



Shropshire
Council

Joint Strategic Needs Assessment (JSNA) for Special Educational Needs and Disabilities (SEND) for 0-25 year olds

2025/26

**Chapter: Stakeholder
Engagement Chapter**

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Shropshire's SEND Local Offer

The SEND local offer is a single place for information, services, and resources for children and young people aged 0-25 with special educational needs and/or disabilities, their families, and the practitioners who support them.

More information on Shropshire's local offer including topics shown below can be found on the Council website: [The SEND local offer | Shropshire Council](#)

About the local offer

The SEND local offer is a single place for information, services, and resources for children and young people aged 0-25 with special educational needs and/or disabilities, their families, and the practitioners who support them.

I'm new to SEND

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|---|--|---|--|
|  <p>Education</p> |  <p>Health</p> |  <p>Social care</p> |  <p>Neurodiversity</p> |
|  <p>Education, health and care plan (EHCP)</p> |  <p>Preparing for adulthood</p> |  <p>Support for parent carers</p> |  <p>Travel and transport</p> |
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Co-Production

In Shropshire the Parent Carer Council (PACC) developed 'The Co-production Bench'. This recognises that co-production is involved with a number of different activities, which combine to enable co-production to happen. These are co-design, engagement, informing, educating and consulting, all of which should be done in partnership with local communities and their representatives.

[co-production-framework-june-2024-3.pdf](#)

Individual

All professionals, including Social Care practitioners and Educational Psychologists (EPs), are capturing the views, aspirations, and wishes of children and young people (CYP), co-producing with Parent Carers and older CYP. Additionally, EHCP Case Officers are now beginning to hold co-production meetings prior to finalizing an Education, Health, and Care Plan (EHCP).

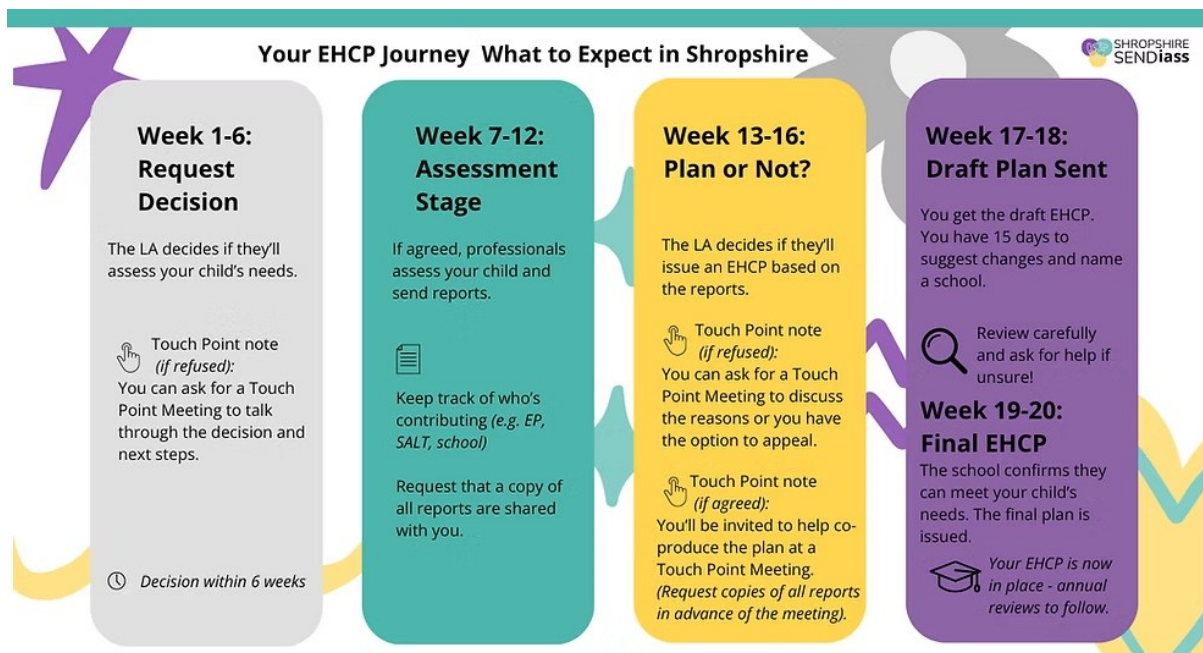
Operational

The Workstream and SENDCOs have been operationally involved in redesigning the EHCP proformas. PACC and SENDIASS (SEND Information, Advice and Support Service) have co-produced a social care questionnaire. Early help drop-ins were developed following feedback from PACC and have been aligned with their requested needs and topics. PACC and SENDIASS are members of both the EHCP workstream and the Strategic QA Group. Additionally, training for new EHCP Case Officers has been co-produced, involving Health, PACC, and other teams.

Strategic

PACC & SENDIASS core members of Quality Assurance Group (QAG) and Partnership Board and workstreams across the SEND Area Partnership

[Development of Quality Assurance Framework](#)



Co-production – Parent Carers

Regular Early Help drop-ins are being conducted with PACC (Parent Carer Forum), Health, Local Authority (LA), and Voluntary Sector colleagues. PACC is leading the rollout of Parent Carer support within the PINS project, with a focus on enhancing Parent Carer voice within schools. Multi-service meetings are held monthly for those involved in facilitating PINS, including PACC and the NDPs, to ensure joint working within the project. PACC will continue to be part of the PINS2 project for 2025/26.

The ICB SEND Team meets with PACC quarterly, which has proven to be a positive initiative for discussing key challenges related to health and identifying ways to collectively develop services to meet the needs of children, young people, and their families. This work has been incorporated into a workplan to support progress, and a briefing is being developed around the importance of co-production.

Parent Carers have played a crucial role in re-developing the Child Development Centre (CDC) website and co-producing the child's journey flow documents for the CDC. PACC is part of the ND Steering Group to develop the new service specification for the ND assessment service for ages 5-18. PACC leads have also been involved in the planning and rollout of ND Practitioners.

Co-production has driven the development of the 0-5 ND key priorities and indicators for success, aimed at enabling the community to thrive. This document has been finalised, and its contents will continue to be integrated throughout the ND Workstream work. PACC remains a partner in the ND Workstream and task and finish/project groups from the Workstream.

Healthier Weight Strategy

Shropshire’s 2023 –2028 Healthier Weight Strategy sets out our system-wide approach and priorities to improve health and promote healthier weight among the Shropshire population. Our ambition is to ensure Shropshire residents have the opportunity to eat healthy, nutritious food and enjoy physical activity in a way that best suits them. Evidence indicates this will reduce levels of excess weight and weight-related illness in Shropshire.” This includes making sure that all areas, including Learning Disabilities and SEND will be able to access the right support for them.

[Healthier Weight Strategy for Shropshire 2023-2028](#)

Stakeholder engagement

Stakeholder survey

A questionnaire was developed to capture the views of all services and organisations that support children and young people with SEND aged 0-25 years old and their parent, carers and families to inform the services we deliver and identify strengths and gaps in the system. The survey took approximately 10-20 minutes to complete. Responses were received between the 6th and 19th May 2025.

Demographics of respondents

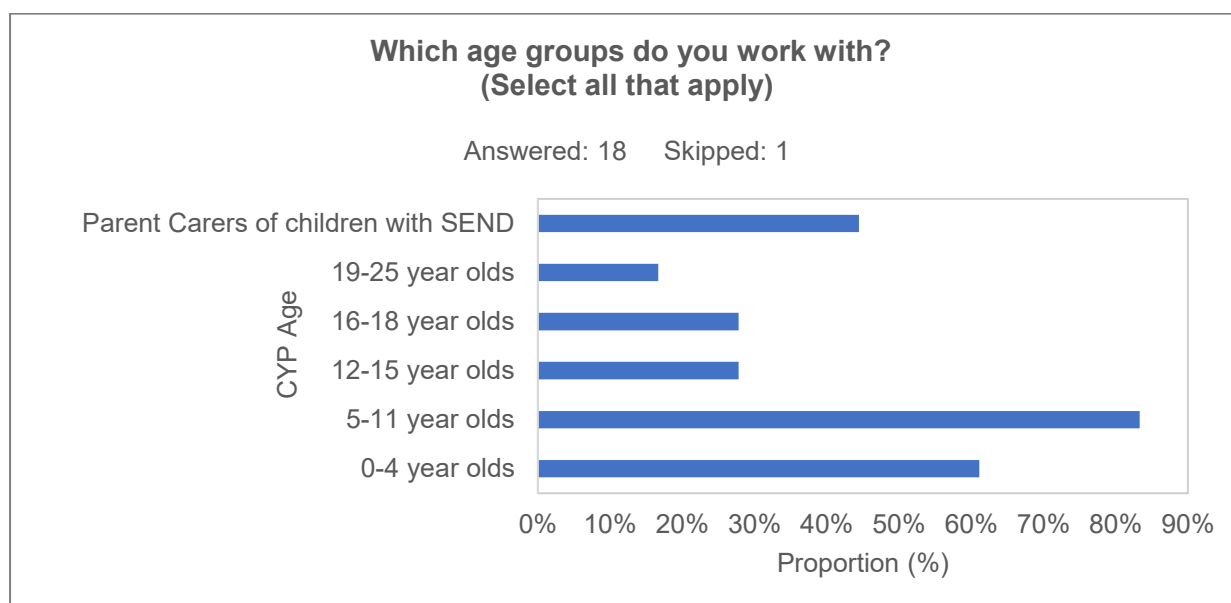
There were 19 Responses, with 37% working for Shropshire Council (7 responses) and 37% (7) responses from education settings and education provision, 21% (4 responses) came from people from a health organisation and 1 was from a parent of a SEND child.

Within the organisations, 42% worked in Education services, 32% from Children’s Services and Early help and 21% in Health.

The majority of respondents stated that they worked with 5–11-year-olds (83%) and 61% reported working with 0–4-year-olds. This is not necessarily within the SEND population only. 44% reported working with the parents/carers.

| Service area within organisation | % of responses |
|--|----------------|
| Children services (Social care) | 17% |
| Early Help and Targeted Early Help and Family help | 17% |
| Education | 44% |
| Health | 22% |

Chart showing the proportion (%) of respondents by age group worked with. Respondents could select all that apply. Source: Stakeholder questionnaire, May 2025.



On a scale of 1-5, how do you feel that services in Shropshire are collectively supporting children and young people with SEND aged 0-25:

No respondents felt that services in Shropshire were collectively supporting CYP with SEND extremely well, or extremely poorly across any age group. The average score of 2.6 was the lowest (worse) in the 0-4 and 19-25 age groups, and slightly higher at 2.8 in the other age groups. However, there were more people who did not give a score for those aged above 12 (6, 7 and 8 respectively) . Of those that gave ratings, for 0-4 year olds, 61% rated the support as a 2, (where 1 is not at all), for 5-11s it was 42%, for 12-15s it was 46%, for 16-18s it was 50% and it was 55% in 19-25s.

| Age Group | 1 | 2 | 3 | 4 | 5 | Number of Blanks | Average score |
|-----------------|----|-----|-----|-----|----|------------------|---------------|
| 0-4 year olds | 0% | 61% | 17% | 22% | 0% | 1 | 2.6 |
| 5-11 year olds | 0% | 42% | 32% | 26% | 0% | | 2.8 |
| 12-15 year olds | 0% | 46% | 31% | 23% | 0% | 6 | 2.8 |
| 16-18 year olds | 0% | 50% | 25% | 25% | 0% | 7 | 2.8 |
| 19-25 year olds | 0% | 55% | 27% | 18% | 0% | 8 | 2.6 |

On a scale of 1-5, how do you feel that services in Shropshire are collectively supporting parent, carers and families of children and young people with SEND aged 0-25?

The average score given for support for parents, carers and families were lower across all age groups than they were for the support offered to children. When giving a rating, the majority answered either 2 or 3 across all age groups, however as compared to the

supporting children question there was one person who gave a score of 1 (not at all) for each age group and the average rating was slightly worse in the oldest age group.

| Age Group | 1 | 2 | 3 | 4 | 5 | Number of Blanks | Average score |
|-----------------|----|-----|-----|-----|----|------------------|---------------|
| 0-4 year olds | 6% | 44% | 39% | 11% | 0% | 1 | 2.6 |
| 5-11 year olds | 5% | 42% | 42% | 11% | 0% | | 2.7 |
| 12-15 year olds | 8% | 42% | 42% | 8% | 0% | 7 | 2.6 |
| 16-18 year olds | 8% | 42% | 42% | 8% | 0% | 7 | 2.6 |
| 19-25 year olds | 9% | 45% | 45% | 0% | 0% | 8 | 2.5 |

Please identify where you feel we are doing well or areas for improvement in Shropshire relating to children and young people with SEND needs aged 0-25:

The availability of services and information:

There was mostly fair average scores across the different aspects of provision, with the lowest average ratings being face to face provision; community based activities; and specialist services. Good availability of parenting support programmes was indicated.

| Type of provision | 1 – Very Poor | 2 - Poor | 3 - Fair | 4 - Good | 5 - Excellent | Number of Blanks | Average score |
|---|---------------|----------|----------|----------|---------------|------------------|---------------|
| Digital services e.g. telemedicine (reminders, care advice, monitoring, remote admissions, booking appointment online, prescriptions, attending online appointments) wearable devices | 6% | 28% | 39% | 22% | 6% | 1 | 2.9 |
| Virtual service provision (e.g. online appointments) | 6% | 33% | 39% | 22% | 0% | 1 | 2.8 |
| Face to face service provision | 26% | 42% | 21% | 5% | 5% | | 2.2 |
| Information on what is available locally | 0% | 11% | 63% | 26% | 0% | | 3.2 |
| Social media platforms to connect with children (e.g. Facebook, TikTok, Twitter) | 6% | 28% | 50% | 17% | 0% | 1 | 2.8 |
| Community-based activities (e.g. sport and youth clubs) | 16% | 37% | 42% | 5% | 0% | | 2.4 |
| Informal drop-in support for children (e.g. sexual health and/or CHAT health) | 6% | 17% | 56% | 22% | 0% | 1 | 2.9 |
| Parenting support programmes (e.g. Understanding your child with SEND) | 0% | 16% | 32% | 47% | 5% | | 3.4 |
| Home visits (e.g. family support worker) | 17% | 33% | 17% | 33% | 0% | 1 | 2.7 |
| Specialist services (e.g. mental health, therapies, assessed short breaks, 0-19 service) | 26% | 53% | 11% | 11% | 0% | | 2.1 |
| Local offer for children and young people with SEND (The SEND local offer Shropshire Council) | 5% | 21% | 47% | 21% | 5% | | 3 |

| | | | | | | | |
|----------------------------|-----|----|-----|-----|----|---|-----|
| Healthier Together Website | 11% | 6% | 56% | 22% | 6% | 1 | 3.1 |
|----------------------------|-----|----|-----|-----|----|---|-----|

The accessibility of services and information:

There average scores across the different aspects of provision were much closer in terms of accessibility and they tended to be just below fair, with the lowest average ratings being face to face provision; community based activities; and specialist services again. The parenting support programmes and healthier together website scored the highest.

| Type of provision | 1 – Very Poor | 2 - Poor | 3 - Fair | 4 - Good | 5 - Excellent | Number of Blanks | Average score |
|---|---------------|----------|----------|----------|---------------|------------------|---------------|
| Digital services e.g. telemedicine (reminders, care advice, monitoring, remote admissions, booking appointment online, prescriptions, attending online appointments) wearable devices | 0% | 26% | 63% | 11% | 0% | | 2.8 |
| Virtual service provision (e.g. online appointments) | 0% | 26% | 63% | 11% | 0% | | 2.8 |
| Face to face service provision | 16% | 53% | 16% | 11% | 5% | | 2.4 |
| Information on what is available locally | 0% | 21% | 63% | 11% | 5% | | 3.0 |
| Social media platforms to connect with children (e.g. Facebook, TikTok, Twitter) | 12% | 18% | 53% | 12% | 6% | 2 | 2.8 |
| Community-based activities (e.g. sport and youth clubs) | 5% | 47% | 32% | 11% | 5% | | 2.6 |
| Informal drop-in support for children (e.g. sexual health and/or CHAT health) | 0% | 22% | 61% | 17% | 0% | 1 | 2.9 |
| Parenting support programmes (e.g. Understanding your child with SEND) | 0% | 37% | 21% | 37% | 5% | | 3.1 |
| Home visits (e.g. family support worker) | 11% | 32% | 26% | 32% | 0% | | 2.8 |
| Specialist services (e.g. mental health, therapies, assessed short breaks, 0-19 service) | 32% | 32% | 26% | 11% | 0% | | 2.2 |
| Local offer for children and young people with SEND (The SEND local offer Shropshire Council) | 6% | 28% | 44% | 17% | 6% | 1 | 2.9 |
| Healthier Together Website | 6% | 11% | 56% | 28% | 0% | 1 | 3.1 |

Engagement and co-production:

In terms of this, most provisions were just below fair, with the three just above fair being actively involving parent carers in service development; representative groups expert by experience group; and voice of the parent carer, family.

| Type of provision | 1 – Very Poor | 2 - Poor | 3 - Fair | 4 - Good | 5 - Excellent | Number of Blanks | Average score |
|--|---------------|----------|----------|----------|---------------|------------------|---------------|
| Actively involving children and young people in service development | 6% | 44% | 28% | 22% | 0% | 1 | 2.7 |
| Voice of the child – gaining wishes, thoughts and feelings of children and young people to inform our practice | 0% | 42% | 32% | 26% | 0% | | 2.8 |
| Actively engaging children and young people with SEND in co-production | 5% | 42% | 37% | 11% | 5% | | 2.7 |
| Collating community user feedback (e.g., focus groups) | 11% | 26% | 42% | 16% | 5% | | 2.8 |
| Using service user feedback to inform service development | 5% | 32% | 53% | 5% | 5% | | 2.7 |
| Access data on children and young people with SEND (i.e., Do you have access to the data you need?) | 0% | 42% | 32% | 26% | 0% | | 2.8 |
| Actively involving Parent carers in service development | 0% | 26% | 47% | 21% | 5% | | 3.1 |
| Representative groups, expert by experience groups e.g parent carer forum | 0% | 21% | 53% | 26% | 0% | | 3.1 |
| Voice of the Parent carer, family – gaining wishes, thoughts and feelings of Parent carers, families of children and young people to inform our practice | 0% | 17% | 61% | 22% | 0% | 1 | 3.1 |
| Using service user feedback to inform strategic outcomes, aims/objectives | 6% | 28% | 50% | 17% | 0% | 1 | 2.8 |
| Communicating impact of engagement and co production opportunities | 6% | 22% | 56% | 17% | 0% | 1 | 2.8 |

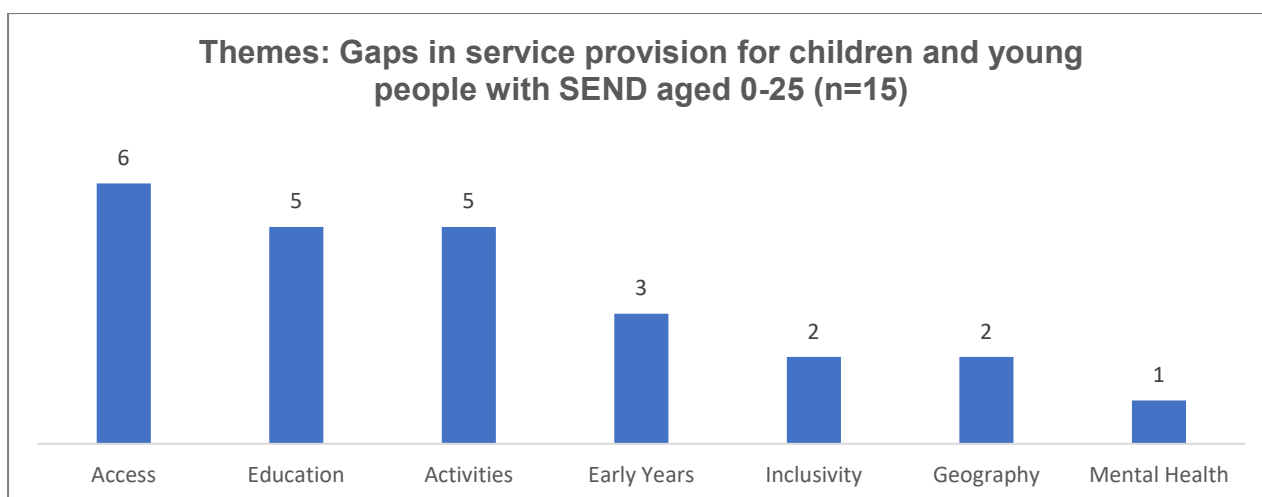
Organisational development and partnership working:

In terms of this, all things to do with organisational development and partnership working were rate just below fair, with the three ones with the worst average scores being communication across services; sharing of data between agencies; sharing of information between agencies; and the co-location of services to provide support.

| Type of provision | 1 – Very Poor | 2 - Poor | 3 - Fair | 4 - Good | 5 - Excellent | Number of Blanks | Average score |
|--|---------------|----------|----------|----------|---------------|------------------|---------------|
| Partnership working | 5% | 26% | 42% | 26% | 0% | | 2.9 |
| Knowledge and understanding of the Local SEND Strategy | 0% | 42% | 37% | 21% | 0% | | 2.8 |
| Communication across services | 11% | 53% | 21% | 16% | 0% | | 2.4 |
| Sharing of information between agencies (e.g., multiagency meetings) | 11% | 37% | 32% | 21% | 0% | | 2.6 |

| | | | | | | | |
|---|-----|-----|-----|-----|----|---|-----|
| Sharing of data between agencies (e.g., multiagency meetings) | 11% | 47% | 26% | 16% | 0% | | 2.5 |
| Co-location of services/professionals to provide multiagency support | 11% | 26% | 58% | 5% | 0% | | 2.6 |
| Accessibility to spaces where children and young people are e.g., via schools | 11% | 26% | 47% | 11% | 5% | | 2.7 |
| Integrated services | 6% | 44% | 28% | 17% | 6% | 1 | 2.7 |
| Continued professional development | 6% | 22% | 50% | 17% | 6% | 1 | 2.9 |
| Supervision for workforce | 6% | 28% | 44% | 22% | 0% | 1 | 2.8 |
| Using data to inform service planning and delivery | 6% | 39% | 33% | 22% | 0% | 1 | 2.7 |

Leading on from question 6: Can you identify any additional gaps in service provision for children and young people with SEND aged 0-25? (Please specify if these gaps are age group and/or SEND specific)



Key Themes Identified (thematic analysis)

- **Mental Health:** Gaps in SEMH and CAMHS services.
- **Access:** Limited availability, long wait times, and lack of inclusive short breaks.
- **Education:** Poor funding, lack of training, and EHCP-related delays.
- **Early Years:** Insufficient nursery access, early help, and child development support.
- **Activities:** Lack of variety, especially non-sport options like STEM/gamer.
- **Inclusivity:** Services not suitable for children needing 1:1 support or for working families.
- **Transition:** Challenges in mainstream secondary provision for neurodiverse CYP.
- **Geography:** Rural areas and South Shropshire underserved.
- **Communication:** Poor coordination between GPs and SEND services.

Sentiment Overview

- Responses were predominantly **negative**, reflecting frustration and concern.
- A few responses were **neutral** or **positive**, often descriptive or solution-oriented.

1. Access to services:

A number of comments gaps mentioned were around access to services, including services that were missing, or issues people could have in being able to access them.

“access to all services, esp assessment services is awful for all ages.”

“Face to face provision, some children find it hard to engage over an online meeting,”

“mental health services”

“no local child development centres”

“Joined up transition support for young people”

“Their are lots of things talk about and offered but only fit for a small amount of people who do not work. Families that work are very limited to what they can access.”

“Very little is available for under 5's, especially in rural areas”

2. Activity related

There were several mentions of where there was a lack of activities for this population or where the activities were not necessarily accessible

“need for bus subsidies to access available free family activities”

“Not enough groups and activities. Places are few and far.”

“SEN activities for all age groups that cover the whole of Shropshire and aren't all sport related.”

“Activities for 0-5 and all ages in the south of the county. Also nothing for children who don't really like sports, would be good to have some STEM/gamer type activities”

“Activities that are on are often not inclusive enough, e.g. requires the carer or can't cater for 1to1. Most children in shropshire are commonly Autistic/ADHD, which activities do cover, but it's also about the children that fall outside of that demographic.”

3. Awareness and training

There were several mentions of particular gaps in either the parents' knowledge, or in professionals including in communication.

“In school training on interventions.”

“no awareness of health visitor role in some families,”

“not enough understanding of the needs of SEN children and young people”

“Patient centred support for under 5 year olds and families to help with dysregulated behaviour/sleep and service navigation.”

“Appropriately trained and experienced targeted early help offer and early help offer for children under 5 with SEND”

“Also its communication between GP regarding SEND and the needs of the person”

4. The assessment process

Several comments mentioned particular aspects of the assessment process, such as the wait for referrals, or assessments, or an EHCP.

“access to all services, especially assessment services is awful for all ages. EHCP are being requested when early intervention may have overcome the need to request.”

“some children find it hard to engage over an online meeting, sometimes this does not reflect a true picture of the child.”

“SEMH -assessment teams and CAMHs services”

“Families having to wait long times for referrals, assessments and support, from speech and language to ADHD/Autism assessments to getting an EHCP.”

5. Short breaks / respite

“Overnight Short Breaks provision - all ages. Accessible and inclusive non-assessed Short Breaks across the whole county - all ages.”

“Short break options for under 5”

“SEN specific childcare/holiday care”

“Short-breaks/Activities for 0-5 and all ages in the south of the county”

6. Educational provision

“need for more special schools”

“Not enough support for schools”

“Access to early years quality nursery settings”

“School provision- especially secondary school post 11- for mainstream places to meet needs of CYP with Autism and neurodiversity”

7. Funding

“Funding for classroom based specialist resources is very poor £150 a year to manage and resource a classroom is not enough.”

“Poor levels of funding for send.”

Leading on from question 6: Can you identify any additional gaps in service provision for parent, carers and families of children and young people with SEND aged 0-25? (Please specify if these gaps are age group and/or SEND specific)

11 responses were received for gaps for parents, carers and families, and again most comments covered a number of themes.

- **Gaps in the process**

“Autism and AdHD assessments as well as BeeU and Anxiety and OCD therapies, assessments, support, knowledge”

“Emotional Health and Wellbeing support - all ages.”

“The short breaks scheme is designed to give parents a break from caring, but a lot of them require the parent to still be there.”

- **Finding information**

“A dedicated website for PA's for children like adults do, it is really hard for for families to find information on PA's when it is desperately needed”

“Advice and information for parents on how to source and fund a PA for their child.”

- **Lack of support groups**

“More local and accessible groups. Local parenting courses have limited spaces.”

“There's very little peer support groups for parents, e.g. like a coffee and chat group for parents to talk to other parents. A SEND specific stay and play, or parents walk and talk group, I think would be well received.”

- **Easier access to support**

“Navigation support for parent carers Joined up working to ensure families can access what they need when they need it from any point in the system- navigation support for practitioners to help parents access to and Responsive support from the LA SEND team for EHCNA and EHCP enquiries”

“parents need easier access to support, their lives are very difficult things like access should be easier.”

- **Equity**

“cycles of poverty in local communities without access to services in villages- no local child centres, few low price activities for parents and expensive bus to Shrewsbury to access services, many activities on local offer therefore inaccessible and unaffordable, improve local facilities eg child centres”

“support needs to be early. support services are not available for all who need it, especially 'hidden' families”

Leading on from question 6: Can you identify any other areas where Shropshire is doing well in the service provision for children and young people with SEND aged 0-25? (Please specify if these are age group and/or SEND specific)

There were only 6 comments received as to what we are doing well, with praise for particular staff roles or groups and some new things being mentioned.

“Autism practitioners in schools and initiatives such as PINS for primary schools seems fantastic- need to review outcomes and spread across county”

“online parenting groups offered and SEN courses offered New EQAs are improving the system, info flow and advice for sencos”

“Send 5-25”

“Support workers are going above and beyond to support families' with sometimes limited resources and long waiting lists to contend with.”

“There are subgroups set up to look at what we can do better and what went well, but again this is all talk nothing changes. No fault of the people this is higher up with government “

“There's lots on offer via Short breaks for those aged 5-17.”

Leading on from question 6: Can you identify any other areas where Shropshire is doing well in the service provision for Parent carers of children and young people with SEND aged 0-25? (Please specify if these are age group and/or SEND specific)

There were only 5 comments detailing what we were doing well for parents or carers.

“Any age are limited to support services and anything after diagnosis “

“local churches in villages - providing food hubs, local youth groups, befriending services, local offer on website, signposting info, online courses e.g. speech therapy, “

“Local offer is organised well. Healthier Together website is a good resource”.

“Signposted parents to the correct support and sometimes supporting parents with this if they are not confident”

“There's amazing support from the parenting team, around sleep tight, understanding your child, etc.”

What do you think are the current key challenges for parent, carers, and the families of children and young people with SEND aged 0-25 in Shropshire? For example: child development, obesity and parent/carer mental health.

14 people left comments around this question, some of which were lengthy and touched on several themes:

- **Mental Health**

There were several mentions of parents mental health being an issue

“Mental health”

“Parent/carer mental health”

“Mental load.... physical and emotional health”

“Parent carer mental health is another big one. A lot of families we have enquiries from are under stress from supporting a child with SEND without a break and feeling like they have to fight for any support from the system.”

- **Application process and waits**

There were various comments about the various stages of getting support with a child with SEND and the waiting times that parents had and how this wait in itself could be an issue

“Application speed for EHCP. Amount of paperwork”

“appointment”

“EHCPs”

“waiting lists are too long and this impacts the whole family and adds to any anxieties”

“Long forms everything is online or emails”

“Waiting well - on a personal level my son has been waiting for an ADHD assessment for over a year, with another year to go probably. We received a letter with a few website links on when the referral was accepted but nothing since. It would be good if families were checked in on, even if it was a yearly letter to say 'we haven't forgotten about you, you are this far up the list, here is some up-to-date info about local support available”

- **Gaps in provision**

There were various things mentioned where the services or support were not there, or were not there in particular areas.

“without access to services in villages- no local child centres”

“New parents moving into social housing in an area without facilities- need for community networks etc”

“services aren't there. schools being expected to pick up and address the need. children and families being failed.”

“Lack of provision”

“Early years support for behaviour, toileting and sleep”

“transport, Preparation for Adulthood and transitions between children's and adult's social care, access to health appointments/services”

“Support from specialists Support and understanding of concerns from GP”

- **Parents learning**

Some comments mentioned parents lacking understanding or knowledge in specific areas, or in one case an assumption from them that others would do things

“development”

“engagement... parental apathy and expectation that others will sort what can, at times, be parenting.”

“Learning how to support their child's specific needs and how to get help”

“Child development in regard to behaviour”

“co-production, knowledge and understanding of the use of Personal Budgets and how these can be used flexibly to support needs”

- **Funding and money**

Mentions of this were either around personal finances or in regard of the lack of it in the community.

“How this translates into funding”

“cycles of poverty in local communities without access to services in villages- no local child centres, few low-price activities for parents and expensive bus to Shrewsbury to access services”

“Cost of living”

“Finances”

“understanding of the use of Personal Budgets and how these can be used flexibly to support needs”

- **Respite and breaks**

Few comments were focussed on parents being able to have a break or needing one.

“Little opportunity to have a break.”

“Short breaks availability”

“Overnight Short Breaks availability, holiday provision of Short Breaks”

“Tiredness”

- **Education system**

Mentions about issues related to schools and the education system

“schools being expected to pick up and address the need”

“Some children are missing out on an education.”

“school exclusions for CYP with EHCP's.”

“Support and understanding in school”

- **Lack of time**

“Navigation of support available “

“Time if there not caring then most require contact during working hours so do have the time to sit for hours on the phone”

Please rate the following aspects of how effective you feel your service area is operating:

For the purposes of this question the average score was worked out by giving very ineffective a score of 1, ineffective a score of 2, neither effective nor ineffective a score of 3, effective a score of 4 and very effective a score of 5 and excluding any not relevant. This shows that the respondents felt that communication the quality of care scored the highest average score, but waiting times was the lowest and going towards ineffective.

| | Very ineffective | Ineffective | Neither effective nor ineffective | Effective | Very effective | Not relevant | Average score |
|--------------------------------------|-------------------------|--------------------|--|------------------|-----------------------|---------------------|----------------------|
| Referral process | 0% | 33% | 22% | 44% | 0% | 1 | 3.1 |
| Communication with families | 5% | 26% | 11% | 32% | 26% | | 3.5 |
| Communication with service providers | 0% | 39% | 11% | 44% | 6% | 1 | 3.2 |
| Waiting times | 39% | 17% | 22% | 17% | 6% | 1 | 2.3 |
| Support while waiting | 33% | 6% | 22% | 33% | 6% | 1 | 2.7 |
| Location of services | 0% | 32% | 47% | 16% | 5% | | 2.9 |
| Reasonable adjustments | 0% | 18% | 47% | 18% | 18% | 2 | 3.4 |
| Quality of care | 6% | 17% | 17% | 44% | 17% | 1 | 3.5 |
| Partnership working | 5% | 26% | 21% | 37% | 11% | | 3.2 |

As part of the JSNA, ‘Spotlight JSNA’s’ will be developed to explore key areas of need further. In your opinion, what subjects relating to children and young people with SEND aged 0-25, should be explored in more depth? (Please specify if these gaps are age group and/or SEND specific)

11 people responded to this question with various gaps they encountered and these have been broken down into themes.

- **Assessment and waiting times**

Several comments mentioned the waiting times or individual parts of the process.

“Assessment and diagnosis needs to be quicker so support can be put in place quicker.”

“assessment”

“EHCPs”

“SEMH assessments”

“Waiting times and support whilst waiting for referrals/assessments etc.”

- **Breaks / respite and childcare**

“Childcare”

“Gaps in provision especially Overnight Short Breaks - all ages”

“Short Breaks”

- **Support**

There were mentions of the early support, particular aspects of support that could be put in place to help.

“early support”

“Preparation for Adulthood - age 14 plus.”

“Parenting support for families of under 5's eg sleep, dysregulated behaviour, communication, toileting who have SEND. Need to develop volume of and expertise of Early help ”

“support and training”

- **Access**

There were several comments about issues people had in being able to access things or how things were not available to certain people or in different parts of the county

“Provision across the county for ALL age groups”

“Transport - all ages.”

“access to local facilities in the area to improve health and wellbeing too”

“Activities for 0-5 year olds and children/YP in the south of the county”

- **Staff roles**

Three people mentioned that things were lacking which had a knock on effect onto other people

“PA's“ (personal advisors?)

“how much of a social workers role teachers are taking on alogside their own teaching and safeguarding responsibilities”

“It appears that the school nurse service are providing familys and young people with support that they are not speclised in, however families are just left to the own devices otherwise, Schools sign post for support to school nurses GP signpost to GP Other

agencies like Early help signpost, BEEU signpost to school nurses, Parents Signpost, Specialist Signpost”

- **Money**

2 people mentioned the impact of money

“Funding available for SEN families”

“Poverty”

Health inequalities are defined as avoidable, unfair, and systematic differences in health between different population groups. A priority for Shropshire is to reduce inequalities through prevention and early intervention. How do you think we can address inequalities to improve outcomes for children and young people with SEND aged 0-25? (e.g. transport, rurality, cost of living)

12 people left responses to this question and there were a number of themes

- **Transport / Travel / Distance**

7 people mentioned issues related to the distance they had to travel or transport to get there

“Access to transport”

“travel”

“Travel costs”

“Making services more accessible - E.g. someone from Ludlow not having to travel into Shrewsbury to access the support or activity they want.”

“Rurality”

“subsidising transport cost for bus services in rural areas so families moved here have access to facilities e.g. even if just for Pupil premium families”

“Transport”

- **Finances**

5 people mentioned aspects involving finances

“Access to financial advice and support”

“Allow support for all children not just low-income families”

“cost of living- food”

“Make sure we can pass on more information about living cost and companies that can help them”

“Cost of living Financial position”

- **Access to services**

“better access, lower waiting times. health visitor contact to catch children and families early”

“stronger SEND public health offer”

“More staff and training available for staff”

“better access to health visitors, more family support workers to actually work with families for longer to reduce cycles of problems”

- **Support**

4 people mentioned aspects of support

“Access to advice and support in rural areas.”

“placements”

“provide in depth support for parents who themselves are vulnerable.”

“Support available”

- **Assessment and beyond**

3 people mentioned various aspects of identifying SEND in the first place and then issues that could be put in place after.

“lower waiting times.”

“Maintaining and improving/strengthening LD health checks into adulthood Reasonable adjustments to become a mandatory component for service provision”

“Early identification then targeted services available”

- **Education**

One person mentioned issues with the education system

“Secondary school provision for mainstream children with neurodiversity”

- **Housing**

One person mentioned housing as an issue

“housing that meets need of families with children with SEND”

Respondents were asked about a number of organisations to find out whether they regularly worked in partnership with them and whether they would like to work closer with them. For this question, if people were already working in partnership with an organisation, they could still say they wanted to work more closely with that organisation. Shropshire Council topped the list of organisations people regularly worked with, with Shropshire community health NHS trust and both educational settings or educational provision having over half of

responses. When it came to which organisations people would like to work more closely with, the responses were much lower.

| | Which services do you regularly work in partnership with? | Which service areas would you like to work more closely with? |
|---|---|---|
| Shropshire Council | 79% | 16% |
| Shropshire Community Health NHS Trust | 58% | 21% |
| Shrewsbury and Telford Hospital Trust | 21% | 21% |
| Midlands University NHS Partnership Foundation Trust | 16% | 26% |
| Shropshire, Telford and Wrekin Integrated Care Board (ICB) | 32% | 16% |
| Primary care | 16% | 16% |
| Educational settings (Alternative Provision, Pupil referral units, Electively Home Educated, college) | 58% | 26% |
| Education provision | 63% | 26% |
| Third Sector/Voluntary Community Sector Enterprises/Charities | 42% | 11% |
| Local businesses | 21% | 11% |
| West Mercia Police and Probation | 21% | 5% |
| Fire and Rescue | 16% | 5% |
| Other | 5% | 5% |

Further comments

Only one extra comment was received

“Better communication is needed, and more opportunities for ease of information in a family friendly manner.”

Voice of child, parent and carers

In a [national survey](#) conducted between February and March 2025, of 2,000 parents of children with SEN but no EHCP (mainstream schools) found:

- 8% of parents agree that their child’s needs are being met by SEN support
- 21% say they are not receiving any SEN support despite there being a need
- 35% of schools say they do not have the funding
- 31% of schools said “other”, including not believing that the child has additional needs, or staff shortages
- The lack of support has meant that 47% of these children have not been attending school

PACC Mad, Sad, Glad – a reflection report 2025

PACC conducted a survey for Parent Carers to share what makes them Mad, Sad, and Glad about their lives caring for a child/young person with special educational needs and/or disabilities in Shropshire. 120 parent/carers responded.

Summary of the findings are below. The full report can be found here: [Mad, Sad, Glad Report 2025](#)

MAD – What Frustrates Parent Carers

- **Fighting for Support:** Constant battles for basic services, even post-diagnosis. Parents feel blamed, unheard, and overwhelmed by bureaucracy.
- **The System:** Delays in EHCPs, repetitive paperwork, and poor communication from the Local Authority.
- **Lack of Provision:** Inadequate support in mainstream schools, limited activities for both young children and neurodiverse teens.
- **BeeU Services:** Long waits, lack of access, and poor support for neurodevelopmental and mental health needs.
- **Lack of Understanding:** Professionals often lack empathy and knowledge, especially around autism in girls. Parents feel isolated and overburdened.
- **Financial Strain:** High costs, limited benefits, and systemic barriers to financial support, especially for working carers and fathers.

SAD – What Disheartens Parent Carers

- **Lack of Empathy:** Families feel judged and misunderstood by professionals. Their voices are often ignored.
- **Family Impact:** Strained relationships, missed social opportunities, and emotional toll on the whole family.
- **Work Challenges:** Inflexible jobs and lack of childcare make employment difficult.
- **Friendship Struggles:** Children face social exclusion, and parents feel guilty over their own social lives.

GLAD – What Brings Joy to Parent Carers

- **Community Support:** Strong networks through PACC, Autism West Midlands, and Actio. Peer support is invaluable.
- **Their Children:** Deep pride in their children's resilience, growth, and unique perspectives. Joy in small milestones and everyday moments.
- **School Success:** Praise for schools like Severndale where children thrive with the right support.
- **Growing Awareness:** Increased public understanding and kindness from individuals who see the child, not just the disability.

Children’s and Families story

| Name | Organisation | Team/Service |
|-----------------|---------------------------------------|--|
| Victoria Cumber | Shropshire Community Health NHS Trust | Children’s Speech and Language Therapy |



Slide 1

Improving Lives in Our Communities



SEND Tell your story

| Child or Young Person’s age and profile of needs | Concern or Reason for Intervention | Intervention(s) and Outcomes |
|---|--|--|
| <p>Child/young person (CYP) age 5;6 years (in reception)</p> <p>Known to the Community SLT Service.</p> <p>CYP presented with significant expressive language and speech sound difficulties at his initial assessment 18 months ago aged 3;10. CYP was mostly using natural gestures and vocalisations to express himself. He had a limited inventory of sounds he could use.</p> | <p>CYP was seen for an initial assessment in June 2023. At the age of 3;9, he was identified as having significant difficulties with his expressive language skills and presenting with a significant speech sound disorder. He was consequently having difficulty expressing himself to his family, key education setting staff, and his peers, and was getting extremely frustrated and withdrawing from interacting as a result. There were also high levels of parental anxiety about his development and low confidence to support him.</p> <p>His expressive language skills were initially identified as his primary area of need. The focus of intervention moved to include targeting his speech sounds later on as his language skills improved.</p> | <p>CYP’s parents and key education staff were provided with advice at his initial and subsequent review assessment, which included referrals to access the service’s online training sessions to support a child’s language development.</p> <p>CYP accessed two rounds of a pre-school language group (one group block consisted of a 6 week face to face group and included education sessions to upskill and empower parents to support their child’s language). At a review after accessing the 2nd group, CYP was found to have made really good progress. He had a larger vocabulary and was able to combine up to 3 words together to express himself. Updated advice and online training was provided to his parents and nursery to continue to support his language throughout the day. A referral was made for him to be considered for Language Class/local DLD and SSD provision (intensive input) to target his speech and language development. He was accepted onto the waiting list.</p> <p>Once he started school, a review assessment a few months later identified how progress with his expressive language skills had continued. The focus of therapy moved to also target his speech sound skills. CYP was referred to the Escalation Panel (where we discuss how to best meet a child’s needs when they require more than our usual offer) and he subsequently accessed weekly support in school with an SLT assistant, supervised by an SLT). A TA joined all sessions to be upskilled to provide follow-up support in the week, and a home-school communication book was created for parents to be provided with weekly practice and resources to use at home. Within two school terms, CYP moved from presenting with a significant speech sound disorder to having a very mild delay with his speech for his age. In discussion with his parents, his referral to the local Language Class provision was no longer required.</p> |

The Impact

| How did the child or young person's life or their family's life improve? | What learning took place from this intervention? Or what next for child/family/practitioner or school/setting or service |
|--|--|
| <p>Key education staff and his parents have commented on the considerable progress he has made in just over 12 months. CYP has gone from using natural gestures and vocalisations to communicate, to using full sentences with mostly age appropriate speech. There has been a considerable increase in CYP's confidence communicating and he is now understood by his family, key staff and his parents. He can express his wants, needs, ideas and demonstrate his learning effectively throughout the day. He enjoys communicating and has lots to say. He doesn't withdraw from interacting anymore.</p> <p>At his initial assessment and whilst attending parent education sessions, CYP's mother reported high levels of anxiety about CYP's speech and language development, and concerns about her ability to support him. CYP's mother now reports low levels of anxiety about CYP's development and increased confidence to support him, describing how "he doesn't stop talking now, it's lovely" and "he has a voice"!</p> | <p>The importance of upskilling and empowering parents/carers and key education setting staff play to support a child's development and the crucial role they play in aiding their progress.</p> <p>The effectiveness of the pre-school language groups, the service's training and coaching model, and direct input on his progress.</p> <p>CYP will be seen for a review in the autumn term 2025 where his referral will likely be closed if his speech difficulties have resolved following advice provided for his parents and school staff to follow in the summer term 2025.</p> |



Shropshire Outcomes



BeeU Neurodevelopmental case study

BEEU Neurodevelopmental Service Case Study

Background:

- 16-year-old.
- Referred to BEEU ADHD Pathway.
- Prior to this referral she had been referred to the BEEU Access Team and had the referral closed with no contact having been made to the ADHD Team about any concerns identified in the referral.
- Referrers were identifying disruptive behaviours including screaming and kicking out at staff in school.

Young person and family experience:

- YP has been receiving consistent positive praise from staff, which has contributed to her improved engagement in lessons
- Attendance in lessons has increased, and she is showing a positive trend academic performance and overall school involvement.
- English and Maths are progressing well.
- Science remains a challenge, but she is making efforts to engage.
- Sports participation is going well, and she appears to enjoy these activities. She has also been going to the local gym
- There has been further improvement over the past month, suggesting that recent interventions and support strategies are having a positive impact.
- Has now asked to be reviewed at greater intervals as is feeling more confident they can manage things.
- Family are contacting the service less and now share positive stories rather than distress.

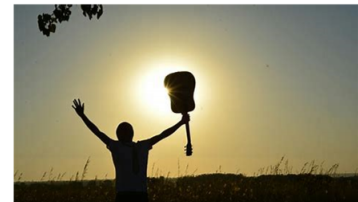
Intervention:

- Young Person (YP) (school, parent and YP)
- School Observations
- Parents Interview
- Diagnosis of ADHD given
- Medication
- Referral to Core Team for Mental Health support

Identified Outcome:

- Identified Autism symptoms referral made to Healios
- Treatment discussions
- Reviewed and then ultimately YP has decided they no longer need medication
- Resulted in the YP accessing CBT support

The YP's most recent contact with BEEU has been to send "heartfelt" thanks to the Clinician they have been working with. They commented that they felt really valued and felt they had finally been heard.



Neurodiversity Practitioner feedback

"The input has been invaluable, and we have thoroughly enjoyed working with her. We hope to work with her again in the future." School

"Great to have the opportunity to discuss school-based SEND issues to devise an action plan to support the growing number of neurodivergent children at our school." School

**child* shared that school was really good. He feels that he plays with his friends more now and recognises when he needs 'alone' time. Commented by a child to an NDP*

**child* commented that she has got better at regulating within school and she knows when she is feeling angry. She added that she knows how to handle her emotions and calm herself down. Commented by a child to an NDP*

*"...I do think *child* is now more able to manage her emotions, or at least articulate when she is feeling things (particularly at home), which sometimes means we can preempt complete disregulation. I know that I feels understood by her current class teacher as she has expressed this to me."* Parent

"Definitely happier to go to school I used to struggle to get her in on time." Parent

"Lovely empathetic ladies the 'get' the busy demands within a school environment for SENDCOs. Lovely to discuss issues and how best to support our neurodivergent children." School

"It has been invaluable to work with someone who has grown to understand the needs of our school and work with us to tailor support which meets the children's needs." School

Neurodiversity Practitioners (NDPs)

The Impact so far:

| Children - scored from 0 (worst) to 5 (best) | I enjoy being at school. | I feel safe when I am at school. | I feel that I am supported in lessons. | I enjoy breaktimes and lunchtimes. | I have at least one trusted adult that I feel I can talk to. |
|--|--------------------------|----------------------------------|--|------------------------------------|--|
| Average pre (N=87) | 3.37 | 4.07 | 3.679 | 3.97 | 3.64 |
| Average post (N=66) | 3.90 | 4.48 | 4.31 | 4.58 | 4.15 |

Parents:

- Post scores increased for: My child seems happy and settled at home; I understand my child's needs and what they find challenging; and I understand that my child has unique strengths and capabilities. This progress suggests that parents recognised a positive impact of NDP support at home.
- Of the 14 parents who gave post-data, eight rated some areas as being lower than they had originally, although most gave positive qualitative feedback, e.g., around their child being happier going into school, finding communication with staff easier, and their children being better able to manage their emotions. It is further noted that some anomalies, where parent-school relationship had broken down, skewed the data.

| School - scored from 0 (worst) to 10 (best) | How well do your school understand the needs of neurodiverse children? | How well do your school meet the needs of neurodiverse children? | How much CPD have you had to develop your understanding of how to meet the needs of neurodiverse children? | How effectively have you implemented this training at school? | How effectively do you capture neurodiverse children's voice to understand their strengths and areas of need? | How effectively do you capture the voice of the child's parents/carers to understand the child's strengths and areas of need? |
|---|--|--|--|---|---|---|
| Average pre (N=43) | 6.12 | 6.10 | 5.37 | 5.45 | 5.14 | 6.02 |
| Average post (N=34) | 7.59 | 7.62 | 7.50 | 7.03 | 7.07 | 7.44 |

The difference between these scores meets statistical significance at $p < 0.01$

ELSEC – Child and family story

This learning is being actioned through the SLCN workstream and ELSEC steering group.

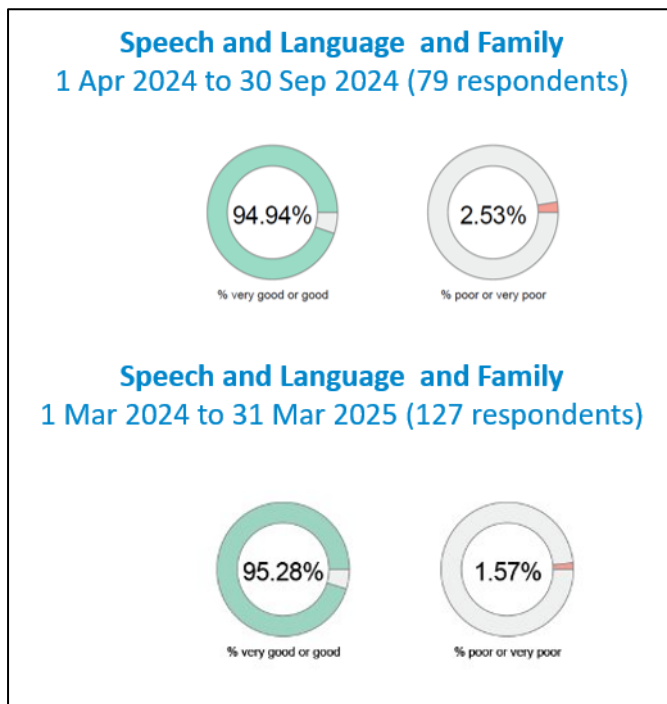
ELSEC – Child & Families Story

CYP age 4 years 9 months

- In the classroom CYP would show focus and attention to the activities that were happening; however, she would be reluctant to speak out or share her view. CYP required support from the teacher or support staff to spot when she needed help.
- CYP scored amber in the Talk Boost screen with the main areas of need being using sentences and retelling stories. Her language levels indicate that CYP was at risk of needing a referral to the Speech and Language Service.
- Following the ELSEC intervention, CYP scored green when re-screened post intervention, meaning her language skills are now at an age-appropriate level.



Speech and Language Therapy feedback



Parent Carer feedback

The voice of our children, young people, families & professionals

The voice of our children, young people, families & professionals...

"Thank you for all your support, guidance, and effort to find X a suitable educational setting where she can thrive and meet her full potential. X has settled well... and is already showing some independence. Please don't underestimate what you have done for X and us as a family and we cannot thank you all enough." [Parent Carer feedback November 2024](#)

"Thank you for all your hard work, you have been a star through this whole process. The fact that you've kept in contact even when there has been no updates has been so helpful in reassuring us that we hadn't been forgotten. You're a credit to your team and to Shropshire council.." [Parent Carer feedback March 2025](#)

"...played a key role in supporting pupil provisions, always approaching situations with openness, honesty, and a realistic perspective. She takes into account the school's views on a pupil's needs and works collaboratively to find alternative solutions when challenges arise. Beyond this, (her) impact extends to Post-16 and Year 6 transition documentation, ensuring that accurate information and clear timescales are provided to meet essential deadlines. Her diligence and efficiency in this area have significantly benefited our young people and families, easing their worries about transitions and ensuring they are well supported at every stage. " [Asst. Headteacher feedback March 2025](#)

"the next set of parents that you'll be supporting are extremely lucky! I honestly appreciate your hard work and more importantly your rapid replies to questions and sometimes in my case - arguments.." [Parent Carer feedback February 2025](#)