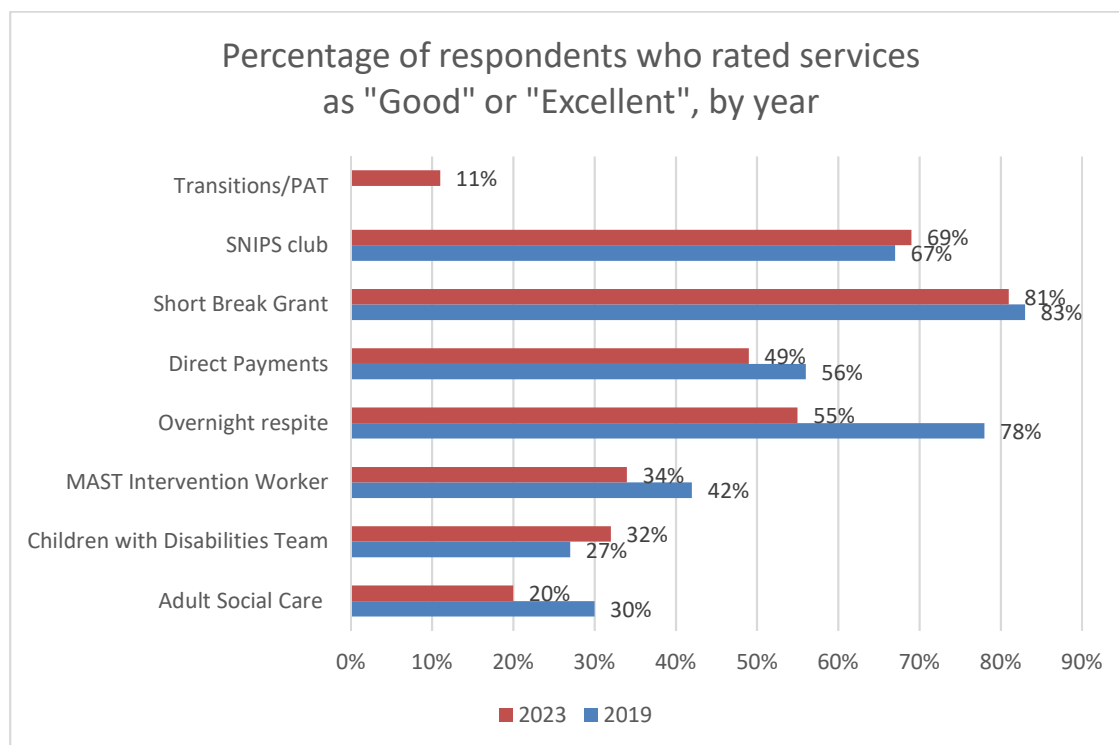


Parental satisfaction with social care services varied widely between services. Whilst SNIPS and the Short Break Grant received predominantly positive ratings, other services were viewed less

favourably. Of particular concern are MAST intervention workers, which were rated as "Poor" or "Very poor" by **45%** of respondents, and the Transitions/Preparing for Adulthood team, which received such ratings from **63%** of respondents.



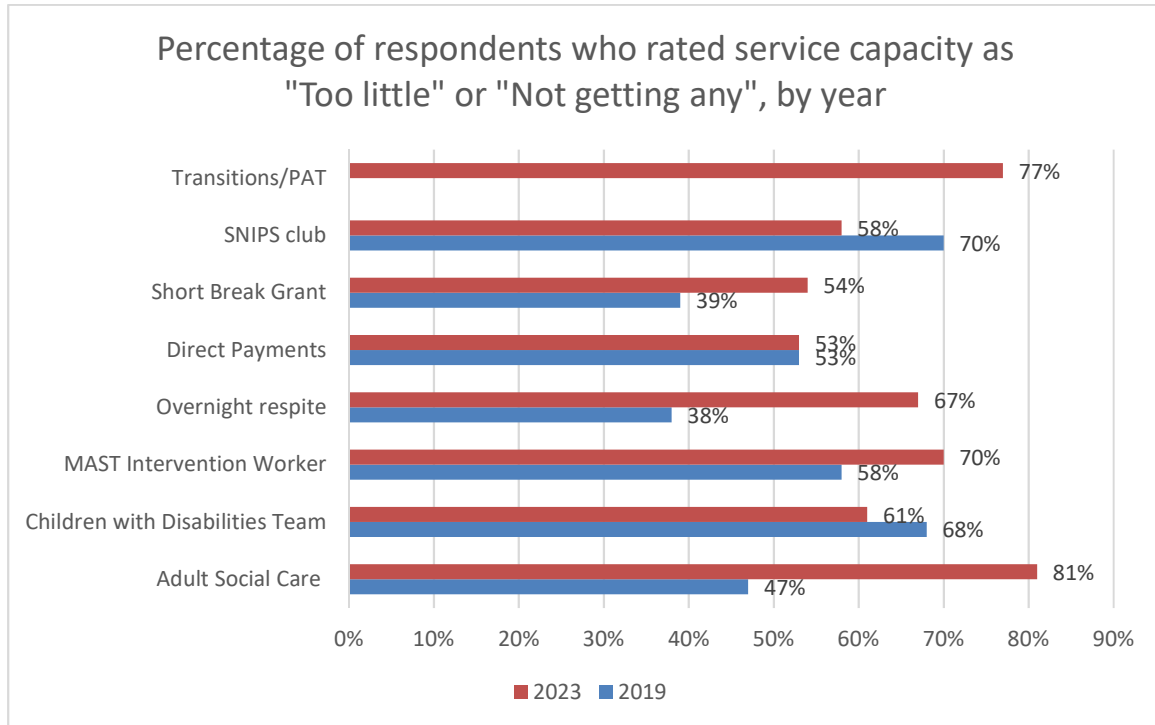
We compared the percentage of parents who rated social care services as "Good" or "Excellent" with data from 2019 (there was no equivalent question in our 2014 survey).



It is likely that the marked decline in satisfaction levels with overnight respite was due to the fact that three of Sheffield's children's respite care homes (Rushey Meadows, Gibson House and Mulberry Lodge) have been closed for long periods in order to accommodate emergency placements.

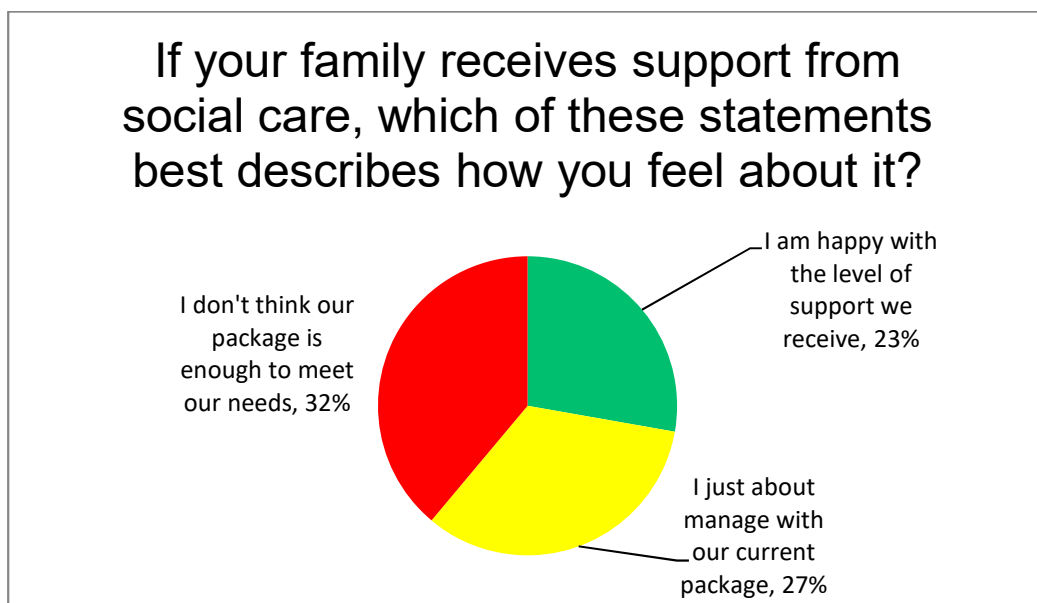
“Our son has an assessed need for overnight respite. The respite homes for children with disabilities have been closed since 31st May 2022 and my son does not receive any overnight respite.”

Unsurprisingly, the percentage of parents who rated the capacity of overnight respite as “Too little” increased significantly since 2019:



NB The above chart compares the percentage of parents who rated services as “Too little” in 2019 with the percentage of parents who rated services as either “Too little” or “Not getting any” in 2023. (There was no answer choice “Not getting any” in our 2019 survey.)

8.4 Sufficiency of social care package (108 responses)



Although still high, the percentage of parents who felt their package was not enough to meet their needs was lower than in our previous survey (32% in 2023 vs. 55% in 2019).

68 respondents gave reasons why they did not feel that their current package met their needs.

These largely fell into the following categories:

- **Not getting any support from social care**

"We don't currently get any support and i'm not sure how we would be assessed as needing support. It feels like you have to be in a crisis before you can access some of this stuff. We are not in a crisis but we do get very tired and some respite would be nice, even if just a club"

- **Difficulty recruiting/retaining a Personal Assistant**

"We only currently get direct payments, but we are unable to use the money as we are unable to recruit/retain a PA and we are unable to use the funds for alternative services, such as help with the added household demands"

- **Support provided is not enough or doesn't meet needs**

"Our package didn't meet our needs so we couldn't access it. Instead of working with us it was withdrawn without us being passed on to the relevant Social Worker. No transfer to another area. 2nd persons needs totally ignored."

"Can only offer club which child struggles to attend, no other support available or allowed to discuss, worker very dismissive"

- **No overnight respite as care homes closed**

"Our son has an assessed need for overnight respite. The respite homes for children with disabilities have been closed since 31st May 2022 and my son does not receive any overnight respite."

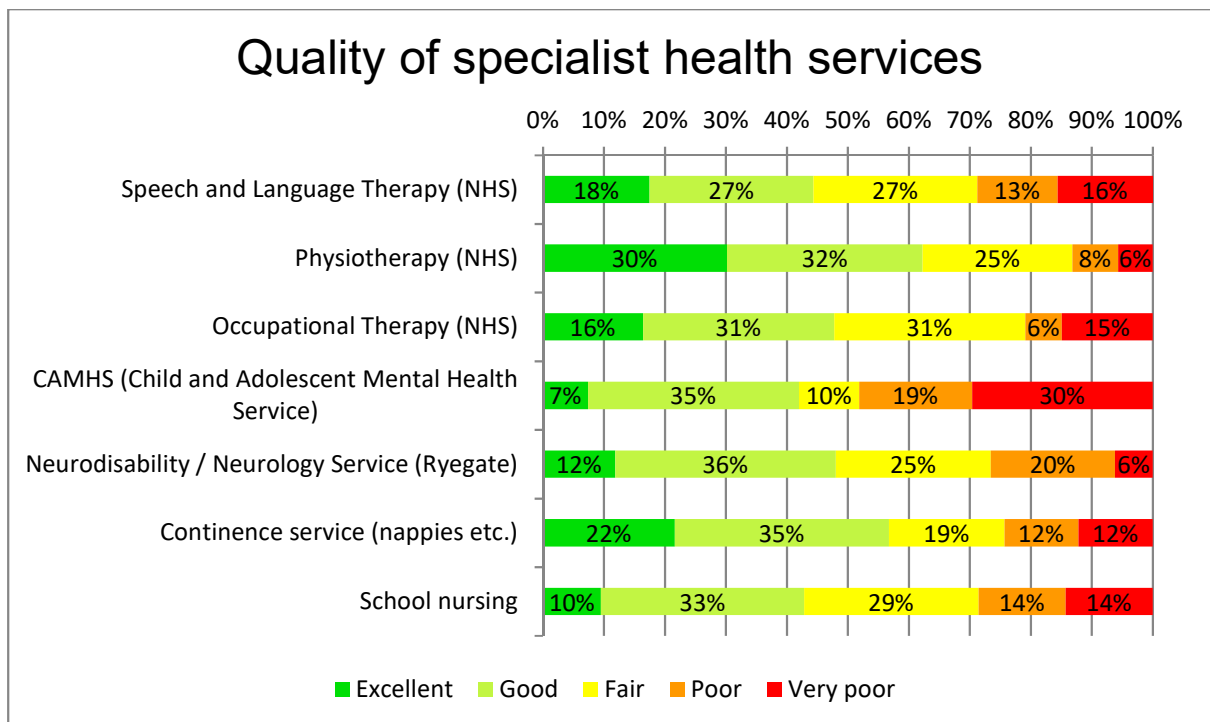
- **Issues with transition to adult social care**

"Lack of transition support to adult services. Have to know the system in order to have any chance of accessing care. A bewildering process post 16."

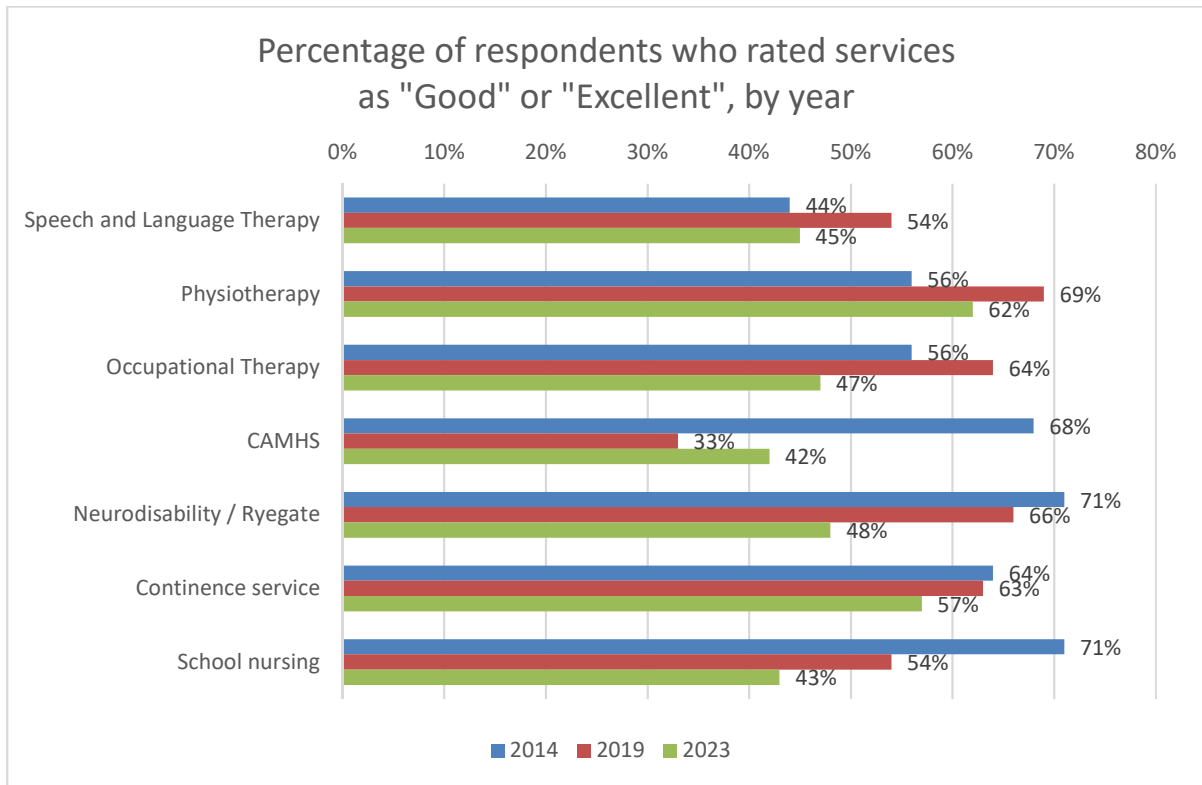
9. Health services

9.1 Quality and quantity of specialist health services (266 responses)

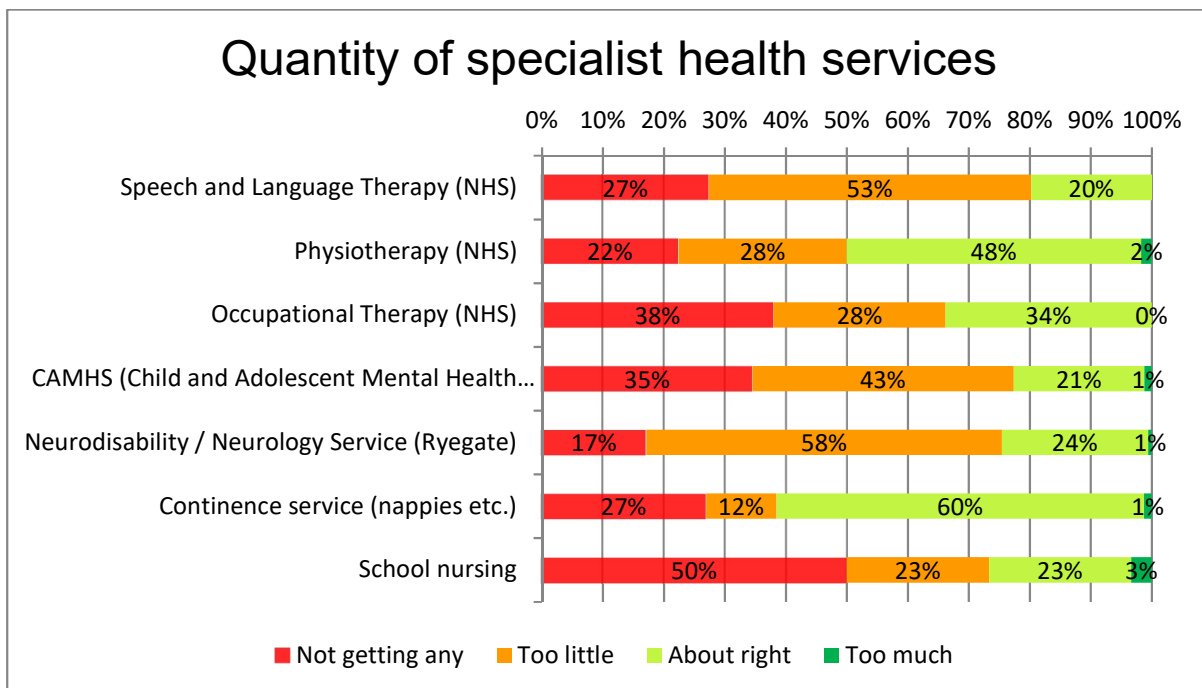
We asked parents to rate specialist health services in terms of quality and quantity. Although our we instructed parents to rate these services only if their child had been *assessed as needing* them, this may have been ignored by some respondents. For example, it is not clear where the 50% of parents who said that their child has not getting any input from school nursing had children with eligible health needs.



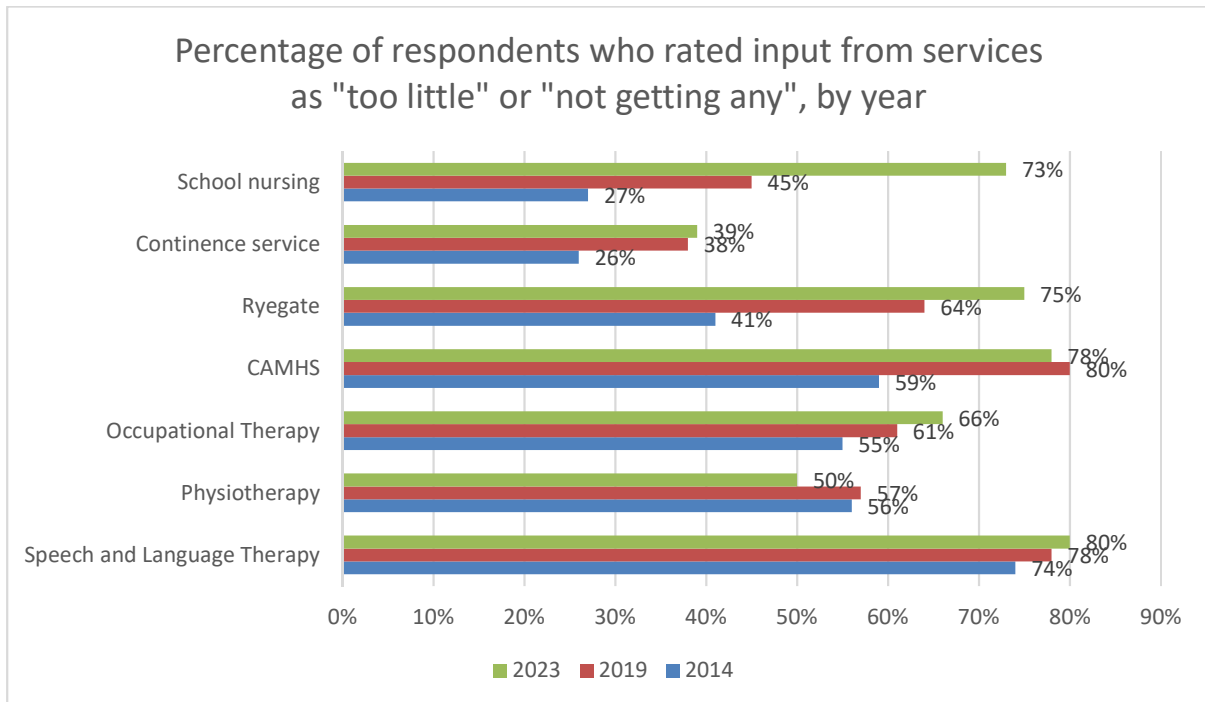
A comparison with our 2014 and 2019 surveys shows that all services except CAMHS saw a decline in quality ratings against 2019, and many also against 2014.



We also asked parents whether their child was getting enough input from specialist health services.



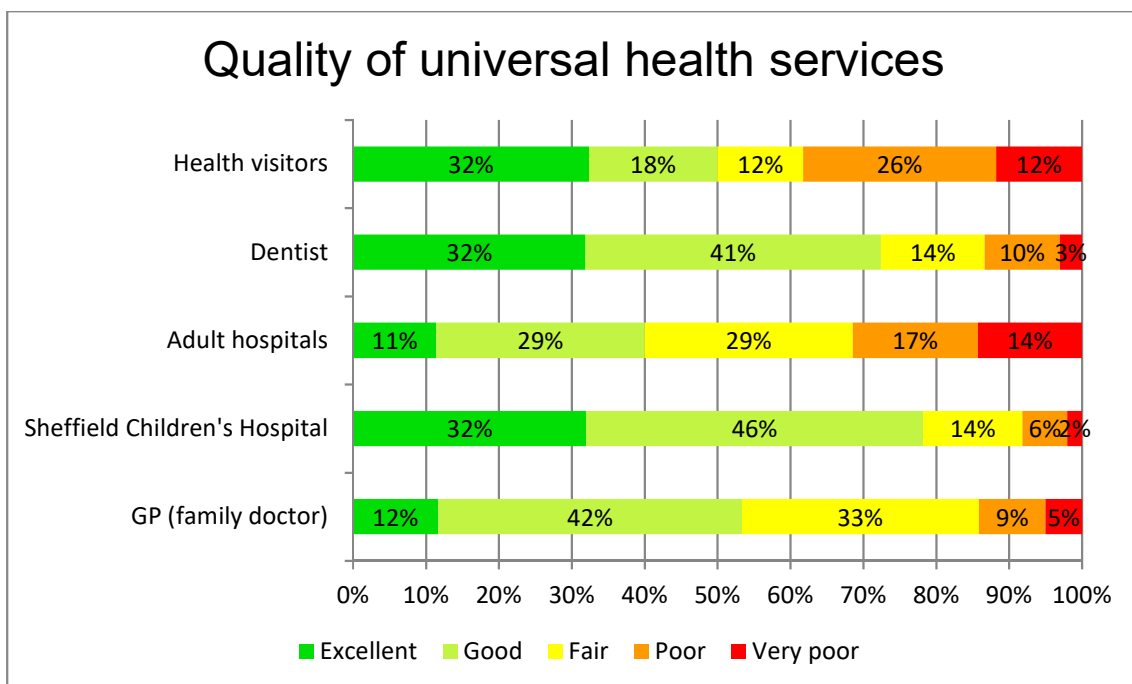
A comparison with previous survey shows that most services have been getting increasingly stretched:



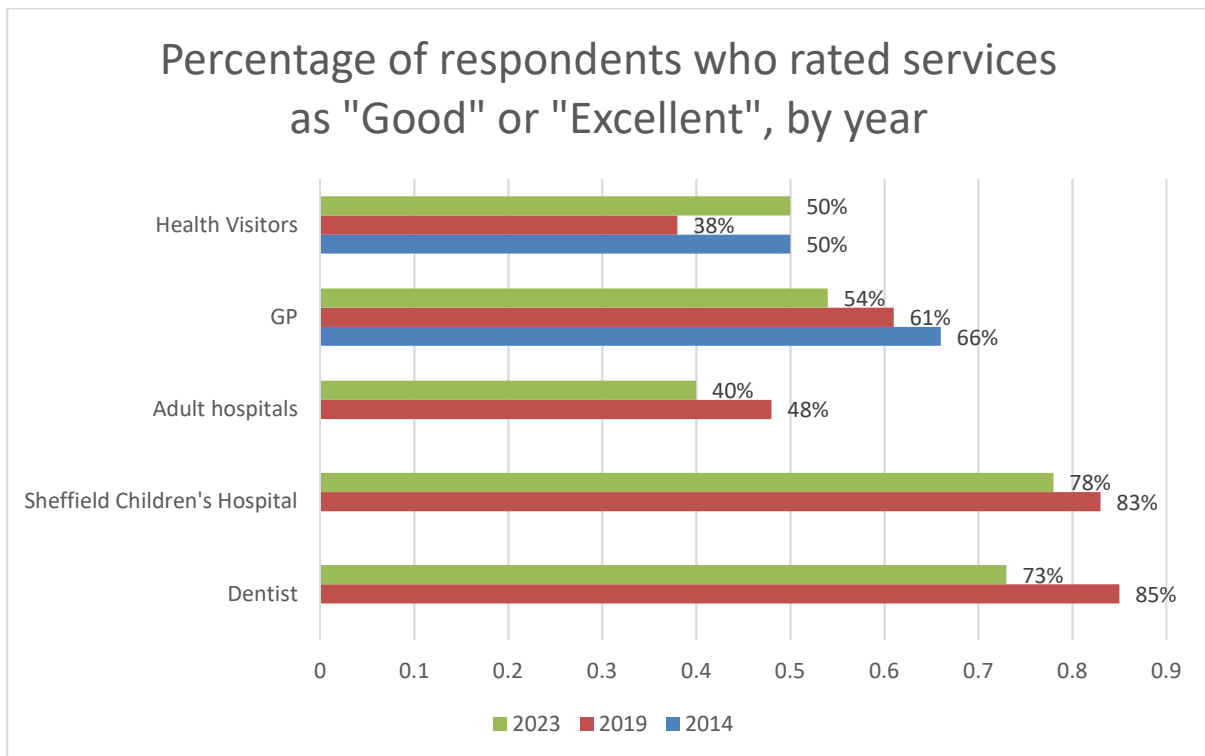
NB The above chart compares the percentage of parents who rated services as "Too little" in 2014 and 2019 with the percentage of parents who rated services as either "Too little" or "Not getting any" in 2023. (There was no answer choice "Not getting any" in our previous surveys.)

9.2 Quality and quantity of universal health services (297 responses)

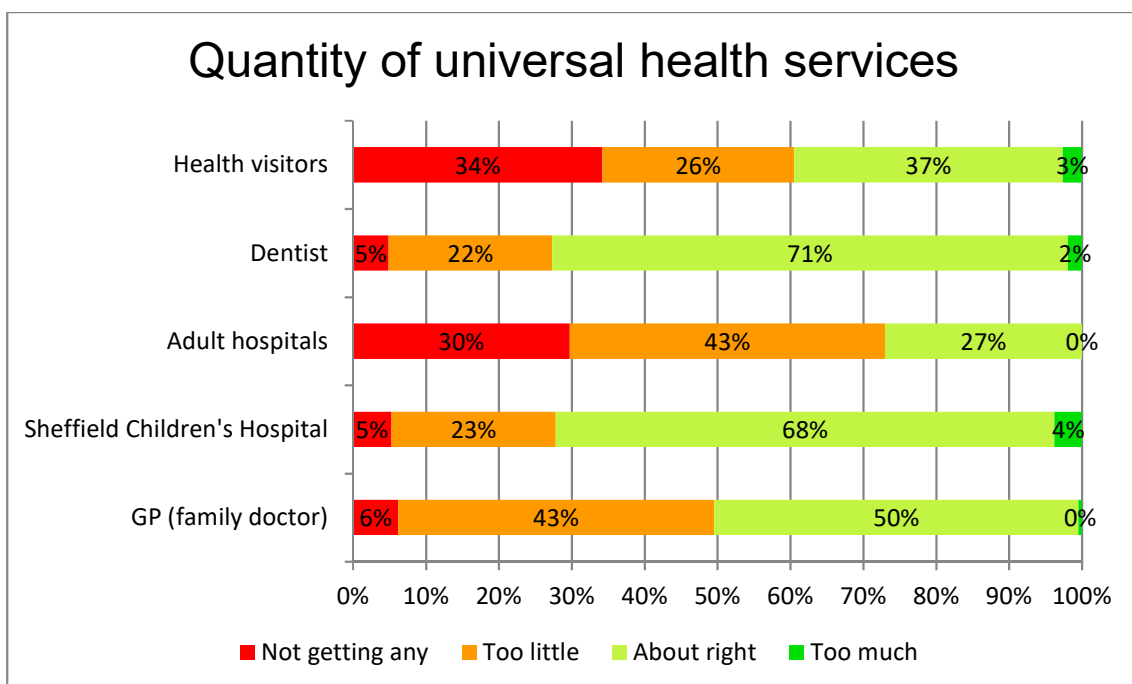
We asked parents to rate universal health services in terms of quality:



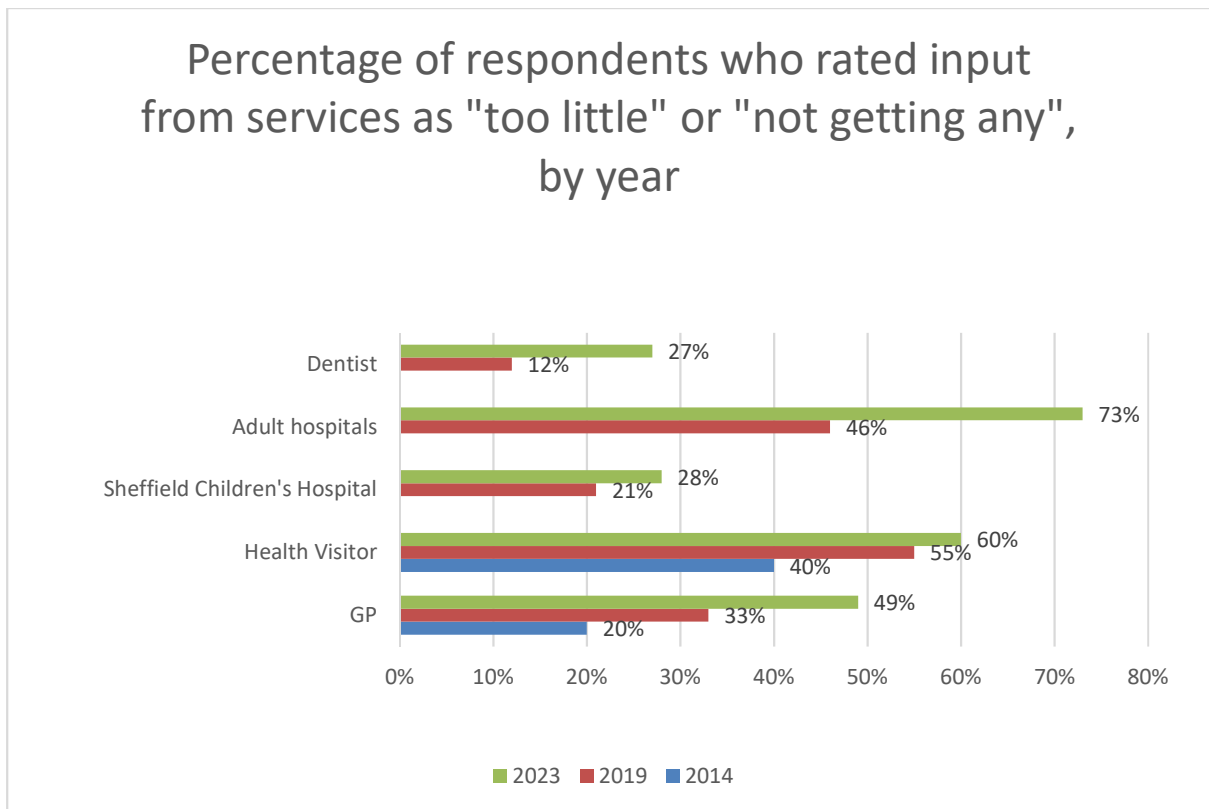
A comparison with previous survey shows that quality ratings for most services have been declining:



We also asked parents if their child was getting enough input from universal health services:



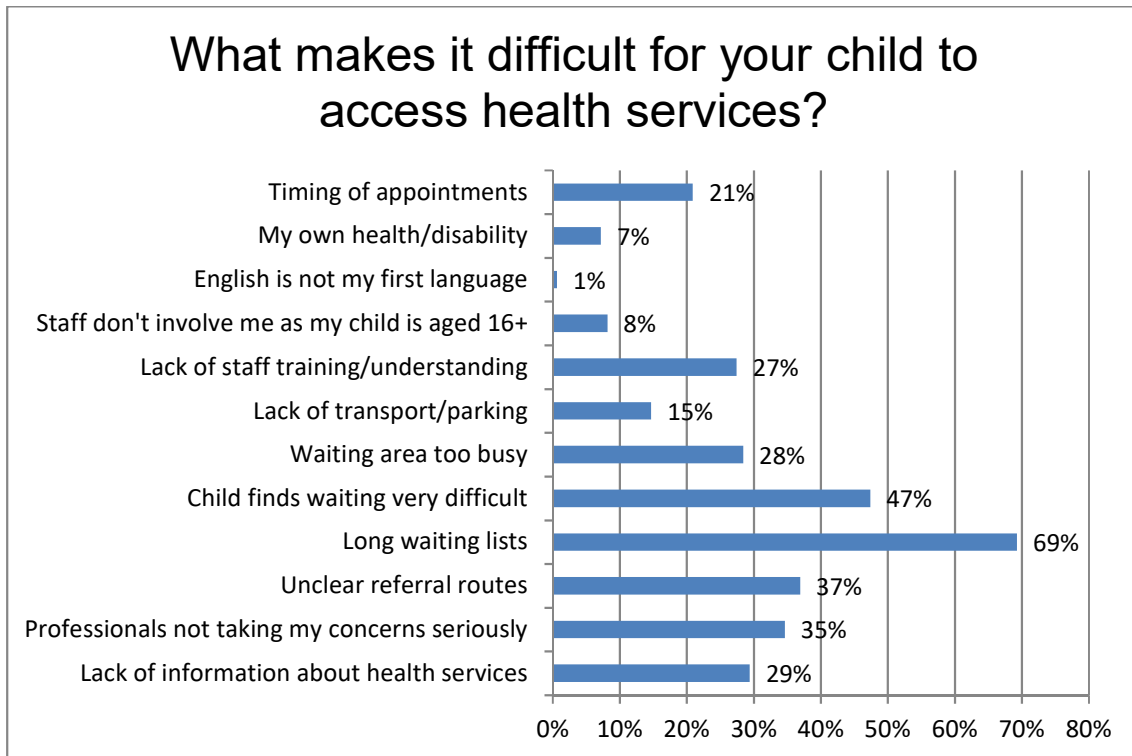
A comparison with previous surveys shows that all of these services are getting increasingly stretched:



NB The above chart compares the percentage of parents who rated services as "Too little" in 2014 and 2019 with the percentage of parents who rated services as either "Too little" or "Not getting any" in 2023. (There was no answer choice "Not getting any" in our previous surveys.) Some services were not included in our 2014 survey.

9.3 Barriers to accessing health services (297 responses)

We asked parents what made it difficult for them and/or their child to access health services:



Most of the respondents who selected "Other" repeated previous answer choices, particularly long waiting lists, lack of information about services, and lack of staff knowledge of their child's needs. Some provided additional information, e.g.:

"My son had to attend A&E recently at the Northern General. He waited all night with no provisions put in place for him. He waited 9 hours to be seen. Surely a different arrangement to this is needed for a non-verbal 17 year old who is mentally aged around 3"

Several respondents mentioned the following additional barriers:

Child or young person's anxiety around clinical settings / procedures

"Child too anxious to attend appointments even online."

Lack of post-diagnostic support

"No help/support given. Wait times ridiculously long, you receive a piece of paper with a diagnosis and then you're just left to figure it out yourself. Online workshops offered but that's all. Absolute joke."

Lack of joined-up services

"No one professional team is overseeing the joined up care of the child, all in silos. Attachment therapy for adoption issues missed the underlying neurodiversity which took another 3 years to get diagnosed. Then treated for ADHD. We have other psychological issues we'd like to discuss but have no idea where to turn or how to access psychological support or therapy. Waiting lists are very long and needs evolve in that time. It is not child centred at all & most frustrating (I am also a GP & my

husband is a teacher, and still we find it difficult to navigate the system. This is not the way it should be).”

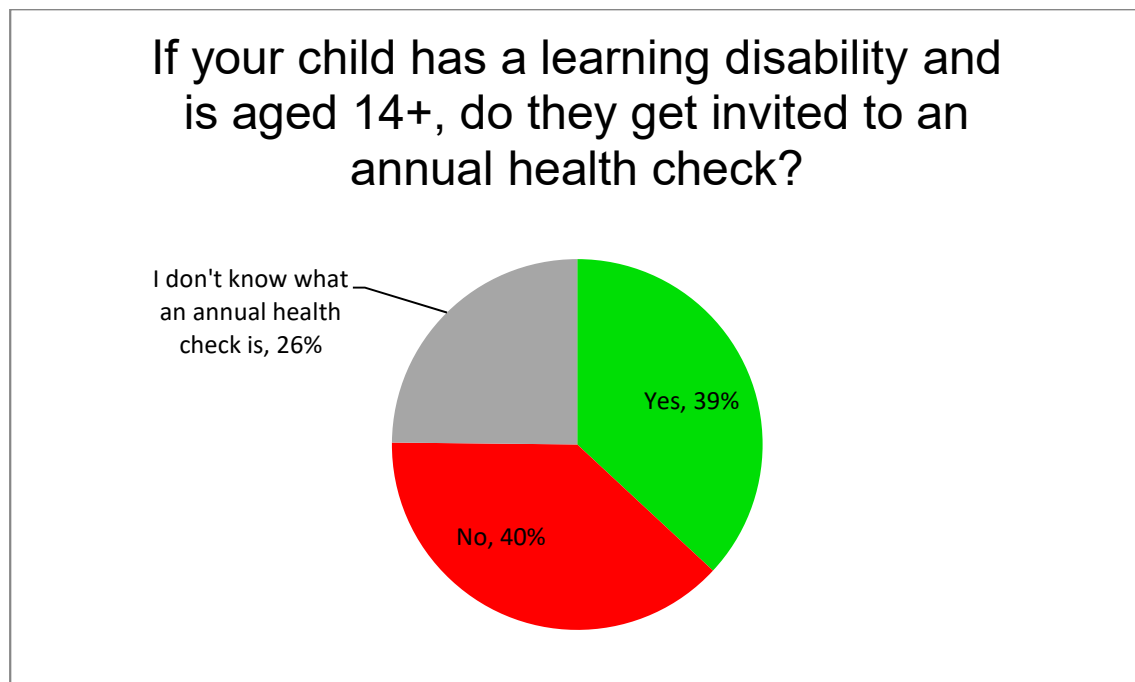
Difficulty getting appointments

“Can’t get an appointment from my GP for anything without calling at 8am but school run makes calling difficult when my child has to be in school for 8:30am and I’m driving her”

9.4 Annual health checks (141 responses)

All patients from the age of 14 years with a learning disability are eligible for an annual health check. Most GP surgeries in Sheffield offer this service, but they don’t have to.

Data from GP practices signed up to ICB contract shows that during the 2022/23 financial year, **85%** of Sheffield registered patients aged 14+ with learning disabilities received an annual health check. Our survey suggests that 14-25-year-olds are significantly less likely to access these checks than the general cohort. This may, in part, be due to the fact that many young people with a learning disability are not included on their surgery’s learning disability register, often because they don’t have a formal diagnosis. Although a formal diagnosis of a learning disability is not a requirement for inclusion on this register, it can act as a trigger.



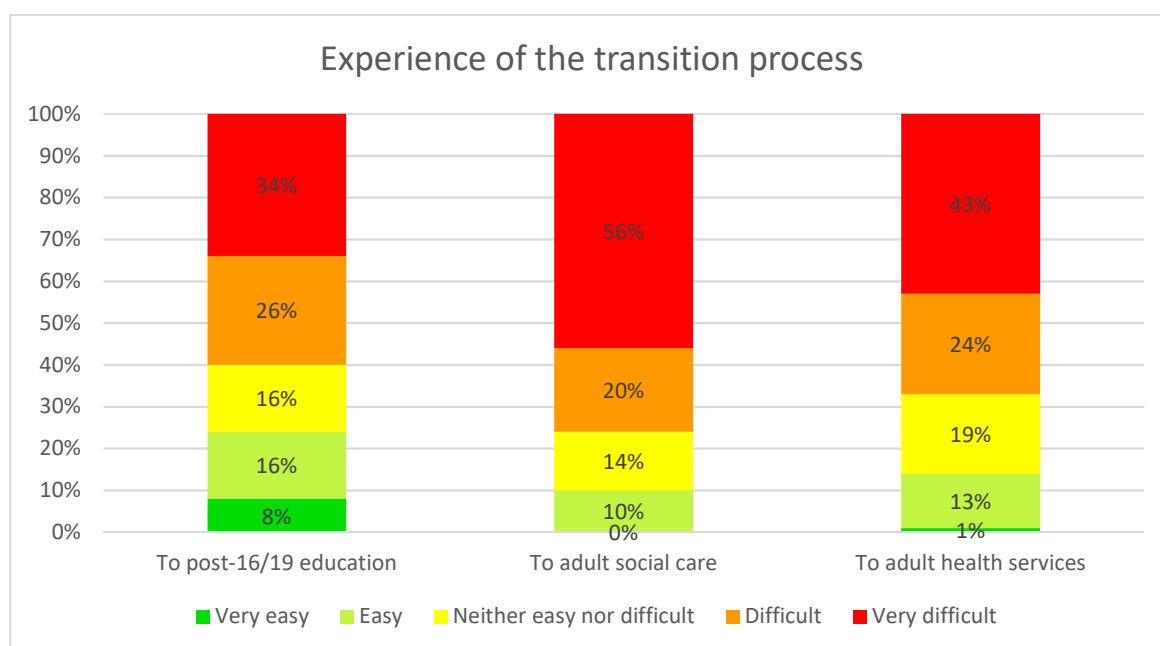
10. Transition to adulthood

10.1 Experience of the transition process (138 responses)

Transition was one of the seven areas of weakness identified during the local area SEND inspection conducted in November 2018. When a revisit was carried out in February 2022, Sheffield was found to have made insufficient progress in addressing this issue. As a result, the local area was directed to produce an Accelerated Progress Plan to address the identified shortcomings and improve transition support for children and young people with SEND.

We asked parents to tell us how they found the transition to post-16/19 education, adult social care and adult health services. All of these transitions were experienced as “difficult” or “very difficult” by a majority of respondents, with the transition to adult social care being rated the most difficult.

N.B. The percentages given relate to the total number of responses for that topic, excluding those who selected “N/a” (education: 93 responses, social care: 59 responses, health: 68 responses).



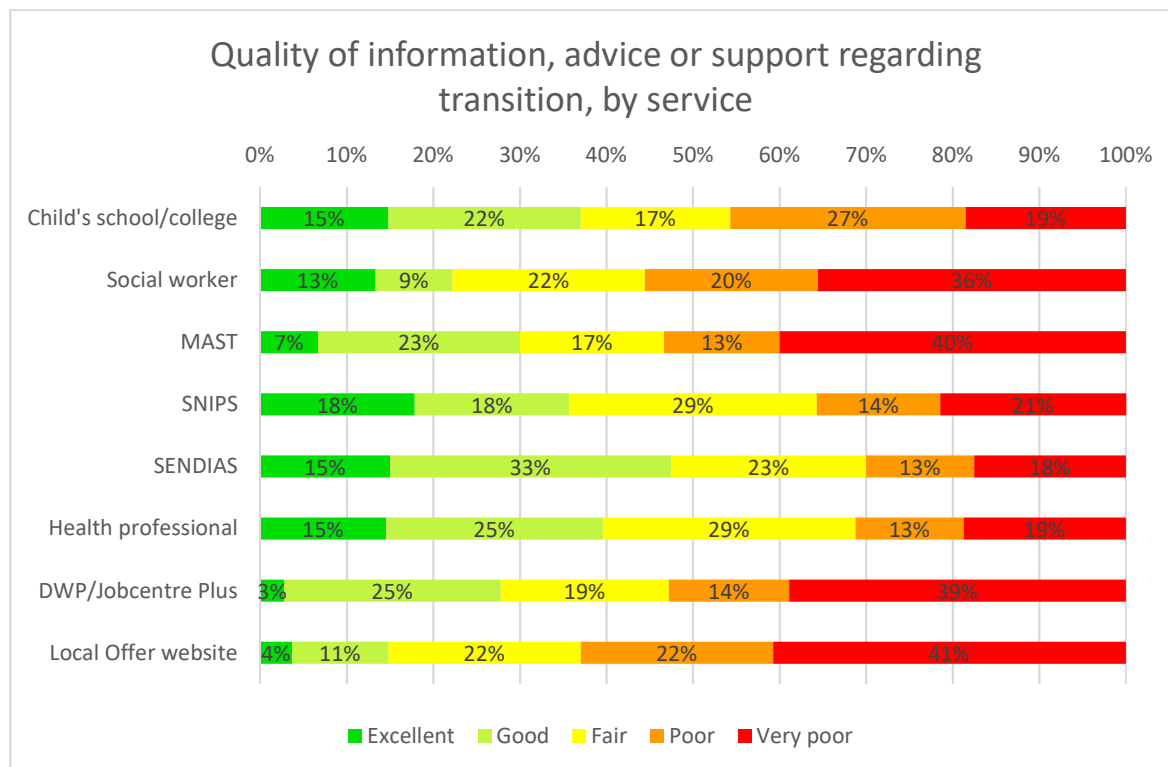
Compared to 2019, the percentage of parents who rated the transition process “Difficult” or “Very difficult” had decreased for education (-8%), increased for health services (+7%), and remained virtually unchanged for social care.

10.2 Information, advice and support in relation to transition (104 responses)

A majority of respondents (**75%**) said that they had received NO helpful information, advice or support from services in relation to their child's transition. This was significantly higher than in 2019, when this figure stood at **55%**.

10.3 Quality of transition information, advice and support (94 responses)

The percentages given in the chart below relate to the total number of responses for that particular service. The number of responses differed from service to service.



We asked parents to tell us who else had helped them and how useful this was. Respondents mentioned a range of organisations (Stephen Harrison Snooker Academy, Sheffield Carers Centre, SENDIAS, SENDSARS, local Down Syndrome Facebook group, Sheffield Parent Carer Forum).

"(...) Despite there being a role created [to support transition] it is meaningless unless there are providers / services available for them to signpost to. It is an on the sticking plaster move by the LA for the current situation of lack of transition in LA which should have been available for the last ten years at least."

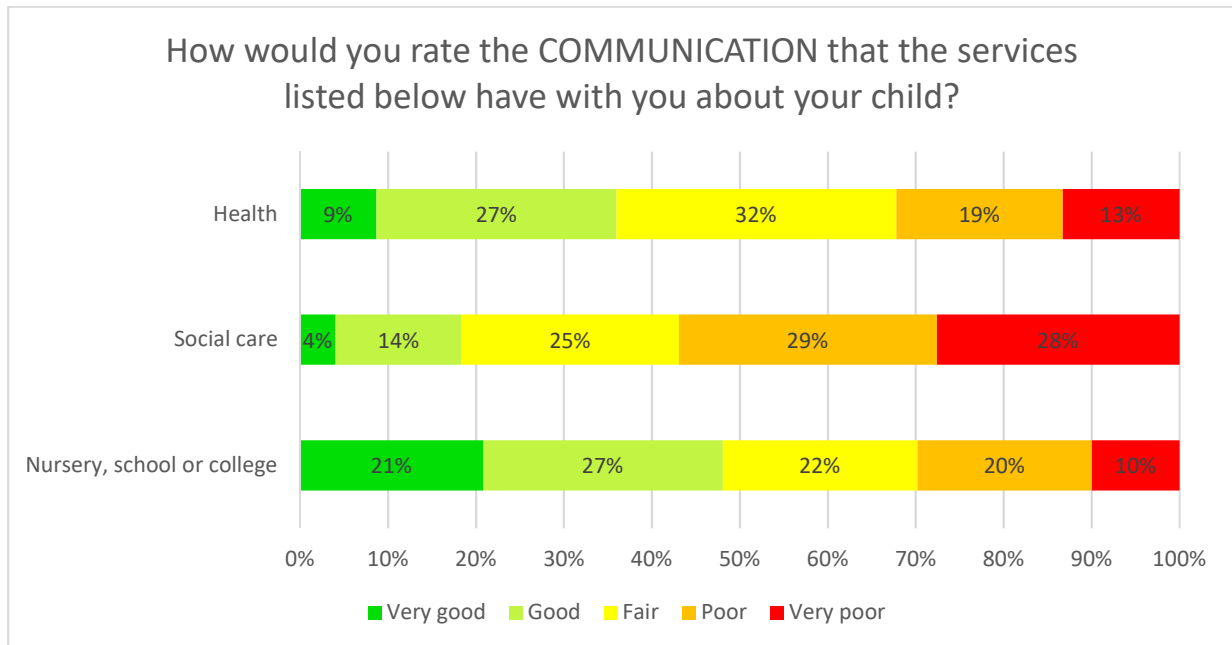
"I relied and was grateful for advice from the Sheffield Parent Carer Forum articles in their newsletters, and other parents of children / young people with disabilities. I can full well imagine Facebook Groups being a lifeline to some people who might get left to sort things out for themselves."

11. Information and communication

11.1 Quality of communication with parents (327 responses)

We asked parents to rate the communication they have with education providers, health services and social care services about their child with SEND. Although parents' experiences vary widely between providers, overall ratings show that education settings lead the way:

- **48%** of parents said that the communication they had with their child's nursery, school or college was "good" or "very good"; **36%** thought this about health services, and **18%** about social care services. All of these services showed a slight improvement compared to 2019.
- On the other hand, **30%** of parents rated the communication they had with their child's education provider as "poor" or "very poor", **32%** thought this about health services, and **57%** about social care services.



11.2 Awareness of local offer website (336 responses)

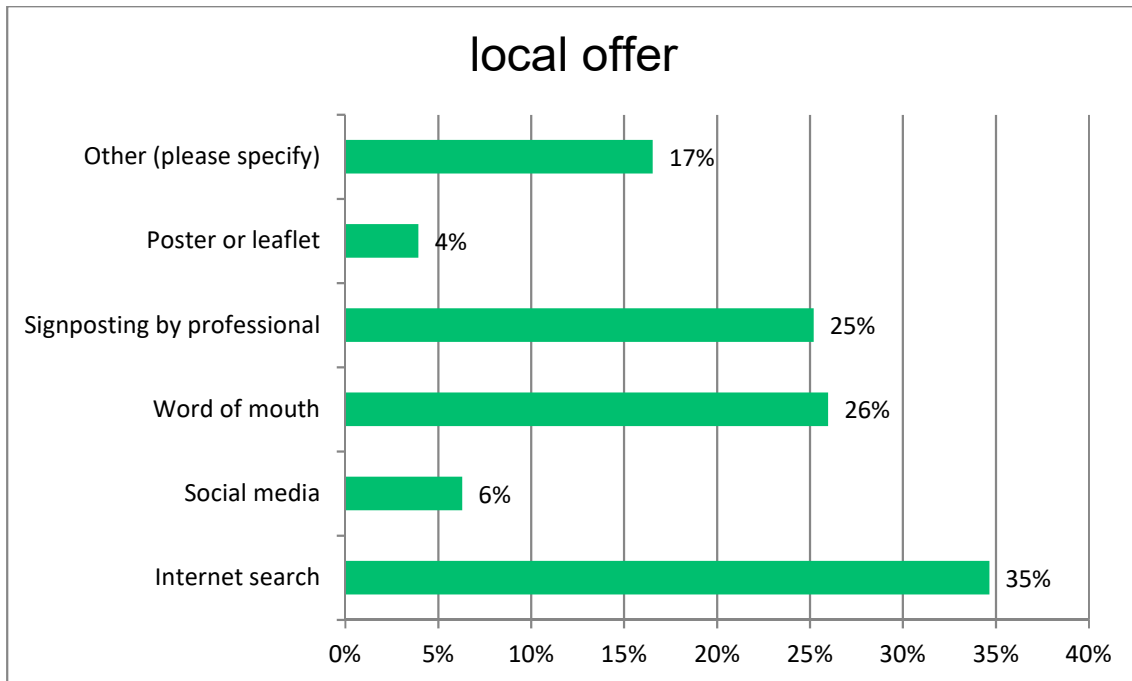
Access to timely and accurate information can have a significant impact on parents' ability to cope. Without this information, families may miss out on early support and often only come to the attention of services when problems have become entrenched.

To address this, the **local offer website** was launched in 2014. It aims to provide a one-stop shop for information about support and services for children and young people with SEND.

26% of respondents had used the local offer website, **28%** were aware of it but hadn't used it, and **46%** had never heard of it. (2019: 22% had used the local offer, 78% had not)

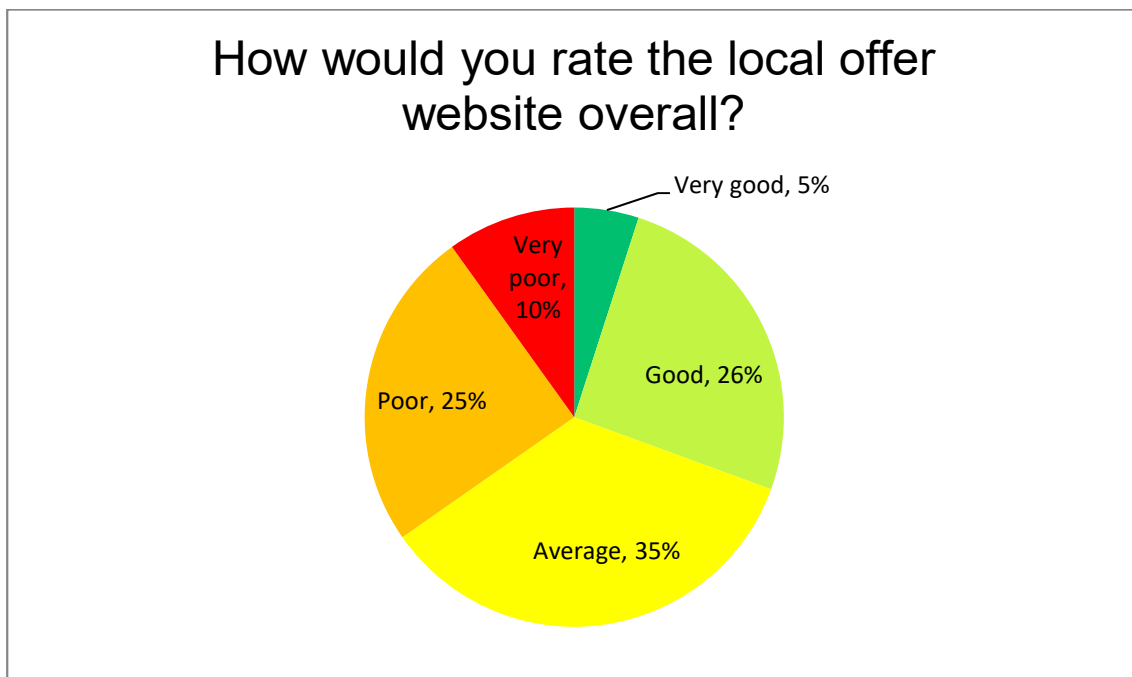
11.3 Finding out about the local offer (127 responses)

Most people had found out about the local offer through internet search, word of mouth or signposting by a professional. Most of the respondents who ticked “Other” had heard about it through the Sheffield Parent Carer Forum. Some also mentioned the local authority, other parents, and their work.



11.4 Quality of the local offer website (121 responses)

The percentage of respondents who thought the website was “Good” or “Very good” had increased from **16%** in 2019 to **31%** in 2023.



11.5 Gaps in information (120 responses)

55% said they had found what they were looking for, 45% had not. (2019: 45% had found what they were looking for, 55% had not)

We asked respondents to tell us what it was that they had been unable to find. They mentioned the following topics:

- **Benefits**
- **Childcare/leisure:** accessible activities (including eligibility criteria), after-school clubs
- **Transition:** post-16 education options, including out-of-area providers; overnight respite for young adults; services/activities for when EHCP ends
- **Schools:** independent / out-of-area providers, information about the type of needs specific schools are able to meet, advocate for supporting child in school
- **Information about ADHD,** e.g. DLA, ADHD cafes, support in school

Several respondents said that it was difficult to find information if they did not already know what they were looking for.

11.6 Ease of finding information (95 responses)

There was an improvement compared to 2019, with more people saying that the information was “Easy” or “Very easy” to find (35% in 2019 vs. 44% in 2023)



11.7 Was the information clear and easy to understand? (112 responses)

62% said “Yes”, 38% said “No”. (2019: 42% Yes, 58% No)

11.8 Was the information up to date? (120 responses)

58% said “Yes”, **42%** said “No”. (2019: 40% Yes, 60% No)

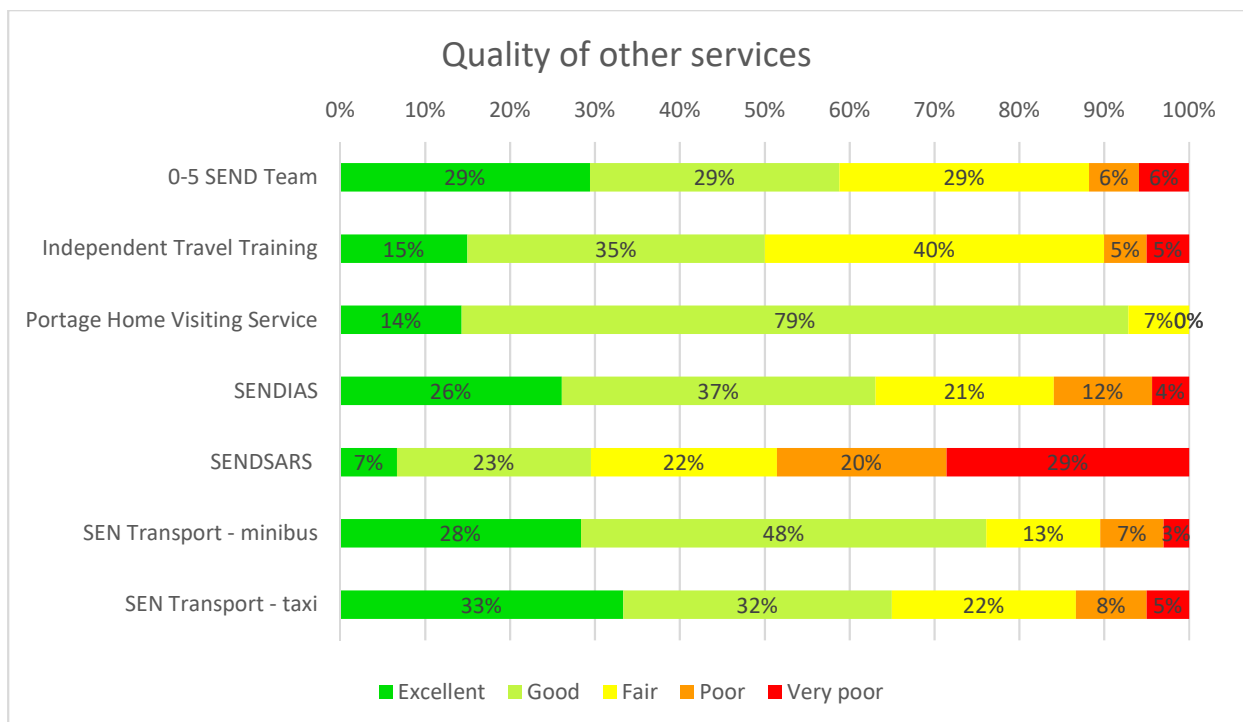
The improved feedback on the local offer may be attributed to the development and improvement work carried out on the website by Sheffield Parent Carer Forum in recent years, as well as the creation of a dedicated local offer officer role in 2022, and the recent migration to a more user-friendly platform.

12. General

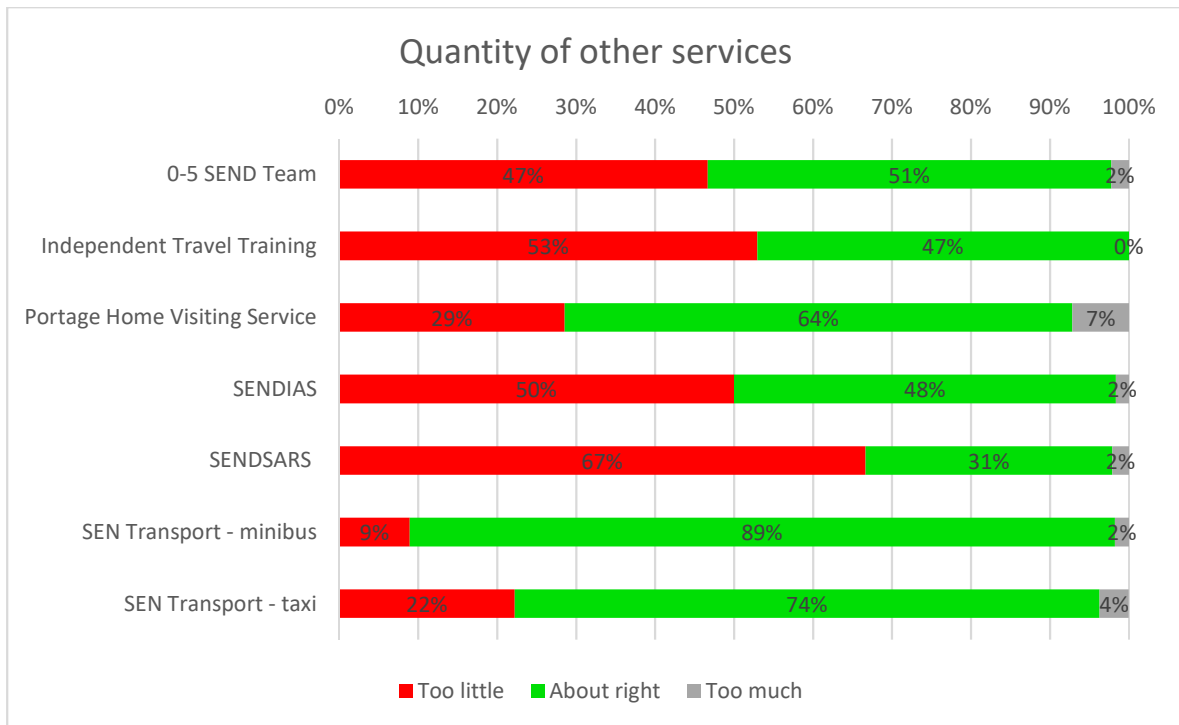
12.1 Quality and quantity of other services (235 responses)

We asked parents to rate the quality and quantity of several services not covered in the previous sections on education, health and social care. Respondents were asked to only rate these services if they had used them in the past **two years**.

N.B. The percentages given relate to the total number of responses for that particular service. The number of responses for some services was quite small (e.g. only 14 people rated Portage, and 45 people rated Independent Travel Training).

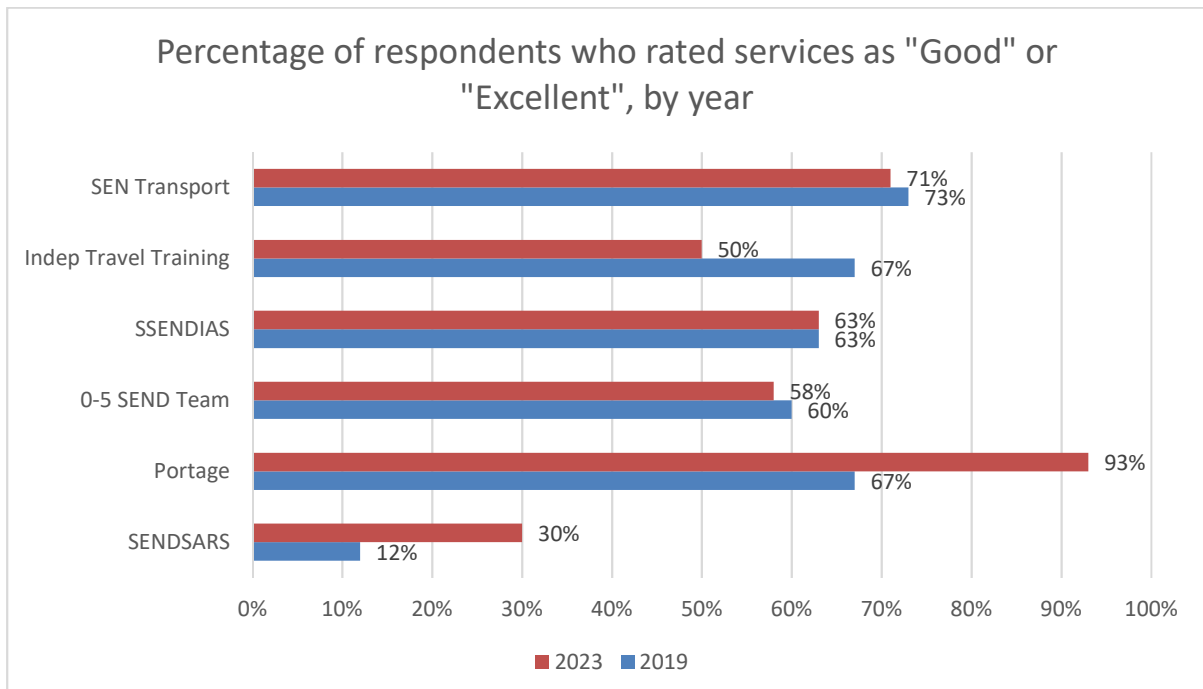


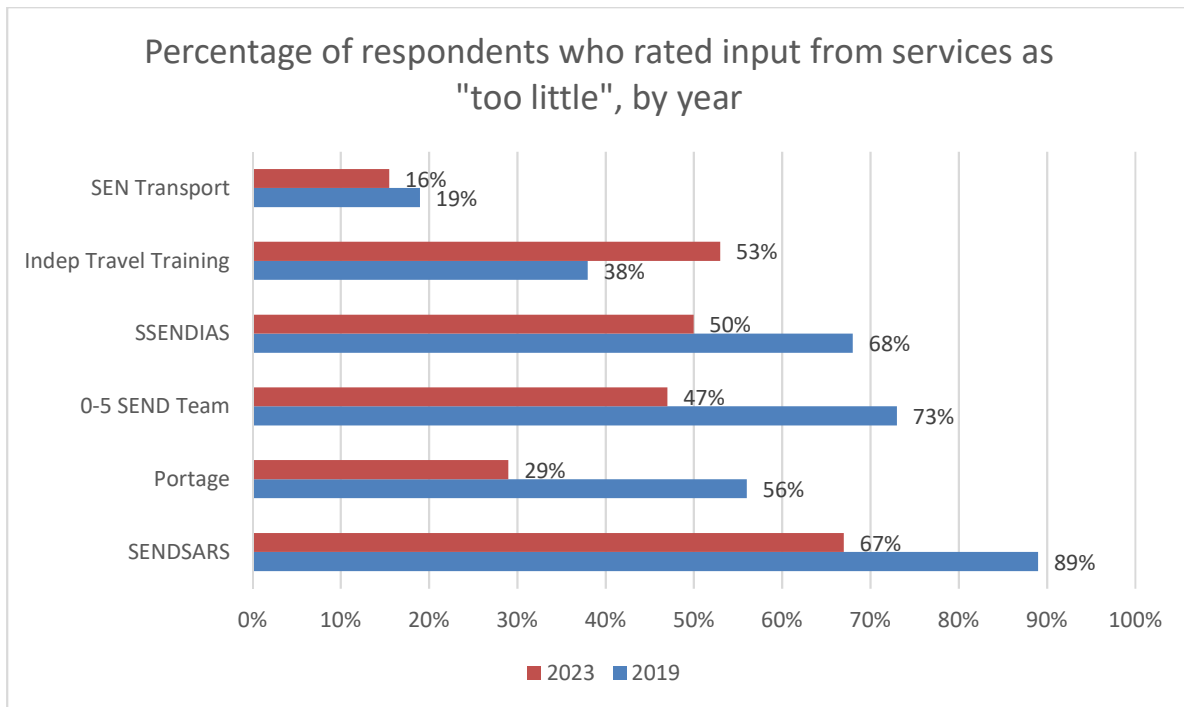
We also asked parents if they were getting enough of these services (quantity). The responses show that there are significant capacity issues in many services:



The charts below show a comparison between our 2023 and 2019 surveys.

NB: Our 2019 survey did not differentiate between SEN Transport by tax and by minibus. Therefore, the percentages given for 2023 are the average of the two ratings.





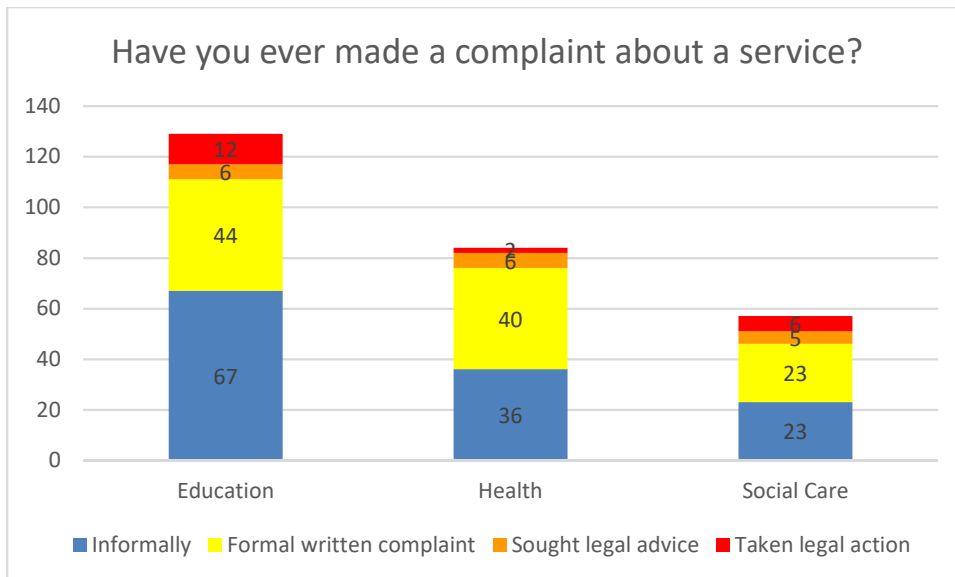
12.2 Complaints (164 responses)

We asked parents if they had ever had to make a complaint about a service, and **33%** of all respondents indicated that they had. (2019: 44%)

Significantly more parents had complained about education services (129 respondents) than about health services (84 respondents) or social care services (57 respondents).

The fact that complaints about education are both more frequent and more likely to go down the formal/legal route may be due to the fact that complaints procedures in education are better publicised than in health and social care. For example, schools normally publish their complaints policies on their websites, and letters about decisions relating to EHC plans have to include information on how to appeal against that decision.

NB The table below shows the **total number** (not percentage) of complaints.



12.3 Ease of making a complaint (162 responses)

We asked parents how easy they found it to make a complaint. **48%** said they found this “difficult” or “very difficult”. (2019: 53%)



12.4 Success of making a complaint (161 responses)

Only **15%** of those who had made a complaint said it had resolved the issue, **36%** said it had led to a partial resolution, and **39%** said that it had not resolved it. For **10%** of respondents, the complaint was ongoing.

Several parents expressed a lack of faith in the complaints process, as their concerns were investigated by the same staff whom the complaints were about.

12.5 Services that are needed but not provided (204 responses)

We asked parents if there were any services that their child needed but was not currently getting. **74%** said “yes” (2019: 66%).

We asked parents who had responded “yes” to tell us which services these were. There were 153 free-text responses to this question, and the most frequently mentioned services were:

- Mental health support
- Speech and Language Therapy
- Occupational Therapy
- ASD or ADHD assessment
- Social care support
- Educational Psychology
- Transition support
- Overnight respite
- Social activities / clubs

Other services – all mentioned by several respondents – included: childcare, continence service, dentist, direct payments / PA support, EHCP, employment support, sleep support, special school placement, support in school, transport, support around school refusal, sensory assessments / services, help around restricted diets / ARFID / eating disorders, autism support, ADHD support, and help with challenging behaviour.

12.6 Examples of good practice (84 responses)

We asked parents to give us examples of good practice that we could share. **17%** of all respondents answered the question. However, a quarter of those did not provide any good practice examples and instead said they had nothing good to report or gave examples of poor practice instead.

Several respondents mentioned specific members of staff who had gone the extra mile for their child. Parents expressed a huge gratitude towards these people.

When describing the positive contributions made by staff, parents repeatedly mentioned a number of specific traits:

- Communicates thoroughly and regularly
- Proactive
- Supportive
- Listens without judgement
- Values parental expertise
- Honest and clear
- Caring
- Goes above and beyond
- Does what they say they will
- Consistent approach
- Involves both child and parents
- Willing to adapt to child, review strategies and make adjustments
- Accessible
- Knowledgeable
- Involves other services

Many respondents praised **specific services**:

- **Early Years provision:** SEND Playgroup at Palgrave Early Days Centre, Mazehill Nursery, Broomhall Nursery School
- **Health services:** Speech and Language Therapy, Community Learning Disability Team, Ryegate, specific GPs, Sensory Service, Sheffield Children's Hospital, private Speech and Language Therapy and Occupational Therapy, ADHD drop-ins, videos on Sheffield Children's Hospital website, Visual Impairment Service
- **Education:** Bents Green hub at Westfield, Wellbeing Support a Longley Park, support at Sheffield Hallam University, Robert Ogden School, Wharnccliffe Side School, Peaks College inclusion course, Kenwood School
- **Social Care:** Access to Adulthood Team, Chancet Wood respite centre
- **Other:** SEN Transport minibus driver and escort, ACCT, Sheffield Parent Carer Forum, Onboard Skatepark (alternative provision), SSENDIAS, Choice Support sex and relationship training for teachers and parents

13. Recommendations

Health

Whilst we recognise that there has been a significant increase in referrals since the pandemic, key health services - particularly the Neurodisability service - should be prioritised to create additional capacity to work through the backlog and reduce waiting times for assessments.

We acknowledge that efforts have been made to mitigate the impact of the waiting list crisis by contacting families of children on the waiting list for Neurodisability assessments, improving the information on the Sheffield Children's Hospital website and funding SPCF to run a Peer Support Service. These initiatives should be maintained and expanded to further improve pre- and post-diagnostic support for parents.

NHS SY ICB (Sheffield Place) should develop an adequate mental health support offer for children and young people with SEND, as well as their parents and siblings – particularly for those who do not meet thresholds for clinical services like CAMHS. The existing offer, though limited, needs to be better publicised to families.

Social care

The short breaks offer should be publicised more proactively and in a way that is easier for parents to understand.

Sheffield City Council should review the eligibility criteria for short break services. Given the long waiting times for Neurodisability assessments, the requirement for children to have a formal diagnosis should be dropped.

Sheffield City Council should ensure that the needs of parent carers are considered through a distinct carer's assessment which considers their need to work and to access education, training and leisure activities.

There needs to be a sustained effort to attract more people into PA roles, and to support families with the recruitment, training and retention of PAs.

Families should be enabled and supported to use Direct Payments more creatively and flexibly, i.e. not just to employ PAs.

Sheffield City Council should carry out a review of overnight respite to ensure that there is sufficient capacity for emergency placements, to avoid any closures of children's respite care homes in the future.

Sheffield City Council should carry out a review of SNIPS clubs to ensure that these are accessible to all eligible children, with more choice. The diagnosis requirement for SNIPS clubs should be dropped.

SNIPS should work with a wider range of mainstream clubs to make them more accessible for disabled children.

The fact that 57% of respondents rated communication with social care services as “poor” or “very poor” gives cause for concern. There has been little improvement since 2019, when this figure stood at 60%. The issue should be addressed by co-producing and implementing a set of communication standards for social care services.

Education

Schools should apply learning from initiatives such as the Autism in Schools project to improve communication between staff and parents and help families of children with SEND feel more included within their school community.

Schools should proactively review their policies and be open to making reasonable adjustments to accommodate the needs of children and young people with SEND. This is in line with the Sheffield All-Age Autism Strategy, where one of the priorities is to "Ensure all schools provide neurodiverse accessible environments, with commitment and improved awareness and acceptance from all school leaders".

Schools should make sure that both pupils and parents are aware of any mental health support they offer, e.g. through assemblies, newsletters, their websites and SEND information reports. This applies to all schools, but particularly Healthy Minds schools.

Sheffield City Council should develop a robust sufficiency plan to ensure there are enough special school places / specialist provision over the next five years, setting out the steps needed to achieve this.

Sheffield City Council should increase both the level of challenge and the support provided to schools in relation to part-time timetables and exclusions of pupils with SEND.

Sheffield City Council should continue to fund initiatives that can evidence a positive impact on enhancing inclusion in mainstream schools, such as the Autism in Schools project and the Inclusion Taskforce.

It should be compulsory for all school staff to attend SEND training as part of their continuing professional development.

We are pleased to see some improvements with regard to EHC needs assessments and SENDSARS, but there is clearly still a long way to go. At the time of writing, an independent review of SEND services, commissioned by the local authority, was taking place. We look forward to seeing the recommendations from this review, and expect that they will be implemented in full.

Annual review paperwork should include a question to establish whether the provision described in sections F and G is being made. SENDSARS should follow up on any reports of non-implementation with relevant providers.

SENDSARS should develop a document setting out when an EHC plan will / will not be amended. This information should be available on the local offer website.

Information, advice, support and training for parents

There is a disconnect between the parent training currently on offer, and the training that parents say they want. A review should be carried out to ensure that the training offer meets parents' needs.

Training should be more widely publicised, particularly to parents of children waiting for an assessment, and at the point of diagnosis.

Sheffield City Council and/or NHS SY ICB (Sheffield Place) should offer training to parents on how to support the emotional wellbeing and mental health of their child with SEND.

NHS SY ICB (Sheffield Place) should commission specialist counselling for parent carers.

Sheffield City Council should commission a range of services to provide benefits information and advice to parent carers and support them with form-filling.

Sheffield City Council and NHS SY ICB (Sheffield Place) should publish clear information about eligibility criteria, access routes, target response times, service standards and complaints procedures for all specialist services on the local offer.

We are pleased to have co-produced a new transitions guide for parents with the local authority. This guide must now be promoted widely, e.g. via the local offer website, SEND Facebook group, SEND bulletins, health communication channels and SENCO briefings. All settings and services should refer to the transitions guide as their go-to resource for helping parents navigate the transition process.

Whilst the improved feedback on the local offer website is encouraging, there is still a long way to go to turn the site into the central information point it was intended to be. A marketing campaign is needed to raise awareness amongst parents and professionals.

Establishing a continuous feedback loop with parents is vital for improving the local offer website; this includes the feedback gathered by organisations such as SPCF and SSENDIAS and posts in the new SEND Facebook group. All this feedback should be used to fill gaps in information and ensure that the local offer is relevant and up to date.

SSENDIAS is clearly valued by parents, and it is vital this service is adequately funded to ensure it can meet demand.

Family Centres have been transformed into Family Hubs and should be the place to access information in local communities. However, these hubs need to build upon the existing services that are in place to be able to truly support families from pregnancy through a child's early years until they reach adulthood. This includes working closely with community youth services and clearly communicating the offer to families.

Childcare

Sheffield City Council should better publicise the Disability Access Fund (which provides inclusion funding to childcare providers for eligible 3- and 4-year-olds), to both childcare providers and parents.

Sheffield City Council should use the annual Childcare Sufficiency Assessment to identify gaps in childcare provision for children and young people with SEND, and work with parents and providers to develop strategies to plug those gaps.

Sheffield is one of 16 local authorities chosen to pilot the Government's plans to provide wraparound childcare for primary school aged children. It is essential that this work considers children with SEND, and particularly those who attend special schools, from the outset.

Sheffield City Council should extend the Holiday Activities and Food (HAF) programme to include children with EHCPs who are not in receipt of means-tested free school meals and offer more SEND-specific activities.

SEND support services

Sheffield City Council and NHS SY ICB (Sheffield Place) should review the funding, caseloads and service models of specialist SEND support services, to establish whether higher-performing services share specific characteristics which could be adopted by other services.

Sheffield City Council and NHS SY ICB (Sheffield Place) should increase the capacity of services that are currently unable to meet demand.

Services should publish clear and easily accessible complaints procedures on their websites and signpost to this information from any relevant correspondence. Complaints should be investigated by an impartial and independent individual or service.

Too many services still require a formal diagnosis as a precondition for accessing support. Sheffield City Council and NHS South Yorkshire Integrated Care Board (NHS SY ICB) - Sheffield Place should carry out a review of eligibility criteria and replace diagnosis requirements with needs-based criteria, where possible.

Services should work in a multi-agency way in relation to mental health and SEND. This could be through the Children and Young People delivery group and the Mental Health and Learning Disabilities, Dementia and Autism Board.

Transition

Transition must remain a top priority when the Accelerated Progress Plan ends. To maintain the momentum gained, a strategic role should be created to oversee and drive forward the Preparation for Adulthood agenda across education, health and social care.

We welcome the creation of a dedicated social care transitions team. However, the fact that 63% of respondents rated this team "poor" or "very poor" is concerning. Improving the service provided (e.g. through easier access, improved processes, more training, better leadership) could have an immediate impact.

Ensuring a good transition to adult services is not just about the process of transition but also about the quality and range of services that young people are able to access. Work on expanding the range of available options has only just begun and needs to be accelerated further. Sheffield City Council should widen the offer for young people with SEND who are leaving education, particularly for those

who do not meet the threshold for support from adult social care. It is vital that commissioners are aware of, and responsive to, the interests and aspirations of the young people coming through the system.

Young people with health needs should have a detailed health transition plan put in place, well in advance of moving from children's to adult services.

General

Commissioning must become more responsive to needs. Whilst efforts have been made to increase support for children with sleep problems and sensory processing issues, there are still significant gaps in provision around behaviour support, mental health issues, and problems with eating or drinking – particularly where these issues do not yet meet clinical thresholds for services like CAMHS.

Mainstream leisure providers (e.g. leisure centres, cinemas, theatres, restaurants, sports clubs) should invest in disability awareness training and work with disabled children, young people and their parents to identify and eliminate barriers to accessing services. This could include putting on disability-friendly events and/or providing additional support for families with disabled children.

Although there are some local organisations that provide support and activities for siblings of disabled children (such as Sheffield Young Carers or the SIBS project at the University of Sheffield), many families are not aware of this offer. Information about sibling support should be made more widely available, e.g. via the local offer, education providers, social care services and healthcare professionals.

14. Conclusions and next steps

This survey investigated the views of parents of children and young people (aged 0-25 years) with special educational needs and/or disabilities in Sheffield.

It repeated many of the questions we had posed in previous surveys, back in 2014 and 2019. This enabled us to assess how parental satisfaction with local services has changed over the years.

It should be noted that this is a comparison of surveys conducted before and after a global pandemic and the cost-of-living crisis that followed it. These factors will undoubtedly have influenced responses.

Whilst it was encouraging to see improved feedback in relation to some services, these enhancements were often modest and frequently stemmed from a low starting point. More work is needed to ensure that improvements continue and become embedded.

What we will do

We will present our findings and recommendations to strategic leads in Sheffield City Council and NHS South Yorkshire Integrated Care Board (Sheffield Place) as well as relevant providers of education, health and social care services. We are committed to working with them to address the key issues identified in this report.

In particular, we will keep highlighting parental feedback in relation to the transition to adulthood, in order to maintain the momentum gained through the Accelerated Progress Plan and ensure that recent activities have a positive impact on the ground.

We will also submit this report as part of our involvement in the next local area SEND inspection, which is due imminently.

Last but not least, we will use the findings from this survey to develop our own service offer. For example, we will offer information sessions in response to the training needs identified by parents through this survey.

Funding permitting, this survey will be repeated periodically to monitor progress.