



Special Education Needs and Disability Report March 2026

healthwatch
Sandwell



**Engaging
Communities
Solutions**

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Introduction

Healthwatch Sandwell is your independent community champion for health and social care. Our role is to gather people's experiences of using health and social care services in order to work with those who provide care to bring about positive changes in how services are delivered. Each year we undertake priority projects which are a deeper dive into people's experiences around a particular subject.

Context

Nationally, there are more children and young people than ever before whose needs are not being met in mainstream education. A 60% increase in the number of students placed in state-funded special schools and a staggering 132% increase in Independent Non-Maintained Special School placements mean that expenditure has outstripped increases in funding.

In May 2023, there were over 11,259 children and young people with Special Educational Needs and Disabilities (SEND) in Sandwell. Historically, about 1,300 children and young people had received Statements of Special Educational Need (2014). On this date, there were 3228 children or young people with an Education, Health and Care Plan (EHCP/EHC Plan) in Sandwell across the 0-25 age range.

[Sandwell Local Area partnership \(SEND and Alternative Provision\) Plan 2023-2026](#)

National and Local Change

As this project was undertaken, SEND provision was also the subject of change at both national and local level. Nationally, up to 18 May 2026, there was an open consultation on proposed reforms to SEND provision and policy in England. The reforms set out in the 2026 Schools White Paper include earlier support, stronger inclusion in mainstream settings, the introduction of Individual Support Plans (ISPs), a tiered framework of support, and related legislative change. These proposals aim to improve outcomes for children and young people with SEND, reduce pressure on local government services, and make the system easier for families to navigate.

Locally, Sandwell is progressing its SEND Transition Programme. This includes developing a clearer whole-school SEND and inclusion offer, building local capacity through a tiered system of support so that children and young people can be supported closer to home, redesigning Education, Health and Care Plan (EHCP) processes across council teams to improve consistency and reduce delay, and creating a travel assistance model that promotes greater independence for children and young people. These developments provide important context for understanding the experiences shared by parents and carers in this report.

How did this project come about?

This year we are looking at parents' experiences of Special Educational Needs and Disability provision in mainstream schools across Sandwell. Last year we undertook a project on parents' experiences of SEND provision, particularly in specialist SEND provision schools. From this, we gathered intelligence from parents who have children in mainstream schools, and some parents told us that they felt the provision was either not there or not suitable for their child's needs.

Acronyms Used in this Report

The following acronyms are used throughout this report.

- **SEND** – Special Educational Needs and Disabilities
- **EHCP** – Education, Health and Care Plan
- **ISP** – Individual Support Plan
- **SENCO** – Special Educational Needs Co-ordinator
- **OT** – Occupational Therapist / Occupational Therapy
- **SALT** – Speech and Language Therapy
- **ADHD** – Attention-Deficit/Hyperactivity Disorder
- **ASD** – Autistic Spectrum Disorder
- **ODD** – Oppositional Defiant Disorder
- **CAMHS** – Child and Adolescent Mental Health Services
- **DLA** – Disability Living Allowance
- **SEMH** – Social, Emotional, Mental Health
- **NICE** – National Institute for Health and Care Excellence
- **GP** – General Practitioner
- **SPDC** – Sandwell Parents for Disabled Children
- **HAF** – Holiday Activities and Food Programme

What we did

Healthwatch Sandwell engaged with 58 people who completed our survey. We also had conversations with over 20 parents who have children with Special Educational Needs and Disabilities in order to gather their perspectives on SEND provision in Sandwell. Many shared in-depth experiences of support in school and from other providers. These insights came from a wide range of parents whose children attend primary, junior, and secondary schools.

We also interviewed two SENCO leads at two primary schools in the borough.

Who took part

As part of the project criteria, Healthwatch Sandwell engaged with a diverse range of people, from across the 6 towns and from parents who have children with a wide range of ages and from varying ethnicities.

A demographic breakdown of participants can be found on page 13

Our findings

We will present the key findings from our research in the following categories.

- Education, Health and Care Plans and Additional needs of children
- Parents views on how their child is supported in school
- Parents views on how their child is not supported in school
- Issues and concerns
- Communications and Support

➤ Case Studies

Each section will show the key findings, along with what we asked and what the responses were. Questions were not mandatory; therefore, some participants may have chosen not to respond to some questions.

Education, Health and Care Plans and Additional Needs of Children

Key Findings

A key finding from the data highlights a gap between identified need and perceived support. While 66% of children were reported to have an Education, Health and Care Plan (EHCP), and 76% were identified as having a disability, a majority of parents indicated that they do not feel their child is adequately supported in school. This suggests that, despite formal recognition of needs, there may be inconsistencies in how support is delivered in practice, raising concerns about the effectiveness and accessibility of current SEND provision in meeting the needs of children.

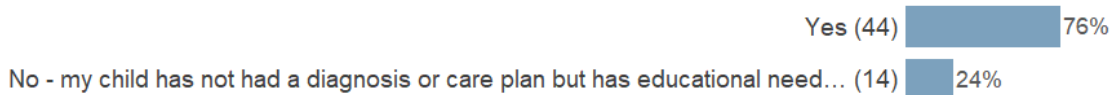
Q. Does your child have an Education, Health and Care Plan (EHCP)



Q. Do you feel your child is receiving the correct support in school?



Q. Has your child been diagnosed with any education needs or a disability?



Q. Do you feel your child's school accommodates their needs?



Analysis of responses:

We analysed the responses from parents and carers describing their children's needs. We have grouped the needs into categories. Below is an explanation of each category and what we included within it.

Needs of children when in school Types of needs reported by parents (children may have multiple needs)



- Neurodevelopmental (26%)
- Learning support (17%)
- Emotional / Mental Health (10%)
- Personal care (10%)
- Environmental adjustments (5%)
- Social / other (5%)
- Other (4%)

4. A wide range of smaller needs still matters (4–8% each)

Categories like social needs, environmental adjustments, and multiple needs show that support must remain flexible and inclusive.

1. Neurodevelopmental needs are most common (26%)

Over a quarter of children require support related to neurodevelopmental differences, making this the largest single category and a key area for school resources.

2. Learning and emotional support are major priorities (27% combined)

Learning support: 17% and Mental Health/Emotional: 10% These together show that academic and emotional wellbeing are closely linked, and both require strong provision.

3. Communication needs are significant (11%)

More than 1 in 10 children need help with communication, highlighting the importance of speech, language, and interaction support in schools.

5. Many children have overlapping needs

The data shows that children may have multiple needs, meaning holistic, coordinated support is essential rather than isolated interventions.

Parents' Views on Support Offered in School

Please explain how you feel your child is being supported

Parents described a wide spectrum of experiences regarding support for their children with Special Educational Needs and Disabilities (SEND). While some praised excellent provision and dedicated staff, the majority expressed concerns about inconsistent support, lack of understanding, and systemic failures. Below are the key themes that emerged from the responses.

Good Support

Children's support can vary widely, with some receiving helpful and effective provision while others experience gaps. In some situations, good support is in place, but this is not always consistent across schools or services. Challenges such as education plans not being properly followed, staff needing more training, and system delays can prevent children from getting the help they need. Some children's needs are not always recognised, especially when those needs are hidden or when the child masks their difficulties. This often leads to support being provided only after problems arise, rather than being planned early. As a result, some children may only receive basic care instead of more tailored support, showing that while there are strengths in the system, there are also clear areas that still need improvement



Support Gaps

Children's support is uneven, with a mix of positive help and ongoing challenges. While some children benefit from good support that meets their needs, others face difficulties such as only receiving basic care or being affected by the limits of mainstream settings. There are concerns about schools not always continuing to support effectively, education plans not being followed properly, and staff needing further training. Some needs are overlooked, especially when children hide their difficulties or when those needs are less visible, which can delay appropriate help. As a result, support is often reactive instead of planned early. Overall, this highlights that although support is available in some cases, there are still important gaps that prevent consistent and effective support for all children.



Please explain what you feel is not being done to support your child's needs

"I do not feel my child's educational needs are being met. This is due to the limited members of staff not having the capacity to deal with those who require more attention and time, as well as those who do not. As a child who doesn't require additional support, my child is suffering as the staff do not have the time to provide the level of education support that would be provided if the additional needs were provided by specific allocated staff. There are circa 35 children in the class. Within that 35, 2 or 3 appear to have ECHP's in place. However, there are another 5 or 6 within the class who require additional assistance above that expected of a child of their age. Because that support is not available, the staff have to concentrate on the 5 or 6 individuals with the additional need a rather than focusing on the circa 28 that do not have additional need."

Bullying Ignored for Months

"Although his plan recognises difficulties with social interaction, there has been no effective support put in place to develop these skills or to protect him during prolonged bullying, which has been ongoing for many months."

"His SEND, vulnerability, and tendency to mask distress have not been properly taken into account in the school's response to this bullying."

"He is also being bullied and is internalising this as being 'bad' or 'not good enough' because of his disabilities."

EHCP Failures – EHCP Completely Ignored

"The school has not implemented my child's EHCP or the Occupational Therapist (OT) recommendations consistently, and as a result his needs are not being met and he is unable to access education safely or fairly."

"Both the SENCO and class teacher have previously stated that parts of the EHCP were not being delivered and that staff were not appropriately trained, but this has later been denied when I have tried to raise and resolve these issues."

"Overall, the school is not delivering the provision in his EHCP."

No Therapy – Sensory Needs Dismissed and Occupational Therapist (OT) Advice Ignored

"His sensory regulation needs are not being met. The OT recommended a Zumo rocker chair, but the school told the OT it was too expensive."

"The OT was also told that not all provision would be delivered because the school has 'other children to look after.'"

"The school has chosen to implement generic movement breaks instead of the OT-specified provision, which does not meet his needs and does not support his regulation."

"The fidgets and sensory resources that I provided for him were placed in lockers in a different year group in another part of the school, meaning he does not have access to them when he needs them."

Learning Support Withheld

"Visual supports such as a Now and Next board, task boards and other structured aids are not in place."

"His processing and working memory difficulties are not being accommodated. He is given long verbal instructions, is not given consistent extra processing time, and tasks are not reliably broken down or scaffolded, despite this being essential for him."

"He is still being required to copy from the board and has been told off for being slow at copying, meaning he is being reprimanded for difficulties directly caused by his disability."

"He does not receive consistent access to scribing."

When talk-to-text was discussed, I was told he would have to sit alone in the corridor to use it, which is not a reasonable or inclusive adjustment."

"He does not consistently get access to his laptop and only receives it when the teacher remembers."

"He does not receive extra time for classwork and does not receive reasonable adjustments in assessments. He sometimes receives extra time in tests, but this is inconsistent and not reliably implemented."

Transitions and Routine Changes Not Managed

"Transitions, changes to routine and unplanned events are not carefully planned or managed, despite this being a clearly identified need."

"The school grotto experience is a clear example of this, where a lack of preparation and adjustment led to avoidable distress."

Forced into Inappropriate Interventions

"He has been placed into handwriting interventions despite both the OT and myself explaining that this is not appropriate for him, and that he needs alternative methods of recording rather than pressure to meet an unattainable handwriting standard."

"He is under pressure to achieve a 'pen licence' despite his disabilities making this unrealistic, which is damaging his self-esteem, reinforcing shame, and deepening his sense of failure."

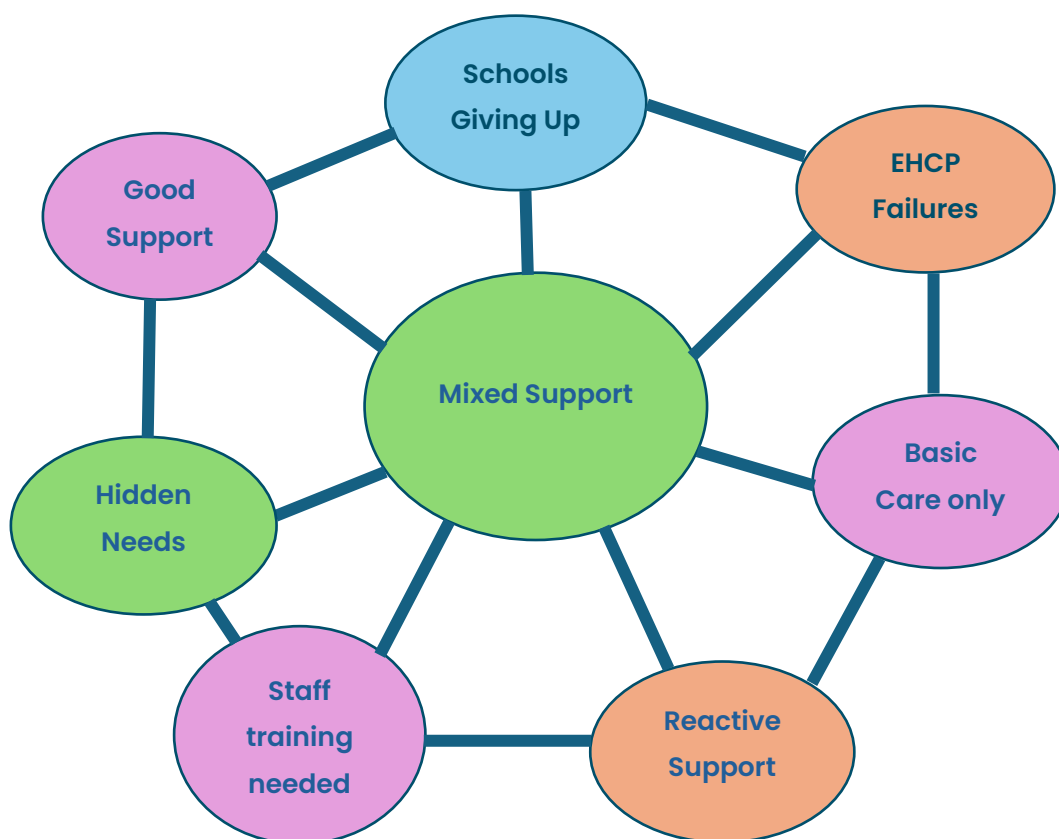
Seating Makes Things Worse

"Seating is not managed appropriately. He is not seated next to a positive role model as specified; instead, he is seated next to a child who is frequently in trouble, to the point that this is a regular talking point for him and negatively affects his focus and sense of safety."

Mixed Support

Children's support is not consistent and varies a lot. In some cases, good support is in place, but in others, children may only receive basic care, or schools may struggle to meet their needs. There are issues such as education plans not being followed, staff not having enough training, and delays in the system. Some children's needs are harder to spot, especially when they are hidden or when a child masks their difficulties, which means support may come too late. Because of this, help is often reactive rather than planned in

advance. Overall, this shows that while some support exists, there are still significant gaps that affect how well children's needs are understood and supported.



Hidden needs – Child Suffering in Silence

"There is a lack of understanding of my child's diagnoses and trauma profile, particularly how he masks his difficulties, is driven by shame, and is a people-pleaser who tries to cope silently rather than ask for help."

"Because of this, his distress and needs are often hidden unless adults are proactive, observant and trained. Instead, the school frequently assumes he is coping, which means his needs are missed, support is not put in place, and difficulties escalate before any response is made."

Basic Care Only – Basic Body Awareness Needs Ignored

"My child has significant interoception difficulties and is not reliably aware when he is hot, cold, thirsty, hungry, or needs the toilet."

"The school is not supporting this through prompts, routines or strategies, and instead expects him to self-manage something he is neurologically unable to manage consistently."

Schools Giving Up – Sensory Needs Dismissed and Occupational Therapist

(OT) Advice Ignored

"His sensory regulation needs are not being met. The OT recommended a Zumo rocker chair, but the school told the OT it was too expensive."

"The OT was also told that not all provision would be delivered because the school has 'other children to look after.'"

"The school has chosen to implement generic movement breaks instead of the OT-specified provision, which does not meet his needs and does not support his regulation."

"The fidgets and sensory resources that I provided for him were placed in lockers in a different year group in another part of the school, meaning he does not have access to them when he needs them."

Staff Training Needed – Staff Not Trauma-Informed

"Staff are not trained in, and do not use, the emotion coaching approach clearly specified in his EHCP."

"Most of his day-to-day interactions are not trauma-informed or emotionally safe, and he does not receive consistent support with emotional regulation."

EHCP Failures – Parents Dismissed

"Opportunities for meaningful planning and review are not in place. Target-setting meetings are limited to around 10 minutes, which does not allow for any proper, constructive or solution-focused discussion about needs, provision or progress."

"At parents' evening, I was told he would 'never meet a baseline,' yet when I have tried to seek support and discuss what should be put in place to address this, these concerns have been closed down rather than acted upon."

"Communication with parents is poor and not transparent. Concerns raised are often minimised, contradicted or dismissed rather than used to inform planning."

"Both the SENCO and class teacher have previously stated that parts of the EHCP were not being delivered... but this has later been denied when I have tried to raise and resolve these issues, making collaborative problem-solving extremely difficult."

Case Studies

Case Study One

An 8-year-old boy diagnosed with autism at age 5 attends a mainstream junior school, where he spends mornings in the Nest and afternoons in class; although the school applied for an EHCP three years ago, it was only implemented last year. His mother believes a specialist SEND provision would better meet his needs and is concerned that despite an educational psychologist assessment two years ago, no follow-up has occurred, and she is still awaiting a review. Additionally, her son has not seen a Speech and Language Therapist since an initial appointment four years ago, during which she reports that no direct assessment of him was carried out. She also described a difficult experience at Midland Metropolitan University Hospital, where long waiting times and a lack of suitable space caused him significant anxiety, forcing her to leave before being

seen. Overall, she feels let down by services and is uncertain about the next steps for her son's support.

Case Study Two

A 10-year-old boy in his final year of junior school at a mainstream setting was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) at age 6 and has since also been diagnosed with Autistic Spectrum Disorder (ASD), Oppositional Defiance Disorder (ODD), and insomnia. Although his EHCP is now regularly updated, it took three years to be put in place; the school has implemented as many support measures as possible, with the headteacher and SENCO described as excellent. His mother has received valuable support from Special Educational Needs and Disabilities Advice and Support Service (SENDIASS) and Sandwell Parents for Disabled Children (SPDC), but she is concerned that early transition planning for secondary school has not occurred. Despite repeatedly contacting the Sandwell Council casework team regarding a specialist school placement, she remains unclear about next steps, with several schools stating they cannot meet her son's needs or have no available places. The child has experienced past crises at home, including prolonged insomnia, high anxiety, and aggression, yet crisis team support has not been forthcoming despite multiple calls. While the GP has been supportive and CAMHS are involved, the ADHD nurse has been particularly helpful.

Case Study Three

An 8-year-old non-verbal boy diagnosed with autism at an early age attends a mainstream school with an EHCP that was expected to ensure appropriate support. Around eight months ago, he was receiving regular Speech and Language Therapy (SALT), but this has since reduced to fortnightly sessions and is now inconsistent, with explanations including staff sickness, shortages, funding issues, and claims that sessions are unnecessary. His parents have raised concerns with the school about these reductions and how EHCP funding is being used but have received no clear response. Due to communication difficulties, the child can become frustrated and occasionally lash out at staff or peers, resulting in parents being asked to collect him from school, while they feel the school is not adequately supporting his behaviour. The family also remains unclear about when a suitable school placement will be secured for him.

Case Study Four

A 6-year-old girl attending a mainstream primary school has not yet been formally diagnosed but has shown developmental concerns and autistic traits from a young age. Although the Special Educational Needs Coordinator (SENCO) became involved in Year 2, support later stopped, and while they are now helping her mother update the EHCP, she finds the process confusing. At home, the child struggles with routine and behaviour, including resisting tasks like cutting her nails and sometimes lashing out, yet the family has not received support for these challenges. The mother was unaware of resources such as the Local Offer, Holiday Activities Programme (HAF), Autism West Midlands, and SPDC, and feels that delays are negatively impacting her daughter's development and education. She also reports difficulties with the GP, who has not been helpful in securing a referral for an autism assessment; however, Autism West Midlands has since provided useful guidance, including information about the Right to Choose pathway.

Case Study Five

A 17-year-old with an EHCP attends College as a supported learner and has been waiting nearly 12 months for an autism assessment under the NHS Right to Choose pathway, although he has received an ADHD assessment. The family has been informed that funding for Right to Choose assessments is paused until April 2026 with no guarantee of continuation, which is negatively affecting his education, wellbeing, and access to appropriate support as he approaches his 18th birthday in July 2026. Adult Social Care advised the issue sits with Health and suggested escalation via Healthwatch, and with consent, Healthwatch Sandwell has taken on the case. The student, previously on a bricklaying course, has been told he cannot continue due to not achieving GCSEs and will have to leave college, while the college has been unable to secure a suitable apprenticeship; his mother is instead seeking an internship opportunity with ASDA. An attempt to arrange a private assessment through Choose and Book was unsuccessful due to the provider being located in Kent, requiring face-to-face attendance at short notice, which was not feasible, and he has since been discharged back to the GP.

SENCO Lead Views

Healthwatch Sandwell interviewed two Special Educational Needs Co-ordinators (SENCOs) in Sandwell to gather another perspective on the SEND system.

This is what we were told:

The demand for SEND support increases in schools like ours and yet the money doesn't rise to keep up with demand and schools are expected to use the notional budget. We also have to buy in for emotional support for children that need it.

We were also told through the conversations that there is a real need for specialist support around autism but that many schools just don't have the resources.

There have also been many incidents where the schools have referred to CAMHS who have then referred the pupil back to inclusion. This causes an overload into inclusion in schools, and we are obligated as it doesn't meet SEND guidelines. Issues lie when a child masks at school but is often at crisis point at home. Parents will ask to see the GP for CAMHS support and CAMHS have referred back to inclusion.

We were informed that there has also been an increase in children with complex needs and yet the funding to support these children is expected to come out of schools existing budgets.

We were also told that Sandwell Inclusion Support is very good but there needs to be support behind this.

Views from a SENCO Lead at a Primary School in Sandwell:

There is a constant backlog with the local authority not completing EHCPs within the statutory timeframe. This has implications for the child, parents and education.

Most parents have real reasons to apply for Disability Living Allowance (DLA) However, some parents use the SEND system to apply for DLA and it is at best questionable.

Professionals are afraid to discuss this officially with other agencies as they are often accused of bias. DLA applications are not checked properly.

There should be better monitoring of the welfare system so that those children who need SEND support most are able to access the funding that they require without it being spent elsewhere.

We have private diagnoses for children that private companies are quick and willing to provide. There is not as much evidence as would ordinarily be expected through the local authority and their affiliated agencies.

There is a flux of Social, Emotional, Mental Health (SEMH) needs as some parents become more aware of how to research them.

Companies who provide private assessments who are not registered with Right to Choose should be checked with National Institute for Health and Excellence (NICE) following instruction by the local authority. Some parents are not aware that assessments may not be what they wish for with these companies.

Educational Psychologists

The SENCO leads also told us that years ago there were more Educational Psychologists, and some also worked beyond their contracted hours. However, there is now significant demand on Educational Psychologists.

Some parents are also using the Right to Choose option to try to speed up assessments linked to an EHCP, and these are often completed by external organisations, some of which are based nationally.

Some school SENCOs are often asked to add more detail for a child's EHCP, which in some cases is still rejected. EHCPs are also often not completed on time.

Parents often feel that it is the school making the SEND process harder, when this is not always the case.

Conclusion/Summary

Parent feedback highlights significant concerns about the gap between the support children with SEND are entitled to and what is actually delivered in school. Despite clear expectations set out in EHCPs, essential provision such as one-to-one support, physiotherapy, and speech and language therapy is often inconsistent or missing altogether. This lack of delivery can directly impact children's development, particularly where early and sustained intervention is critical.

Alongside this, parents describe widespread issues with communication and coordination. Many feel their concerns are ignored or only acknowledged without meaningful action, leading to frustration and a loss of trust. Inconsistent information sharing between school and home limits parents' ability to support their child, while some report that support outlined in plans is not transparently or reliably implemented. Challenges such as masking, where children's needs are less visible, and the use of punitive rather than supportive approaches further compound these issues.

More broadly, parents question whether mainstream school settings have the capacity and resources to meet complex needs. High demand, limited staffing, and funding pressures are seen as key barriers to effective support, resulting in delays, reduced individual attention, and environments that children struggle to cope in. While some positive experiences exist, the overall picture suggests a system under strain, where

inconsistent practice and limited resources mean too many families feel unheard and unsupported.

These findings come at a time of significant change in SEND policy and practice. National reform proposals and Sandwell's local SEND Transition Programme are intended to improve inclusion, streamline support, and make services easier for families to navigate. The experiences shared in this report underline why that work matters and highlight the importance of ensuring that reform leads to practical, consistent improvements in the day-to-day support available to children, young people, and their families.

Recommendations

Based on the experiences shared by parents and carers, and the views gathered from SENCO leads, the following recommendations are intended to support more consistent, inclusive, and effective SEND provision in mainstream schools across Sandwell. These recommendations reflect the key themes raised throughout this report and are offered to inform ongoing local improvement work.

1. Strengthen oversight of EHCP delivery so that provision set out in plans is implemented consistently and monitored effectively. Where support cannot be delivered, families should be informed promptly and given clear information about the action being taken.

2. Improve communication and co-production with parents and carers so that concerns are listened to, acted upon, and used to inform planning and review. Opportunities for discussion should allow sufficient time for meaningful and constructive conversations about children's needs, progress, and support.

3. Invest in SEND training and inclusive practice across the school workforce so that staff are better equipped to understand and respond to a wide range of needs, including autism, ADHD, sensory needs, trauma, emotional regulation, and masking. Training should support staff to use approaches that are supportive, consistent, and inclusive.

4. Provide earlier and more proactive support so that children do not have to wait for difficulties to escalate before help is put in place. Particular attention should be given to children whose needs may be less visible, including those who mask distress or present differently in school and at home.

5. Improve access to therapies and specialist advice so that children receive the support identified in their plans and assessments, including speech and language therapy, occupational therapy, physiotherapy, and mental health support where appropriate. Delays, gaps, and inconsistencies in access should be reviewed as part of local improvement work.

6. Increase support for mainstream schools to build capacity for inclusion so that schools are better able to meet a wider range of needs closer to home. This should include access to specialist advice, practical tools, and sufficient resource to support children effectively within mainstream settings.

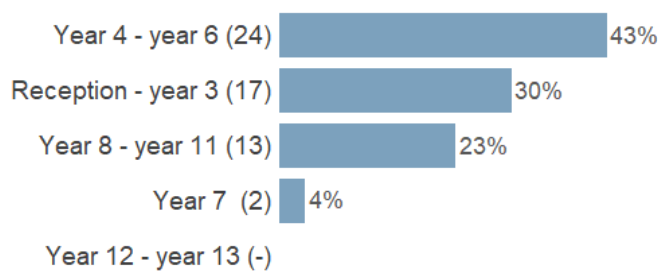
7. Reduce delays in assessment, EHCP processes, and review so that children and families can access appropriate support at the earliest opportunity. Families should be kept informed throughout these processes and have clear information about timescales and next steps.

8. Strengthen transition planning and information for families so that children and young people moving between year groups, schools, and post-16 settings receive joined-up support. Families should also be given clearer signposting to services, support groups, and advice that can help them navigate the SEND system more confidently.

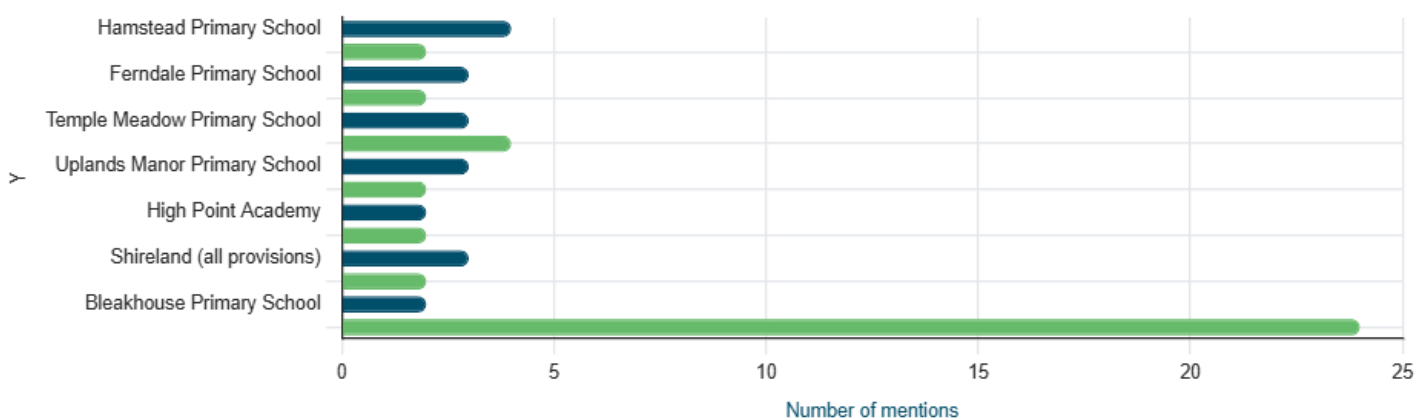
Taken together, these recommendations are intended to support a more joined-up and responsive SEND system, where children and young people receive the right support at the right time, and families feel heard, informed, and involved in decisions about their child's education and wellbeing.

Demographics

What year is your child in?



Please state which school your child goes to.



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