

Richmond SEND Schools Consultation

30 April 2018

Summary of key points raised

1. Inclusion

1.1 What do you think about the vision?

- We like the vision, more people need to know about it.
- Inclusion works well with the right funding
- The vision will be a very useful resource for all staff to access with initial concerns
- It is known that there are times which are more challenging such as transition so planned intervention at these times ie KS1 to KS2 and KS2 to KS3
- Research based evidence for parents that high quality teachers deliver best outcomes for children
- Inclusion is essential in schools. QFT needs to be secured to ensure this can happen.
- Love the inclusiveness vision but not something you can do on a shoestring. Otherwise leads to a stressful situation when you don't have the funds for resources or interventions.
- We fully support the vision and strive for a fully inclusive ethos within our school – this can bring challenges such as developing a reputation as a school “that’s good with SEN” meaning that budgets become over stretched, EP time scarce and class teachers over-burdened.
- Good but managing parental expectations re the process is a concern.
- Resources in school limited – cannot afford for ALL interventions delivered by TAs to be supervised sufficiently – once weekly
- What will the criteria for intervention be/how will the soft data be measured and provided for? (Links for EP and emotional provision)

1.2 What can your school do to be part of this vision?

- Training and upskilling of class teachers to meet needs.
- Time/resources to deliver training to upskill staff
- In order for teachers to supervise intervention they need to have the knowledge and feel confident so they can take ownership.
- Whatever we need to do ... you specify/suggest Then we will know whether we can
- Use our SRPS to offer greater outreach work to other schools eg around SEMH needs, nurture groups etc.
- Continue to ensure that all staff embrace and understand inclusion in their particular role in school (within the classroom and beyond)
- Parent workshops
- Some sort of quality assurance/moderation of needs

2. Day to Day Support

2.1 What is working well?

- Clarity of outcomes for pupils
- Day to day support for parents – ie what they need to do
- Model for support – better balance of independence/1 to 1
- Having support staff that we have invested in (and who have stayed!). Our team of support staff (TAs, HLTAs, SEN teachers) are well trained, have individual specialisms and can respond quickly to needs – more training opportunities locally and not too expensive would be really useful to keep their knowledge and expertise up-to-date
- Working collaboratively
- Identifying training needs so that staff feel well supported.
- Regular parent meetings so that everyone is informed
- Great advice and support from our EP.
- Very supportive staff at our school and great TAs. Good collaboration

2.2 What are you worried about?

- Cross borough working can make joined up working very challenging eg referrals to different services/accessing parenting support/offering support (eg SRP) to out of borough, local children. This is hard for families to understand (and for us to explain).
- Lack of funds, lack of interventions to meet all the needs
- SALT now only supporting children that meet threshold/ready for EHCP
- Lack of OT provision
- Parental requests for EHCPs. Those that shout loudest have legal support accessing services when other children may have greater needs
- Retention of staff, lack of understanding of inclusion on initial teacher training programmes, continually re-training staff
- Emotional wellbeing of pupils. Pupils with ASD need specific teaching of emotional regulation, perspective, and social understanding. If this isn't supported it will come out in mental health
- Level of support for children with ASD/ADHD in secondary school
- Lack of understanding of parents about the children who need an EHCP
- SEMH issues – rapid response needed
- Overload on teachers. Expectations unrealistic. SALT, OT, mental health all come down to teacher to provide
- Recruitment and retention of teachers
- Overload – expectation to move through learning goals and make “expected” progress and deliver and oversee recommendation of SALT/OT
- Unrealistic expectations of parents – 30 children in a class

- Child mental health services
- External support services that can be effectively actioned quickly
- Greater support with transition – preparation for this for children likely to be vulnerable at transition points seems to rely on a pre-existing relationship between the 2 schools (eg primary to secondary). This can make experiences for children different depending on their destination.
- Emotional health of pupils and readiness for secondary school and social media!

2.3 What do you need?

- Schools need to be able to easily access advice/support from external agencies. We are trained as teachers not OTs, SLTs, counsellors, doctors etc
- OT support in plan for pupils from Kingston with an EHC – so equitable with Richmond
- Where there is a provision attached to a mainstream its helpful to have the same SALT
- More support from SALT and OT for SEN support children
- Training opportunities for support staff – locally, high quality, affordable, varied times of day to keep knowledge up-to-date
- SALT referrals and advice for pupils with SEN support
- Greater SALT input – pre EHCP and for children not needing an EHCP
- Better behaviour support
- OT of any kind!
- Better mental health support
- Great concern about funding. Notional SEN budget for next year is the same but EHCPs will be up from 13 to 19 - from same pot!
- SALT support for SEN K
- We pay for play therapy. Shame this isn't more available.
- Better/quicker access to relevant professionals/agencies
- Apply threshold guidance consistently and fairly
- Emergency fund pot?
- SALT clinics for Y1-Y6
- EYFS SALT in school running interventions
- Emotional wellbeing packages in place (perhaps similar to SCIP packages in place in Kingston) which schools can access to support a small group for a fixed time which LSAs can then be a part of
- Not sure which services are available
- Rapid contact with case workers
- Support when ASD manifests itself in anxiety in year 5&6, particularly girls. What is in place to support transition?
- More information about secondary school specialities to signpost parents confidently

- Outreach service from “centres of excellent” in the borough eg GTC for autism
- Joined up thinking between SEN, social services and support services
- EHS clinics in school – for parents and professionals
- Mental health support available to school clusters
- SALT, OT support in school

3. Difficult Times

3.1 What is working well?

- Colleagues in school
- Working collaboratively with other professionals
- Teamwork in school, a designated pastoral mentor, employing an art therapist, using a family outreach worker for supporting vulnerable families
- IPPS – Shirley Johnson has provided excellent support and advice
- Training from specialists for staff in school to empower them in role
- Staff already in school to manage crises eg therapists and ELSAs in school with flexible timetables

3.2 What are you worried about?

- Reducing budgets mean that creative in school pastoral interventions may have to be cut! - Outreach (Riverbank Trust) Art Therapist
- Pressures on staff as they are expected to be more expert in dealing with specific needs ahead of support
- Staff need to feel supported
- Isolation/Lack of resource/A feeling that PEX is only way to get support for CYP
- Reduced support for pupils when resources redeployed
- If not responding quickly enough things will escalate
- Trial and error approach at times

3.3 What do you need?

- EAL – Assessment in first language to identify base need (language or specific need)
- Mental health support – lower threshold to support earlier intervention
- New pupils to the borough with 32.5 hour support but with no paperwork!
- No money! Help needed urgently
- CAMHS to be accessible
- A simple but comprehensive directory PLEASE!
- Coherent advice from all parties eg external agencies recommending/advising in line with AfC guidelines – parents then not expecting something that is not essential
- A named link person from EHS to respond to particular need/crisis

- What's been proposed sounds very helpful, thank you
- More SALT input/interventions from SALT
- Also more input/interventions from OT
- Faster response (eg CAMHS) when a child is in crisis – very varied and not always linked to need/level of crisis
- Greater understanding/knowledge of what is available locally when a child is in crisis.

4. Educational Psychology

4.1 How do you think your school could benefit from systemic support from the EPS?

- Clinic sessions termly
- Planning sessions from EP each term.
- Reviewing children on provision map and their needs
- Helping to prioritise on group needs
- Support with adjustment to provision when ideas have run out in school
- There needs to be a link between home, school and health
- Support for parents that is easy to access for children experiencing particular issues (eg MH needs)
- More parental support
- Staff training
- Intervention group work
- Time – spent **DOING** not on paperwork
- Provide administrators or Pas for EPs to type reports
- More strategies early on
- EPs need to have skills and knowledge to inform teachers. Often teachers have more knowledge then reluctant to use EP for systemic work
- Specific help eg, PDA
- Our school EP has provided: clinic advice session to teachers, talk with coffee for parents on transitions for pupil with ASD BUT we have employed a private EP to do assessments
- Mental health support for PUPILS, PARENTS and quality feedback to GPs and staff
- Workshop/advice for parents
- In-house training for all staff working with children
- Workshops for parents/insets
- We have consistency with our EP which has made a significant difference – knows the centre, pupils, strengths and challenges – please continue

5. EHCPs Progress

5.1 What is working well?

- Child centered
- Advice and support from EP, SALT and OT working well once EHCP in place.
- SALT and EP are excellent
- When there is a good and effectively partnership between school and parent
- Child centered review approach very positive
- Child and family voice is more central (where families are willing/able to be involved) through Person Centered Review Process
- Child centred – ish
- Parents feel like they are contributing
- Early identification and quality intervention can work really well. Long may that continue
- Short and long term outcomes

5.2 What are you worried about?

- Transfers from statements to EHCPs not included OT and SALT input
- No joined up thinking about the child – a common language at the pupil’s level which can be used across settings
- Transfers from statements to EHCPs - not included OT and SALT input
- Everything expected of school – not enough/no support from OT, SALT
- No joined up thinking about the child, a common language at the pupil’s level which can be used across settings
- Within Richmond vulnerable PPG groups are disadvantaged because they do not have parents with the capacity to appeal or question re EHC requests and drafts
- No social care content for EHC pupils who are CIN
- Too much paperwork not effective use of any professional’s time
- Not joined up, school centered – not equal responsibility
- Parents see EHCP as a magic wand – “he will have someone with him” results in spoon feeding and lack of independence.
- More support to schools re provision of support
- EHCPs = provision, not just 1:1.
- Training parents to outcomes based process
- When EHCPs specify either LSA or teacher hours rather than articulate more generic educational outcomes to be attained
- Too time consuming and too much hurdle jumping
- Outcomes very clear in first year as supported by EP or KS but not subsequently. SENCO then left to make these without SALT or OT input
- EHCP very long document. Can be unwieldy
- Reviews can be too long

- SALT and OT now unlikely to attend the review. They just send in their reports.
- The length of time a plan takes moving from 2 terms (support plans) to 3 has caused difficulty
- Parents using EHCP requests to get EP/SALT time. Schools not able to manage this as part of bigger picture/whole school as takes priority
- A lot of paperwork for SENCOs/a lot of evidence gathering
- EHCPS – a summary of the plan to enable all to look at it quickly and understand difficulty and outcomes
- Threshold guidance needs greater clarity eg what ASD looks like for meeting EHCP level

5.3 What needs to happen to support better outcomes for children and young people?

- Need to change the language from SEND which isn't helpful to specific Educational and Emotional Needs to encourage joined up thinking
- Plans need to be updated more swiftly after Annual Review (in time for next year!)
- Thresholds to be applied to families and schools. Sometimes just need to say NO!
- Be strategic in planning needs and think of long term needs not reactive
- EP typists to release EPs to spend time with children and professionals
- Standardise all forms eg support plans, provision maps, outcomes etc
- Offer SEND audit via SPARK – to provide areas for development
- Need EP co-ordinator to write/type reports freeing EP to work with children and families
- Contribution from health budget for medical support
- Challenge those schools and parents who are not offering the support that other do.
- Greater involvement by agencies other than school – at the assessment stage and once a plan is in place
- Plan needs to be shorter (Section A to one page and Section E – summary one page)
- ASD package for children who do not meet EHCP threshold but need specific package of support to prevent anxiety
- Support plans for children who will find transition from Yr6 to 7 difficult. Prevent need for EHCP when SEN support is not enough.