

Research into patient, carer and parent feedback of those who have accessed Children's Therapy Services in County Durham and Darlington



September/October 2018



Introduction

The CCG Project Lead requested the support from the Engagement Team in January 2018 to undertake an engagement exercise which would include speaking to children and young people (where appropriate) and their parents/carers about their experiences of accessing Children's Therapy services and the service delivery.

'Children's Therapy Services' are Paediatric Physiotherapy, Paediatric Occupational Therapy (OT) and Paediatric Speech and Language Therapy (SALT) services.

The engagement exercise was initially aimed at families with children / young people with complex needs (SEND / Education Health Care Plans (EHCPs)), however it was also acknowledged that children and young people without complex needs must also be engaged with as part of this exercise as these services also affect them also.

It is important to note that formal consultation would not be required due to the reason being that this would not be a major service change, the exercise focuses on improvement of the services currently available and how they can work in a more integrated way.

Due to the Engagement Team's resource capacity, there was a slight delay in that the engagement exercise did not begin until March / April 2018.

Objective

The objectives of the engagement exercise were to ensure the children and young people, their families and main care givers, were able to have their say on current children's therapy services and have the opportunity to influence what an integrated children's therapy service would look like.

Key Messages to Stakeholders

The CCGs were engaging with families of children and young people who have accessed or are currently accessing children's therapy services (Speech and Language Therapy, Physiotherapy or/and Occupational Health services), to understand their experiences and also provide the opportunity to influence a future model.

The children's therapy services are all still available, this project is focusing on service improvement and ensuring there is an integrated approach to delivering children's therapies in County Durham and Darlington.

Engagement approaches

It was acknowledged that the numbers of children, young people and their families accessing or have accessed Children's Therapies was quite large therefore it was decided to use a variety of engagement approaches to ensure maximum opportunity to provide feedback.





Engagement with patients and carers at the Making Changes Together (MCT) Conference

The Children's Therapies engagement exercise used a number of approaches including:

- **Online surveys via Survey Monkey**
An online patient survey was created and paper copies were also circulated to a number of key stakeholders to promote on the CCGs behalf.
- **Social Media**
Each CCG's Facebook page was used to publicise the online survey.
- **Investing in Children's eXtreme group**
The Engagement Lead and Project Lead requested permission to visit Investing in Children's eXtreme group, a pro-active group of young people with learning disabilities, who helped with the question design for the survey and also shared their own personal experiences of accessing Children's Therapy Services.
- **Making Changes Together (MCT) Conference**
MCT are County Durham's official parent carer forum and a group of parent carers who work with professionals to influence and improve services to children and young people (0-25 years) with special educational needs and disabilities in County Durham.



The Engagement Lead and Project Lead were invited to present at MCT's Conference to explain about the project in more details and ask for their views and experiences on accessing children's therapy services.

- **Gypsy Roma Traveler (GRT) Engagement**

A focused piece of engagement was undertaken with the GRT community via the GRT nurse link.

- **Patient Reference Groups (PRGs)**

From a patient participation perspective, information about the survey and the aims of the engagement exercise were shared with the PRGs, for information and to 'spread the word'.

- **Healthwatch**

The survey was shared with Healthwatch to publicise on the CCGs behalf.

- **Stakeholders**

The survey was shared with other CCGs stakeholders such as health networks, carers forums and Humankind. We also had parents sharing the survey with Over 7's North East Home Educators.

Timescales

The engagement exercise took place for a period of eight weeks between the beginning of April 2018 and the end of June 2018. The decision was made to extend the opportunity to engage by two weeks to provide those who wish to share their views and experiences of the Children's Therapy Services. The engagement exercise therefore took place over an eight week period.

The Survey

The survey was designed with the input of young people to ensure that a young person, parent, or main care giver could complete. As this piece of work covers three services; Paediatric Physiotherapy, Paediatric Occupational Therapy (OT) and Paediatric Speech and Language Therapy (SALT), the questions had to be designed to ensure we were able to collate as much feedback on each service, with the acknowledgement that not all people completing the survey have accessed all three children's therapy services.

A copy of the survey questions which were put on Survey Monkey can be found in *Appendix One*.

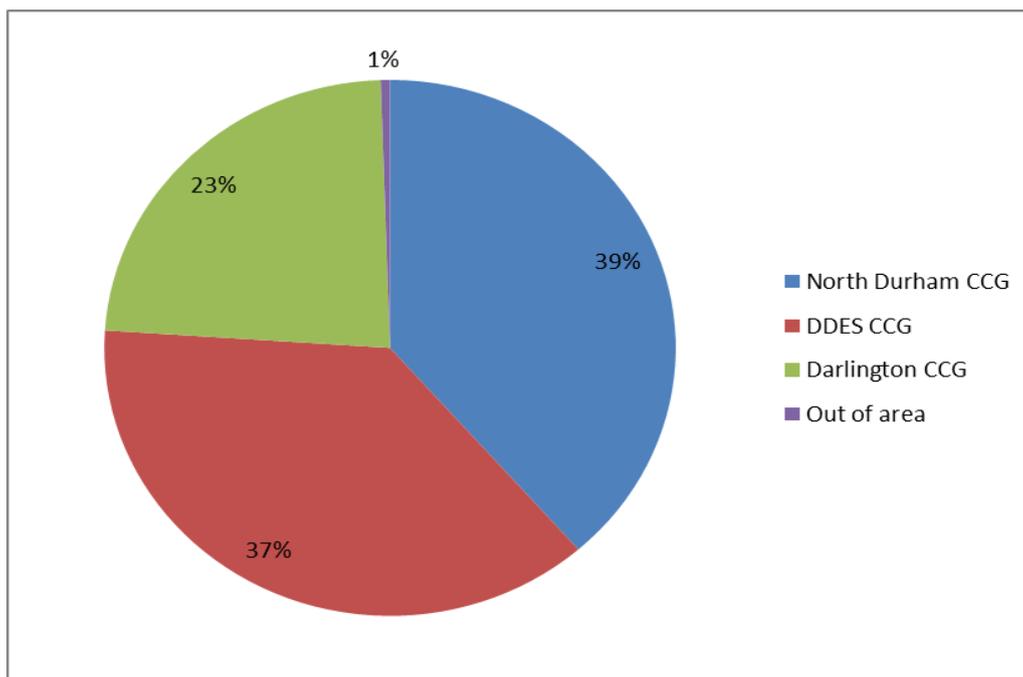


What the survey results have told us:

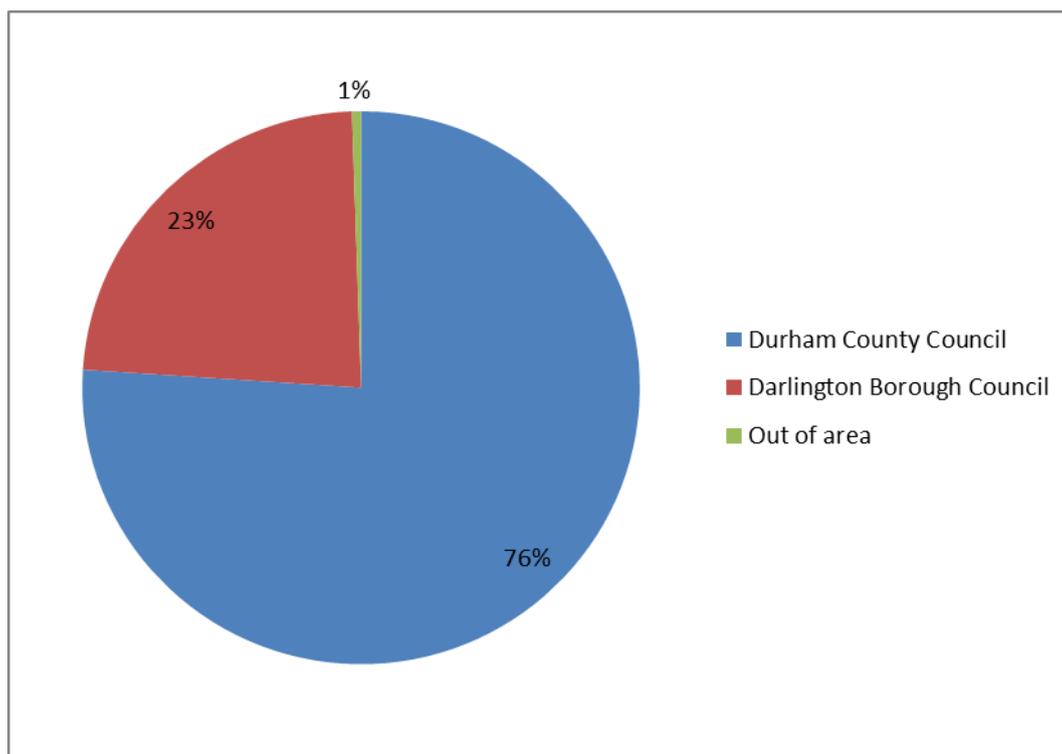
- Over the survey period, **196 surveys were completed**
- The key findings showed that **73% of respondents were parents**
- **Over 74% of respondents knew about the SEND Local Offer**
- The majority of respondents were women (over 93%)
- The majority of respondents were between 30 – 49 years old (69%).
- 93% of respondents described their ethnicity as White.
- Over 75% had a caring responsibility for a child under 16 years of age. The remaining 25% said that they had caring responsibility for a family member, friend or neighbour; however we need to consider that children could also be in this category.

To demonstrate where the 196 respondents lived in County Durham and Darlington, a breakdown of the local Clinical Commissioning Group (CCG) and breakdown from a Local Authority perspective is outlined below.

Breakdown of local CCGs residents



Breakdown of County Durham and Darlington Local Authority residents



As you will be able to see from both the CCG and Local Authority breakdown of respondent residence, the response rate has been evenly spread in terms of sizes of population across the County Durham and Darlington locality areas.

Key findings from the survey:

Respondents were asked if they or their child / family had used children's therapy services. One hundred per cent (100%) of people (196) responded to this question. By the responses it is clear that more than one therapy service had been used.

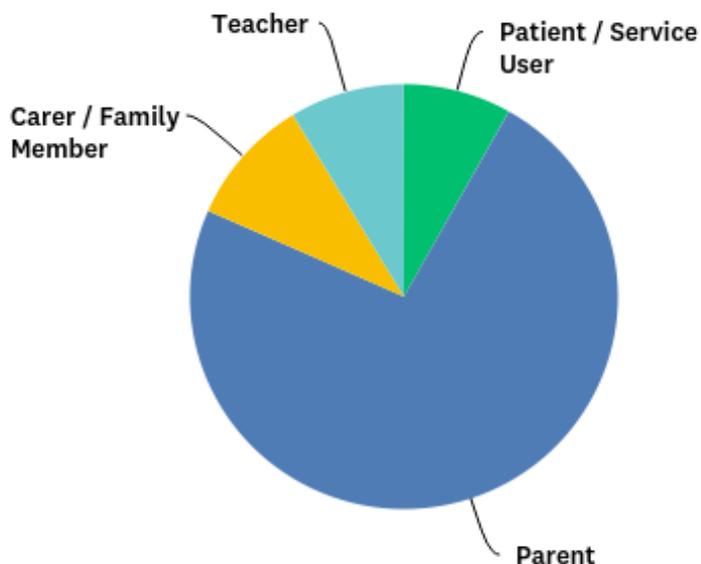
Table 1: Have you or your child / family had used children's therapy services?

Children's Therapy Service	Percentage	No. of respondents
Speech and Language Therapy (SALT)	83.94%	162
Physiotherapy	63.13%	101
Occupational Therapy (OT)	84.44%	152

To gain a wider understanding of the people completing the survey, we also asked who they were. *Pie chart 1* below shows the breakdown of respondents to the survey.



Pie Chart 1 – Who are you?



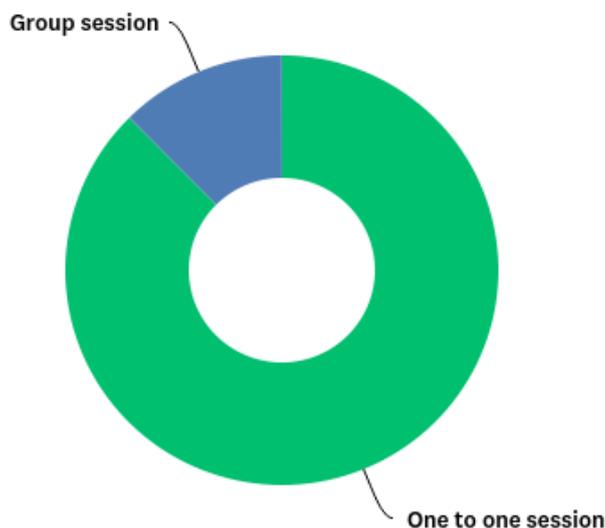
- **73% of the respondents were parents**
- **10% were carers / family members**
- **9% were teachers**
- **8% were patients / service users**

The responses received predominantly from parents were to be expected.

Levels of support received from the Therapy Services

We asked about the level of support from the services the respondents had experience of and of the 185 people who responded to this question, 88% (162) said that their level of support was one to one session whereas 12% were involved in a group session.

Pie Chart 2 – What was your level of support from the services?

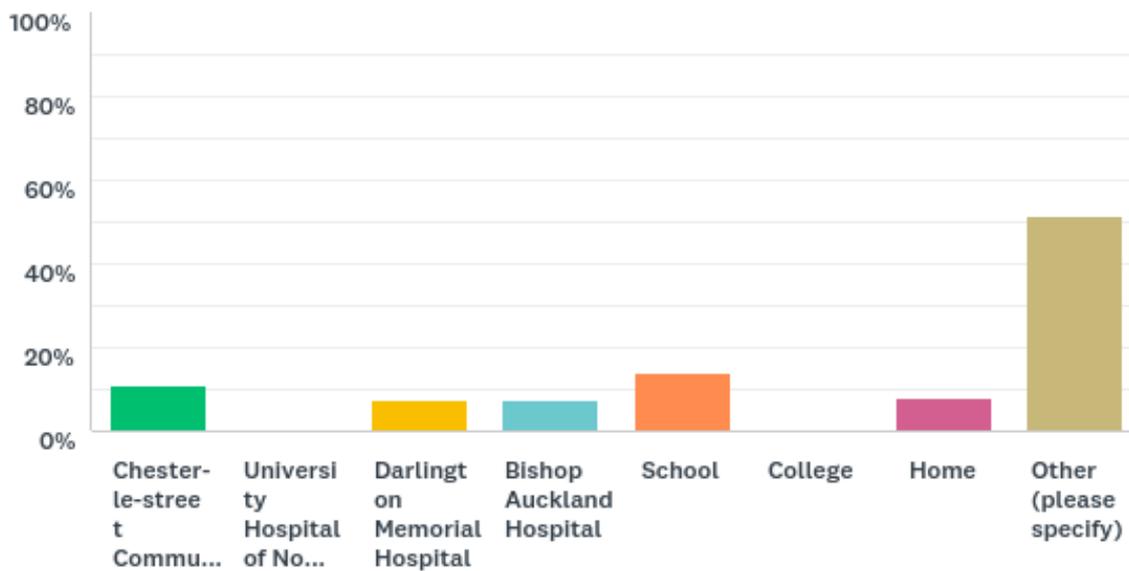


Venues of where Children’s Therapy Services are received / delivered

It was important to understand where children, young people and their families are / have been accessing children’s therapy services.

Over 52% of respondents said that they received children’s therapy services from the ‘other’ category. The answers provided were a variety of different venues in the community, their homes, school and for some, children’s centres. The chart below illustrates the overall responses from this question.

Chart 2: Where did/do you receive children’s therapy services?



To understand the most popular category in more detail and see where the most used venues are, all responses were reviewed. In total 87 respondents opted for the ‘other’ option which suggests that children, young people and their families access children’s therapies from multiple sites.

The most popular answer, with a total of 14 responses was Chester-Le-Street Community Hospital, school settings and their home.

On reflection this question should have given a ‘multiple venues’ option. All responses and breakdown of the ‘other’ category from this question can be found in *Appendix three*.



Feedback on the Children’s Therapy Services

The main aim of this survey was to ask for people’s views who have used or who are currently using children’s therapy services and give them all the opportunity to ‘have their say’ on these services they have experienced firsthand.

We therefore asked the respondents to score each children’s therapy service they have accessed on a scale from 1 – 10, with 1 being extremely unhappy and 10 being extremely happy. Chart 3 below outlines the results received.

Chart 3: Outcome of Children’s Therapy Services ‘scoring’

Children’s Therapy Service	Number of respondents	Average score
Speech and Language Therapy (SALT)	84% (165) respondents	3 / 10
Physiotherapy	67% (131) respondents	2.7 / 10
Occupational Therapy (OT)	79% (155) respondents	2.7 / 10

For the following question, there was the opportunity to provide additional feedback via an open text box with the reason why they gave the rating for each therapy.

One hundred and seventy two (172) respondents provided feedback of which service specific comments are outlined from page 9.

As there was a wealth of qualitative feedback provided, it was important that each response was reviewed and themed to give an overview of what peoples’ views were of each of the children’s therapy services.

It is really important to note that although the *average scores* for each children’s therapy service were relatively low on the scale of 1 - 10, the additional comments which were submitted were a good mixture of both positive and negative.

The key themes from the qualitative feedback included:

- Access to services
- Waiting times and timescales
- Feedback on the children’s therapy services teams
- Education Health Care Plans (EHCPs)
- Communication
- Working Together
- Discharges / discharge processes



To make the themes listed on the previous page more meaningful, the charts below show feedback for each children's therapy service.

Paediatric Speech and Language Therapy Service (SaLT)

Good	Not so good
Picked up on child's dyspraxia / ASD	Lack of communication
Staff were very helpful	Lots of assessment and no action
SALT at home and nurse are great.	Lack of follow ups
Salt are great but we could really do with seeing them regularly and the service does not have the manpower	SaLT are underfunded and under staffed and struggle to offer children level of therapy required.
Staff member was a 'god send for my child. The therapist identified fluid possibly going into my child's lungs and was a huge support during multiple weaning attempts and eating problems. The therapist has been such an amazing support.	'Ok' when they're (SaLT) involved.
SaLT therapists involved went above and beyond in terms of assessment, school visits and communication.	SaLT not geared to individual child's needs.
SaLT were very helpful with diagnosis.	SaLT were a failure.
Speech therapy was received when child was very young and was quite good but couldn't cope with length or complexity of sessions.	The service is too stretched.
Speech and Language have mostly been great especially the fluency service in understanding that my child has other needs that at times need to take priority over speech.	Speech and Language are under resourced i.e. staffing. Therapists are often too busy to give appointments for therapy and sometimes therapists do not listen to school's views about the children and the impact with their difficulties within the classroom. Having said that, some therapists are extremely helpful.
"It (SaLT) helped me learn how to talk better"	Speech and language was just a brief assessment and then passed over to the school. Discharged within 6 months. Previously (in different area) children had weekly sessions.



SaLT sorted my children's speech problems.	Very little support, SaLTs are very limited to almost zero.
Parent was happy with their (SaLT) assessment and don't feel there is much they could currently offer us but the follow up they promised has not been forthcoming. Awaiting follow up from SaLT 6 months after being seen.	Waiting times are too long for all services, especially if you're at crisis point. We didn't receive any follow up documentation from salt afterwards.
	Services are not 'person centred', they are one size fits all. Services being reduced all the time. Disorganised. Hard to get hold of. No continuity. Don't follow up on agreed actions. No joint working. Don't provide suitable feedback into EHCP process. Hard to get appointments.
	I (the parent) find that SALT can be very hit and miss with little information and I find myself turning to others in school for guidance.

Paediatric Occupational Therapy Service (OT)

Good	Not so good
OT service good but regular sessions needed.	Serious lack of contact and support.
OT have been amazing whenever I (the parent) have encountered them.	OT hard to contact for follow up. Not forthcoming with specialist assessments e.g. SPD despite other agencies mentioning it. Very keen to put "parent workshops" in place - not practical or specific enough as child has problems that need addressing.
My child has gained a lot through the OT sessions.	OT too long of waiting list then discharge once provided the equipment knowing you be doing another referral soon.
OT try to help and provide what we require but are hampered by costing panels not always passing the request for equipment.	The OT said they were limited to the advice they could offer due to my child's age.



Would love to have more OT, my child is a big sensory seeker and we got sent home with a sensory diet. Would love one to one therapy sessions	Services are not 'person centred', they are one size fits all. Services being reduced all the time. Disorganised. Hard to get hold of. No continuity. Don't follow up on agreed actions. No joint working. Don't provide suitable feedback into EHCP process. Hard to get appointments
OT referral was a conversation over the phone.	Not enough done by OT signed off immediately despite us (the family) having a problem.
OT have been supportive and effective most of the time.	My child would have benefited more if they spent extra time receiving support from the OT. Once a diagnosis is made the support was available for a certain length of time. However, it's for life your child lives with these difficulties. Parents need support understanding their child at every hurdle and when new issues arises. Re-referring after a 6 weeks absence doesn't work in my opinion.
I (the parent) was impressed with the OTs knowledge; they knew a lot about my child's behaviour without me (the parent) even needing to explain. The OT was warm, welcoming and listened. Offer was made to come into school and was given some group parenting help.	This department is a law unto themselves. Ridiculous wait for equipment, obstructive. Purely a bad equipment ordering assistant is an NHS OT. Such a poor service, would gladly take a budget for these services. There is not enough room to tell you how bad these vital services are.
Had OT for handwriting and fine motors skills. Appointment was soon and was given good advice.	Not enough communication.
Good comprehensive assessment but therapy delivery at school was patchy.	Very poor long waiting no communication to parents
Occupational Health session was good; the follow up report was quick. The only down fall is a therapist was going into school but	Occupational therapy gave lots of general strategies and discharged without a follow up.



nothing has happened six weeks later.	
All appointments have been consistent and at timely intervals. Can contact when necessary or needing input, which is a help.	OT, both children have severe sensory issues, treatment for these are not funded, no advice about what I should do to help my children. Both children have severe (but different) gross and fine motor skill delays. I was sent a pack of exercises (identical for each child despite their needs being different) of about 100-200 different exercises. No other support offered.
The occupational therapy team have responded to referrals quickly but they have also been available to offer advice, support and training to staff which has enabled us as a school to provide better support.	
OT were very knowledgeable and helpful. Can't fault their assessment and strategies offered it is just a shame there is no weekly therapy offered by the NHS for children with ASD.	

Paediatric Physiotherapy Service

Good	Not so good
Physiotherapy have been amazing whenever I (the parent) have encountered them.	Appointment for Physiotherapy for my 14 year old was cancelled because the referral went to adult services instead of paediatric, so nobody would assess her.
Because if I didn't have (physiotherapy) it I would be in a wheelchair all the time and I learned to walk.	Physiotherapy can be improved in school. Too much paper work and not enough time with the kids.
Physio came to our home to support our child with rolling, sitting and crawling. They are now walking and now attends Bishop Auckland Hospital for clinics. They have orthotic shoes through Physio. My child who is an HIE baby and has hemiplegia would never have made this progress without the intervention from Physio. Cannot thank them enough.	Long wait for appointments.
Excellent personalised programmes for	Have physio at school, not had feedback only received insoles. My child has recently



different pupils.	been diagnosed with juvenile arthritis through the hospital. Physio said my child was walking much better when he wasn't.
Excellent support to TA's in delivery of daily physiotherapy.	Not had any one visit in five years (from Physiotherapy)
Very good advice and support. Would be helpful if reports were shared with school, so we could follow advice.	They (physiotherapy) have been there but not always in a timely or consistent manner.
Physio service has been good but not really enough/regularity for my child's needs.	Physiotherapy (at hospital) is something our child desperate needs help with, got leaflets and sent away. Now got community paediatrician and OT saying they need help from physiotherapy.
Physiotherapy - takes place in school time but rarely get to be there for sessions with my child, unable to see any changes in physio routine to then implement at home. Would like more and more regular physio sessions to help strengthen my child. I do have regular contact with physio and very helpful and supportive.	More consistent and take too long to access anything.
Physiotherapy has been great both in meeting my child's needs but also understanding that due to the nature of my child's other needs; my child doesn't always do their physio.	Physiotherapist are very limited to almost zero.
	Concern lies with lack of funding.
	Services are not 'person centred', they are one size fits all. Services being reduced all the time. Disorganised. Hard to get hold of. No continuity. Don't follow up on agreed actions. No joint working. Don't provide suitable feedback into EHCP process. Hard to get appointments



General Comments from Parents and Young People about Children's Therapy Services

"...The actual appointments are good, but what's lacking is the waiting times and the follow up support afterwards. We have been discharged both times, despite needing continued support, because the service has no budget / staff to offer that."

"...Services are not 'person centred', they are one size fits all."

"...I think the staff and delivery of service are fab but having a complex need child fed up with the system of having to refer back in when need service."

"Very approachable staff and lovely manner with my child. Review and action plan received and shared with school. However, are still to finish actions and have further reviews in school. Practical examples and activities provided to help support my child."

"The communication and hands on approach really worked well for us along with staff extensive knowledge and outside the box thinking."

"The practitioners themselves are always lovely and supportive, they are well informed."

"Always approachable and accessible. Good advice always given and appropriate equipment provided."

"Being able to contact therapists for advice/reviews/new resources as therapists generally try to respond quickly."

"...I feel it's only children with significant issues who get support. Children with minor issues are left..."



To compare with the 'what works well' word cloud, the word cloud below illustrates some of the words used by respondents in describing 'what is not so good' about the children's therapy services in County Durham and Darlington.



When respondents were asked **what we could do to make your experience better**, a variety of responses were provided such as:

- Improve communication, particularly in relation between service users / the families and departments.
- Improve planning.
- Improve access to services making sure parents and service users find the self-referral process easy and simple to use.
- Child only appointments so they can speak honestly without their parents being in the same room.
- Explanation of referral systems and waiting times so expectations are managed.
- Working in partnerships with schools and parents.
- Keeping families in the system for a set period before discharging so they do not have to start again in terms of referrals / self-referrals into the children's therapy services.
- Listen more to parents and children.
- Shorter waiting times for children with complex needs.



Recommendations

Following the engagement exercise, based on all of the feedback which has been received from parents, carers, young people and teachers, the key recommendations would include:

- Reviewing the **waiting times** in which children, young people and their families have to wait to access children's therapy services.
- Making clear to parents/carers and professionals the **referral process** into the children's therapy services and managing expectations.
- The **discharge process** appears to be a problem, patients are discharged and often need to be referred back into the system and this can take a long time to re-access the services.
- Working in a more **joined up way and improve communication between services and departments**, specifically between children's therapy services, schools and parents.
- Ensure **reports and information provided into the EHCP process** is timely and prompt.

Conclusion

From all of the information and feedback received on the three commissioned children's therapy services during this engagement exercise, it is clear where, from personal experiences, parents/carers and service users believe the main opportunities for improvement are.

It is also important to acknowledge that although there have been a number of suggested areas for improvement; feedback has included many positive comments on the three children's therapy services.

We would like to express our sincere thanks to all those who have taken the time to feedback their experiences of accessing and using Children's Therapy Services in County Durham and Darlington.

All feedback is valuable in reviewing the services which are commissioned on behalf of our population and without this we would not be able to make improvements to services across our Health, Social Care and Education systems.

We would like to say a special thank you to:

- The Making Changes Together team, in particular Ann Connor, for allowing us to have a slot at their conference at the May event, we reach so many more people by being at this brilliant event
- Chris Affleck and his team at the eXtreme group for Investing in Children and also to the amazing parents and young people we spoke to there



- Bernie Crooks, the Specialist Health Visitor from the Gypsy, Traveller Community and the families she introduced us to and we worked with.

Next Steps

As lead commissioners for the three Children's Therapy services, the CCGs have a duty of care to the population of County Durham and Darlington to review services and to engage with the people who are using or have used the services in question. This forms part of the commissioning cycle where the CCGs review all information available, including activity data and patient and service user experience.

All feedback which has been received as part of this engagement exercise has been extremely important to understand the views and experiences of the population of County Durham and Darlington who have accessed Children's Therapy Services.

In addition to the feedback and recommendations, an action plan has also been pulled together (Appendix 6). This will ensure the feedback within this engagement report is followed up.

The engagement report and accompanying recommendations will be included in the wider review for the three Children's Therapy Services (Occupational Therapy, Speech and Language Therapy and Physiotherapy).

This report has been completed on behalf of DDES CCG, North Durham CCG and Darlington CCG.

Tina Balbach

Engagement Lead

**Durham Dales, Easington and Sedgefield Clinical Commissioning Group
(DDES CCG)**

Becky Haynes

Commissioning Manager

**Durham Dales, Easington and Sedgefield Clinical Commissioning Group
(DDES CCG)**



Research into patient, carer and parent feedback of those who have accessed Children's Therapy Services in County Durham and Darlington

APPENDICES

Appendix 1: The Survey Monkey Survey

Appendix 2: Engagement Evidence Log

Appendix 3: Feedback on all 'other' venues where children's therapy services were accessed

Appendix 4: Qualitative feedback on 'What works well'

Appendix 5: Notes from NHS North Durham CCG Patient Congress 22.05.18: Comments from participants

Appendix 6: Action Plan - Children's Therapies Engagement Exercise Report



Appendix One – The *Survey Monkey* Survey

Your NHS and Local Authorities in County Durham and Darlington are working with the Children's Therapy services; Occupational Therapy (OT), Physiotherapy and Speech and Language Therapy (SALT), to gather views from children, young people and their families' who have recently used, or currently using these services.

Feedback on the Children's Therapy services will be used to help us understand what the needs are locally, what needs to be done to make services better to improve the quality of life for children and young people in County Durham and Darlington.

We would very much appreciate it, if you are able to spare 5 minutes (approximately) to answer the following questions, to help us understand the children's therapy services locally.

1. Have you or your child / family used children's therapy services?
 - Physiotherapy
 - Occupational Therapy (OT)
 - Speech and Language Therapy (SALT)

2. Who are you?
 - Patient / service user
 - Parent
 - Carer / family member
 - Teacher

3. What was your level of support from the services?
 - One to one session
 - Group session

4. Where did / do you receive children's therapy services?
 - Chester-le-Street Community Hospital
 - University Hospital of North Durham
 - Bishop Auckland Hospital
 - School
 - College
 - Home
 - Other

5. On a scale of 1 – 10 (1 being extreme unsatisfied and 10 being extremely satisfied), how would you rate Speech and Language Therapy Services?

6. On a scale of 1 – 10 (1 being extreme unsatisfied and 10 being extremely satisfied), how would you rate Physiotherapy Services?



7. On a scale of 1 – 10 (1 being extreme unsatisfied and 10 being extremely satisfied), how would you rate Occupational Therapy Services?
8. Can you tell us the reason why you gave the score you did for each therapy you have used?
9. From your experience what works well?
10. What can we do to make your experience better?
11. Do you know about the SEND Local offer?
12. Where do you live?



Appendix Two – Engagement Evidence log

Date	Key contact and location	Stakeholder	Action	RAG
18 th April 2018	Daniel Blagdon, Engagement Lead, North Durham CCG – Contact for the Patient Carer Participation Engagement (PCPE) Group	General Members of the public / Patient Reference Group Members	Provide information on the upcoming engagement exercise regarding Children’s Therapy Services.	
3 rd May 2018	Chris Affleck, Investing in Children. eXtreme Group	Young people, carers and parents	<p>Feedback on survey from the children and young people.</p> <p>Discussion with carers and parents regarding their experience of the children’s Integrated therapies. Contacts provided from parent for home education groups.</p>	
10 th May 2018	Bernie Crooks, GRT Specialist Nurse Whitney (from GRT community in Bishop Auckland)	Parent / carer	Met with a 30 year old mum of three children. Her five year old daughter has been bounced around the system for over two years and is just now getting support for physio and SALT. Barriers included	



Date	Key contact and location	Stakeholder	Action	RAG
			referrals from GPs and Paediatrician. BH to follow up	
17 th May 2018	Making Changes Together Conference,	Children, young people and parents / carers	Engagement Lead and Commissioning Manager gave a presentation on the work with the therapies staff and asked attendees to complete a survey and forward comments onto the Commissioning Manager.	
15 th May 2018	Easington Patient Reference Group (PRG)	General Members of the Public	Discussion around the Integrated Children's Therapies work and shared the survey and invited any of their contacts to get in touch with the Engagement Lead or Commissioning Manager	
16 th May 2018	Sedgefield Patient Reference Group (PRG)	General Members of the Public	Discussion around the Integrated Children's Therapies work and shared the survey and invited any of their contacts to get in touch with the Engagement	



Date	Key contact and location	Stakeholder	Action	RAG
			Lead or Commissioning Manager	
4 th May 2018	Durham Dales Patient Reference Group (PRG)	General Members of the Public	Discussion around the Integrated Children's Therapies work and shared the survey and invited any of their contacts to get in touch with the Engagement Lead or Commissioning Manager	
16th May 2018	North Durham Patient Reference Group (PRG)	General Members of the Public	Discussion around the Integrated Children's Therapies work and shared the survey and invited any of their contacts to get in touch with the Engagement Lead or Commissioning Manager	
22 nd May 2018	North Durham Patient Congress	General Members of the Public / Parents / Carers	Had a session on Integrated Children's Therapies and Invited feedback from parents with children who have SEND.	



Appendix Three - Feedback on all 'other' venues where children's therapy services were accessed (Question 4 of the survey)

TOTAL RESPONSES	87
Chester-le-Street Community Hospital, School, Home	13
School, Home	10
Stanley Primary Care Centre	5
School	5
Chester-le-Street Community Hospital, School	4
Chester-le-Street Hospital, University Hospital of North Durham, School	3
Chester-le-Street Community Hospital, University Hospital of North Durham	3
Chester-le-Street Community Hospital, University Hospital of North Durham, Brandon and Treetops Newton Aycliffe	3
Nursery setting	3
Darlington Memorial Hospital, Home	2
Chester-le-Street Community Hospital, University Hospital of North Durham, School, Home	2
Chester-le-Street Community Hospital, Bishop Auckland Hospital, School	2
School, Home, Peltham Community Centre	2
Chester-le-Street Community Hospital, Brandon, Treetops	2
Chester-le-Street Community Hospital, Home, Children's Centre (Meadowfield Office)	1
Chester-le-Street Community Hospital, School, Home, Treetops, Heal and Toe	1
Chester-le-Street Community Hospital, University Hospital of North Durham, School	1
School, Shotley Bridge Hospital	1
Peterlee Hospital, Bishop Auckland Hospital, School	1
University Hospital of North Durham, Bishop Auckland Hospital	1
Chester-le-Street Community Hospital, University Hospital of North Durham, Private	1
Walk-in-Centre Peterlee	1
Dr Piper House, Darlington	1
GP Practice	1
Peterlee and Hartlepool	1
University Hospital of North Tees	1
Stanley Children's Centre	1
Spennymoor	1
Chester-Le-Street Community Hospital, School, Home, Treetops, Heal and Toe	1
Chester-le-Street Community Hospital, Home and Children's Centre Meadowfield	1
Chester-le-Street Community Hospital, Children's Centre Meadowfield	1



School, Darlington Memorial Hospital, Home, Bishop Auckland and Chester-Le-Street Community Hospital	1
Bishop Auckland Hospital, Home and Other - Physio group moved around Darlington and South Durham	1
Bishop Auckland Hospital and other	1
School, Shotley Bridge Hospital, School organised OT session	1
Bishop Auckland Hospital, School and Peterlee Hospital	1
University Hospital of North Durham and Bishop Auckland Hospital	1
Child and Adolescent Mental Health Services (CAMHS)	1
Home, School, Hospital	1
Newton Aycliffe	1
GP Practice, Oak Trees at Newton Aycliffe	1
Darlington Memorial Hospital, Home and School	1
Peterlee Community Hospital	1

Other responses:

Because she does not attend school she was discharged from the services.
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Several of the above



Appendix Four - Qualitative Feedback on 'What works well?'

What works well: Home
1:1 home sessions from salt
A home visit as your feel better in your own home
Activities to try at home, feedback to school
Home and school visits to get an overall picture and not one sided.
Home visits and timely appointments
Excellent knowledgeable staff, flexible service. It was good they worked with my son at home and school.
Very flexible to go to home and school at times and dates for parents to be available.
Working with school and home together

What works well: School
From experiences in other schools visited, the parent thinks all therapy services working together as a trans-disciplinary team to set aims and targets for individual children works very well, this does not mean a report once a year for school staff to follow. It means all services talking (with parents too), sharing their expertise so that realistic targets can be set to help children reach their potential throughout the school day.
It's useful that sessions can be accessed in school
Occupational therapy and SALT are very involved at school and with us as parents.
Only thing that works well is the fact my son sees the physio at school so don't have to take him out of school
Open and frequent communication between agencies, parents and schools
Reports to parents and meetings / communication with parents not just school as (some) schools don't share information.
Therapists are always contactable and liaise well with parents and school.
Working with school and us (the family).
The TAF team helping to coordinate and drive the services forward.

What works well: Communication
Better communication with parents - offering a follow-up plan if discharging
Communication with the SENCO. Prior appointments made ahead of time.
Excellent phone communication across all services. SALT interact very well face to face.
The SALT service are very personal with good communication.
When people communicate and therapists listen to parents.
Being able to contact therapists for advice/reviews/new resources as therapists



generally try to respond quickly.
Being able to e-mail a therapist to let them know how things are going good, although I (the parent) appreciate that this can't always be available.
If all parties work together.
Interactions with parents. Appointment time lengths and handouts / information.

What works well: Listening
Listening to parents
Listening to the parent and carer but also to meet and discuss with them first about their child of what works and doesn't work when it comes to professionals interacting with children. Also would have to ask for a photo of the professional to help prepare child.

What works well: Child Focused
Helping me to succeed with my speech
Timely reports; guaranteed follow up's without having to chase services, information which is pertinent to child as well as therapy for all who need it rather than those whose parents are engaged.
That they (the therapists) sit with the child to see what works and what doesn't.
Specific strategies for a particular child, with a follow up to see how things are going (at least 1 follow up with parents)
Partnership working between families and multi-agency professionals
Regular contact, knowing the child, holistic assessment
Interaction with child, parents and therapist
Access and advice but children grow so their needs change as they develop as they get older.
Children should get the consistency of care they need at all times.

What works well: Referrals
Self-referral
Seen quite quickly after self-referral

What works well: Assessment and Intervention
Assessment of needs is thorough and accurate
If a therapist demonstrates what is expected and sets targets but finds out about our environments and what is or is not possible.
Observation in a group setting.
Tailoring therapies to the individual not a programme for 'learning disabilities' which



is too wide range.
They (the therapist) used play to identify issues. I could go with my child to put him at ease; they had Lego which my child loved.
They videoed to show me (the parent) progress. This was especially helpful for physiotherapy.
Time taken to observe and talk to my son.
Treatment with professionals.

What works well: Appointments
Close appointments (venue/location) at convenient times
Appointment time lengths
One to one basics
Regular appointments
One to one contact from first initial contact

What works well: Staff
Continuity of staff.
Friendly, knowledgeable staff
Staff are helpful and efficient
Staff where all helpful and friendly
The practitioners themselves are always lovely and supportive, they are well informed
The professionals we've seen have been very nice
Efficient staff
There are a "few" good staff members whom will help try to meet a person needs.
They (the staff) make sure you are trained well to do your exercises. The staff are nice.



Appendix Five – Notes from NHS North Durham CCG Patient Congress 22.05.18: Comments from participants

- Discussions took place around speech therapy; they (the parent) said there was no proper therapy. Patient from being 10 to 19 years old waiting. From 0-10 years through County Durham the service was very good. When the patient changed schools (patient has down syndrome) he wasn't getting anything specific – it was hit and miss.
- Early interventions are essential, non in therapy service and across the board. Have to be in crisis to get support.
- There is no proactivity at all.
- Transition into college – difficulties started because of autism – patient put into special needs unit and is now 21 years old.
- There isn't any bridge between children and adults.
- More services need good early intervention and services working together better.



Appendix Six: ACTION PLAN - Children's Therapies Engagement Exercise Report

	Action	Timescale	Expected Outcome and impact for Children, Young People with SEND and their families
1	CCG lead to share engagement report with each Children's Therapy Service Leads to share feedback and identify areas of service improvement.	November 2018	Service improvement on the specific areas identified in learning points, including: <ol style="list-style-type: none"> 1. Improved waiting times 2. Clearer information regarding the referral process for each Children's Therapy service 3. Clear information on what to expect from the therapy service being accessed, including the discharge process.
2	Key findings synopsis of Children's Therapies Engagement Report, including the accompanying action plan, to be uploaded on to the County Durham Local Offer.	December 2018	Information regarding the outcome of the Children's Therapy Services engagement exercise to be made readily available for parents, families, children and young people to explain how the information and feedback they have provided will inform the wider review of the three Children's Therapy Services.
3	'Light touch' repeat of survey in six months to compare results from the initial engagement exercise.	April 2019	The 'light touch' survey will be able to demonstrate if the areas which have been focused on for service improvement (listed above) have made a positive impact to children, young people and their families.
4	Review communication methods used by Children's Therapy Services and schools to ensure a more joined up working approach is taken.	April 2019	Parents and young people to be kept fully informed with regards to the treatment, treatment plans they receive, including the links with schools.

